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AFFIRMATIVE ACTION PLAN

2000 - 2002

MINNESOTA BOARD OF MEDICAL PRACTICE
2829 UNIVERSITY AVENUE SE
SUITE 400
MINNEAPOLIS, MN 55414-3246

STATEMENT OF COMMITMENT

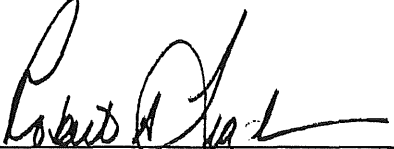
The Minnesota Board of Medical Practice is committed to the State of Minnesota's Equal Employment Opportunity Policies and Statewide Affirmative Action for its employees and the public it serves. I affirm my personal and official support of these policies, which provide:

- That all employees and potential employees are to be treated equally and that all personnel actions are to be carried out without regard to race, religion, creed, color, age, national origin, sex, sexual orientation, disability, marital status, membership or activity in a local human rights commission, or status with regard to public assistance.
-
- That the Board will further strive to ensure equal access and opportunity in the services it provides to the public.
- That the Board will continue to actively promote a program of affirmative action whenever minorities, women and persons with disabilities are underrepresented in the workforce.

I will be held accountable for ensuring that Affirmative Action Programs are implemented since I am the individual who can ultimately make the most impact on this program.

In order to administer the plan most effectively, I have delegated this responsibility to the Affirmative Action Designee, Lois Kauppila, who will act as the Board's Affirmative Action Officer, and who will be responsible for monitoring the day-to-day activities of the program.

Anyone interested in reviewing the Board's Affirmative Action Plan or who has concerns about affirmative action or equal opportunity issues may contact our Affirmative Action Officer or me. A copy of the plan will be located on the Board's official bulletin board.



Robert A. Leach, Executive Director

3/16/2000

Date

HARASSMENT/DISCRIMINATION POLICY

Statement of Policy

It is the policy of the Minnesota Board of Medical Practice to prohibit harassment of its employees based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local human rights commission, disability, sexual orientation, or age. This prohibition with respect to harassment includes both overt acts of harassment and those acts which create a negative work environment. Any employee subjected to such harassment or discrimination should file a complaint with the agency's Affirmative Action Officer designee. If the employee chooses, s/he may file a complaint externally with the Minnesota Department of Human Rights, the Equal Employment Opportunity Commission, or through other legal channels. These agencies have time limits for filing complaints, so individuals should contact these agencies for more information. In extenuating circumstances, the employee should contact the Office of Diversity and Equal Opportunity at the Minnesota Department of Employee Relations for information regarding the filing of a complaint. Any unintentional or deliberate violation of this policy by an employee will be cause for appropriate disciplinary action.

Each employee is responsible for the application of this policy. This includes initiating and supporting programs and practices designed to develop understanding, acceptance, commitment, and compliance within the framework of this policy. All employees must be informed that harassment is unacceptable behavior. The Affirmative Action Officer designee will be expected to keep the agency and its employees apprised of any changes in the law or its interpretation regarding this form of discrimination. The AAO is also responsible for:

1. Notifying all employees within the agency, and orienting each new employee who is hired, of this policy; and
2. Informing all employees in the agency of the complaint procedure and ensuring that all complaints will be investigated promptly and carefully.

Definitions

Discriminatory harassment is any behavior based on protected class status which is not welcome, which is personally offensive, which, therefore, may affect morale and interfere with the employee's ability to perform. For example, harassment based on national origin has been defined by the U.S. Equal Employment Opportunity Commission as "Ethnic slurs and other verbal or physical conduct relating to an individual's national origin."

Sexual harassment has also been specifically defined by the Minnesota Human Rights Act, which states in regard to employment, that:

"Sexual harassment" includes unwelcome sexual advances, requests for sexual favors, sexually motivated physical contact or other verbal or physical conduct or communication of a sexual nature when: (1) submission to that conduct or communication is made a term or condition, either explicitly or implicitly, of obtaining employment; (2) submission to or rejection of that conduct or communication by an individual is used as a factor in decisions affecting that individual's employment; or (3) that conduct or communication has the purpose or effect of substantially interfering with an individual's employment, and in the case of employment, the employer knows or should know of the existence of the harassment and fails to take timely and appropriate action.

It is possible for discriminatory harassment, including sexual harassment, to occur: 1) among peers or co-workers, 2) between managers and subordinates, or 3) between employees and members of the public. Employees who experience discriminatory harassment should bring the matter to the attention of the Board's Affirmative Action Officer designee, or the Executive Director. In fulfilling our obligation to maintain a positive and productive work environment, the AAO and all employees are expected to address or report any suspected harassment or retaliation.

Varying degrees of seriousness in discriminatory harassment violations can occur and require varying levels of progressive discipline. Individuals who instigate harassment are subject to serious disciplinary actions, including suspension, demotion, transfer, or termination. Additionally, inappropriate behaviors, which do not rise to the level of discriminatory harassment, but are none the less disruptive, should be corrected early and firmly in the interests of maintaining a barrier-free workplace. Individuals who participate in inappropriate behaviors at work are also subject to disciplinary actions.

Procedure

Any employee, applicant or eligible of the Board of Medical Practice who believes that he/she has experienced discrimination or harassment based on his/her race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local human rights commission, disability, sexual orientation, or age may file a complaint of discrimination.

Complaints of discrimination or harassment can be filed using the internal discrimination complaint procedure included in our agency's affirmative action plan.

INTERNAL HARASSMENT/DISCRIMINATION COMPLAINT PROCEDURE

The Minnesota Board of Medical Practice has established the following discrimination complaint procedure to be used by all employees, applicants, or eligibles. Coercion, reprisal, or intimidation against anyone filing a complaint or serving as a witness under this procedure is prohibited.

Responsibility of Employees

All employees shall respond promptly to any and all requests by the Affirmative Action Officer/Designee (AAO) for information and for access to data and records for the purpose of enabling the AAO to carry out responsibilities under this complaint procedure. The failure of any employee to comply with the requests of the AAO shall be reported to the Executive Director.

Who May File

Any employee, applicant, or eligible of the Board of Medical Practice who believes that he/she has been harassed or discriminated against by reason of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local human rights commission, disability, sexual orientation, or age may file a complaint. Employees who are terminated are encouraged to file their internal complaint prior to their actual separation; however, complaints will be taken for a reasonable period of time subsequent to the actual separation date.

The Complaint Procedure

The complaint procedure provides a method for resolving complaints involving violations of the Board of Medical Practice's nondiscrimination policy. Employees, applicants, and eligibles are encouraged to use this complaint process. Retaliation against a person who has filed a complaint either internally or through an outside enforcement agency or other legal channels is prohibited. The Affirmative Action Officer designee may contact the Office of Diversity and Equal Opportunity if she want information about filing a complaint.

Filing Procedures

1. The employee, applicant, or eligible completes the "Complaint of Discrimination Form" provided by the AAO. Employees are encouraged to file a complaint within a reasonable period of time after the individual becomes aware that a situation(s) may involve discriminatory harassment. The AAO will, if requested, provide assistance in filling out the form.

2. The AAO determines if the complaint falls under the purview of Equal Employment Opportunity law, i.e., the complainant is alleging discrimination or harassment on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local human rights commission, disability, sexual orientation, or age; or if the complaint is of a general personnel concern. The AAO shall also discuss other options for resolution, such as the Workplace Mediation Pilot Project.
 - a) If it is determined that the complaint is **not** related to discrimination but rather to general personnel concerns, the AAO will inform the complainant, in writing, within ten (10) working days.
 - b) If the complaint is related to discrimination, the AAO will, within ten (10) working days, contact all parties named as respondent(s) and outline the basic facts of the complaint. The respondent(s) will be asked to provide a response to the allegations within a specific period of time.
3. The AAO shall investigate the complaint shall then investigate the complaint. At the conclusion of the investigation, the AAO shall notify the complainant(s) and respondent(s) that s/he has completed the investigation. The AAO shall then review the findings of the investigation.
 - a) If there is sufficient evidence to substantiate the complaint, appropriate action will be taken.
 - b) If insufficient evidence exists to support the complaint, a letter will be sent to the complainant(s) and the respondent(s) dismissing the complaint.
4. A written answer will be provided to the parties within sixty (60) days after the complaint(s) is filed. The complainant(s) will be notified should extenuating circumstances prevent completion of the investigation within sixty (60) days.
5. Dispensation of the complaint will be filed with the Commissioner of the Department of Employee Relations within thirty (30) days of final determination.
6. All documentation associated with a complaint shall be considered investigative data under the Minnesota Government Data Practices Act. The status of the complaint will be shared with the complainant(s) and respondent(s). After an investigation is completed and all appeals exhausted, all documentation is subject to the provisions of the Minnesota Government Data Practices Act.
7. All data collected may at some point become evidence in civil or criminal legal proceedings pursuant to state or federal statutes. An investigation may include, but is not limited to, the following types of data:

- a) Interviews or written interrogatories with all parties involved in the complaint, e.g., complainant(s), respondent(s), and their respective witnesses; officials having pertinent records or files, etc.
 - b) All record pertaining to the case, i.e., written, recorded, filmed or in any other form.
8. The AAO shall maintain records of all complaints and any pertinent information or data for three (3) years after the case is closed.

REASONABLE ACCOMMODATION POLICY

Policy

The Board of Medical Practice is committed to encouraging the employment of persons with disabilities. The Board will make reasonable accommodations to the functional limitations of a qualified applicant, employee, or employee seeking a promotion unless the accommodation would impose an undue hardship on the Board.

Accommodations will be provided to qualified individuals, whether an applicant, employee or employee seeking promotional opportunities, when such accommodations are directly related to performing a job or completing a job. Accommodations will not be provided for non job-related personal needs, such as transportation to and from work.

For purposes of determining eligibility for a reasonable accommodation, an individual with a disability is one who has a physical or mental impairment that materially or substantially limits one or more major life activities.

Examples of Reasonable Accommodation May include, but Are Not Limited To:

1. Modification of equipment or assistive devices. Purchase of, or modification to existing equipment such as special telephone equipment, talking calculators, one-handed typewriters, and/or specifically designed desk and files.
2. Job site modifications. Modifications may include adjustments to equipment height, addition of electrical outlets, relocation of job site to an accessible area, special parking facilities or other types of similar modifications.
3. Job restructuring. This may include modification of work hours and/or changing job duties while retaining the basic job functions.
4. Support service. Services such as interpreters for individuals with hearing impairments, readers for the blind, or special attendants.
5. Reassignment to a vacant position of equal status when possible and appropriate.

Reasonable accommodation applies to three aspects of employment:

- a) To assure equal opportunity in the employment process;

- b) To enable a qualified individual with a disability to perform the essential functions of a job; and
- c) To enable an employee with a disability to enjoy equal benefits and privileges of employment.

Requests for Reasonable Accommodations for Employees and Employees Seeking Promotion

The steps to request a reasonable accommodation are:

1. The Board of Medical Practice will inform all employees that this accommodation policy can be made available in accessible formats.
2. The employee shall inform his/her supervisor or the ADA Coordinator of the need for an accommodation.
3. The ADA Coordinator may request documentation of the individual's functional limitations to support the request. Any medical documentation must be collected and maintained on separate forms and in separate, locked files. No one will be told or have access to medical information unless the disability might require emergency treatment.
4. When a qualified individual with a disability has requested an accommodation, the employer shall, in consultation with the individual:
 - a) Discuss the purpose and essential functions of the particular job involved. Completion of a step-by-step job analysis may be necessary.
 - b) Determine the precise job-related limitation.
 - c) Identify the potential accommodations and assess the effectiveness each would have in allowing the individual to perform the essential functions of the job.
 - d) Select and implement the accommodation that is the most appropriate for both the individual and the employer. While an individual's preference will be given consideration, the Board of Medical Practice is free to choose among equally effective accommodations and may choose the one that is less expensive or easier to provide.
5. The ADA Coordinator will work with the employee to obtain technical assistance, as needed.
6. The ADA Coordinator will provide a decision to the employee within a reasonable amount of time.

7. If an accommodation cannot overcome the existing barriers, or if the accommodation would cause an undue hardship on the operation of the Board, the employee and the ADA Coordinator shall work together to determine whether reassignment may be an appropriate accommodation.

Procedure – Job Applicants

1. The job applicant shall inform the ADA Coordinator of the need for an accommodation. The ADA Coordinator will discuss the needed accommodation and possible alternatives with the applicant.
2. The ADA Coordinator will make a decision regarding the request for accommodation and, if approved, take the necessary steps to see that the accommodation is provided.

Policy for Funding Accommodations

Funding must be approved by the Board of Medical Practice for accommodations that do not cause an undue hardship (M.S. 43A.191(c)).

Definition

Undue Hardship. An undue hardship is an action that is unduly costly, extensive, substantial, or disruptive, or that would fundamentally alter the nature or operation of the Board of Medical Practice.

Procedure for Determining Undue Hardship

1. The employee will meet with the ADA Coordinator to discuss the requested accommodation.
2. The ADA Coordinator will review undue hardships by considering:
 - a) The nature and cost of the accommodation in relation to the size, the financial resources and the structure of the operation; and
 - b) The impact of the accommodation on the nature or operation of the Board of Medical Practice.
3. The ADA Coordinator will provide a decision to the employee.

Appeals

Employees or applicants who are dissatisfied with the decision(s) pertaining to his/her accommodation request may file an appeal with the agency head, within a reasonable period of time, for a final decision.

If the individual believes the decision is based on discriminatory reasons, then he/she may file a complaint internally through the agency's complaint procedure as outlined in this plan.

OBJECTIVE TO HIRE AND RETAIN PROTECTED GROUP MEMBERS

When the Board of Medical Practice has a vacancy and is underrepresented for females, minorities, or persons with disabilities, the Board will make an effort to recruit protected group members. When the Board has a vacancy, the Board will make an effort to recruit protected group members.

The Board may request that the Staffing Division of the Department of Employee Relations approve expansion of the eligible list to include protected group members, so that the Board may have the opportunity to hire affirmatively.

The Board will make every effort possible to retain protected group staff members, along with non-protected group staff members.

SUPPORTED WORK

The Board will review vacant positions and assess the current workload and needs of the office to determine if job tasks might be performed by a supported employment worker(s). If appropriate, a list of supported worker candidates will be requested from DOER. The Board will work with the State ADA/Disability Coordinator to recruit and hire individuals for supported employment if such a position is created.

(agency name)
 (Agency Address)
 (City), MN (Zip Code)
 (Telephone Number)

COMPLAINT OF HARASSMENT/DISCRIMINATION

Please Read Before Completion of Form

Any complaint of harassment/discrimination is considered confidential data under Minnesota Statute 13.39, Subd. 1 and 2. This information is being collected for the purpose of determining whether harassment/discrimination has occurred. You are not legally required to provide this information, but without it, an investigation cannot be conducted. This information may only be released to the Affirmative Action Officer designee, the complainant, the respondent, and appropriate personnel.

Complainant (You)		
Name	Job Title	
Work Address	City, State, Zip Code	Telephone ()
Agency	Division	Manager
Respondent (Person Who Harassed/Discriminated Against You)		
Name	Job Title	
Work Address	City, State, Zip Code	Telephone ()
Agency	Division	Manager

The Complaint	
Basis of Complaint ("X" all that apply): <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Disability <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Sex <input type="checkbox"/> Creed <input type="checkbox"/> Marital Status <input type="checkbox"/> Status with Regard to Public Assistance <input type="checkbox"/> Age <input type="checkbox"/> Religion <input type="checkbox"/> National Origin <input type="checkbox"/> Membership or Activity in a Local Human Rights Commission	
Date most recent act of harassment/discrimination took place:	If you filed this complaint with another agency, give the name of that agency:

Describe how you believe that you have been harassed/discriminated against (names, dates, places, etc.). Use a separate sheet of paper if needed and attach to this form.

Information on Witnesses Who Can Support Your Case

Name	Work Address	Work Telephone
1.		()
2.		()
3.		()

Additional witnesses may be listed in "Additional Information" or on a separate sheet attached to this form.

This complaint is being filed on my honest belief that the State of Minnesota has harassed/discriminated against me. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Complainant Signature	Date
-----------------------	------

Affirmative Action Officer Signature	Date
--------------------------------------	------

Employee Request for Reasonable Accommodation

Employee Name:

Job Title:

Date of Request:

Division:

This information will be used by _____ or any other person, including the agency's legal counsel, who is authorized by my employer to handle medical information for ADA/MHRA purposes and, any information concerning my physical or mental condition, that are necessary to determine whether I have a disability as defined by the Americans with Disabilities Act and/or the Minnesota Human Rights Act, and to determine whether any reasonable accommodations can be made. The provision of this information is voluntary, however if you refuse to provide it, your employer may refuse to provide reasonable accommodation.

1. Please describe the nature of your limitations, what life activity(s) it substantially limits, and how this life activity(s) is substantially limited.

2. How does it affect your ability to perform your job?

3. Type of accommodation you are requesting:

Making facilities readily accessible

Modification of equipment or devices

Job restructuring

Qualified reader or interpreter

Part time or modified work schedule

Acquisition of equipment or devices

Modification to a rule, policy or practice

Other (specify):

Please describe in detail the accommodation you are requesting:

4. How will the requested accommodation be effective in allowing you to perform the essential functions of your job?

5. Additional Comments:

Signature of Employee: _____ Date: _____

REASONABLE ACCOMMODATION AGREEMENT

This form is to be completed by the Affirmative Action Designee after the reasonable accommodation decision has been made. The signatures on the bottom of this form indicate an agreement between the employee and the Department to the specific accommodation.

Name of Employee

Name of Manager/Supervisor

The request for reasonable accommodation to the needs of the above named disabled employee was:

Accepted _____ Denied _____

Justification for the decision (indicate specific factors considered):

If reasonable accommodation was approved, was the employee's suggestion accepted?

Yes _____ No _____ Partially _____

Reason:

Describe specific accommodations to be made:

Cost estimate: _____

I have read the employee request for reasonable accommodation. I understand that all tangible accommodations purchased by the Department will become the property of the State of Minnesota.

Signature of Employee

Date

Signature of Appointing Authority

Date

Signature of Affirmative Action Designee

Date

Signature of Fiscal Services Director

Date

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