

U.S. Office of Personnel Management
Division for Human Capital Leadership & Merit System Accountability
Classification Appeals Program

Dallas Field Services Group
Plaza of the Americas, North Tower
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Dallas, TX 75201

Classification Appeal Decision
Under section 5112 of title 5, United States Code

Appellant: [appellant]

Agency classification: Health Technician (Occupational)
GS-640-5

Organization: Occupational Health Clinic
[name] Army Depot
Department of Preventive Medicine
[name] Army Medical Center
Department of the Army
[city and state]

OPM decision: GS-640-5
Title at agency discretion

OPM decision number: C-0640-05-02

Marta Brito Pérez
Associate Director
Human Capital Leadership
and Merit System Accountability

November 12, 2004

Date

As provided in section 511.612 of title 5, Code of Federal Regulations (CFR), this decision constitutes a certificate that is mandatory and binding on all administrative, certifying, payroll, disbursing, and accounting officials of the government. The agency is responsible for reviewing its classification decisions for identical, similar, or related positions to ensure consistency with this decision. There is no right of further appeal. This decision is subject to discretionary review only under conditions and time limits specified in the *Introduction to the Position Classification Standards*, appendix 4, section G (address provided in appendix 4, section H).

Decision sent to:

[appellant's name and address]

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Introduction

The Dallas Field Services Group of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [appellant] on June 28, 2004. We received the agency's administrative report on July 15, 2004. The appellant's position is currently classified as Health Technician (Occupational), GS-640-5. He believes the position should be classified at the GS-7 grade level. The position is assigned to the [name] Army Depot's (acronym) Occupational Health Clinic (OHC), a unit of the [name] Army Medical Center (acronym) at [installation name]. The duty station is [city and state]. We have accepted and decided this appeal under section 5112 of title 5, United States Code (U.S.C.).

Background information

The appellant currently serves under a standardized position description (PD) used for all like positions for the Army's North Central Region. Both the appellant and his immediate supervisor are dissatisfied with the PD stating that it is "too vague" and that it does not provide an accurate description of the myriad of functions performed by the appellant. The appellant believes the PD does not fully reflect the duties he performs, the knowledge required for the position, nor the level of independence with which he functions. While the supervisor states that the PD is generic enough to cover the general work of the appellant's position, she does not believe it is a true representation of the functions performed nor of the level of independence with which he conducts his duties. Though dissatisfied with the generic nature of the PD, the immediate supervisor certified to the accuracy of the duties described therein. In a letter, dated July 26, 2004, the appellant disagreed, stating again that he believed the duties he performs are that of a higher-graded position though he did not provide any specific justification.

A PD is the official record of the major duties and responsibilities assigned to a position by an official with the authority to assign work. A position is the duties and responsibilities that make up the work performed by an employee. Classification appeal regulations permit OPM to investigate or audit a position and decide an appeal on the basis of the actual duties and responsibilities currently assigned by management and performed by the employee. An OPM appeal decision classifies a real operating position, and not simply the PD. This decision is based on the work currently assigned to and performed by the appellant and sets aside any previous agency decision.

General issues

The appellant believes he is performing work very similar to another Health Technician position in the OHC which is classified as a GS-7. When adjudicating classification appeals, we are required by law to make classification decisions solely based on comparison of the appellant's current duties and responsibilities to OPM standards and guidelines (5 U.S.C. 5106, 5107, and 5112). Since comparison to standards is the exclusive method for classifying positions, we cannot compare the appellant's position to others as a basis for deciding his appeal.

Like OPM, the appellant's agency must classify positions based on comparison to OPM standards and guidelines. However, the agency also has primary responsibility for ensuring that

its positions are classified consistently with OPM appeal decisions. If the appellant considers his position so similar to others that they warrant the same classification, he may pursue the matter by writing to his personnel office. In doing so, he should specify the precise organizational location, classification, duties, and responsibilities of the position in question. If the position is found to be basically the same as his, the agency must correct their classification to be consistent with this appeal decision. Otherwise, the agency should explain to him the differences between his position and the other.

Position information

The OHC, a component of [acronym] Department of Preventive Medicine, develops, implements, and administers the occupational health program for approximately 3,200 Army reservists and civilian personnel within the various activities at the [acronym]. These activities provide worldwide readiness, sustaining of, and training support for all Department of Defense rotary wing aircraft. The OHC works to reduce the risk and incidence of work related illnesses and injuries to Army reservists and civilian employees serving at [acronym]. It provides standard pre-placement (pre-employment) and periodic examinations; fitness for duty examinations; monitoring programs for hearing, vision, and respiratory protection; and treats work and non-work related injuries.

The appellant assists in conducting the physical examinations by assembling medical records for newly hired and transferred employees and retrieving existing records for others. He collects and documents the patient's medical history information and codes the medical record. He obtains measurements of height, weight, temperature, and blood pressure. The appellant conducts tests including audiograms, pulmonary function, respiratory fit testing, vision screening, TB skin tests, and administers immunizations to employees. He determines the priorities for patient intake, making the initial assessment for both occupational and non-occupational injuries and illnesses, and provides treatment when appropriate, referring nonroutine situations to the Occupational Health Nurse and/or physician. He assists in administering the Hearing Conservation, Vision Protection, and Respiratory Protection Programs by setting up testing equipment, administering tests, and recording results in patient and program records. He calibrates and performs preventive maintenance on this equipment.

In addition to his duties at the OHC, the appellant performs duties for the Industrial Hygiene office one day per week. These duties include calibrating and conducting preventive maintenance on the sampling equipment; performing environmental testing and sampling at worksites and recording results; interviewing shop supervisors, leaders, and employees; and assisting Industrial Hygienists investigate complaints of exposure and work hazards.

The appellant's PD and other material of record furnish more information about his duties and responsibilities and how they are performed. To help decide this appeal, we conducted a telephone audit with the appellant on July 30, 2004. A telephone interview was held with his immediate supervisor on August 5, 2004. We also interviewed the [acronym]'s Chief Industrial Hygienist.

Series, title, and standard determination

The appellant's position requires knowledge of human anatomy and physiology sufficient to perform technical and occupational health work including occupational health screenings, examinations, immunizations, first aid for injuries and illnesses, health record maintenance, and industrial hygiene sampling, among other duties and responsibilities. It is a mix of work comparable to practical nursing for approximately 40 percent of the time; medical instrument technician, approximately 30 percent; and medical record and administrative duties, approximately 30 percent. This combination of work is appropriate for the Health Aid and Technician Series, GS-640. This series is designed as a "catchall" for nonprofessional positions in health and medical work for which no other adequate series coverage exists. The GS-640 series does not prescribe titles in view of the diversity of positions classified in the series. The suggested title for non-supervisory positions at or above the GS-4 grade is Health Technician. Organizational or other secondary titles are used at the discretion of the agency.

The standard for the GS-640 series does not provide grade level criteria. Therefore, the appellant's position must be classified by reference to standards that are as similar as possible to the subject position considering the type of work performed, qualifications required, level of difficulty and responsibility involved, and the combination of classification factors which have the greatest influence on the grade level. The appellant's position consists of duties and responsibilities that correspond closely to three different standards: Practical Nurse Series, GS-620, used to evaluate nursing duties; Medical Instrument Technician Series, GS-649, used to evaluate duties involved in calibration, operation, and maintenance of diagnostic medical equipment and industrial hygiene environmental sampling equipment; and the Job Family Position Classification Standard (JFS) for Assistance and Technical Work in the Medical, Hospital, Dental, and Public Health Group, GS-600, used to evaluate medical record and administrative duties.

Grade determination

The three standards used to determine grade level are written in the Factor Evaluation System (FES) format. This format uses nine factors. Each factor is evaluated separately and is assigned a point value consistent with the factor level definitions described in the standard. The points for all nine factors are then totaled and converted to a grade based on the standard's grade conversion table. Under the FES, each factor level description describes the minimum characteristics needed to receive credit at the level described. If a position fails to fully meet the criteria in a factor level description, it must be credited at the next lower level. Conversely, the position may exceed those criteria in some aspects and still not be credited at a higher level. Our evaluation follows.

Evaluation using GS-620 standard

Factor 1, Knowledge required by the position

This factor measures the nature and extent of information or facts which the employee must understand to do acceptable work (e.g., steps, procedures, practices, rules, principles, and concepts) and the nature and extent of the skills needed to apply those knowledges.

Level 1-3 requires knowledge reflected in licensure followed by training as a practical or vocational nurse and sufficient work experience to demonstrate skill sufficient to perform a moderately difficult range of practical nursing care for the purpose of serving as a responsible member of the nursing team providing therapeutic, rehabilitative and preventive care for patients in various stages of dependency.

Level 1-4 requires, in addition to knowledge and skill described in Level 1-3, knowledge of a wide variety of interrelated or nonstandard assignments reflected in licensure as a practical or vocational nurse and broad work experience that demonstrated skill sufficient to resolve a range of problems with responsibility for carrying assignments to completion.

Comparable to the illustrations at Level 1-3, the appellant possesses knowledge and skill sufficient to perform OHC patient care including observation, evaluation, and treatment of patients using equipment, materials, medications, and supplies in a variety of diagnostic and treatment procedures. The appellant uses this knowledge and skill to perform pulmonary testing; obtain blood pressure, temperature, height and weight readings; administer and record results of TB skin tests; administer injections; administer over-the-counter medications; and treat various types of occupational and non-occupation injuries and illnesses. Comparable to Level 1-3, he must understand patient charts, medical history, and contraindications of certain medications for the purpose of communicating with the nursing staff, medical staff, and recording in patients' records.

In the OHC environment, the appellant works with normally healthy patients which do not require the knowledge of a large body of nursing care procedures, patient illnesses and diseases, patient's charts and nursing care plans; medical equipment, materials, and supplies for the purpose of carrying out the nursing care for critically ill patients, typical at Level 1-4.

This factor is evaluated at Level 1-3 and 350 points are credited.

Factor 2, Supervisory controls

This factor covers the nature and extent of direct and indirect controls exercised by the supervisor, the employee's responsibility, and the review of completed work.

At Level 2-2, at the beginning of the tour, the supervisor provides continuing or individual tasks by indicating generally what is to be done, limitations, quality and quantity expected, deadlines, and priority of tasks. The supervisor provides additional, specific instructions for new, difficult, or unusual tasks, including suggested work methods or advice on available source material. The

employee carries out recurring tasks independently, but refers problems to the supervisor for decision or help.

At Level 2-3, the supervisor makes patient assignments in the report at the beginning of the tour by defining the patient cases to the employee who is responsible for a patient load of critically-ill patients. The employee sets priorities and deadlines for the patient care during the tour without prompting from the supervisor. The supervisor is available in the hospital to assist the employee with unusual situations which do not have clear precedents.

Within the OHC, the appellant functions with a great deal of independence while performing the duties of his position. Comparable to Level 2-2, at the beginning of the tour, the supervisor makes general assignments. The appellant uses initiative to perform daily tasks independently, planning his work based on priorities identified by the supervisor and patient intake levels. The appellant prioritizes, evaluates, and treats patients, rarely needing to refer them to the nursing staffing or medical officer. The appellant determines when to request additional evaluation and referral of patients. The appellant works with generally healthy patients providing preventive services. This is consistent with Level 2-2.

Unlike at Level 2-3, the appellant is not responsible for the care of critically ill patients. He is not regularly expected to initiate immediate action when confronted with deviations in patient care or unusual problems. Therefore his position does not meet Level 2-3.

This factor is evaluated at Level 2-2 and 125 points are credited.

Factor 3, Guidelines

This factor covers the nature of guidelines and the judgment needed to apply them. Guides used include, for example, manuals, established procedures and policies, traditional practices, and reference materials. Level 3-2 is the highest level described for this factor.

At Level 3-2, ward policies, practices, and assigned procedures are well known by the employee so that reference to the guidelines is rarely necessary. Other guidelines include the tour report, patient care/treatment plan, and the patient's medical history. The employee uses judgment in selecting the most appropriate guidelines and unusual developments are referred to the supervisor.

Comparable to Level 3-2, the appellant has a variety of policies, guidelines, procedures, and instructions which he may reference, including Army Directives, U.S. Army Medical Command policies and publications, Office of the Army Surgeon General policies and guidelines, and established procedures for conducting examinations and tests. However, the employee rarely must refer to guidelines. When he does need to do so, he used judgment in selecting and applying appropriate references. He also uses judgment to interpret the guidance and in deciding the order of application in the performance of his duties. The appellant seeks further guidance from senior medical staff only when significant deviations occur. This meets but does not exceed Level 3-2.

This factor is evaluated at Level 3-2 and 125 points are credited.

Factor 4, Complexity

This factor covers the nature, number, variety, and intricacy of tasks, steps, processes, or methods in the work performed; the difficulty involved in identifying what needs to be done; and the difficulty involved in performing the work.

At Level 4-2, the work consists of related steps, processes, or methods. The decisions regarding what needs to be done involve various choices requiring the employee to recognize the existence of the differences among a few easily recognized situations. Actions to be taken, or responses to be made, differ in such things as the source of information, the kind of transactions or entries, or other factual differences.

At Level 4-3, the nature of the assignment is illustrated by responsibility for a patient load of critically ill patients which involves independent performance of nursing care functions usually alone in a hospital ward during one tour.

On a daily basis, the appellant conducts patient intake, evaluation of patient condition, and treatment of injuries and illnesses, comparable to Level 4-2. Based on knowledge and experience, the appellant decides when and if the patient is referred to Occupational Health Nurses or the medical officer for further evaluation and treatment. He recognizes abnormalities in patient health and when to refer them to specialists. Based on his familiarity with the daily operations of the OHC, the appellant inventories medical supplies, determines needs, and orders items directly from the [acronym] Pharmacy on a weekly basis. When preparing to administer immunizations, the appellant reviews patient history for allergies or other factors that would preclude employees from receiving the shots. This is comparable to Level 4-2.

Within the OHC, the appellant has no regular interaction with critically ill patients nor does he perform his duties with the level of independence expected at Level 4-3. Positions characterized at this level include ward nurses who, during their tour of duty, would observe critically ill patients, with close attention to, and quick identification of, details over a sustained period of time so that care can be given immediately.

This factor is evaluated at Level 4-2 and 75 points credited.

Factor 5, Scope and Effect

Scope and effect covers the relationship between the nature of the work, i.e., the purpose, breadth, and depth of the assignment and the effect of work products or services both within and outside the organization.

At Level 5-2, the purpose of the work is to provide nursing care that includes personal care, diagnostic support procedures, treatment procedures, patient charting, and patient teaching. The work contributes to a base of standard nursing care. Level 5-2 is the highest level described for this factor.

As with positions at Level 5-2, the purpose of the appellant's work is to prioritize patients, provide routine care, and run basic diagnostic procedures, contributing to standard nursing care.

This factor is evaluated at Level 5-2 and 75 points are credited.

Factor 6, Personal contacts

This factor includes face-to-face and telephone dialogue with persons not in the supervisory chain. Levels described under this factor are based on what is required to make the initial contact, the difficulty of communicating with those contacted, and the setting in which the contact takes place.

Personal contacts at Level 6-2 are with patients, nursing personnel, and medical staff in the hospital and with the patient's family members. This is the highest level described in the standard.

Like Level 6-2, the appellant regularly interacts with both civilian and military reserve patients, the medical officer, nurses, and other technicians on the staff, and individuals from other organizations such as those involved with workers' compensation, veterans' disability, and social security disability claims. The appellant also has regular contact with the [acronym] pharmacy staff for ordering supplies. This is consistent with and does not exceed Level 6-2.

This factor is evaluated at Level 6-2 and 25 points are credited.

Factor 7, Purpose of contacts

The purpose of contacts ranges from factual exchanges of information to situations involving significant issues. The personal contacts which serve as the basis for the level selected for this factor must be the same as the contacts which are the basis for the level selected for Factor 6.

Contacts at Level 7-2 are for the purpose of: 1) motivating the patient to accept the illness and to persuade the patient to stay with the regimen; 2) demonstrating to the patient how to provide self-care; and 3) explaining to or advising the patient on proper follow-up care, the consequences of improper care, or general diet and nutrition for good health maintenance.

At Level 7-3, work involves regular and recurring contact with patients who are unusually difficult to care for or communicate with because of such problems as lack of self-control, resistant or abusive behavior, or impediments in ability to understand or follow instructions. The employee must exercise skill in influencing and communicating with these patients.

The appellant's contacts are comparable to those of Level 7-2. During registration and evaluation of patients, the appellant discusses patient illnesses and/or injuries, encourages them to follow a program or regimen to mitigate the effects of illness/injury and affect the healing process, and the possible consequences of improper self-care and nutrition. Unlike Level 7-3, the appellant will rarely come into contact with patients where communication and care are

difficult or with patients who are resistant or unreceptive to receiving care. The patients seen at the OHC are normally ambulatory and able to understand and follow instructions.

This factor is evaluated at Level 7-2 and 50 points are credited.

Factor 8, Physical demands

This factor covers the requirements and physical demands placed on the employee by the work assignment.

At Level 8-2, the work involves long periods of moving about the work unit. Work requires regular and recurring bending, lifting, stooping, stretching, lifting, and repositioning patients, or similar activities. Work at Level 8-3 requires regular and recurring ability to physically control or defend against emotionally ill patients.

Consistent with positions at Level 8-2, the physical demands placed on the appellant include prolonged periods of standing during the evaluation of patients, walking to various work stations within the OHC, stooping, bending, reaching, and lifting moderately heavy items while performing his duties. The work of the position does not meet Level 8-3. The appellant's position does not involve regularly contact with emotionally ill patients.

This factor is evaluated at Level 8-2 and 20 points are credited.

Factor 9, Work environment

This factor considers the risks and discomforts in the employee's physical surroundings or the nature of the work assigned and the safety regulations required.

At Level 9-2, work involves regular and recurring exposure to infection and contagious diseases. Special gloves, gowns, or masks are required as safety precautions. At Level 9-3, the work environment involves high risk of regular and recurring exposure to potentially dangerous substances such as noxious gases, fumes, and explosives. There are regular and recurring situations where physical attack by patients requires safety training.

As at Level 9-2, the appellant's work involves regular exposure to blood and bodily fluids, infection, contagious diseases, and hypodermic needles which requires strict adherence to safety precautions, sterile procedures, and protective equipment. The work in the OHC deals with occupational and some non-occupational injuries and illnesses such as cuts, abrasions, contusions, upper respiratory infections, and colds. Unlike Level 9-3, the clientele served in the OHC do not provide a regular exposure to dangerous substances or physical attack. The position does not meet the intent of Level 9-3.

This factor is evaluated at Level 9-2 and 20 points are credited.

Summary

<i>Factor</i>	<i>Level</i>	<i>Points</i>
1. Knowledge required by the position	1-3	350
2. Supervisory controls	2-2	125
3. Guidelines	3-2	125
4. Complexity	4-2	75
5. Scope and effect	5-2	75
6. Personal contacts and	6-2	25
7. Purpose of contacts	7-2	75
8. Physical demands	8-2	20
9. Work environment	9-2	20
<i>Total</i>		865

Evaluation of the nine factors credits the appellant's position with a total of 865 points. In accordance with the grade conversion table in the GS-620 standard, the position falls within the GS-5 grade range (855-1100).

Evaluation using GS-649 standard

Factor 1, Knowledge required by the position

At Level 1-3, positions require knowledge of the basic instruments and diagnostic or treatment procedures commonly used in the specialization; ability to position patients for examination or treatment; an elementary understanding of anatomy and physiology; skill to perform routine diagnostic or treatment procedures; knowledge of normal and abnormal results to recognize and report obvious abnormalities during procedures; and knowledge of sterilization methods to clean instruments to prevent the spread of infectious and contagious diseases.

In addition to the knowledges and skills described at Level 1-3, Level 1-4 requires a practical knowledge of instruments used in the specialization to make adaptations and adjustments and interpret test results based on previous experience and observation. This level requires a practical knowledge of intricate examination or treatment procedures to perform such duties as aiding cardiovascular surgeons in all aspects of cardiac catheterization and related invasive cardiovascular procedures, operating and monitoring dialysis system for chronic patients; and performing a variety of ultrasound examinations according to physician instructions that require an in-depth knowledge of specific organs.

Consistent with Level 1-3, the appellant's duties require sufficient knowledge and skill to perform tests and examinations using diagnostic instruments and equipment as well as a basic knowledge of industrial hygiene concepts, methods, procedures, and practices. He conducts pulmonary function and hearing screening tests which require formal classroom training and certification processes to administer as well as vision screening. Like Level 1-3, he has the ability to recognize abnormal lab and test results that require referral to supervisor. Working with the Chief Industrial Hygienist and staff, the appellant conducts environmental sampling

using equipment such as a Photo Ionization Detector, air sample pumps, heat stress testing equipment, and noise dosimeters. The appellant is responsible for preventive maintenance and set up of instruments and equipment to ensure accurate test results in accordance with established procedures.

The work of the position does not require knowledge at Level 1-4. The testing and examination procedures performed do not require the knowledge of common diseases and their effects or the skill to adapt instruments to perform a full range of specialized tests or nonroutine diagnostic or treatment procedures. Examples at Level 1-4 describe operating and monitoring a dialysis system for chronic patients, checking the patient's condition, and determining proper treatment procedure, technique, and machine adjustments. The technician must be able to recognize and react to signs and symptoms that signal onset of complications to treatment. The appellant performs general non-invasive procedures that do not require the higher level of knowledge.

This factor is evaluated at Level 1-3 and 350 points are credited.

Factor 2, Supervisory controls

At Level 2-2, the supervisor makes continuing assignments that show what is to be done, possible problems, quality and quantity of work expected, and priority of assignments. The supervisor provides additional instructions or guidance on procedures for new and difficult assignments. The technician independently carries out recurring examinations or treatments without instructions but refers deviations from regular procedures, unanticipated problems, and unfamiliar situations not covered by instructions to the supervisor for decisions or help. The technician uses judgment and initiative in selecting procedures and observing if instruments are functioning properly. The work is checked on a spot-check basis by the supervisor to assure that finished work and procedures are technically accurate and in compliance with usual procedures and practices.

At Level 2-3, the supervisor defines goals, priorities, and deadlines. When working as a member of a team, physicians accept the technician's knowledge of complex procedures. Instructions include what is to be done, medical conditions expected, and what equipment is available for particular special procedures. The supervisor helps the employee with unusual situations which have no clear precedents. The technician plans and carries out procedures, handles problems and deviations in assignments based in previous training and accepted practices, uses judgment and initiative in selecting appropriate instruments and methods, recognizing conditions that cause erroneous results, and troubleshooting complex instruments. At this level, the technician may participate with physicians in planning procedures and rarely consults the supervisor for technical advice, independently making recommendations about procedures or changes to procedures. Completed work is checked for results achieved, conformance to hospital policy, and results produced.

Within the OHC, the appellant works with a substantial level of independence. As with positions at Level 2-2, the appellant's supervisor makes continuing assignments and identifies priorities. However, the appellant's familiarity with the medical instruments, equipment, and procedures precludes the need for the supervisor to show what must be done, discuss possible problems, or

the quality of work expected. The appellant independently carries out examinations and testing but refers deviations and abnormal results to supervisor. The appellant uses judgment and initiative to select from preset procedures and decision criteria. Completed work is spot-checked for technical accuracy and for compliance with established policy and procedures.

Unlike Level 2-3, the appellant's supervisor makes assignments and sets priorities. The work does not require troubleshooting complex equipment or use of judgment and initiative in selecting appropriate instruments and methods for evaluating patients. The procedures performed do not require regular participation with the physician in planning procedures as described at Level 2-3..

This factor is evaluated at Level 2-2 and 125 points are credited.

Factor 3, Guidelines

At Level 3-2, well-established procedures for doing the work are available. Specific guidelines include written descriptions of standard tests or treatment procedures, written or oral instructions from the physician, instrument manuals for assembly and maintenance of the medical instruments, and instructions for procedural and administrative aspects of the assignment. The number and similarity of guidelines and work situations require the technician to use judgment in selecting the most appropriate guidance, making minor deviations to adapt the guides to specific cases.

At Level 3-3, guidelines are available, but are not completely applicable to the work. The technician must frequently make searches in textbooks, journals, and technical manuals for application to individual cases. The technician uses judgment to adapt and change procedures, adopt or develop new procedures or techniques for individual problems. The procedures and techniques adapted or developed by the technician form the basis for hospital standardization.

Guidelines used by the appellant are comparable to Level 3-2. Guidelines are available and directly applicable to the procedures used. These include instrument manuals, Army regulations and operations manuals, Army Medical Command polices and procedures, and local guidelines. The appellant uses judgment in selecting and applying appropriate applications of guidelines.

Unlike positions at Level 3-3, the guidelines for the appellant's position are normally readily available and adequate for performing his duties. He is not required to frequently conduct research for additional/clarifying information, e.g., to confirm unusual test results; adapt and change current procedures; or develop entirely new procedures for use with the instruments used, as typical of Level 3-3.

This factor is evaluated at Level 3-2 and 125 points are credited.

Factor 4, Complexity

At Level 4-2, the work consists of standardized and related duties involving several sequential steps, processes, and methods to perform a variety of diagnostic or treatment tasks of limited

difficulty. Decisions about what needs to be done involve various choices requiring the technician to recognize the existence of and differences among a few easily recognizable alternatives. Actions taken by the technician differ with the medical condition of the patient, differences in type of test or treatment ordered by the physician, and the difference in patient responses to treatment.

Level 4-3 work includes a variety of duties involving performance of different specialized diagnostic and treatment procedures, methods, and techniques. Decisions about what needs to be done depend on instruments, examination and treatment procedures, and other variables. The work typically requires interpreting a variety of conditions and elements such as patient condition, medication, or instrument performance to be sure of test results. Technicians must identify and analyze factors related to the equipment operation and patient responses to discern their interrelationships. At this level, emergency situations require precise timing and coordination of action with others while making quick and accurate adjustments to the instrument in response to physician orders or patient condition.

As at Level 4-2, the appellant's work includes performing a variety of diagnostic tests and environmental sampling of limited difficulty and range of results. These include pulmonary function, vision screening, audiology testing, and respiratory mask fitting. He also performs heat stress testing, air quality sampling, and noise/light level testing for Industrial Hygiene. The appellant recognizes abnormal results and either performs follow-up for test accuracy assessment or refers results to the supervisor or industrial hygienist for further evaluation.

The complexity of the appellant's position does not meet Level 4-3. His duties do not require the use of highly specialized instruments, methods, or procedures. The appellant is not faced with the need to interpret a variety of conditions in order to determine accuracy of the test results as found in Level 4-3. The testing provided does not result from the type of emergency or similarly demanding situations described at the higher level.

This factor is evaluated at Level 4-2 and 75 points are credited.

Factor 5, Scope and Effect

The work at Level 5-2 involves performance of a variety of specific diagnostic procedures and treatment techniques which represent a significant segment of the total diagnostic and treatment plan for the patient. The work has a significant affect on the accuracy and reliability of further treatment.

At Level 5-3, the work involves performance of a variety of specialized diagnostic and treatment procedures. Positions at this level provide diagnostic and treatment services during regular and recurring critical care situations. The work has a significant impact on the well being of the patient.

Comparable to Level 5-2, the appellant's work involves performing a variety of diagnostic procedures as part of the overall evaluation of the health of new and transfer employees. His work also supports employee health maintenance and the identification of exposure to health

hazards at the industrial work sites. Diagnostic test results and environmental sampling have an impact on the well being of civilian employees and military reservists stationed at [acronym].

Unlike positions at Level 5-3, the appellant's work involves routine, non-invasive testing on normally healthy employees. It does not involve the variety of specialized diagnostic and treatment procedures during regular and recurring critical care situations.

This factor is evaluated at Level 5-2 and 75 points are credited.

Factor 6, Personal contacts and Factor 7, Purpose of contacts

Personal contacts include face-to-face contacts and telephone dialogue with persons not in the supervisory chain. The purpose of the personal contacts ranges from factual exchanges in information to situations involving significant issues. The standard combines the two factors as follows:

Personal Contacts

1. Employees within the service area and with patients in a highly structured situation, in the presence of a higher grade technician.
2. Employees within the hospital, but outside the immediate work unit; patients; their families; physicians; nurses; other professional and technical personnel or students or faculty from affiliated universities.

Purpose

- a. To exchange information.
- b. To coordinate work efforts and resolve technical problems.

Comparable to Level 2, the appellant's personal contacts include [acronym] employees and military personnel, patients, nurses, physicians, work leaders, laboratory and pharmacy personnel, and other technicians. These contacts are for the purpose of exchanging information, coordinating work efforts, and resolving any technical problems with instruments and equipment. Like at Level b, he discusses diagnostic procedures with patients and obtains medical history and pertinent information that may affect test results. He confers with other technicians, occupational health nurses, and the physician concerning abnormal test results and troubleshooting diagnostic and environmental equipment.

Factors 6 and 7 are evaluated at 2b and 75 points are credited.

Factor 8, Physical demands

Work at Level 8-2 requires regular and recurring physical exertion. It may involve walking, frequent bending, reaching, and stretching to set up and take apart equipment; lifting and

positioning patients; and carrying, pushing, or pulling moderately heavy objects. Duties may require above average dexterity. Level 8-2 is the highest level described for this factor.

Comparable to Level 8-2, the physical demands of the appellant's position require prolonged standing, bending, stooping, reaching, walking through work sites, and lifting moderately heavy items. Performing maintenance, calibrating, and using instruments and equipment requires reaching, stretching, and manual dexterity. Additionally, environmental sampling may require appellant to lift and maintain elevation of instruments to obtain readings and samples.

This factor is evaluated at Level 8-2 and 20 points are credited.

Factor 9, Work environment

At Level 9-2, technicians perform the work in a setting involving regular and recurring exposure to infectious and contagious diseases, odors and other risks which require special health and safety precautions such as wearing protective clothing such as gloves, masks, or lead aprons. This is the highest level described for this factor.

Comparable to Level 9-2, the appellant's work environment involves regular exposure to blood and bodily fluids, infection, contagious diseases, and hypodermic needles. Working within the OHC requires strict adherence to safety precautions and use of sterile procedures, medical gloves, etc. Environmental testing occasionally exposes the appellant to excessive fumes and noise and heat levels.

This factor is evaluated at Level 9-2 and 20 points are credited.

Summary

<i>Factor</i>	<i>Level</i>	<i>Points</i>
1. Knowledge required by the position	1-3	350
2. Supervisory controls	2-2	125
3. Guidelines	3-2	125
4. Complexity	4-2	75
5. Scope and effect	5-2	75
6. and 7. Personal contacts and Purpose of contacts	2b	75
8. Physical demands	8-2	20
9. Work environment	9-2	20
<i>Total</i>		865

Evaluation of the nine factors credits the appellant's position with a total of 865 points. In accordance with the grade conversion table in the GS-649 standard, the position falls within the GS-5 grade range (855-1100).

Evaluation using GS-600 JFS

The GS-600 JFS covers positions classified in the Medical Records Technician, GS-675, and Medical Support Assistance, GS-679 series. It provides series definitions, titling instructions, and grading criteria for nonsupervisory one-grade interval administrative support (i.e., assistance) and technical positions in the GS-600 group.

Factor 1, Knowledge required by the position

At Level 1-3, employees use knowledge of standardized medical records procedures, methods, and requirements and general medical terminology to perform a full range of routine medical records assignments. This includes knowledge and skill sufficient to enter specific medical information into applicants' records using medical terminology, standard codes, computerized data entry, and information systems. It includes review of records for completeness, accuracy, and compliance with applicable standards. Employees assemble patients' charts and retrieve reports and patient data.

Employees at Level 1-4 analyze medical records, maintain special registries, perform quality assurance, compile statistical data, code diagnostic and procedural information, collect and organize data, and extract data for statistical and other reports.

Consistent with Level 1-3, the appellant uses knowledge of medical testing and examination requirements and treatment procedures to review records for completeness, accuracy, and compliance with applicable medical standards. The appellant assembles patient charts and retrieves medical record information and patient data. He uses knowledge of medical terminology, anatomy, and physiology to assign codes for patient information and test results. He reviews patient history and medical records to ensure all necessary information has been captured and coded correctly to complete physical examination requirements and to identify possible negative effects to procedures, treatments, and immunization or conditions that may cause abnormal test results.

The appellant's position does not meet the criteria for Level 1-4. Although the appellant has knowledge of medical records procedures, Joint Commission on Accreditation of Healthcare Organizations standards, and medical records classification systems, the work does not require him to analyze medical records, maintain special registries, perform quality assurance, and compile statistical data such as statistical reports, audits, and research projects, comparable to Level 1-4. The OHC records relate to standard operations and the coding of common and recurring examinations and test results. The information the appellant obtains from medical records does not typically depart from the routine and does not relate to the more extensive medical operations typical at Level 1-4.

This factor is evaluated at Level 1-3 and 350 points are credited.

Factor 2, Supervisory controls

At Level 2-2, the supervisor makes assignments by providing general instructions. Employees use initiative and work independently within the framework established by the supervisor. Employees are expected to refer problems not covered by the supervisor's instructions or procedures to the supervisor or designated employee. The supervisor reviews new or difficult assignments and those with potential adverse impact and may spot check routine work products for accuracy.

At Level 2-3, the supervisor makes assignments by defining the overall objectives, priorities, and deadlines and assists with unusual situations that do not have clear precedents. Employees independently plan the work, resolve problems, carry out successive steps of assignments and make adjustments using accepted standard operating procedures or practices. They handle problems and deviations that arise in accordance with established policies, guidelines, instructions, etc, and refer new or controversial issues to the supervisor for direction and/or assistance.

The appellant performs his duties with a high level of independence. Comparable to Level 2-2, the supervisor makes general assignments at the beginning of the tour of duty. The appellant works independently in planning work; determining patient needs, e.g., regular examination, injury, etc.; and carrying out the related steps of his assignments, obtaining medical histories and entering and coding examination results into medical records and the computer system. Problems not covered by instructions or written procedures are referred to his supervisor for assistance. This is consistent with positions at Level 2-2.

The appellant's work does not meet Level 2-3. As stated in the *Classifier's Handbook*, it is not just the degree of independence that is evaluated, but also the degree to which the nature of the work allows the employee to make decisions and commitments and to exercise judgment. For example, many employees perform their work with considerable independence and receive very general review. This work is evaluated, however, at the lower levels of this factor because there is limited opportunity to exercise judgment and initiative. The appellant's work does not require the degree of judgment and initiative envisioned at Level 2-3. Deadlines and priorities are set by the OHC professional staff. The work cycle is generally determined by patient intake and clinic scheduling procedures. Medical record procedures are standard and well defined.

This factor is evaluated at Level 2-2 and 125 points are credited.

Factor 3, Guidelines

At Level 3-2, the employee uses judgment to identify and select from a number of similar guidelines and work situations. They apply the most appropriate guidelines, references, and procedures making minor deviations or adapting guidelines to specific cases and refer situations that do not fit instructions or guidelines to the supervisor for resolution.

Employees at Level 3-3 use guidelines that consist of a variety of technical instructions, technical manuals, medical facility regulations, regulatory requirements, and established

procedures which are not completely applicable to some of the work or have gaps in specificity. The employee uses judgment to adapt and interpret guidelines to apply to specific cases or problems and may, within the framework established by higher authority, develop approaches to apply to new regulatory requirements, or to adapt to new technology.

The appellant's position meets Level 3-2. He uses judgment to select from a number of guidelines such as Army regulations, Army Medical Command policies and guidelines, International Classification of Diseases manual, and Common Procedure Terminology. The appellant applies these guidelines, making only minor deviations or adaptations based on patient history for specific cases. There are normally no instances where situations do not fit instructions or guidelines.

The appellant's position does not meet Level 3-3. The guidelines used are specific to the limited functions performed in the OHC rather than situations involving a wider range of functions provided by a full service medical facility with a medical records organization responsible for record keeping as typical at Level 3-3.

This factor is evaluated at Level 3-2 and 125 points are credited.

Factor 4, Complexity

Positions at Level 4-2 perform work consisting of related steps, processes, or standard explanations of methods, such as compiling, recording, and reviewing medical records data. Employees choose from a few recognizable alternatives in deciding what needs to be done. They recognize inconsistencies in the medical records and apply proper procedures and methods to validate that the record contains factual information.

At Level 4-3, work consists of different, varied, and unrelated medical record processes and methods, including reviewing the work of other employees to verify compliance with regulatory requirements. Employees determine the relevance of many facts and conditions and determine the appropriate action from many alternatives. They determine interrelationships and appropriate methods and techniques needed to resolve problems.

The appellant's position meets Level 4-2. He follows standard procedures and specific guidelines in assembling patients' medical files, choosing codes, and recording all results. He selects the appropriate tests and standards based on the environment in which the patient works or to which the employee will be assigned. The appellant ensures proper completion of medical forms and data entry of information into a standardized computer system. Work requires attention to detail and knowledge of quality control procedures. He identifies record inconsistencies for correction and flags information which may require physician attention and further evaluation of patients.

The work of the appellant's position does not meet Level 4-3. Instead of the different, varied, and unrelated medical record process and methods expected at Level 4-3, the appellant's assignments consist of a limited range of steps and processes in establishing OHC patient records. He is not responsible for reviewing the work of others nor does the nature of his work

require him to determine appropriate action from many alternatives when inconsistencies occur as typical at Level 4-3.

This factor is evaluated at Level 4-2 and 75 points are credited.

Factor 5, Scope and effect

At Level 5-2, work involves performing general record keeping duties, giving patients correct instructions on test preparation and procedural requirements, and properly recording physicians' orders. Work affects the efficiency, accuracy, and acceptability of further processes or services.

At Level 5-3, work involves performing a variety of specialized medical records tasks, and resolving problems according to established criteria and developing, maintaining, and monitoring special registries that assist physicians in the care and treatment of patients. Work affects the accuracy and reliability of medical records, which in turn, affects the outcome of research efforts, internal and external audits, and quality of information physicians receive on such things as readmission and legal claims.

Comparable to positions at Level 5-2, the appellant performs his assignments according to specific rules or procedures for examination and/or treatment of patients seen at the OHC. The work involves data entry and maintenance of established records and affects the efficiency of the OHC operations and further processes or services.

The appellant's position does not meet the criteria for Level 5-3. The appellant's duties include general record keeping of the patient test and examination results rather than specialized work relating to involved medical procedures as at Level 5-3. Research efforts or audits are not part of the OHC function.

This factor is evaluated at Level 5-2 and 75 points are credited.

Factor 6, Personal contacts, and Factor 7, Purpose of contacts

At Level 6-2, the highest level described in the standard, contacts are within the facility but outside the immediate or related work units. Some contacts may be with the general public in moderately structured settings. Contacts may include representatives from insurance companies, private physicians, other care providers, and individuals from other agencies or organizations seeking information.

The appellants' contacts meet Level 6-2. He has regular and recurring interaction with [acronym] civilian personnel and military reserve members, nurses, physicians and medical staffs of local military and civilian hospitals/OHCs, workers compensation/return-to-work program coordinators, Occupational Safety and Health Administration (OSHA) officials, Federal Employee Compensation Act (FECA) program office officials, and Department of Veterans Affairs (VA) officials.

At Level 7B, the purpose of the work is to initiate and follow through on work efforts or to resolve operating or technical problems related to the treatment of patients and/or the maintenance of patient records. Employees at this level influence or persuade individuals or groups who are working towards mutual goals and who have cooperative attitudes. Level 7C describes influencing, persuade, interrogate, or control people or groups. The people contacted are unusually difficult to communicate with because of physical and/or mental conditions or fearful, irrational uncooperative, etc.

Consistent with positions at Level 7B, the purpose of the appellant's work is to initiate and follow through on collecting information from patients and other staff to assure accuracy and completeness of medical records. In addition, he has regular interactions with OSHA, FECA, and VA officials to identify occupational illnesses and injuries and to assist in gathering information for workers' compensation claims as well as assist in assessing a patient's readiness to return to work. The appellant also has regular contact with [acronym] when ordering OHC medical supplies. In contrast to Level 7C, the contacts are basically cooperative, are not unusually difficult to communicate with, and are working toward mutual goals.

Factors 6 and 7 are evaluated at Level 2B and 75 points are credited.

Factor 8, Physical demands

At Level 8-2, the work requires some physical exertion such as prolonged periods of standing, bending, reaching, crouching, stooping, stretching, and lifting moderately heavy items such as manuals and boxes. Factor 8-2 is the highest level described for this factor.

The physical demands of the appellant's position are comparable to Level 8-2. The appellant's duties require regular bending, reaching, stretching, and lifting moderately heavy items such as storing boxes of medical supplies and maintaining and handling heavy medical manuals.

This factor is evaluated at Level 8-2 and 20 points are credited.

Factor 9, Work environment

At Level 9-2, the work environment involves moderate risks or discomforts that require special safety precautions, e.g., exposure to contagious diseases. Employees may be required to use protective clothing or gear such as masks, gowns, gloves, or shields. Level 9-2 is the highest level for this factor.

Consistent with Level 9-2, the employee works under conditions of risk of exposure to contagious diseases and bodily fluids. This requires the use of precautions such as medical gloves and masks.

This factor is evaluated at Level 9-2 and 20 points are credited.

Summary

<i>Factor</i>	<i>Level</i>	<i>Points</i>
1. Knowledge required by the position	1-3	350
2. Supervisory controls	2-2	125
3. Guidelines	3-2	125
4. Complexity	4-2	75
5. Scope and effect	5-2	75
6. and 7. Personal contacts and Purpose of contacts	2b	75
8. Physical demands	8-2	20
9. Work environment	9-2	20
<i>Total</i>		865

Evaluation of the nine factors credits the appellant's position with a total of 865 points. In accordance with the grade conversion table in the GS-600 Job Family standard, the position falls within the GS-5 grade range (855-1100).

Summary

By comparison with the position classification standards for the GS-620 and GS-649 series and the JFS for the GS-600 group, we find the position properly classified at the GS-5 grade level.

Decision

The appellant's position is properly classified as GS-640-5. The title is to be constructed by the agency in accordance with titling practices outlined in the GS-640 standard and Section III of the *Introduction to the Position Classification Standards*.