

**U.S. Office of Personnel Management
Classification Appeal Decision
Under section 5112 of title 5, United States Code**

Appellant: [appellant]

Agency classification: Supervisory Health System Specialist
GS-671-12

Organization: [specific group]
[specific wing]
[facility]
[activity]
U.S. Department of the Air Force
[installation location]

OPM decision: Supervisory Health System Specialist
GS-671-12

OPM decision number: C-0671-12-01

//s// Judith A. Davis for

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

8/24/2011

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).

As discussed in this decision, the appellant's position description (PD) is not adequate for purposes of classification. Since PDs must meet the standard of adequacy in the *Introduction*, the appellant's agency must revise his PD to meet that standard. The servicing human resources office must submit a compliance report containing the corrected PD and a Standard Form 50 showing the personnel action taken. The report must be submitted to the OPM office that accepted the appeal within 45 days of the date of this decision.

Decision sent to:

[appellant's name and address]

[name and address of appellant's servicing personnel office]

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Introduction

On October 1, 2010, the Dallas Oversight of the OPM accepted a classification appeal from [appellant's name]. The appellant's position is currently classified as Supervisory Health System Specialist, GS-671-12, but he believes it should be classified as a Health System Administrator, GS-670, at either the GS-13 or GS-14 grade level. The position is assigned to the [Specific Group], [Specific Wing], [Facility], [Activity], U.S. Department of the Air Force (USAF), at [Installation location]. We received the complete agency's administrative report (AAR) on December 14, 2010, and the appellant's comments on the report on December 28, 2010. We have accepted and decided this appeal under section 5112 of title 5, United States Code (U.S.C.).

Background

The appellant's position was initially established and classified under the National Security Personnel System (NSPS) as a Supervisory Health System Specialist, YC-671-02, when the Wing reorganized in 2008. The Wing operates [Facility], the USAF's [size] medical center. The Wing is divided into six medical groups with each operating under its own command structure. The 2008 restructuring merged the Surgery and Medical groups into one group, the [Group], with approximately [number] personnel. [Group] military health care administration positions also changed due to the Wing's reorganization and to curtail the impact of Base Realignment and Closure (BRAC) reduction requirements and increased deployment missions. Instead of the previous staffing structure (two senior active duty group administrators and six group practice, junior medical service officer ranked administrators), the [Group] currently operates with one senior group active duty group administrator (Group Administrator), an O6 Colonel, supported by the appellant's position and a GS-670-13 Health System Administrator.

[Group] is the Wing's [size] group. Briefly, the [Group] is under the management of the Group Commander, an O6 Colonel; divided into eight squadrons; operates with a \$101 million budget; and staffed with a mix of approximately 3,047 USAF and U.S. Army personnel, contractors, residents, and volunteers. Each of the eight [Group] squadrons operates with its own command structure and is typically directed by an O5 Lieutenant Colonel. [Group] annually completes approximately 605,000 patient visits and 474,000 procedures with 19 operating rooms and 225 intensive and acute care beds.

In October 2009, the appellant's immediate supervisor requested that the AFB's Civilian Personnel Flight (CPF) review the classification of the appellant's NSPS position. The appellant and his supervisor did not disagree with the pay band 2 or the YC Supervisor/Manager pay schedule of his position, but believed it should be classified to the GS-670 Health System Administrator Series. CPF declined to conduct a position review, directing the appellant to file a classification appeal with OPM instead. On June 18, 2010, OPM accepted an appeal from him contesting the series of his NSPS position. NSPS was abolished in the interim, and the appellant's position was officially converted to a Supervisory Health System Specialist, GS-671-12 position effective September 12, 2010. OPM cancelled the appellant's NSPS classification appeal and accepted his appeal filed with OPM contesting the title, series, and grade of his GS position.

General issues

The appellant states his duties are similar to those performed by the [Group's] GS-670-13 Health System Administrator position. 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 its positions are classified consistently with OPM appeal decisions. After careful consideration of the documentation provided by the appellant, we have asked the agency to provide us with an intra-agency classification consistency report on the other [group] position identified by the appellant. In making its report, the agency will review positions that are identical, similar, or related to the appellant's position to ensure they are classified consistently with this appeal decision. The *Introduction*, appendix 4, section I, provides more information about such reports. We have also tasked the agency to inform the appellant of the results of its consistency review.

The appellant also states [Facility's] size, mission, and complexities are similar to that of Army's Walter Reed Medical Center (WRMC). He further states his duties and job complexities are similar to those of higher-graded GS-670 positions assigned to the [Facility] and other Army and USAF medical centers. By law, we must classify positions solely by comparing the appellant's 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 classification of a position, such as comparison to positions which may or may not be properly classified.

As discussed previously, 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. Consequently, USAF has primary responsibility for ensuring its positions are classified consistently with OPM appeal decisions. If the appellant believes his position is classified inconsistently with the others he has pointed to outside of [Group], then he may pursue this matter by writing to the human resources office of his agency's headquarters. He should specify the precise organizational location, series, title, grade, and responsibilities of the positions in question. The agency should explain to him the differences between his position and the others, or classify those positions in accordance with this appeal decision.

The appellant raises several concerns about his agency's position review process (e.g., CPF failed to conduct a position review; the agency's December 8, 2010, evaluation statement includes inaccurate statements; the CPF classifiers failed to fully understand the [Facility] medical mission and organization; and the agency inconsistently classifies GS-670 and GS-671 positions). In adjudicating this appeal, our responsibility is to make an independent decision on the proper classification of the appellant's position. Therefore, we have considered these issues only insofar as they are relevant to making that comparison. Because our decision sets aside all previous agency decisions, any concerns regarding the agency's classification review process are not germane to this decision.

The appellant mentions his personal qualifications, including his previous experience as [Facility's] Medical Support Squadron Commander and his possessing a master's degree and

certification from the Healthcare Financial Management Association. Qualifications are considered in classifying positions to the extent the qualifications are required to perform the duties and responsibilities of the position. Therefore, we will consider the appellant's personal qualifications only insofar as they were required to perform his current duties and responsibilities.

Position information

The [Group] is the USAF's [size] operational group and includes half of all Wing squadrons. The appellant's immediate supervisor is the senior group administrator, who is responsible for the overall health care administration of the group's eight squadrons and reports directly to the [Group] Commander. The appellant and the occupant of the GS-670-13 Health System Administrator position share responsibility for providing day-to-day administrative support to their assigned squadrons. The appellant's [number] assigned squadrons are staffed with a total of [number] personnel and include the Radiology, Mental Health, Maternal Child, and the Medical Operations squadrons. The squadrons include the five medical departments as follows: Medicine with 13 specialty outpatient clinics, Pediatrics with the pediatrics sub-specialty clinic, Obstetrics and Gynecology, Behavior Medicine with 18 beds for Inpatient Services, and Radiology.

The appellant estimates spending 30 percent of his time on resource management work. This includes facilitating situations involving personnel, manpower, supply, equipment, budget, fiscal management, facility, and infrastructure issues for his assigned organizations. For example, he projects, recommends, and establishes multi-year manpower priorities by reviewing manpower data for types and numbers of positions and skill codes, initiating requests for personnel actions, monitoring the Unit Personnel Manpower Roster, and requesting revisions to the Unit Manpower Document.

The appellant analyzes data from the Medical Expense and Reporting System (MEPRS) and the Defense Medical Human Resources System regarding expenses, supplies, space, manpower, and workload. He pinpoints high costs and other anomalies, reporting discrepancies to the Wing's MEPRS office for correction. Other related work involves identifying, with input from assigned organizations, the need to purchase, replace, or lease high-cost medical and non-medical equipment, as well as supplies and furniture. He conducts a business case analysis to justify purchases of medical equipment and services. For example, the appellant established an interim strategy for providing access to a magnetic resonance imaging (MRI) machine while the \$3 million dollar replacement was purchased, i.e., he coordinated a deal between the medical equipment company and the squadrons to provide a five-month \$250,000 lease on a mobile MRI system.

Other resource related work involves providing budget and fiscal management to assigned squadrons and organizations. The appellant coordinates with the squadron commanders to project and prioritize budgetary and fiscal needs. He oversees the budget to ensure squadrons operate within established targets. The appellant provides squadron commanders with budget-related updates monthly or whenever necessary. In addition, he provides facility and infrastructure support, e.g., by submitting space requests to the Space Utilization Working Group

and coordinating the relocation or expansion of offices, rooms, and clinical spaces. The appellant also manages, tracks, and prioritizes work orders.

The appellant estimates spending 15 percent of his time on programming work associated with crafting and refining his assigned squadrons' budget, also called the program objective memorandum (POM). Every year the appellant identifies, builds, advocates, and manages submissions for requirements into the USAF POM and the adjusted POM to accomplish current and future mission requirements for his assigned organizations. This entails identifying staffing requirements by using the Medical Annual Planning and Programming Tool and making recommendations for military, civilian, and contractor staffing ratios. The appellant also monitors staff deployments and, when necessary, identifies and justifies the need for contractors in accordance with the overseas contingency operation funding requirements. He ensures the continuity of operations by deciding the appropriate methods for backfilling billets when military doctors are deployed. The appellant conducts market research and drafts a performance work statement (PWS), statement of work (SOW), and quality assurance plan when filling a position with a contractor until the military doctor's return.

The appellant estimates spending 15 percent of his time on work he describes as administration tasks, which entails ensuring assigned organizations are adequately informed and equipped with communication systems such as computers and associated programs, telephones, pagers, and personal data assistants. He is also responsible for administering medical records management and coding oversight and compliance. The appellant works with his squadrons in drafting memorandums of understanding and other agreements directed to external organizations in support of health care delivery.

He estimates spending 15 percent of his time on health plans management work, e.g., monitoring and ensuring productivity targets and appointment standards are met. He also assists in developing business plan targets.

The appellant said he spends 15 percent of his time on work related to the activation of the [city] Military Health System ([city]MHS) scheduled for September 2011. [city]MHS is the result of an agreement between the USAF and Army stemming from the BRAC realignment, transferring inpatient services from [facility] to [another facility]. [city]MHS will oversee clinical, educational, and business operations for all military treatment facilities in the [city] region. Under [city]MHS, the [facility] is to be renamed the [name] and the [facility] renamed to the [name] with clinics and departments to move between [facility] and [facility]. The appellant's work requires identifying and coordinating any transition-related changes to staff, equipment, supply, facility, and information systems for his organizations.

The remaining 10 percent of the appellant's time is spent on compliance work, including assisting assigned organizations in meeting compliance standards and preparing for compliance reviews.

The appellant serves as the group practice manager for the Radiology Squadron, requiring more involvement with the squadron's day-to-day administrative support matters as described above. He directly supervises two GS-671-11 Health System Specialist positions responsible for

supporting him in providing administrative support to the three other squadrons, as well as a Budget Analyst, GS-560-9, position. In addition, the appellant oversees the Medical Operations travel cell function, supervising the employees assigned to the function including a Budget Analyst, GS-560-9, and a Clerk, GS-303-1. The \$1.2 million travel program supports operational and continuing medical education requirements. The appellant assists cost center managers on issues related to the Defense Travel System (DTS) processing and the Government Travel Card program with its over 1,400 active cardholder accounts. Managing the travel program requires interacting with travelers and squadron commanders, ensuring budgetary targets are met, maintaining travel orders and vouchers, clearing travel vouchers, and reporting on the DTS and the budget.

The appellant indicates his position is inherently supervisory, performing supervisory work related to his five subordinate employees for at least half of the time he estimates for each of the duties described previously. He did not provide documentation supporting this assertion. We reviewed the PDs of his subordinate employees and noted that the grade of the GS-9 positions rests, in part, on the crediting of Level 2-3 and the GS-11 positions on the crediting of Level 2-4. The Primary Standard, in Appendix 3 of the *Introduction*, is the “standard-for-standards” for the Factor Evaluation System (FES). Level 2-3 is appropriate, as described in the Primary Standard, for positions when a supervisor makes assignments by defining objectives, priorities, and deadlines and assists the employee with unusual situations that do not have clear precedents. Otherwise, the employee independently plans and carries out the successive steps and handles problems and deviations in the work assignments in accordance with instructions, policies, accepted practices, etc. Level 2-4 anticipates a further lessening of control by the supervisor. The supervisory controls credited to the GS-9 and GS-11 positions do not support the appellant’s contention that he spends close to half of his time on supervisory work. Regardless, we do find it plausible that he spends at least 25 percent of his time supervising his five employees. Therefore, the General Schedule Supervisory Guide (GSSG) will be used to evaluate the grade level of the position’s supervisory work.

The appellant and immediate supervisor certified to the accuracy of the duties described in the official PD, number [PD number]. A PD is the 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 normally 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.

Although the PD of record broadly describes the major nonsupervisory duties performed by the appellant, it is not adequate for classification purposes since it does not sufficiently describe his supervisory work to permit proper application of the PCS covering that work. The PD also inaccurately portrays his supervisory work as managerial with responsibility for supervising nonsupervisory and supervisory positions (e.g., by stating that he delegates authority to and provides program direction to subordinate managers in various administrative areas). He provides administrative support to the managers for his assigned organizations, but these individuals are not subordinates as the appellant has no supervisory authority over those positions. PDs must meet the minimum standard of adequacy as described in the *Introduction*. Therefore, the appellant’s PD must be revised so that there is a clear understanding of the duties

and responsibilities representing the approved classification. Regardless, an OPM decision classifies a real operating position and not simply the PD. We have decided this appeal based on an assessment of the actual work assigned to and performed by the appellant.

To help decide this appeal, we conducted telephone audits with the appellant on November 15, 2010, and January 19, 2011; a telephone interview with his immediate supervisor on November 19, 2010; and a telephone interview with the Wing's Chief Financial Officer on March 4, 2011. In deciding this appeal, we fully considered the interview findings and all other information of record provided.

Series, title, and standard determination

The appellant believes his work warrants classification to the GS-670 Health System Administration Series. GS-670 positions have full line responsibility for the administrative management of a health care delivery system ranging from a nationwide network including many hospitals to a major subdivision of an individual hospital. The fundamental responsibility of GS-670 positions is to effectively use all available resources to provide the best possible patient care. This work requires an understanding of the critical balance between the administrative and clinical functions in the health care delivery system, along with the ability to coordinate and control programs and resources to achieve this balance. The GS-670 series includes line management positions in hospitals, outpatient clinics, community-oriented health care delivery systems, and headquarters or other echelons above the level of the individual health care delivery system. GS-670 positions devote continuing attention to the following functions: budget and fiscal management, personnel management, public relations, and systematic internal review. Health System Administrators have final line decision-making authority.

The agency's December 2010 evaluation statement found the GS-670 series is not appropriate for the appellant's position, stating:

The incumbent oversees the day to day operations, has input on long term planning, participates in decision making and has authority to delegate to subordinates within the group. However, he does not have the full line responsibility. This responsibility belongs to the Group Commander.

* * * * *

The incumbent performs duties which require a high degree of analytical ability as well as a specialized knowledge of the basic principles and practices related to the management of health care delivery systems. However, the incumbent does not have line authority as he reports directly to the Group Commander who is deemed to be the administrator for the group.

The appellant disagrees with the agency's overall conclusions but specifically with their assertion that the [Group] commander, his second-level supervisor, serves as the health system administrator. In his AAR comments to OPM, he states, "Our Group Commander is a physician

and does not have the skills sets to be an administrator. [appellant's second level supervisor] serves as the Group Administrator and I serve as one of two deputies..."

The GS-670 PCS states unambiguously that covered positions exercise final line decision-making authority and makes clear series coverage rests on meeting the two-fold requirement that: (1) the position exercises line decision-making authority, and (2) the position exercises final decision-making authority. Positions not meeting these requirements are excluded from GS-670 coverage. Our evaluation comparing the appellant's position to the requirements follows.

(1) Does the position exercise line decision-making authority?

Briefly, line authority is distinguished by the power to make operational decisions and is considered the most fundamental authority within an organization. This authority normally reflects a superior-to-subordinate relationship. With line authority comes the right to make decisions; to give orders concerning finance, budget, and other functions; and to give orders or direct the work of others.

[Facility] is organized by functions. And although he and the organizations supported are structured under the [Group] umbrella, the appellant's supported organizations are further separated by distinct functions into squadrons, flights, clinics, etc. He provides a focal point for the analysis, evaluation, coordination, and reporting of administrative-related matters for his [group] organizations. The appellant is delegated the responsibility for advising or assisting the squadrons, flights, and clinic management in accomplishing each organization's mission, goals, and day-to-day operations. Staff employees enable those responsible for improving the effectiveness of line personnel to perform their required tasks. We found both the nature of his administrative support work and organizational structure to be indicative of staff, and not line, work. Like staff personnel, the appellant is authorized to assist and advise line managers in accomplishing their basic goals.

We also reviewed the appellant's fiscal year 2010 performance appraisal standards and noted two out of the three job objectives include the benchmark, stating, "Positive squadron/flight leadership feedback on accomplishment and support will be considered in assessing this objective." In addition, the appellant provided OPM with written responses to position-related questions, in which he states:

The most difficult part of his position is that even though I have a direct line supervisor [name of second level supervisor], the majority of my time is spent supporting (4) Lt Col Squadron Commanders and (5) Colonel Department Chairman and numerous high ranking Flight Commanders with getting the required resources and accomplishing the required administration to meet their mission requirements.

The performance measures, our fact finding, and the record describe the appellant's relationship with his supported organizations (under the management of squadron commanders and other high-ranking members) as a partnership or collaboration indicative of staff authority rather than

the superior-to-subordinate relationship attributed to line authority. Therefore, we conclude his position does not exercise line decision-making authority.

(2) Does the position exercise final decision-making authority?

Although we found the appellant's position does not exercise line authority within his assigned squadrons, we will nonetheless consider the degree of his decision-making authority. The appellant submitted a memorandum delegating him the responsibility from the Group Commander to act on his behalf regarding authorization change requests. Overall, however, the record and our fact-finding confirm the squadrons and departments retain authority on the administrative related matters for which the appellant provides support.

[Group's] mission is driven by medical professionals. The appellant's role is to support and participate with them, the squadron commanders and other high-ranking officials, by making recommendations on a wide variety of administrative related matters. For example, he oversees the budget for the squadrons. The squadron commander proposes a dollar amount needed to meet their mission. The appellant then guides the budget discussion, meets with the organization to rank their priorities, and prepares a proposal for the commander's review and approval. The appellant's role is crucial to the process, but the commanders and other organizational heads retain the decision-making authority. This and other examples describe his decision-making role, which is characterized by his making decisions after coordinating and collaborating with the organization. Consequently, we conclude his position does not exercise final decision-making authority within his assigned squadrons.

The appellant's position is excluded from GS-670 coverage as he does not exercise final line decision-making authority. We also note that the GS-670 PCS grade-level criteria require evaluating covered positions in terms of two factors: Level of Responsibility and Complexity of Operating Situation. The PCS notes that positions not fully meeting Level I under Level of Responsibility do not encompass the degree of responsibility required for inclusion in the series. We will briefly address the appellant's duties and responsibilities to the Level I criteria.

The PCS states that at Level I, typical administrators support clinical activities in a health care system by directing a full range of administrative services including fiscal, personnel, supply, engineering, medical records administration, and hospital housekeeping. All Level I administrators are responsible for planning, directing, organizing, coordinating, and controlling overall administrative operations through subordinate managers who possess technical expertise in their respective areas. Level I administrators also contribute to establishing policy and programs for the entire health care system by providing information and recommendations as requested by higher-level management officials. For example, administrators assume a leadership role in developing personnel management policies for the health system and in dealing with personnel actions which affect key employees or have possible serious consequences. Other representative duties include ensuring administrative policies and programs are coordinated with and supportive of clinical activities. Administrators at this level also delegate authority to and provide program direction to subordinate managers in various administrative areas.

The appellant's position does not meet the Level I description of directing the full range of administrative services. Instead, the appellant's position was established to support the administrative service needs for his four assigned squadrons. He accomplishes his work by coordinating with squadron personnel. Unlike the Level I description, the appellant does not accomplish work through subordinate managers in the various administrative areas. Furthermore, the scope of his position does not require contributing to or establishing policy and programs for the total health care system as described at Level I.

The appellant's position is properly assigned to the GS-671 Health System Specialist Series, which covers positions requiring considerable knowledge of the specialized principles and practices related to health care management in order to evaluate and make recommendations for improving the health care delivery system. GS-671 positions, like the appellant's, provide support to health care management officials by analyzing, evaluating, advising on, and/or coordinating health care delivery systems and operations. GS-671 positions may be located within an operating health care facility or at a higher organizational level. However, they do not have the final line decision-making authority as that of Health System Administrators. Health System Specialists, like the appellant, do not have direct line responsibility for a wide range of administrative functions and final line decision-making authority.

The appellant's position is properly assigned to the GS-671 series. His position also meets the requirements for coverage and evaluation by the GSSG. The authorized title for supervisory positions in the GS-671 series is Supervisory Health System Specialist.

The GS-671 series does not contain grade-level criteria. As directed by the *Introduction*, an appropriate general classification guide or criteria in a PCS for related work should be used if there are no specific grade-level criteria. The agency applied the grading criteria in the Administrative Analysis Grade Evaluation Guide (AAGEG), which provides criteria for nonsupervisory staff administrative analytical, planning, and evaluative work at grades GS-9 and above. After careful review of the record, we concur with the agency's application of the AAGEG to the appellant's nonsupervisory work.

Grade determination

Evaluation using the AAGEG

The AAGEG is written in the FES format, under which factor levels and accompanying point values are assigned for each of the nine factors. 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 that meets a higher level. The total points assigned are converted to a grade level by use of a grade conversion table in the PCS.

Factor 1, Knowledge Required by the Position

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

At Level 1-7, the position requires knowledge and skill in applying analytical and evaluative methods and techniques to issues or studies concerning the efficiency and effectiveness of program operations carried out by administrative or professional personnel, or by substantive administrative support functions (i.e., internal activities or functions such as supply, budget, procurement, or personnel which serve to facilitate line or program operations). Level 1-7 includes knowledge of pertinent laws, regulations, policies, and precedents affecting the use of program and related support resources (people, money, or equipment) in the area studied. Projects and studies typically require knowledge of the major issues, program goals and objectives, work processes, and administrative operations of the organization. Knowledge is used to plan, schedule, and conduct projects and studies to evaluate and recommend ways to improve the effectiveness and efficiency of work operations in a program or support setting. The assignments require knowledge and skill in adapting analytical techniques and/or organizational productivity. Knowledge is applied in developing new or modified work methods, organizational structures, management processes, procedures for administering program services, guidelines and procedures, etc.

At Level 1-8, the employee operates as an expert analyst who has mastered the application of a wide range of qualitative and/or quantitative methods for the assessment and improvement of program effectiveness or the improvement of complex management processes and systems. This level also requires comprehensive knowledge of the range of administrative laws, policies, regulations, and precedents applicable to the administration of one or more important public programs. This typically includes knowledge of agency program goals and objectives, the sequence and timing of key program events and milestones, and methods of evaluating the worth of program accomplishments. Work requires knowledge of relationships with other programs and key administrative support functions within the employing agency or in other agencies. Study objectives are to identify and propose solutions to management problems which are characterized by their breadth, importance, and severity, and for which previous studies and established management techniques are frequently inadequate. Also included at this level is skill to plan, organize, and direct team study work and to negotiate effectively with management to accept and implement recommendations, where the proposals involve substantial agency resources, require extensive changes in established procedures, or may be in conflict with the desires of the activity studied.

The appellant's position meets Level 1-7. His position is responsible for optimizing the patient care of his assigned organizations by ensuring their effective use of available resources, e.g., by coordinating and overseeing administrative support programs and resources; recommending and establishing priorities for personnel, facilities, equipment, and supplies; and ensuring all actions related to personnel, budget, supply, information systems technology, health plans medical records, and health care facility agreements are appropriate. The appellant's assigned squadrons contain five medical departments including the departments of Medicine, Pediatrics, Obstetrics and Gynecology, Behavioral Medicine, and Radiology. His work for the medical departments include ensuring appointment access standards and productivity targets are met, ensuring clinics

are operating optimally, overseeing operating budgets and business plans, prioritizing or proposing projects consistent with the financial goals of the department, and advising chairs of any potential impact from higher-level directives. Similar to Level 1-7, the appellant applies his knowledge to plan, schedule, project, and conduct studies and projects with the intent of improving the effectiveness and efficiency of administrative operations in a health care setting.

The appellant's work in developing business case analyses for medical equipment or services is also consistent with Level 1-7. This work entails validating the need for the equipment or service, developing the SOW, ensuring contractor compliance, requesting contract modifications, as well as coordinating with technical experts, acquisition personnel, vendors, and other parties as required. With a \$9.3 million budget for health care provider and support contracts, the appellant's position requires knowledge of contracting and, as at Level 1-7, of each squadron's mission, organization, and work processes to complete administrative support-related assignments. Also at Level 1-7, he applies his mission, organization, and work process knowledge to his liaison work for the [city]MHS transition, which includes identifying personnel to be impacted; ensuring adequacy of facilities, computers, and equipment; determining the need to change care policies or other publications; and identifying potential issues related to the requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Inspector General, Department of Defense (DoD), USAF, and others.

The appellant's position does not meet Level 1-8. He provides administrative support to his assigned organizations on personnel, manpower, equipment, supplies, facilities, budget, and other administrative matters unique to the hospital and military environment settings. His fiscal management role is significant, requiring he prepare formal budget submissions for the group administrator's review, work with organizations to prepare budget proposals reflecting past expenditures and changing program priorities, monitor and execute the approved budget, notify organizations of fund shortages and corrective measures (e.g., eliminate non-essential travel and supplies), and promote cost consciousness. Unlike Level 1-8, this work does not involve analyzing or evaluating a public program or require knowledge of broad agency administrative programs where legislation must be translated into program goals, actions, or services. The PCS describes Level 1-8 as an expert analyst having mastered a wide range of qualitative and quantitative methods for assessing and improving complex processes and systems. For example, knowledge is applied to the design and conduct of comprehensive management studies where the boundaries of the studies are extremely broad and difficult to determine in advance; i.e., the actual limits of the project are developed as the study proceeds. Study objectives are to identify and propose solutions to management problems which are characterized by their breadth, importance, and severity, and for which previous studies and established management techniques are frequently inadequate. For other assignments, knowledge may be applied in preparing recommendations for legislation to change the way programs are carried out; in evaluating the content of new or modified legislation for projected impact upon agency programs and resources; and/or in translating basic legislation into program goals, actions, and services. In contrast, the appellant's work requires an understanding of the Government and agency budget practices and systems as well as the medical equipment, supplies, services, and other resources required by his organizations. This work is performed within the established program policies and goals. Unlike Level 1-8, established management and program techniques needed to

perform his work are applicable and available and the boundaries of his studies are defined based on the specificity of operational goals, e.g., planning for the [city]MHS transition.

The appellant's other duties include overseeing, tracking, and prioritizing facilities and space utilization activities; identifying medical and non-medical equipment and furniture requirements; identifying, managing, and modifying POM submissions; identifying manpower requirements and recommending cost-effective adjustments to staffing ratios; and administering the information systems, medical records management, and external agreements (e.g., identify requirements, assist in writing needs statement, and promote agreements when needed) processes and functions for his assigned organizations. Unlike Level 1-8, this and the appellant's other work do not typically involve negotiating proposals requiring extensive changes to established procedures or those which may be in conflict with the desires of the activity.

Level 1-7 is credited for 1,250 points.

Factor 2, Supervisory Controls

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

At Level 2-4, work is performed within a framework of priorities, funding, and overall project objectives (e.g., cost reduction, improved effectiveness and efficiency, better workload distribution, or implementation of new work methods). The employee and supervisor develop a mutually acceptable project plan that typically includes identification of the work to be done, the scope of the project, and deadlines for its completion. Within the parameters of the approved project plan, the employee is responsible for planning and organizing the study, estimating costs, coordinating with staff and line management personnel, and conducting all phases of the project. This frequently involves the definitive interpretation of regulations and study procedures, and the initial application of new methods. The employee informs the supervisor of potentially controversial findings, issues, or problems with widespread impact. Completed projects, evaluations, reports, or recommendations are reviewed by the supervisor for compatibility with organizational goals, guidelines, and effectiveness in achieving intended objectives. Completed work is also reviewed critically outside the employee's immediate office by staff and line management officials whose programs and employees would be affected by implementation of the recommendations.

At Level 2-5, the employee is recognized as an authority in the analysis and evaluation of programs and issues, and is subject only to administrative and policy direction concerning overall project priorities and objectives. At this level, the employee is typically delegated complete responsibility and authority to plan, schedule, and carry out major projects concerned with the analysis and evaluation of programs or organizational effectiveness. The employee typically exercises discretion and judgment in determining whether to broaden or narrow the scope of projects or studies. Analyses, evaluations, and recommendations developed by the employee are normally reviewed by management officials only for potential influence on broad agency policy objectives and program goals. Findings and recommendations are normally accepted without significant change.

The appellant's position meets Level 2-4. As at this level, his work assignments are normally performed within a framework of priorities, funding, and overall project objectives. The appellant independently plans and carries out his administrative support assignments for his assigned organizations, resolving most conflicts which arise, coordinating work with others when necessary, and interpreting policy on own initiatives. Similar to Level 2-4, he receives assistance from his supervisor in determining the course of action only in unusual or controversial situations, e.g., when a situation may require attention and/or approval from higher-level officials within [Group] or the Wing, or may affect the entire Group to include the squadrons supported by the GS-670 Health System Administrator position assigned to [Group]. The appellant's work is reviewed by the supervisor for compliance with organizational goals and effectiveness in achieving intended objectives.

The appellant's position does not meet Level 2-5. He performs work with a great deal of independence in planning and executing tasks. However, the appellant carries out ongoing administrative-related activities, the content and boundaries of which are defined or guided by agency processes and procedures, supervisor's instructions, or organizational directions rather than only policy direction. Assignments are partly self-initiated resulting from his own observations or are generated from various sources including internally from squadrons, departments, and other assigned organizations or externally via taskers (e.g., data requests) from the Wing, AETC, and the USAF. Regardless of how independently he works in completing these assignments, the nature of the appellant's work is not such that it would permit exercising the level of responsibility and authority found at Level 2-5 where employees have complete authority to plan, schedule, and carry out major projects. The supervisor also reviews his work for its improved effectiveness and efficiency, budget conformance, and compliance with data requests, not just for potential influence on broad agency policy objectives and program goals as expected at Level 2-5.

Level 2-4 is credited for 450 points.

Factor 3, Guidelines

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

At Level 3-4, guidelines consist of general administrative policies and management and organizational theories which require considerable adaptation and/or interpretation for application to issues and problems studied. At this level, administrative policies and precedent studies provide a basic outline of the results desired but do not go into detail as to the methods used to accomplish the project. Administrative guidelines usually cover program goals and objectives of the employing organization, such as agency controls on size of workforce, productivity targets, and similar objectives. Within the context of broad regulatory guidelines the employee may refine or develop more specific guidelines such as implementing regulations or methods for the measurement and improvement of effectiveness and productivity in the administration of operating programs.

At Level 3-5, guidelines consists of basic administrative policy statements concerning the issue or problem being studied, and may include reference to pertinent legislative history, related court decisions, state and local laws, or policy initiatives of agency management. The employee uses judgment and discretion in determining intent, and in interpreting and revising existing policy and regulatory guidance for use by others within or outside the employing organization (e.g., other analysts, line managers, or contractors). Some employees review proposed legislation or regulations which would significantly change the basic character of agency programs, the way the agency conducts its business with the public or with private industry, or which modify important interagency relationships. Other employees develop study formats for use by others on a project team or at subordinate echelons in the organization. At this level, the employees are recognized as experts in the development and/or interpretation of guidance on program planning and evaluation in their specialty area (e.g., workforce management, contingency/emergency planning, position management, work measurement, or productivity management).

The appellant's guidelines meet Level 3-4. He applies guidelines contained in law, regulations, and agency standards and instructions. Similar to Level 3-4, the appellant identifies the specific problems and issues, and then applies the broad guidelines in choosing applicable methods and techniques to deal with fiscal management, budget, contracting, equipment, supplies, personnel, manpower, and other administrative areas. He applies numerous Wing, USAF, and DoD instructions and guidelines; DoD's Financial Management Regulations; and the USAF Medical Service's Knowledge Exchange website providing policy references and other online resources to agency personnel.

The appellant's position does not meet Level 3-5, where guidelines consist of basic administrative policy statements concerning the issue and may include references to pertinent legislative history, related court decisions, State and local laws, or policy initiatives of agency management. The PCS provides an example at Level 3-5 of employees reviewing proposed legislation or regulations that would significantly change the basic character of agency programs. Another example involves employees who develop study formats for use by others on a program team or at subordinate echelons in the organization. The guidelines available to the appellant are more specific, as discussed above, than the basic policy statements described at Level 3-5.

Level 3-4 is credited for 450 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 4-5, work consists of projects and studies requiring analysis of interrelated issues of effectiveness, efficiency, and productivity of substantive mission-oriented programs. Typical assignments require developing detailed plans, goals, and objectives for the long-range implementation and administration of the program, and/or developing criteria for evaluating the effectiveness of the program. Decisions about how to proceed in planning, organizing, and conducting studies are complicated by conflicting program goals and objectives which may

derive from changes in legislative or regulatory guidelines, productivity, and/or variations in the demand for program services. Assignments are further complicated by: the need to deal with subjective concepts such as value judgments; the quality and quantity of actions are measurable primarily in predictive terms; and findings and conclusions are highly subjective and not readily susceptible to verification through replication of study methods or reevaluation of results. Options, recommendations, and conclusions developed by the employee take into account and give appropriate weight to uncertainties about the data and other variables which affect long-range program performance.

At Level 4-6, the employee plans, organizes, and carries through to completion analytical studies involving the substance of key agency programs. Studies are of such breadth and intensity that they often require input and assistance from other analysts and subject-matter specialists in fields appropriate to the subject. At this level, there is extreme difficulty identifying the nature of the issues or problems to be studied. The nature and scope of the issues are largely undefined. The work involves difficulty in discerning the intent of legislation and policy statements, and determining how to translate the intent into program actions. The work typically involves efforts to develop and implement programs based upon new or revised legislation requiring consideration of the immediate sequential and long-range effects, both direct and indirect, or proposed actions on the public, other government programs, and/or private industry. The employee is normally faced with the need to develop new ways to measure program accomplishments, results, and effectiveness.

The complexity of the appellant's position meets Level 4-5. As at this level, his work involves analyzing the effectiveness, efficiency, and productivity of his assigned organizations' administrative functions. The work involves developing detailed plans, goals, and objectives for long-range implementation and administration. He analyzes and establishes priorities for personnel services, supplies, equipment, and other needs within the \$44 million operations and maintenance budget. The appellant also manages the manpower program for the squadrons, departments, and other assigned organizations, requiring he analyze current staffing requirements and future workforce needs. His manpower duties are comparable to the description at Level 4-5 of making decisions or recommendations complicated by the forecasting of predictive variables. He identifies his organizations' staffing requirements and recommends the appropriate military, civilian, and contract personnel ratios while considering and adjusting plans in light of continual personnel deployments. When identifying the need for contractors to backfill for deployed personnel, he conducts market research and develops the PWS, SOW, and quality assurance plan required to fill vacancies. The appellant's work is consistent with Level 4-5.

The complexity of the appellant's position does not meet Level 4-6. One of the appellant's main responsibilities is the management of POM submissions, requiring a thorough understanding of patient care costs for complex medical operations like the nuclear medicine program, cardiac catheterization laboratories, pulmonary function laboratories, and other specialized functions and clinics. He also makes POM adjustments based on an organization's needs; e.g., the Dermatology Flight Commander wanted to increase the organization's endovenous ablations (vein clinic) services being offered despite the procedure already being performed by the Interventional Radiology. The appellant coordinated with the Dermatology Flight Commander and the Radiology Department chair to discuss and develop a consolidated plan for offering vein

clinic services as well as determine the funding for the ultrasound technician position needed to perform the procedure for the dermatology flight. He analyzed and adjusted the POM accordingly, coordinated with the Wing's contracting representative, and initiated the PWS action. Other work entails serving as the liaison for the [city]MHS transition by providing move-related administrative support to the impacted organizations. This and the appellant's other work involves more clear cut objectives than that expected at Level 4-6, where difficulty is encountered in interpreting the intent of broad legislation and policy statements, and determining how to translate the intent into actual program actions. Unlike Level 4-6, these studies do not extend to the substance of key agency programs, are not of such breadth and intensity that they often require input and assistance from other analysts and subject-matter specialists in fields appropriate to the subject, and do not present extreme difficulty identifying the nature of the issues or problems to be studied. The nature and scope of the issues are operational in nature and are not largely undefined as found at Level 4-6.

Level 4-5 is credited for 325 points.

Factor 5, Scope and Effect

This factor measures the relationship between the nature of the work, as measured by the purpose, breadth, and depth of the assignment, and the effect of work products or services both within and outside the organization.

At Level 5-4, the purpose of the work is to assess the productivity, effectiveness, and efficiency of program operations or to analyze and resolve problems in the staffing, effectiveness, and efficiency of administrative support and staff activities. Work involves establishing criteria to measure and/or predict the attainment of program or organizational goals and objectives. Work at this level may also include developing related administrative regulations such as those governing the allocation and distribution of personnel, supplies, equipment, and other resources, or promulgating program guidance for application across organizational lines or in varied geographic locations. Work involving the evaluation of program effectiveness usually focuses on the delivery of program benefits or services at the operating level. Work contributes to the improvement of productivity, effectiveness, and efficiency in program operations and/or administrative support activities at different echelons and/or geographical locations within the organization. Work affects the plans, goals, and effectiveness of missions and programs at these various echelons or locations.

At Level 5-5, the purpose of the work is to analyze and evaluate major administrative aspects of substantive, mission-oriented programs. This may involve, e.g., the development of long-range program plans, goals, objectives, and milestones, or to evaluate the effectiveness of programs conducted throughout a bureau or service of an independent agency, a regional structure of equivalent scope, or a large complex multi-mission field activity. The work involves identifying and developing ways to resolve problems or cope with issues which directly affect the accomplishment of principal program goals and objectives (e.g., delivery of program benefits or services). Some employees develop new ways to resolve major administrative problems or programs, while some employees at this level develop administrative regulations or guidelines for the conduct of program operations. Others develop new criteria for measuring program

accomplishments (e.g., the level, costs, or intrinsic value of benefits and services provided) and the extent to which program goals and objectives are attained. Study reports typically contain findings and recommendations of major significance to top management of the agency, and often serve as the basis for new administrative systems, legislation, regulations, or programs. Typical of work products prepared by employees at this level are complete decision packages, staff studies, and recommendations which upon implementation would significantly change major administrative aspects of missions and programs, or substantially affect the quality and quantity of benefits and services provided to the agency's clients.

The appellant's position meets Level 5-4. Like Level 5-4, his administrative support work directly contributes to improving the productivity and effectiveness of program operations as well as affecting the plans, goals, and effectiveness of the missions and goals of the squadrons, departments, clinics, and all other levels within his assigned organizations. Similar to the Level 5-4 description involving the evaluation of program effectiveness in delivering services at the operating level, the appellant's work involves conducting business case analysis directed at improving organizational processes by procuring high-cost medical equipment or services and ensuring continuity of operations by deciding the appropriate methods for backfilling when military doctors are deployed. As a result of an operational readiness inspection, he developed and drafted a policy for requesting civilian overtime to be signed by the Group Commander. The policy ensures all [Group] requests document the availability of funding, provide a clear audit trail for authorizations, and receive timely approval prior to the overtime work. This and other work examples demonstrate his position's contributions to improving productivity, effectiveness, and efficiency in the program operations at different echelons within the [Group] organization as described at Level 5-4.

Unlike Level 5-5, the appellant's position does not impact the program operations of an organization equivalent in size and depth to a bureau. In contrast, he ensures the squadrons, departments, and other organizations operate within the allotted budget and with an adequate amount of staff, equipment, supplies, and information systems. The appellant evaluates the health care services provided by the clinics, recommending the addition or deletion of particular services. He also ensures all organizations comply with the standards, instructions, policies, and procedures of the USAF, DoD, AETC, etc. The appellant works with the squadron commanders and others to identify compliance issues, modify noncompliant processes, implement changes, and monitor impact. His inspection work involves preparing documents, participating in interviews, responding to inquiries, providing requested data, and ensuring the correction of deficiencies identified by the examining agency. For example, an antiterrorism staff assistance visit identified the lack of duress alarms as a potential risk to a clinic's providers, patients, and staff. The appellant expedited the installation of the alarms by coordinating with the appropriate facility and systems staff. However, this and other work do not have the same impact as described at Level 5-5, where findings and recommendations are of a major significance to top management of the agency and often serve as the basis of new administrative systems, legislation, regulations, or programs.

Level 5-4 is credited for 225 points.

Factor 6 and 7, Personal Contacts and Purpose of Contacts

Personal contacts include face-to-face and telephone contacts 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. These factors are interdependent. The same contacts selected for crediting Factor 6 must be used to evaluate Factor 7. The appropriate level for personal contacts and the corresponding level for purpose of contacts are determined by applying the point assignment chart for Factors 6 and 7.

Personal Contacts

At Level 3, contacts are with persons outside the agency and may include consultants, contractors, or business executives in a moderately unstructured setting. This level may also include contacts with the head of the employing agency or program officials several managerial levels removed from the employee when such contacts occur on an as needed basis.

At Level 4, contacts are with high-ranking officials such as other agency heads, top congressional staff officials, state executive or legislative leaders, mayors of major cities, or executives of comparable private sector organizations.

Similar to Level 3, the appellant's regular personal contacts are with [Group]- and Wing-level employees, supervisors, and managers; representatives of the Department of Veterans Affairs, health care facilities, and health care service providers; and other participants in [city]MHS transition meetings. He also participates in Wing-level committees involving financial management, human resources, facility management, environment of care, space utilization, health plans management, and information management. Regardless, these and the appellant's contacts do not involve agency heads, top congressional staff officials, or the equivalent on a regular basis as expected at Level 4.

Purpose of Contacts

At Level c, the purpose of contacts is to influence managers or other officials to accept and implement findings and recommendations on organizational improvement or program effectiveness. Resistance may be encountered due to organizational conflict, competing objectives, or resource problems.

At Level d, the purpose of contacts is to justify or settle matters involving significant or controversial issues such as recommendations affecting major programs, dealing with substantial expenditures, or significantly changing the nature and scope of organizations.

The appellant's position meets Level c as the primary purpose of his contacts is to influence and persuade squadron commanders, department chairs, and other decision-makers to accept his recommendations concerning organizational improvement and program effectiveness. Examples include collaborating with staff, local health care facilities, and research agencies to establish support and sharing agreements; coordinating with medical equipment companies for purchase or lease of equipment; and communicating with staff on the process to be used for requesting

approval for overtime of civilian employees. The appellant's contacts are primarily for the purpose of facilitating the wide variety of administrative functions for his assigned organizations, which involve influencing or persuading as well as resolving or averting undesirable or controversial situations. However, in contrast to Level d, the purpose of his contacts do not regularly require he justify or settle matters after making a decision changing the nature and scope of the organization itself or on matters with equal significance.

Level 3-c is credited for 180 points.

Factor 8, Physical Demands

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

Similar to Level 8-1, the appellant's work is primary sedentary and does not involve any special physical effort. Some work may require periods of walking, bending, or carrying of light items. Level 8-1 is credited for 5 points.

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.

Similar to Level 9-1, the appellant's work environment consists of an adequately lit, heated, and ventilated area. His work involves the everyday risks or discomforts of a hospital setting and requires normal safety precautions. Level 9-1 is credited for 5 points.

Summary

<i>Factor</i>	<i>Level</i>	<i>Points</i>
1. Knowledge Required by the Position	1-7	1250
2. Supervisory Controls	2-4	450
3. Guidelines	3-4	450
4. Complexity	4-5	325
5. Scope and Effect	5-4	225
6. & 7. Personal Contacts and Purpose of Contacts	3-c	180
8. Physical Demands	8-1	5
9. Work Environment	9-1	<u>5</u>
<i>Total</i>		2,890

A total of 2,890 points falls within the GS-12 range (2,755 to 3,150) on the grade conversion table in the PCS.

Evaluation using the GSSG

The GSSG is used to determine the grade of supervisory positions in grade GS-5 through GS-15. The GSSG employs a factor-point evaluation method that assesses six factors common to all supervisory positions. To grade a position, each factor is evaluated by comparing the position to the factor-level description for that factor and crediting the points designated for the highest factor level which is fully met, in accordance with the instructions specific to the factor being evaluated. The total points assessed under all factors are then converted to a grade by using the grade conversion table in the GSSG.

The agency evaluated the appellant's supervisory work at GS-11 by applying the grade-level criteria in the GSSG and crediting his work at Levels 1-2, 2-1, 3-2c, 4A-2, 4B-2, 5-5, and 6-3. The appellant did not disagree with the factor levels credited to his supervisory work. We reviewed the agency's determination for Factors 1, 2, 3, and 4, concur, and have credited the position accordingly. Our evaluation will focus on Factors 5 and 6.

Factor 5, Difficulty of Typical Work Directed

This factor measures the difficulty and complexity of the basic work most typical of the organization directed, as well as other line, staff, or contracted work for which the supervisor has technical or oversight responsibility, either directly or through subordinate supervisors, team leaders, or others.

To determine the difficulty of typical work directed, we must determine the highest graded work that consists of 25 percent or more of the organization's workload. In making this determination, we must exclude work of lower-level positions that primarily support or facilitate the organization's basic work.

The appellant is delegated supervisory responsibility for five nonsupervisory employees including two Health System Specialist, GS-671-11, positions; two Budget Analyst, GS-560-9, positions; and one Clerk, GS-303-1, position. Given the instructions in the preceding paragraph, we will exclude from base-level consideration the GS-1 work. The record indicates the other employees are working at the full performance level.

We disagree with the agency's evaluating the appellant's position at Level 5-5, which is appropriate when the highest level of base work is GS-9, GS-10, or the equivalent. The appellant supervises a total of 4.0 total staff years evaluable for base level purposes, where 50 percent of his supervisory workload entails directing GS-11 work and 50 percent for directing GS-9 work. Therefore, the base level of work supervised is GS-11 since it is the highest grade level of work supervised meeting or exceeding 25 percent of the appellant's supervisory workload. Level 5-6 is credited when the highest level of base work is GS-11 or equivalent.

Level 5-6 is credited for 800 points.

Factor 6, Other Conditions

This factor measures the extent to which various conditions contribute to the difficulty and complexity of carrying out supervisory duties, authorities, and responsibilities. Conditions affecting work for which the supervisor is responsible may be considered if they increase the difficulty of carrying out assigned supervisory or managerial duties and responsibilities.

We disagree with the agency's crediting the appellant's position at Level 6-3, where positions with supervisory and oversight responsibility require coordination, integration, or consolidation of administrative, technical, or complex technician or other support work comparable to GS-9 or GS-10. The appellant's position is properly evaluated at Level 6-4a, where work requires substantial coordination and integration of a number of assignments and projects of administrative work comparable in difficulty to the GS-11 level. His subordinate GS-11 employees are responsible for monitoring their assigned organization's business plan performance by analyzing workload data and trends, population demand, clinical capacity, etc., and then recommending solutions and plans to optimize health care delivery. Similar to the coordinative work described at Level 6-4a, the appellant reviews this and other GS-11 work (the recommendations, plans, and actions) for its impact on optimizing patient access to care, consistency with [Group] policies and practices, and ultimately its effectiveness in meeting [Group] objectives.

Level 6-4a is credited for 1,120 points.

Summary

<i>Factor</i>	<i>Level</i>	<i>Points</i>
1. Program Scope and Effect	1-2	350
2. Organizational Setting	2-1	100
3. Supervisory & Managerial Authority Exercised	3-2c	450
4. Personal Contacts		
A. Nature of Contacts	4A-2	50
B. Purpose of Contacts	4B-2	75
5. Difficulty of Typical Work Directed	5-6	800
6. Other Conditions	6-4a	<u>1120</u>
<i>Total</i>		2,945

The total of 2,945 points falls within the GS-12 range (2,755 – 3,150) on the grade conversion table provided in the GSSG.

Decision

The position is properly classified as Supervisory Health System Specialist, GS-671-12.