

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

Appellant: [appellant's name]

Agency classification: Health Technician
(Ophthalmic/Refractive)
GS-640-6

Organization: Refractive Eye Clinic
Department of Surgery
Deputy Commander for Clinical Services
[hospital name]
Medical Department Activity
United States Army Medical Command
Department of the Army
[city and state]

OPM decision: GS-640-6
Title to be determined by agency

OPM decision number: C-0640-06-05

/s/ Judith A. Davis

Robert D. Hendler
Classification and Pay Claims
Program Manager
Merit System Audit and Compliance

3/3/2010

Date

As provided in section 511.612 of title 5, Code of Federal Regulations (CFR), this decision constitutes a certificate which 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 (Introduction)*, appendix 4, Section G (address provided in appendix 4, section H).

Decision sent to:

[appellant's name and address]

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Introduction

On August 11, 2009, the Chicago Oversight and Accountability Group (now Chicago Oversight) of the U.S. Office of Personnel Management (OPM) accepted a classification appeal submitted through the [region] Area's Civilian Personnel Advisory Center (CPAC) on behalf of [appellant's name]. The appellant's position is currently classified as Health Technician (Ophthalmic/Refractive), GS-640-6, but she believes it should be classified at the GS-7 grade level. The position is located in the Refractive Eye Clinic, Department of Surgery, Deputy Commander for Clinical Services, [hospital name], Medical Department Activity, United States Army Medical Command, Department of the Army (DA), at [city, state]. Due to workload considerations, the Dallas Oversight and Accountability Group (now Dallas Oversight) assumed responsibility for adjudicating the appeal on September 30, 2009. We received the agency's complete administrative report on November 2, 2009. We have accepted and decided this appeal under section 5112 of title 5, United States Code (U.S.C.).

Background

[Hospital name] facilities include side-by-side ophthalmology and Warfighter Refractive Eye Surgery Program (WRESP) clinics. The WRESP's goal is to increase a soldier's combat readiness by eliminating or minimizing the need for corrective eyewear which may hinder a soldier when operating complicated sighting systems; wearing protective masks or night vision goggles; or working in the rain, mud, or sand. The office manager, a non-commissioned officer in charge (NCOIC), directly supervises the seven Health Technician, GS-640-6, positions assigned to both clinics, including the appellant's. The health technicians work either the ophthalmology or the WRESP clinic, but they regularly cover the other side during staff shortages or due to other workload considerations.

The appellant has worked primarily in the WRESP clinic since it opened in 2001. At the time, her position was assigned to an official position description (PD) describing duties and responsibilities for the ophthalmology clinic, not the WRESP's, and titled as Health Technician (Ophthalmology). The appellant said she has been requesting a review of her position's classification and revision of her PD since 2001. Her PD was subsequently revised on December 12, 2008. The current PD, number [number], describes duties for both ophthalmology and WRESP clinic settings, and changed the title to Health Technician (Ophthalmic/Refractive). The title change was effected on January 4, 2009. The grade of the appellant's position remained unchanged. Consequently, the appellant sent an April 21, 2009, classification appeal request through the [region] Area's CPAC. No action was taken on the request and was then forwarded to OPM.

General issues

The appellant submitted PDs for Health Technician, GS-640-7, positions assigned to DA's other WRESP clinics. She believes she is performing work similar to the GS-7 positions. By law, we must classify positions solely by comparing their current duties and responsibilities to OPM position classification standards (PCS) and guidelines (5 U.S.C. 5106, 5107, and 5112). Other methods or factors of evaluation are not authorized for use in determining the position's

classification, such as comparison to positions which may or may not have been properly classified.

Although the other DA PDs provided by the appellant contain duties similar to those she performs, several of the factor-level descriptions in each PD are materially different from those described in the appellant's PD of record and the findings discussed in this decision. However, like OPM, the appellant's agency must classify positions based on comparison to OPM's PCSs and guidelines. Under 5 CFR 511.612, agencies are required to review their own classification decisions for identical, similar, or related positions to ensure consistency with OPM certificates. Therefore, the appellant's agency has primary responsibility for ensuring its positions are classified consistently with OPM appeal decisions. If the appellant believes her position is classified inconsistently with another, then she may pursue this matter by writing to the human resources office of her agency's headquarters. She should specify the precise organizational location, series, title, grade, and responsibilities of the positions in question. The agency should explain to her the differences between her position and the others, or classify those positions in accordance with this appeal decision.

The appellant mentions her personal qualifications, including her certification as an Ophthalmic Assistant by the Joint Commission on Allied Health Personnel in Ophthalmology. Qualifications are considered in classifying positions only to the extent these are qualifications required to perform current duties and responsibilities. Therefore, we could not consider the appellant's personal qualifications, except insofar as they were required to perform her current duties and responsibilities. To the extent they were needed for this purpose, we carefully considered them along with all other information furnished by the appellant and her agency.

Position information

[Hospital name] WRESP clinic performs Photorefractive Keratectomy (PRK) and Laser Keratomileusis (LASIK) procedures, the DA's chosen methods for correcting nearsightedness, farsightedness, and astigmatism. In addition to being at least 21 years old with no pending adverse personnel actions, an individual is eligible for surgery if criteria are met including remaining on active duty after surgery or in conjunction with an executed reenlistment action for at least 18 months, attending all pre- and post-operative appointments, obtaining the commanding officer's approval, etc. The appellant and two other health technicians assigned to the WRESP clinic receive work direction from the optometrist managing the soldier's pre- and post-operative surgical care, and from the approximately four ophthalmologists performing the PRK and LASIK surgeries.

If eligible, a soldier undergoes two pre-surgical screening evaluations. During the first visit, the appellant obtains and records the patient's pertinent medical information including age, birth date, race, past eye injuries and surgeries, eyeglass prescription, and contact lens information. She also administers no less than 10 tests and evaluations designed to identify a patient's refractive errors and determine which, if any, procedure is suited to their condition. The standard tests involve visual acuity, eye pressure, eye dominance, pentacam, pupilometer, corneal topography, pachymetry, lensometry, automated refraction, and keratometry. The appellant determines when test results are flawed, if tests are to be repeated, and how to modify test

approaches for better results. She also discusses the differences between PRK and LASIK procedures with the patient, and ensures a second visit is scheduled for typically a week later. The appellant records the patient's medical information and test results in the Armed Forces Health Longitudinal Technology Application, the Department of Defense's electronic health record system. During the second visit, the optometrist meets with the patient to discuss surgery options and will, if necessary, direct the appellant to repeat or administer additional screening tests.

On the WRESP clinic's surgery days (Mondays and Wednesdays), the health technicians rotate responsibility for the circulator, surgical assistant, and laser operator roles. As circulator, the appellant's duties include verifying the patient's identification and surgical plan by matching color-coded armbands to the corresponding social security numbers, addressing patient questions and concerns, and advising the patient on medications. Other duties include prepping the eye for surgery, patching up the non-surgical eye, administering alcaine drops to numb the eye, positioning the patient under the laser, instructing the patient on proper check-out procedures, and cleaning instruments and equipment between procedures. She also enters operative notes into Surgivision, the database for DA's laser centers.

As surgical assistant, the appellant's duties include passing instruments to the ophthalmologist for the surgery's duration. As laser operator, her duties include loading surgical plans into the laser's software for patients scheduled for surgery. She also checks the laser to ensure it is correctly calibrated prior to its use on surgery days. After the ophthalmologist prepares the eye for surgery, the appellant is responsible for ensuring the laser aligns to the patient's pupil, controlling the laser, advising the surgeon of progress (e.g., 50 percent complete, 75 percent complete, etc.), and administering antibiotic drops into the patient's eye.

WRESP patients are required to complete post-operative visits days after the surgery and typically at one-, three-, and six-month intervals. During post-operative visits, the appellant removes temporary contacts, ensures medication is being taken, identifies problems with pain or dryness, and administers tests involving visual acuity, eye pressure, and automated refraction.

The appellant's official PD, number [number], and other material of record furnish much more information about her duties and responsibilities and how they are performed. The appellant said her current PD is accurate. However, we identified some inaccuracies which do not affect the classification of the position. For example, [hospital name] no longer performs tests, like the Worth 4 dot, identified on the PD. The PD's description makes no distinction between the ophthalmology and WRESP duties, blending together the work of both sides under two major duties and allocating 60 percent of the technician's work time to the first duty and 40 percent to the second. The NCOIC said other health technicians alternate between the ophthalmology and WRESP clinics with more regularity than the appellant, who, on average, works the ophthalmology side approximately twice a month to cover staff shortages or to administer tests. For example, she occasionally performs the A-scan ultrasound biometry, a diagnostic test for gathering data on the length of the eye and calculating the power of intraocular lens needed, and the fluorescein angiography, a diagnostic test for determining if there is proper circulation in the blood vessels of the retina. The NCOIC is in the process of recruiting for a health technician vacancy; he anticipates the technicians more frequently rotating between the clinics to cover the

vacant position and to sharpen the technicians' skills in both areas. Therefore, it is impractical to assign percentages of time to the health technicians' PD.

Nonetheless, a PD is an official record of the major duties and responsibilities assigned to a position or job by an official with the authority to assign work. Major duties are those occupying a significant portion of the employee's time. They should be only those duties currently assigned, observable, identified with the position's purpose and organization, and expected to continue or recur on a regular basis over a period of time. Based on these criteria, we find the appellant's PD is adequate for classification purposes.

To help decide this appeal, we conducted telephone audits with the appellant on December 8, December 10, and December 17, 2009; and a telephone interview with the NCOIC on January 6, 2010. In deciding this appeal, we carefully considered the interviews and all other information of record furnished by the appellant and her agency, including the official PD.

Series and title determination

The appellant does not contest the agency's placement of her position in the Health Aid and Technician Series, GS-640, and titling as Health Technician (Ophthalmic/Refractive). Based on careful review of the record, we concur with placement of the position in the GS-640 series which is a catchall for positions involving nonprofessional health and medical work of such generalized, specialized, or miscellaneous nature where there is no other more appropriate series. The GS-640 series does not prescribe titles due to the diversity of positions classifiable to the series. The suggested title for non-supervisory positions at or above the GS-4 grade level is Health Technician. Organizational or secondary titles may be used at the agency's discretion.

Standards determination

The GS-640 PCS does not provide grade-level criteria. The appellant's position must be classified by reference to standards 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 with the greatest influence on grade level.

The appellant's position consists of a mix of duties and responsibilities covered in three different PCSs. The Nursing Assistant Series, GS-621, covers the appellant's work involving a variety of personal care, nursing care, or related duties not requiring licensure of a practical or vocational nurse; the Medical Instrument Technician Series, GS-649, covers functions similar to the appellant's work involving diagnostic examinations or medical treatment procedures as part of the patient's diagnostic or treatment plan; and the Medical Support Assistance Series, GS-679, covers the appellant's work involving support work in connection with the care and treatment given to patients in clinics or similar medical facility limits.

The agency's evaluation statement determined the grade of the appellant's position only by comparison to the GS-649 PCS. We evaluated the appellant's nursing assistant duties by reference to the GS-621 PCS and her medical support duties to the Job Family Standard for Assistance and Technical Work in the Medical, Hospital, Dental, and Public Health Group,

GS600, used for evaluating GS-679 work. We determined both sets of duties and responsibilities, classifiable to the GS-4 level, are graded significantly lower than her GS-649 related work. Therefore, we will not discuss them further.

The appellant's position is properly evaluated by cross reference to the grading criteria in the GS-649 PCS. Like the appellant's, GS-649 work involves performing diagnostic examinations or medical treatment procedures as part of the diagnostic or treatment plan for patients, in addition to related patient care activities including securing the patient's confidence; positioning the patient; instructing technicians, physicians, and patients; and coordinating work efforts. Unlike the appellant's, GS-649 positions require applying knowledge of the operating characteristics of the equipment along with a practical knowledge of human anatomy and physiology. GS-649 work also requires operating instruments and equipment associated with cardiac catheterization, pulmonary examinations and evaluations, heart bypass surgery, electrocardiography, electroencephalography, hemodialysis, and ultrasonography. In contrast, the appellant uses specialized instruments and equipment to perform various tests and procedures on patients' vision, and assists with refractive eye surgeries by arranging instruments and preparing patients for procedures. She must be skilled in operating the various instruments and equipment, and have a basic understanding of eye anatomy and physiology. The GS-649 PCS provides a basis for evaluating this work.

Grade determination

The GS-649 PCS is written in the Factor Evaluation System (FES) format, under which factor levels and accompanying point values are assigned for each of the nine factors. The total is converted to a grade level by using the grade-conversion table provided in the PCS. Under the FES, each factor-level description demonstrates the minimum characteristics needed to receive credit for the described level. If a position fails to meet the criteria in a factor-level description in any significant aspect, it must be credited at a lower level unless the deficiency is balanced by an equally important aspect which meets a higher level.

The appellant believes her position should be credited at Levels 3-3, 4-3, and 5-3, but agrees with the agency's crediting of Levels 1-4, 2-3, 6-2, 7-b, 8-2, and 9-2. Based on careful review of the record, we concur with the agency's evaluation of the undisputed factors and have credited the position accordingly. Therefore, our evaluation will focus on only Factors 3, 4, and 5.

Factor 3, Guidelines

This factor considers the nature of guidelines and the judgment needed to apply them.

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 instruction from the physician; instrument manuals containing instructions for the assembly and maintenance of the medical instrument; and instructions for procedural and administrative aspects of the assignment (e.g., sterilizing and testing equipment, transport equipment, documenting patient records of tests or treatment, ordering and storing equipment and supplies). The number and similarity of guidelines and work situations require the technician to use

judgment in identifying and selecting the most appropriate guidelines, reference, or procedure (e.g., using appropriate methods to calibrate or standardize instruments); making minor deviations to adapt guidelines in specific cases (e.g., manipulating or changing instruments to meet test requirements); and determining which of several established alternatives to use in checking and correcting a problem.

At Level 3-3, guidelines are available but not completely applicable to the work. The employee must frequently search textbooks, journals, and technical manuals for application to individual cases. Decision criteria do not cover every situation (e.g., confirming unusual test results; using an altered technique; assessing and correcting unexpected reactions or errors; or the complexity of patients' illness and physical condition). The technician uses judgment to adapt and change procedures, adopt or develop new procedures or techniques for individual problems. The technician uses initiative in learning new developments in the field and in recommending changes to improve service, correct deficiencies, and improve reliability of test and treatment results. The procedures and techniques adapted or developed by the technician form the basis for hospital standardization.

The appellant's position meets Level 3-2. As at this level, guidelines are available and applicable to the variety of tests and procedures administered by the appellant. Guidelines include DA rules and regulations, instrument and equipment manuals, accepted clinical practices and procedures, and [hospital name] WRESP's standard operating procedures (SOP). The NCOIC also provided the health technicians with *The Ophthalmic Assistant*, a reference guide with practical information on, e.g., the basic science, clinical practices, surgical techniques, latest information on refractive surgery, and newer areas of eye care delivery. Similar to Level 3-2, the appellant uses judgment in selecting and applying the appropriate application of guidelines.

The appellant proposes crediting her position at Level 3-3. In her April 21, 2009, appeal request, she states, "I don't even have written guidelines for a lot of our equipment so I am expected to know how to operate them and how to change settings if needed to obtain a better test." The appellant performs all routine and standardized tests at the first pre-surgical screening visit. She recognizes when a test yields flawed results and needs to be repeated. However, the record shows she works within the equipment control parameters identified through instrument and equipment manuals; accepted clinical practices; and the clinic's equipment operation SOPs, which are required by the Joint Commission on the Accreditation of Healthcare Organizations and are currently in the process of being revised and finalized. Unlike Level 3-3, the appellant's guidelines are normally readily available and adequate for performing her duties. In addition, her individual actions, while improving the reliability of a patient's test results, do not serve as the basis for clinic-wide standardization as expected at Level 3-3. Instead, the NCOIC hosts weekly health technician meetings to discuss issues such as process improvement, agency- or hospital-wide changes, etc.

Also unlike Level 3-3, the appellant's work does not regularly require conducting research for additional or clarifying information. The appellant states, "I also routinely search the internet for the most recent guidelines for specific schools for soldiers getting PRK and LASIK because some schools don't allow the soldier to have LASIK but they do allow for PRK." The NCOIC could not corroborate this work; but, more importantly, this example describes administrative

support, rather than technical, work relating to a soldier's surgical eligibility rather than the how-to of administering the pre- and post-operative tests and procedures. The appellant said she also researches reference manuals and Web sites to deal with difficult patients. However, the WRESP clinic administers routine and standardized tests on a typically healthy soldier population. The appellant occasionally administers tests on patients with complicating factors (e.g., dry or lazy eyes), but, in contrast to Level 3-3, determining how the work is to be done is covered by readily available guidance in the form of past precedents; existing written guidelines; or oral instructions from the NCOIC, optometrist, or ophthalmologists.

The appellant wrote part of the WRESP clinic's SOPs. Drafting the SOPs, in addition to being a one-time rather than a regular and recurring task, requires a practical knowledge of the clinic's current purpose, operations, and procedures. The work did not require adapting and changing existing procedures or developing new procedures for use with the instruments used as expected at Level 3-3.

Level 3-2 is credited for 125 points.

Factor 4, Complexity

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

At Level 4-2, 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 (e.g., the technician considers factors which are clear, comparable, and readily checked to adjust diagnostic or treatment equipment and procedures to a patient's medical condition). At Level 4-2, work includes such tasks as discriminating between normal and abnormal test results, recognizing factors affecting results, and identifying technical or instrument related problems.

At 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. Work typically requires interpreting a variety of conditions and elements such as patient condition, medication, or instrument performance to be sure of test results. For example, the technician may change settings based on a sudden onset of physical signs or symptoms of distress by the patient. The chosen course of action is selected from several alternatives (e.g., the technician selects a different procedure when a test yields unacceptable results). The technician 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.

The appellant's position meets Level 4-2. Similar to this level, her work includes performing a variety of screening tests and examinations. Her work requires recognizing abnormal test results and repeating tests for more accurate readings. As at Level 4-2, the appellant's work requires identifying and reporting equipment and instrument malfunctions to the NCOIC for further action.

The appellant proposes crediting her position at Level 4-3 based on her completing classroom and practical training for the WRESP clinic's two lasers, allowing her to perform duties including loading surgical plans into the laser software, checking lasers to ensure proper calibration, and shutting off lasers during emergencies. But, unlike Level 4-3, this work does not require performing different specialized diagnostic and treatment procedures, methods, or techniques. Her laser-related duties follow a distinct and clear course of action, where variables impacting the decisions (e.g., on when and how to load surgical plans, calibrate lasers, and shut off lasers) are normally easily recognizable or follow past precedents.

The appellant also administers the tests pre-established for determining an individual's eligibility for refractive eye surgery and for developing the plan setting the amount of laser energy required to correct vision errors. Deciding which test to perform is more clear-cut than expected at Level 4-3, where decisions are muddled by other variables including the patient's condition, medication, instruments and equipment, and treatment procedures. The appellant normally administers the same comprehensive eye examination with tests including, but not limited to, visual acuity; assessing the corneal surface by "mapping" its topography to determine how much tissue to remove; determining pupil size; measuring corneal thickness or pachymetry; measuring intraocular pressure to detect glaucoma or pre-glaucomatous conditions; and measuring corneal curvature or keratometry. In a refractive eye clinic setting, the appellant also encounters situations relating to optional outpatient procedures better described as cosmetic rather than the emergency, critical care situations described at Level 4-3, which require using precise timing and coordination of action with others while making quick and accurate instrument adjustments in response to the doctor's orders or patient condition.

Level 4-2 is credited for 75 points.

Factor 5, Scope and Effect

This factor covers the relationship between the nature of the work (i.e., purpose, breadth, and depth of the assignment) and the effect of work products or services both inside and outside the organization.

At Level 5-2, work 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. Work has a significant affect on the accuracy and reliability of further treatment.

At Level 5-3, 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. Work has a significant impact on the patient's well-being.

The appellant's position meets Level 5-2. Similar to this level, her work requires performing the full range of diagnostic tests and procedures used by the optometrist in determining a soldier's candidacy for PRK or LASIK surgery and in developing the optimal surgical plan tailored to correct the soldier's refractive errors. The appellant's work directly impacts the accuracy and reliability of test results.

The appellant proposes crediting her position at Level 5-3, stating she independently performs complex diagnostic procedures with precision and accuracy. As stated in her appeal request, "If my tests are substandard or are not accurate then a patient might be turned away and told they aren't a good candidate based on the tests that I perform or they might not get the best surgical outcome as a result of it." The optometrist relies on the accuracy of the tests administered by the appellant to decide if a patient is eligible for PRK or LASIK surgery and to develop the ideal surgical plan. However, the appellant's work falls short of Level 5-3 as she performs a variety of routine, non-invasive screening tests on a relatively healthy and physically stable soldier population. In contrast, Level 5-3 positions involve regular and recurring critical care situations with patients dealing with acute, life-threatening illness or injury. Like Level 5-2, the appellant's work directly affects the patient's vision by eliminating or decreasing dependency on contact lenses or eyeglasses. Unlike Level 5-3, the appellant's work has no immediate, direct, or significant impact on the patient's overall health and well-being.

Level 5-2 is credited for 75 points.

Summary

<i>Factor</i>	<i>Level</i>	<i>Points</i>
1. Knowledge Required by the Position	1-4	550
2. Supervisory Controls	2-3	275
3. Guidelines	3-2	125
4. Complexity	4-2	75
5. Scope and Effect	5-2	75
6. & 7. Personal Contacts and Purpose of Contacts	2-b	75
8. Physical Demands	8-2	20
9. Work Environment	9-2	<u>20</u>
<i>Total</i>		1,215

A total of 1,215 points falls within the GS-6 range (1,105 to 1,350) on the PCS's grade-conversion table.

Decision

The appellant's position is properly classified as GS-640-6. The position title is at the agency's discretion.