U.S. Office of Personnel Management
Office of Merit Systems Oversight and Effectiveness
Classification Appeals and FLSA Programs

Chicago Oversight Division
230 South Dearborn Street, DPN 30-6
Chicago, IL 60604

Classification Appeal Decision
Under Section 5112 of Title 5, United States Code

Appellant:	**Appellant**
Agency classification:	Medical Instrument Technician GS-649-8
Organization:	Department of Veterans Affairs Medical Center Medical Service Section (city and state)
OPM decision:	**Medical Instrument Technician** **GS-0649-08-01**

Signed
Frederick J. Boland
Classification Appeals Officer

May 19, 2000
Date

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

Decision sent to:

Appellant
VA Medical Center
Unit
address
city and state, zip code

Mr. Ronald E. Cowles
Deputy Assistant Secretary for
Human Resources Management
Department of Veterans Affairs
Washington, DC 20420

Personnel officer
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Introduction

The appellant contests her agency's decision downgrading her position, number 4655, to Medical Instrument Technician, GS-649-8, on July 10, 1997. The position is located in the Veterans Affairs Medical Center, Medical Service, Section, city and state. She believes her position description accurately describes her duties, but feels her work warrants more credit under Factors 1, 2, 3, and 4 (Knowledge Required by the Position, Supervisory Controls, Guidelines, and Complexity, respectively) of the classification standard and that her position should be classified as Health Science Specialist, GS-601-11.

In addition, the appellant states:

> An understanding of my position and the expertise it takes would be well served by a review of my own educational background and experience. I had a bachelors degree in Biology with prior experience in animal research before accepting a position in the research [name of Lab] at the VA some 10 years ago. I spent 5 years in this research environment where I acquired skills in cardiac electrophysiology including an understanding of both normal and abnormal cardiovascular physiology in intact animal models. The techniques I learned during this period include complex surgical skills and use of catheters in the heart. The aforementioned skills are used daily as I analyze intracardiac signal and advise the cardiologist of location of his catheters before a non reversible radio frequency lesion is delivered, under my control, to permanently change the electrical conduction of the heart . . . Skills acquired in the animal laboratory have been directly applicable to my current position assisting the cardiac electrophysiologist in diagnosing and treating patients with complex cardiac arrhythmias.

OPM is required by law to classify positions on the basis of their duties, responsibilities, and qualification requirements by comparison to the criteria specified in the appropriate classification standard or guide. While the appellant brings considerable skills to the position, the demands of the work, rather than her personal qualifications, govern the position's classification. For example, as noted below, the position has many demands, but surgical skill is not one of them. Where her skills overlap the position's requirements, however, they are credited against the classification criteria.

Position Information

The appellant is one of about 47 employees who work in the Cardiology Section. The Cardiology Section includes about 9 Medical Doctors, 14 Registered Nurses, a GS-9 Medical Technologist, 5 GS-8 Diagnostic Radiology Technicians, 10 Medical Instrument Technicians (5 GS-8, 1 GS-6, 4 GS-5), 7 Clerks, and a Secretary. The appellant reports to the Cardiac Catheter Laboratory Nurse Manager.

The Cardiology Section completed 251 Electrophysiological Studies during the past year and the appellant was directly involved in all of them. These studies included:

- 123 permanent pacemaker implantations,
- 43 RF catheter ablations,
- 30 electrical stimulation studies,
- 28 implantable cardioverter defibrillator implantations,

- 21 tilt table tests, and
- 6 implantable lead extractions.

About 80 percent of the studies were invasive, the remaining, such as electrical stimulation studies and tilt table tests, non-invasive. The appellant estimates she divides her time approximately equally between equipment operation and analysis.

The equipment she operates falls roughly into three categories: Programming, Pacing and Defibrillating, and Monitoring. These include:

Programming

- Five different models of programmers, used to interrogate and reprogram patients' cardiac pacemakers and defibrillators.

Medical Treatment

- Two types of temporary cardiac pacemakers, which ensure proper pacing and sensing thresholds to maintain a stable cardiac rhythm.
- Radio-frequency (RF) ablation systems to selectively remove cardiac tissue to treat arrhythmias.
- Cardiac defibrillator systems used as an aid to interpreting cardiac rhythms and terminating life-threatening rhythms.
- Pacemaker/defibrillation lead extraction systems to extract previously implanted pacemaker and defibrillator leads.

Monitoring

- Pacemaker/defibrillator telephone ECG transmitters.
- Computer-based cardiac electrophysiology and hemodynamics systems.
- Pacemaker/defibrillator implant support devices to analyze performance of implantable cardiac defibrillators and accompanying lead systems.

Her analysis largely focuses on interpreting data such as:

- Cardiac signals viewed on the monitor in order to advise the cardiologist how to adjust placement of catheters.
- Readouts during RF ablations to determine whether she should increase or decrease the RF energy level.
- Data collected from pacemakers to decide if re-programming, lead, or battery replacement is necessary.

- Patient data in order to recommend the most appropriate defibrillator for a specific patient.
- Recording equipment and hemodynamic and electrophysiological data.
- Blood gas analysis results and clotting time determinations.
- Histogram data and event counters to determine chronotropic competence.

In addition, according to her position description, she

- Designs clinical research protocols.
- Develops protocols for new instruments and procedures.
- Tests and develops quality control methods.
- Establishes non-standard exams to determine proper equipment, protocols, and technical parameters.
- Performs research on new pacemaker technologies.

As noted under the series and grade determination sections of this decision, we found the appellant's involvement in protocol development, quality control, research, and the like more limited than the position description suggests. Accordingly, the description may require correction where it conflicts with our findings.

Analysis and Findings

Series and Title Determination

The appellant states:

> The Medical Technology Series GS-644 more appropriately reflects my current job description. This series requires professional knowledge and competence in the field of medical technology. Medical technology involves performing and advising clinical laboratory testing. Electrophysiology is not listed specifically nor is it listed in any series. Electrophysiology is unique and complex, requiring substantial knowledge to analyze data and make decisions, it is not a position of monitoring equipment or signals. The Medical Technology Series further describes confirming test results and developing data which may be used by physicians in determining the presence and extent of disease, modifying or designing laboratory procedures; establishing and monitoring quality control systems and measures; and providing instruction in the basic theory, technical skills, and application of laboratory test procedures. As evident in the attached job description, all apply to electrophysiology technologist duties and responsibilities.
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> . . . . In addition I have become an integral member of the Cardiac Arrhythmia Unit. This Unit provides comprehensive inpatient and outpatient care for Veterans with cardiac arrhythmia problems. Additional skills that I have acquired include programming, trouble shooting and analysis of cardiac pacemakers and defibrillators along with management of a database we use to follow these patients.

> In summary, I currently function in a position that has features of a physician's assistant, registered nurse, and medical technologist. All of the skills and knowledge I have acquired over the last 10 years are used daily. Constant continuing medical education is required to maintain expertise in the changing field of cardiac electrophysiology. (I would like to again mention the NASPE exam that was mastered this past year, as proof.) The atmosphere in which I work is intense and demanding with split second decisions of a complex nature required in the care of patients. Considering the scope and level of responsibility of my current position, I believe strongly that it should be reclassified at a higher level.
>
> . . . I am responsible for supervising additional personnel in the laboratory and managing its operation. Teaching/directing physicians in training and new personnel in the above skills continues to be my responsibility. Over the last 5 years I have been responsible for managing technical aspects of the human clinical Cardiac Electrophysiology Lab.

The Medical Technologist, GS-644, series requires professional knowledge and competence in the clinical laboratory testing of human blood, urine, and other body fluids or tissues in order to, among other things, modify or design laboratory procedures; establish quality control systems and measures, and instruct others in the basic theory, technical skills, and application of laboratory test procedures. Though the appellant's work lies in another medical field, she believes it to be professional work, like Medical Technologist, GS-644, or General Health Scientist, GS-601, rather than technical work, like Medical Instrument Technician, GS-649.

Professional work in the sciences is typically distinguished from technical work by its requirement for rigorous education in scientific theory and principles and the application of these to solve problems, optimize, design, or invent. Technical work, in contrast, relies more upon extensive experience and training in the practical aspects of a field sufficient to relieve a professional of the more routine tasks involved in design, testing, research, or the like.

There is no prescribed curriculum or mandatory education for the appellant's position, as there is for physicians, nurses, medical technologists, and other professionals at the medical center. The electrophysiology lab is headed by a physician whom professionals, like cardiac nurses who have completed mandatory education, assist. The appellant also assists performing many specialized and exacting tasks the nurses cannot. These, like the tasks the GS-649 standard attributes to cardiac catheterization technicians, include operating, monitoring, and collecting data from various equipment for medical studies. However, these tasks do not demand completion of rigorous education in a particular field, as nursing or medical technologist work does. They do demand highly specialized training, but not professional education, as noted by her supervisor and the lab physician in response to our questions about recruitment requirements for the position, were it vacant.

As the appellant notes, the work requires a high degree of skill, care, and precision and involves substantial knowledge of electrophysiology. Yet it still demands less than the professional level of knowledge a physician, nurse, engineer, or biologist must employ when defining problems or conducting professional evaluations. The appellant may assist from time to time in the conduct of trials, such as the auto pulse-width study described under Factor 1 of this decision, but these are defined, planned, and directed by a physician or another professional, rather than the appellant, who has limited involvement. Regardless of the appellant's own education, the

position's daily tasks of operating and monitoring equipment and collecting and interpreting data do not equate to professional work.

Although the position involves more than equipment operation and monitoring, it lacks to any substantial degree professional duties. For example, planning and conducting training programs to fill gaps in the scientific and technological knowledge of technicians in the workforce might require a professional's services. The appellant instructs professionals such as interns and nurses on various aspects of electrophysiology. However, the purpose of the instruction is to acquaint professionals new to the field with electrophysiology techniques rather than to instruct them on theory. That is, if interns pursue a specialization in electrophysiology, their education will be from professionals in the field, supplemented by sessions with technicians in order to rapidly acquire the practical experience lectures and books do not provide. As noted in the GS-649 standard, Medical Instrument Technicians may instruct physicians and nurses as well as other technicians in the use of equipment, sometimes even within a classroom setting. The appellant's training responsibilities do not exceed this level.

Professional knowledge and skill may be required by other duties and responsibilities such as:

- Recognizing and defining problems and evaluating methods for their solution.
- Evaluating guides or possible alternative approaches to standard technical practices.
- Establishing standards and writing instructions for calibrating instruments and equipment.
- Performing the newer, more complex tests and examinations.
- Improving the efficiency and quality of methods.
- Establishing and monitoring quality control systems and measures to ensure the accuracy and validity of results.

While the appellant performs some nominally similar tasks, they are in keeping with those described in the GS-649 standard and do not demand professional insight. When monitoring equipment, the appellant must recognize unanticipated reactions and deviations from the norm, but is not expected to analyze the results to determine the causes or possible significance of such reactions beyond the immediate. When writing protocols, such as the administrative procedure for tracking implantable devices or the steps for preparing equipment for surgical use, given as examples in response to our request, she bases the writing on practical considerations rather than electrophysiology theory and principles. When evaluating new equipment, like the thermistor system cited under Factor 4, or researching non-invasive blood pressure monitoring equipment, like the arterial tonometry equipment cited under Factor 3 that she recommended the lab adopt, she is not expected to confirm and verify its performance on the basis of theoretical considerations as an engineer or scientist would, but arranges demonstrations and makes recommendations based on less intensive reviews.

Keeping abreast of technical literature and advances is a task common to both technician and professional positions. Technicians must maintain their specialized skills and keep up with new techniques. Professionals go beyond this and examine scholarly research for its potential value and fully analyze new developments, conducting tests of their own where no solutions have been established or formulas and guides developed. The position requires currency to maintain technical skill rather than to professionally analyze electrophysiology developments.

Lastly, if the appellant's position were a training position, leading to a full professional position in the medical center, it's classification to a professional series would be appropriate. However, no professional position, such as biologist, biomedical engineer, scientist, etc., has been established at the center for this purpose. Consequently, without a professional career path or substantial professional responsibilities, the position properly belongs to the GS-649 technician series.

The prescribed title for positions in the GS-649 series is *Medical Instrument Technician*, with a specialty designation at the agency's discretion, as allowed under Section III H. of the Introduction to Position Classification Standards.

Grade Determination

The OPM *Medical Instrument Technician, GS-649, Series* standard, dated October 1990, is written in Factor Evaluation System (FES) format. This system requires that credit levels assigned under each factor relate to only one set of duties and responsibilities. Under FES, work must be fully equivalent to the factor-level described in the standard to warrant credit at that level's point value. If work is not fully equivalent to the overall intent of a particular level described in the standard, a lower level and point value must be assigned, unless the deficiency is balanced by an equally important aspect of the work that meets a higher level.

Work demanding less than a substantial (at least 25 percent) amount of time is not considered in classifying a position. Similarly, acting, temporary, and other responsibilities that are not regular and continuing are not considered in classifying positions.

The appellant raises specific issues regarding four of the nine factors discussed in the standard. Accordingly, this decision details our analysis of those disputed factors. However, we independently reviewed her duties and responsibilities against the other factors and concur with the agency's credit level assignments for those undisputed factors.

Factor 1: Knowledge Required by the Position

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

The appellant states:

> The knowledge required in this position is very complex and specialized. The incumbent possesses professional knowledge of Cardiac Electrophysiology principles, practices and concepts with 10 years experience in addition to a Bachelor of Arts Degree in Biology. Frequent classes are attended to keep abreast with the ever evolving and advancing field of electrophysiology (including implantable devices i.e. pacemakers and defibrillators). The incumbent must retain knowledge to make split second decisions on interpreting cardiac electrograms; a miss interpretation could lead to irreversible, life threatening consequences to the patient.
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> The incumbent must be able to interpret data received by interrogating complex implantable cardiac devices either in clinic, in the emergency room or operating room. Without the knowledge to interpret an interrogation and thresholds, a serious problem with the system can be overlooked. For example, a fracture or insulation break of an implantable lead, either lack of or inappropriate therapy delivered, or determining if a lead could have dislodged or perforated the myocardium. When a problem is isolated the incumbent independently schedules any further testing necessary i.e. if a lead problem is suspected x-rays are scheduled and reviewed once available. Knowledge to understand and interpret x-rays is necessary. If deemed necessary to replace the lead, scheduling and admission is coordinated by the technologist.. Multiple factors must be assessed and understood to analyze the entire picture to ensure that a patient's implantable device is in full working condition to effectively protect the patient from life threatening arrhythmias. The position-classification standards for a Medical Technologist level 1-7 mentions "solving very complex problems involving diverse aspects … i.e. conducting a variety of specialized tests of greater than average difficulty." This is a classic description of what is performed while interrogating and trouble shooting cardiac implantable devices.
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> Until recently no specific requirements of certifications in Cardiac Electrophysiology for technologists were available. Recently the North American Society of Pacing and Electrophysiology has recognized this and is offering "Examination of Special Competency in Cardiac Pacing and Cardioversion Defibrillation" for the associated professional. This exam was taken in May and passed with honors. Please see attached results.
>
> In addition to knowledge specific to the realm of Cardiac Electrophysiology, the incumbent also possesses valuable skills in management, administration and supervision. Please carefully look over all knowledge requirements listed on the attached position description. A level of 1-7 would be appropriate.

At Level 1-5, the agency has already credited the appellant with knowledge of complex electrophysiology equipment and procedures, including specialized, complicated examinations or treatments for which there are no standard instructions and procedures.

For example, in what the appellant describes as her most difficult duty, she continuously analyzes a patient's cardiac signals online while the physician performs a procedure. Typically, the appellant is six feet away from the physician with two monitors (the second monitor is used to take samples, or freeze images). The physician has a satellite monitor with a real-time image. The appellant communicates with the physician constantly - providing advice on what adjustments and changes to make.

The standard identifies like procedures for specializations related to the appellant's own, indicating, for example, that technicians at Level 1-5 assist in coronary by-pass surgery, valve replacements of various types, or heart transplantation by monitoring both donor and recipient hearts. The standard's illustrations suggest equipment complexity and fine, exacting adjustments similar to those the appellant employs when assisting in electrophysiology procedures and studies. For example, Perfusion Technicians operate heart-lung apparatus to take over functions of the patient's heart and lungs during coronary bypass surgery. They use pump oxygenators, coronary perfusion apparatus, auto-transfusion devices, defibrillators, aortic balloon pumps, flowmeters, pressure transducers, amplifiers, oscilloscopes, blood gas analyzers, and coagulation monitors.

Though not identical to the appellant's equipment and though equipment and procedures change over time, the level of skill and exacting adjustments are comparable.

Even the lower levels of the GS-649 occupation require skillful equipment operation and monitoring in areas the appellant cites in her appeal. For example, during cardiac catheterization, Level 1-4 technicians set up and operate many monitoring and recording devices and recognize and respond appropriately to cardiac arrhythmias, including atrial fibrillation, atrial flutter, and ventricular premature beats. The standard recognizes the ability to calibrate and operate blood gas analyzers and operate and interpret electrocardiograms even at Level 1-3, but credits only properly performed work. The consequence of error, which as the appellant notes can be dire, is not considered outside of Factor 5, Scope and Effect, which assesses the impact of work on physical well being.

As noted in the series determination section of this decision, the training requirements of the position, rather than the incumbent's personal qualifications, govern its classification. Her degree and successful examination for non-physicians under the North American Society of Pacing and Electrophysiology (NASPE) are impressive credentials for technician work. The level of knowledge they reflect, however, may be credited only to the extent that the position demands them. Since Level 1-5 already recognizes the specialized, complicated techniques the appellant employs in equipment operation and monitoring (such as those involved in relatively new diagnostic or treatment procedures requiring very fine distinctions or many delicate and exacting steps and where the instruments are complex and the setting and measurements are fine), we look to see how her other assignments might significantly exceed this level.

Technicians involved in designing and planning projects often exceed Level 1-5 by using their extensive familiarity with a wide range of techniques and practices to assist professionals in their research. For example, such technicians may assume full responsibility for developing a study plan (establishing a procedure, outlining the methods to be used, and citing the anticipated outcomes); developing, refining, verifying, justifying, analyzing, and organizing research data; or preparing data summaries, progress reports, or sections of research publications.

While the appellant's background has prepared her to lend such assistance, it has been about a year since much research has been done at the facility. For a two to three year period prior to 1998, she was involved in auto pulse-width testing, to test a pacemaker that self-adjusted its own pacing threshold while the patient was asleep. This feature was intended to conserve battery life without jeopardizing the patient’s safety. The tests generally ran three to five months and involved about 20 patients at any given time. The appellant obtained patient permission to use an investigational device, took EKGs once a week, and had patients use a Holter monitor to record heart signals for a week.

To be creditable at Level 1-6, however, the position would require fuller project responsibility for such studies, e.g., developing study plans, as previously noted. Among other things, such studies would also have to demand a substantial (at least 25 percent) amount of time in planning and analysis. The limited project involvement that the appellant describes, however, does not exceed Level 1-5. As the standard notes, limited involvement at Level 1-5 could include researching and

testing methods or preparing written procedures and instructions for using new equipment and for adapting this equipment to individual surgical requirements. It could also include tasks Level 1-5 technicians in other occupations commonly perform, such as assisting with the compilation, justification, and refinement of data by preparing charts and summaries, assisting in developing an appropriate computer program, performing computations and numerical summaries, and cross referencing facts, dates, and other data. The key distinction lies in the greater knowledge demands broader project responsibility entails, which the position lacks.

Finally, as the appellant suggests, administrative responsibilities may have important impact on grade level. They exceed Level 1-5 when technicians administer a significant function, like the day-to-day operations of a small laboratory that performs recurring types of tests. Mission and organizational function, however, limit this possibility for the appellant. Common administrative tasks, such as securing equipment, preparing standard justifications and straight forward documentation, and ordering supplies are a normal part of Level 1-5 technician work.

We evaluate this factor at Level 1-5 and credit 750 points.

Factor 2: Supervisory Controls

This factor covers the nature and extent of direct and indirect controls exercised by the supervisor, the employee's responsibility, and the review of completed work. Controls are exercised by the supervisor in the way assignments are made, instructions are given to the employee, priorities and deadlines are set, and objectives and boundaries are defined. Responsibility of the employee depends upon the extent to which the employee is expected to develop the sequence and timing of various aspects of the work, to modify or recommend modification of instructions, and to participate in establishing priorities and defining objectives. The degree of review of completed work depends upon the nature and extent of the review, e.g., close and detailed review of each phase of the assignment, detailed review of the finished assignment, spot-check of finished work for accuracy, or review only for adherence to policy.

The appellant states:

> The incumbent works independently making frequent judgment calls and changes when necessary. The supervisor, acting as a mentor, aids in setting objectives and being available for consultations as needed. The technologist, having developed expertise in the field of electrophysiology, is assigned continued responsibility for completing procedures independently, resolving conflicts, and scheduling other tests and procedures as needed. In the majority of incidences the technologist determines the approach to be taken and method to be used. For example, while interpreting an implantable cardiac device the incumbent recognizes the patient is has frequent PACS - premature ventricular contractions (a heartbeat that doesn't perfuse oxygenated blood to the body, in simple terms). The technologist resolves the situation by increasing the patient's lower rate parameter using care to follow guidelines regarding restrictions with angina etc. Increasing the lower rate may suppress the PACS thus improving the patient's quality of life. The technologist is responsible for all follow-up appointments regarding these changes. Another example is determining if a patient is chronotropically competent by analysis of an exercise test and interrogated histograms. Appropriate adjustments can be made to help the patient better utilize the implantable device and lead a more active life style. The supervisor reviews work for efficacy only, making sure decisions are appropriate and accreditation and regulations are met.

> During radio frequency catheter ablations, the technologist recommends a particular ablation catheter based on experience and knowledge of the available catheters. Collaborating, the technologist and the cardiologist select a catheter based on the fluoroscopic image and desired anatomical approach.
> This position should be rated at a level 2-4.

The examples offered by the appellant do not exceed Level 2-3, the highest level typically encountered in technician work. Level 2-3 fully recognizes the independence with which the appellant works. The standard notes, for example, that Level 2-3 technicians independently perform procedures and resolve problems according to standard practices. They make recommendations about changes to procedures and rarely consult with supervisors for technical advice.

To significantly exceed this level, the position must entail greater responsibility, e.g., for projects and studies of broad scope and complexity. As noted under Factor 1, the position lacks assignments of this order and has limited project responsibilities. Because Factor 2 assesses both independence and responsibility, the appellant's credit under this factor is constrained by the position's responsibilities.

We evaluate this factor at Level 2-3 and credit 275 points.

Factor 3, Guidelines

This factor covers the nature of guidelines and the judgment necessary to apply them.

The appellant states:

> After reading the guidelines in the attached job description, you will find that a level 3-4 is supported. Exceptions must be made for such a unique position, with vague guidelines available, requiring continuous changes. The incumbent must continually use initiative and resourcefulness in researching new methods and protocols. Recently new technology became available in monitoring a patient's blood pressure noninvasively. The arterial tonometry technique was researched, in detail, by the technologist, vendors were contacted and inservices with loaner equipment were scheduled. Based upon recommendations of the technologist, the cardiologist requested the equipment for the medical center. This new technology will save the center thousands of dollars in procedure time and prevent the patient from a high risk procedure. In the past the only way to continuously monitor a blood pressure wave form was via an indwelling arterial catheter, placed in a procedure room by a physician. Once the equipment is received the technologist will be responsible for integrating the new system with the existing equipment and write new procedures and methods for testing.

As the standard notes, higher grade technicians, like the appellant, evaluate the technical capability and potential for clinical application of new equipment. They prepare written procedures and instructions for using new equipment and for adapting this equipment to individual surgical requirements. Level 3-3 of the standard, which is the highest level typically encountered in technician work, recognizes such work is performed with only general guidelines and that technicians must use initiative to learn new developments in the field and to recommend changes based upon them.

To significantly exceed Level 1-3, the position must entail, as noted under Factor 2, work of broader scope and complexity, where the scarcity of guidelines would have greater significance and demand greater judgement than they do in the situations the appellant cites.

We evaluate this factor at Level 3-3 and credit 275 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.

The appellant states:

> I can not stress enough how unique and complex the ever advancing field of Cardiac Electrophysiology is. The position requires specialized evaluation and interpretation of multiple technical aspects of electrophysiology. When a new aspect of electrophysiology is ventured, the incumbent researches the field and available equipment making multiple consequential decisions and guidelines, developing and writing protocols including quality control standards. Last year new catheter technology was approved by the FDA involving ablation catheters and radio frequency controls. In the past radio frequency ablation procedures were performed using a standard electrophysiology ablation catheters, due to limitations of temperature control, the procedures were quite lengthy (6-8hrs). After thorough evaluation and comparison the incumbent recommended to the cardiologist that a thermistor system made by EPTechnologies would best fit our situation. Soon after this the new system was acquired for this medical center drastically reducing our procedure times. The incumbent was responsible for refining and implementing new methods and procedures for the laboratory. A rating of 4-5 would be appropriate.

At Level 4-4, the appellant already has an unusually high level of credit for technician work. The standard recognizes the unusual complexities inherent in Medical Instrument Technician work that are typically absent in other technician occupations, which rarely exceed Level 4-3.

Only one other level surpasses Level 4-5 in the Federal service. It is reserved for positions that devote themselves to such things as establishing theories and concepts in a field of study. Level 4-5 is intermediate between that level and the level the agency has credited the appellant's position. The intervening level is reserved for experts in a field of study that typically establish new criteria or techniques. An expert under the classification system is one who has mastered a field, like electrophysiology, and advises fully experienced workers in the field on problems that they find unusually perplexing. The appellant's position lacks such responsibility.

We evaluate this factor at Level 4-4 and credit 225 points.

FACTOR LEVEL POINT SUMMARY

Factor	Level	Points
1	1-5	750
2	2-3	275
3	3-3	275
4	4-4	225
5	5-3	150
6 & 7	2b	75
8	8-2	20
9	9-2	20
	Total:	1790

The table above summarizes our evaluation of the appellant's work. As shown on page 8 of the standard, a total of 1790 points converts to GS-8 (1605-1850).

Decision

The position is properly classified as Medical Instrument Technician, GS-649-8.