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

Philadelphia Oversight Division
600 Arch Street, Room 3400
Philadelphia, PA 19106-1596

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

Appellant:	[appellant's name]
Agency classification:	Diagnostic Radiologic Technologist GS-647-7
Organization:	Special Procedures Section Diagnostic Imaging Service U.S. Department of Veterans Affairs Medical Center [location]
OPM decision:	Diagnostic Radiologic Technologist GS-647-7
OPM decision number:	C-0647-07-02

Robert D. Hendler
Classification Appeals Officer

/s/ 4-23-99
Date

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

Decision sent to:

[appellant's name]
[appellant's address]

[name]
Chief
Human Resources Management Service
U.S. Department of Veterans Affairs
Medical Center
[address]
[location]

Mr. Ronald E. Cowles
Deputy Assistant Secretary for
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Introduction

On January 29, 1999, the Philadelphia Oversight Division of the U.S. Office of Personnel Management (OPM) received a classification appeal from [appellant's name]. Her position currently is classified as Diagnostic Radiologic Technologist, GS-647-7. However, she believes the classification should be Diagnostic Radiologic Technologist, GS-647-8. She works in the Special Procedures Section, Diagnostic Imaging Service, U.S. Department of Veterans Affairs (VA) Medical Center, [location]. We have accepted and decided her appeal under section 5112 of title 5, United States Code (U.S.C.).

General issues

The appellant believes that her position description (PD) compares favorably with the GS-8 grade level, the grade recommended by her supervisor and Service Chief. Her rationale is that if her previous PD was classified to the GS-7 grade level based on her staff technologist, angiography technologist, and student instructor responsibilities, then a higher grade level is appropriate based on the addition of education coordinator duties. The appellant states the upgrade is also warranted based on additional angiography functions, and the projected growth of her education coordinator duties when the Service merges into the Diagnostic Service. In her letter of January 7, 1999, commenting on the appeal administrative report, the appellant said: "Many of the points made in the Position Report are inaccurate, oversimplified and misleading. This is most likely due to the fact that a desk audit was not conducted." During our fact-finding process, the appellant also stressed that: (1) she had been told by her second level supervisor that the addition of training and education program duties supported upgrading her position; (2) education coordinator duties usually are assigned to higher graded department administrator positions; and, (3) the variety of program functions, performed in addition to her GS-7 grade level special procedures further justifies upgrading her position. She stated the added volume of work caused by the additional program duties has caused her to work at them at home after normal business hours.

The activity forwarded a copy of a teletype announcing a "Diagnostic Radiology Technologist/Instructor (DRT) GS-8" position at another VA medical center submitted by the appellant as justification for upgrading her position. The activity stated the functions of the two positions are substantially different. By law, we must classify positions solely by comparing their current duties and responsibilities to OPM PCS's and guidelines (5 U.S.C. 5106, 5107, and 5112). Since comparison to PCS's is the exclusive method for classifying positions, we cannot compare the appellant's PD to others, that may or may not be classified properly, as a basis for deciding her appeal.

Like OPM the appellant's agency must classify positions based on comparison to OPM PCS's and guidelines. Section 511.612 of 5 CFR, requires that agencies review their own classification decisions for identical, similar, or related positions to insure consistency with OPM certificates. Thus, the agency has the primary responsibility for ensuring that its positions are classified consistently with OPM appeal decisions or related positions to insure consistency with OPM certificates.

If the appellant considers her position identical to, so similar to, or related to others that they warrant the same series, title, and grade as assigned her position by this decision, she may pursue this matter by writing to the cognizant agency human resources office. In so doing, she should specify the precise organizational location, series, title, grade, duties, and responsibilities of the positions in question. The agency should explain to her the differences between her position and the others, or grade those positions in accordance with this appeal decision.

These statements raise other procedural issues warranting clarification. The classification appeal process is a de novo review that includes a determination as to the duties and responsibilities assigned to the appellant's position and performed by the appellant, and constitutes the proper application of PCS's to those duties and responsibilities. Therefore, any actions taken or not taken previously by the appellant's agency are moot. It is an established classification principle that only the effect of properly performed work is to be considered in the classification appeal process. The size of the appellant's workload and the quality of her work, are not germane to the classification appeal process. They are matters covered by the performance management and awards programs.

Many positions in the Government perform a variety of functions. Not all functions, however, will be classifiable at the same grade level. For example, many technician positions perform clerical functions classifiable at grade levels below the technician work that controls the grade level worth of the position. Thus, if other positions perform duties that are similar to some major functions of the appellant's position, those duties may not be the grade controlling duties of those other positions.

The appellant and her supervisor agree the appellant's PD of record (PD #3417) is accurate. Our telephone audits with the appellant on March 17 and 23, 1999, and interviews with her immediate supervisor,[name], and her second level supervisor, [name], on March 24, 1999, confirmed that the PD contains the major duties and responsibilities assigned by management and performed by the appellant and is hereby incorporated by reference into this decision. Additional information on the appellant's student instructor program duties was obtained in a telephone interview on March 31, 1999, with [name], Radiography Program Coordinator, Community College of [name] (CC[location]).

Position information

The appellant's PD contains five primary sets of duties. The first three hands-on clinical diagnostic radiography functions include: (1) performing a range of routine radiographic examinations; (2) performing a range of difficult radiographic examinations, including myelography, arthrography, linear tomography, cholangiography, bronchography, sialography, venography, shuntograms, and intravenous pyelography; and, (3) performing complex special radiographic examinations involving the cerebral, peripheral and visceral blood vessels, e.g., aortic arch studies, carotid cerebral studies with selective injection of carotid arteries, abdominal aortograms with pelvis and lower extremity runoffs and IVC filters, and studies such as pulmonary

angiographies, angioplasty and arterial stenting. Other clinical duties include starting IV's, monitoring patient vital signs, and performing EKG's.

The appellant's program duties include functioning as student instructor clinical coordinator for diagnostic radiography students from the CC[location] two-year radiography program. CC[location] provides theoretical classroom training for first and second year students. Because clinical training requires one-on-one instruction, the seven working technicians in the Service can handle up to that same number of students. Usually five to seven students are in the program at any time. Students are in from 8:00 A.M. to 4:00 P.M. five days a week. First year students are in Tuesdays and Thursdays, and second year students are in the other weekdays. Second year students are in all summer, but first year students are in only four weeks. Students spend only one of their two years of clinical experience at any of the ten participating hospitals in the CC[location] program.

Based on the defined school curriculum, the appellant holds two-hour clinical classes weekly for each group of students, going through such topics as patient care, ethics, radiation protection, equipment operations, radiographic positioning, and simulating Service protocols with a person playing the patient role. She develops handouts for the classes, e.g., writing down Service practices for specific radiographic procedures. Applying the classroom theory learned at CCRI, the classes are geared toward hands-on film critiques showing the students how to make films more diagnostic and how to conduct a more effective examination. The appellant sets up the weekly room assignment schedule for students; maintains all student records; and evaluates student performance. She attends the monthly CC[location] clinical instructor's meeting to keep abreast of issues, assists in revising the program curriculum, and assures the medical center follows CC[location] guidelines and standards. CC[location] guidelines are based on competency requirements issued by the American Registry of Radiologic Technologists (ARRT), and prepare students to obtain registry certification. The ARRT examination may only be taken by students trained in a Joint Review Committee on Radiologic Technology (JRCERT) accredited program.

The appellant's Service education coordinator duties include staff and patient education. Patient education program requirements are established by the Quality Management Department. Employees must interview and explain the examination/procedure to each patient. Booklets/fact sheets are sent to patients beforehand. As patient education coordinator, the appellant attends monthly medical center program committee meetings and performs such functions as reporting on program documentation. She trains the Service staff on patient education requirements, arranges for the ordering and distribution of program materials, e.g., booklets explaining Service procedures in lay terms to patients. The appellant also reviews and reports on program indicators.

Staff education coordinator responsibilities involve similar program representational and reporting functions. In conducting her training needs assessment, the appellant tries to mesh agency and ARRT continuing education requirements. She reviews course diagnostic radiologic course literature for technical content, quality, and cost effectiveness, recommending to her second level

supervisor which courses and materials to purchase for use in the Service and other areas of the medical center, as appropriate. She coordinates and schedules the classes and other program administration functions, including recording training documentation.

The second level supervisor estimated that the appellant spends approximately 20 percent of the time performing special procedures, 20 percent of the time on educational and other program duties, and 60 percent of the time on staff diagnostic radiologic technologist duties that include some more complex procedures. The record shows, however, that the appellant's student instructor duties are integral to virtually all technical diagnostic radiologic technologist functions in that she typically is accompanied by a CC[location] student for all examinations and procedures, and that she is constantly checking on their clinical progress as they accompany the other staff technologists.

Series, title, and guide determination

The agency has placed the position in the Diagnostic Radiologic Technologist Series, GS-647 and titled it Diagnostic Radiologic Technologist in conformance with titling practices of the GS-647 PCS. The appellant agrees with the series and title determination made by the agency, and we concur. The position is allocated properly as Diagnostic Radiologic Technologist, GS-647, for which there is a directly applicable published PCS that must be applied for grade level determination.

The appellant's rationale is based primarily on her instructional and other educational duties. The Grade Level Guide for Instructional Work (Guide) is used to evaluate instructor and instructional specialist work. Part I of the Guide is intended to cover positions involved in the **full** range of instructional duties, i.e., preparing daily work plans based on general course outlines and established learning objectives, covering instructional methods and techniques, training materials and aids, time schedules, etc.; training in traditional classroom situations or in self-paced learning programs where the instructor guides students in the use of special learning techniques; and evaluating the progress of students and advising and assisting them to improve their performance. Part II covers instructional specialist work: i.e., positions that primarily are engaged in ascertaining needs for training and education, usually through surveys or job analysis; determining the objectives and scope of courses, the subject to be covered, and the criteria for evaluation; developing, revising, or adapting courses and instructional materials and guides; and evaluating education and training programs and recommending needed changes and improvements.

The appellant's instructional and educational duties are more limited than those covered directly by the Guide. Theoretical diagnostic radiologic training is provided by CCRI. The appellant's discussions of theory are linked to workshop review of the on-the-job practical experiences of CCRI students. To address the appellant's rationale fully, we will apply Part I of the Guide, recognizing these limitations, for grade level confirmation purposes.

Grade determination

Evaluation using GS-647 PCS

The GS-647 PCS contains grade level criteria in the Factor Evaluation System (FES) format. This format describes the criteria for nine factors, each factor being described at various levels, and benchmark descriptions, that are descriptions of actual positions with the factor level criteria applied. In crediting levels and assigning corresponding points to a given factor level, the position must meet the overall intent of the selected factor level description. In other words, each factor level description represents the minimum or "threshold" for that factor. If a position fails in any significant aspect to meet the criteria in a particular factor level description (FLD), we must assign a lower level, unless an equally important aspect that meets a higher level balances the deficiency. The total points assigned are converted to a grade by use of the Grade Conversion Table in the PCS. Instructions in the GS-647 PCS require positions be evaluated to the extent possible by using the benchmarks in the PCS. In the event the factor descriptions in the benchmarks do not provide a good match with the position being classified, the FLD's are to be used to determine the appropriate point value.

OPM PCS's must be applied in conjunction with position classification theories, principles, and practices established by OPM. The Introduction to the PCS's states that:

> Some positions involve performing different kinds and levels of work which, when separately evaluated in terms of duties, responsibilities, and qualifications required, are at different grade levels. . . .
>
> In most instances, the highest level of work assigned to and performed by the employee for the <u>majority of time</u> [emphasis added] is grade-determining. When the highest level of work is a smaller portion of the job, it may be grade controlling only if:
>
> - The work is officially assigned to the position on a regular and recurring basis;
> - It is a significant and substantial part of the overall position (i.e., occupying at least 25 percent of the employee's time); and
> - The higher level of knowledge and skills needed to perform the work would be required in recruiting for the position if it became vacant.

The appellant did not provide a specific rationale regarding how the GS-647 PCS should be applied to her position. In responding to her appeal rationale regarding her student training and educational coordinator duties, the activity classification evaluation report does not appear to reference a specific benchmark.

Based on the actual workload assigned by management and performed by the appellant, we find that the appealed position, other than for Factors 2 and 4, is a close match to Benchmark 7-02. Our application of this benchmark, with appropriate references to the GS-647 FLD's, follows.

Factor 1, Knowledge required by the position

This factor measures the nature and extent of information or facts that the employee must understand to do acceptable work (e.g., steps, procedures, practices, rules, policies, principles, theories, and concepts) and the nature and extent of skills necessary to apply these knowledges. To be used as a basis for selecting a level under this factor, a knowledge must be required and applied.

The appellant's work meets, but does not exceed Level 1-5, the highest level described in the PCS. In addition to knowledge and skill at lower levels, the work requires knowledge of anatomy and physiology including location, appearance, and functioning of the major and minor systems susceptible to radiologic illumination, and knowledge of changes to systems and organs caused by common medical and surgical diseases; knowledge of complex radiographic exposure techniques such as determination of technical factors and machine geometry of linear tomographic x-ray machines or equipment of similar complexity, calculation of critical technical factors needed to show the difference between organs, glands, etc. of similar density when contrast material cannot be used such as adapting for age, structure and patient size when performing mammographies, or use of contrast materials in invasive examinations; knowledge of radiographic positioning required in complex procedures such as lumbar myelography including sequences of positioning, alignment of x-ray beams and localizing of contrast medium; knowledge of first aid and nursing practices such as emergency cardiac arrest procedures and monitoring of vital signs during examinations; and skill to apply such knowledge to perform complex radiographic procedures such as bronchography, lymphangiography, or xerographic mammography.

In the appellant's case, this level of knowledge is applied in performing angiography examinations including aortic arch studies, carotid cerebral studies with selective injection of carotid arteries, and abdominal aortograms using digital subtracted angiography computer and associated equipment, e.g., a power injector. Other complex procedures evidencing this level of knowledge and skill include mylograms, and sialograms; (2) assisting the radiologist in performing less complex fluoroscopic and spot film examinations that require contrast material, e.g., gastrointestinal series, barium enemas, pyelograms and cholangiograms, including preparing contrast media and administering contrast orally or by enema; (3) performing darkroom operations, including developing film and mixing processing chemicals; and, (4) maintaining

records of the patients examined, the examinations performed, views taken, and technical factors used.

Level 1-5, used in all benchmarks above the GS-5 grade level in the PCS, also requires: (1) knowledge of anatomy and physiology such as the location, appearance, and function of the various major systems including the muscular, circulatory, lymphatic, respiratory, digestive, and urinary systems to interpret the examination request accurately; to understand the functioning and interrelationship of the various organs appearing on the film and that various stages of the examination to judge the acceptability of the radiograph for diagnostic use; (2) knowledge of the effects of common medical and surgical diseases upon radiographic examinations, e.g., the more common abnormalities of veins and arteries, results of respiratory conditions such as emphysema, pneumonia, and sinusitis, or peptic ulcers to recognize the conditions, assure the radiographic studies properly illustrate the conditions, and adjust positioning, technical factors or other variables to better illustrate them, if necessary; (3) knowledge and skill in positioning patients for a wide variety of difficult radiographic examination, e.g., lumbar myelography entails skill in securing the patient firmly to the table so that no movement will take place if the table is tilted, knowledge of the four required posterior and lateral views, and skill in accurately positioning the patient to best demonstrate the desired areas of the spine, concentrating the contrast medium where needed; and, (4) knowledge of basic nursing practices related to radiography including emergency cardiac arrest procedures, principles of hypodermic, subcutaneous, intramuscular and intravenous injections, and sterile operating room practices.

The PD is silent on percentages of work time spent on procedures demanding this level of knowledge and skill. The activity evaluation report states that approximately 25 percent of the appellant's time is devoted to these complex procedures. The appellant is one of three employees who perform angiography. That work is scheduled two days a week. Our fact-finding revealed the appellant performs approximately 20 percent of those procedures. Specific workload data was not available on how frequently the appellant is rotated through the other special procedure areas. However, the second level supervisor estimated that the appellant devotes approximately 20 percent of her time on complex procedures requiring the application of Level 1-5 knowledge and skill. Although this falls short of the minimum 25 percent as discussed previously, we find the most demanding aspects of the appellant's student and educational coordinator work require application of equivalent knowledge and skill. These functions include applying this level of knowledge in analyzing the content and quality of continuing education technical courses in the full range of diagnostic radiologic procedures. Although the CC[location] students do not perform a significant number of complex procedures, e.g., second-year students must meet two basic CAT Scan competencies, the appellant's planning of their clinical exposure to those procedures as part of their overall development and professionalization, and participating in CC[location] program planning evidences the application of equivalent radiologic knowledge and skill. Similarly, the appellant's student program analytical functions, ranging from program change input to the CC[location] program director, to participating in preparing for periodic JRCERT reviews, e.g., collecting medical center specific data needed for the review, are based on a similar depth and breadth of program knowledge. Accordingly, Level 1-5 is assigned.

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. 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. The employee's responsibility depends on the extent to which the employee is expected to develop the schedule and sequencing of various aspects of the work, to modify or recommend modification of instructions, and to participate in establishing priorities and defining objectives. The 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 supervisory controls exercised over the appellant's work meets, but do not exceed, Level 2-3, the highest level defined in the PCS. Level 2-3 involves substantial freedom from supervision in conjunction with making decisions on complex technical issues. This is illustrated in Benchmark 7-01 by a technologist in charge of the radiology section of an outpatient clinic, and a CAT scan operator in charge of one or two lower graded technicians/technologists in Benchmark 8-01. In Benchmark 7-01, technical assistance is only available when the part-time radiologist is present at the clinic.

Although the appellant's first and second level supervisors are available, we find that the appellant works with the freedom from supervision, and makes decisions on the complex technical issues found at Level 2-3, the highest level described in the PCS. As in Benchmark 7-01 and FLD 2-3, she performs her most complex work; i.e., angiography, receiving directions from a radiologist. She is responsible for the technical procedures to accomplish the actions directed by the radiologist rather than from another technologist. The PD shows that the appellant's work receives the limited depth of technical review typical of Level 2-3 for her angiography work. The appellant's program decisions on her most demanding student instruction and education coordinator duties reflect an equivalent freedom from supervision and exercise of technical decision making, e.g., providing input on course syllabus and clinical instruction changes in CC[location] program meetings. Therefore, while her more routine diagnostic radiologic duties and some of her complex procedures entail the more limited technical decisions typical of Level 2-2, we find the appellant performs her grade controlling duties under Level 2-3 controls to permit the crediting of that level to her position.

Factor 3, Guidelines

This factor covers the nature and judgment needed to apply guidelines. Since individual assignments vary in the specificity, applicability, and availability of guidelines, the constraints and judgmental demands placed upon employees also vary. The existence of specific instructions, procedures, and policies may limit the opportunity of the employee to make or recommend decisions or actions; however, in the absence of procedures or under broadly stated objectives,

employees in some occupations may use considerable judgment in researching literature and developing new methods.

At Level 3-2, as illustrated in Benchmarks 7-01 and 7-02, standard operating procedures cover the number and sequence of exposures and normal positioning of the patient for each exposure. Basic formulae for calculation of technical factors supplement tables of typical settings for kilovoltage, millamperage, distance, and time for each exposure. Textbooks and technical manuals in radiology are available for additional guidance. The employee uses judgment to adapt positioning or adjust technical factors by following established precedent and methods of calculation. The technologist uses judgment to deviate from standard procedures and tables to compensate for a patient's illness, injuries, or physical disabilities according to established precedent and methods of calculation. The employee maintains up-to-date knowledge of new developments in the field and exercises judgment to evaluate their usefulness and recommend improvements to standard procedures and guidelines.

Level 3-3, used in the benchmarks only at the GS-8 grade level, pertains to work situations in which technology is constantly changing, e.g., CAT scanning, requiring regular and recurring modifications to procedures and guidelines by the technologist in performing examination. At Level 3-3, the technologist regularly recommends new methods, examinations, and guidelines for adoption. The appellant does not work in the evolving areas of diagnostic radiologic technology. Those functions are vested in other sections in the Service, e.g., CAT Scan. We find the appellant works within the standardized procedures typical of Level 3-2 as illustrated in Benchmark 7-02, and the other benchmarks below the GS-8 grade level in the GS-647 PCS. As at Level 3-2, she adapts the general procedures to the specific conditions of the patient according to established precedent and methods of calculation. We find her student instructor and education coordinator duties are similarly performed. For example, she structures student clinical experiences and classroom workshops to expose them to the established precedents, methods, and procedures of the occupation for the range of procedures and examinations typical of Level 3-2. The appellant's review and analysis of available continuing education courses, geared toward meeting established departmental and AART continuing education needs, reflect the applying of similar established needs and requirements. The same is true of the appellant's involvement in developing the patient education questionnaire, and reporting on Service achievements in meeting Quality Management Department requirements. Responsibility for dealing with the breadth and depth of guideline issues found at Level 3-3 is vested in other organizations and positions, e.g., the CC[location] Radiography Program Manager, the Quality Management Department, and the appellant's second level supervisor. Accordingly, Level 3-2 is assigned.

Factor 4, Complexity

This factor covers the nature and variety of tasks, steps, processes, and methods of radiographic examination; and the degree to which the employee must vary procedures, discern interrelationships and deviation, or develop new techniques.

At Level 4-3, as illustrated in Benchmark 7-01, work involves independently performing a variety of routine radiographic examinations and performing a number of more complex radiographic examinations under the direction of a radiologist. Examinations require coordinating the positioning of patients and the operation of x-ray equipment. The employee occasionally must use basic formulae to set up standard operating procedures or to accommodate patients who are substantially more robust or frail than the norm. The technologist occasionally devises nonstandard positioning and equipment setup to accommodate patients who are suffering from illnesses, deformities, or injuries. X-rays taken after accidents or of seriously ill patients occasionally require that the employee devise a nonstandard positioning and equipment setup to avoid causing further injury or pain to the patient. Level 4-3 is linked to performing complex radiographic examinations described previously under Factor Level 1-5 in this decision. These examinations present the number of different processes and methods, use of auxiliary equipment, and phasing of equipment operation that differs depending on the wider range of examinations performed that supports evaluation at Level 4-3. The appellant's more difficult program coordinator duties cover a similar variety of tasks and issues, and reflect equivalent analytical and decision making demands. For example, the appellant must carefully track student progress, assuring that each student is sufficiently skilled to perform the required competency procedures, reviewing their clinical progress and adjusting the rate and type of clinical rotations she deems necessary to position each student for competency evaluation. Similar demands are present in advising on CC[location] program changes to course syllabuses, e.g., how to apply classroom theory to current clinical practices.

In contrast, work at Level 4-4 consists of performing as the principle or lead technologist of a medical team in the conduct of highly complex radiologic examinations. Factors to be considered involve the assessment of unusual circumstances such as seriousness of illness or injury or mental or physical incapacity of the patient which prevent the patient from cooperating in the procedure and prohibit the use of standard procedures and normal alternatives. This requires the technologist to devise variations of positioning, equipment setup, or technical factors to accommodate to the patient's condition. This requires interpretation of a broad range of information on medical conditions and requirements, equipment capabilities, and examination processes. Also discussed in Benchmark 7-02, these circumstances are typified by **frequently** accommodating patients who are heavily bandaged as a result of injuries or patients whose bone structure is not of normal capacity as a result of radiation therapy treatments. Examination procedures **frequently** are made additionally complex due to serious illness or injury, mental or physical incapacity of the patient or equivalent conditions that require devising nonstandard positioning or equipment setups or make it difficult or impossible to communicate with patients. The record shows these complications occur occasionally and are not frequent within the meaning of the position classification system. The structure of the CC[location] program, as discussed previously, precludes the appellant from making frequent program decisions, including the assessment of unusual circumstances, variations in approach, and analysis of incomplete or conflicting data, found at Level 4-4. Because the appellant's position does not fully meet Level 4-4, this factor must be credited at Level 4-3.

Factor 5, Scope and effect

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

At Level 5-2, the only described in the GS-647 PCS, the purpose of the work is to provide x-ray studies for diagnosis and treatment of patients for various accident trauma and a wide variety of defects and diseases. The x-ray studies taken affect the accuracy and reliability of physicians' diagnoses and treatment. As illustrated in Benchmark 7-02, studies are for diagnosis and treatment based on the complex diagnostic radiologic procedures performed that affect the accuracy and reliability of physicians' diagnoses and treatment. The appellant's patient education coordinator duties provide a similar scope and effect in that they are geared to provide patients with accurate and reliable information to understand and prepare for procedures.

The appellant's student instructor program duties approach, but do not fully meet, Level 5-3. The FES Primary Standard (PS) defines Level 5-3 as work involving treating a variety of conventional problems, questions or situations in conformance with established criteria. The work affects the design or operation of systems, programs, or equipment; the adequacy of such activities as field investigations or testing operations; or the social, physical, and economic well being of persons. The PS is appropriately applied in conjunction with a closely related FES PCS to assure the broad conceptual framework of PS FLD's are placed in the proper context. The Dental Hygiene Series, GS-682 PCS describes Level 5-3 as covering planning and providing comprehensive dental hygiene treatment and education programs to meet the oral hygiene needs of various individuals and patient groups; treating patients with a variety of gum and related diseases typically requiring follow-up treatment; and responsibility for planning instructional programs and development of materials for patients participating in the dental hygiene program. The work directly affects the dental health and overall well-being of individual and groups of patients. GS-682 Benchmarks clarify the scope of these programs. One benchmark describes planning and independently conducting education programs in oral health for different types of patients and instructing nurses and nursing assistants on oral health techniques for bedridden patients, including presenting lectures and demonstrations in oral health care to various patient groups. Another benchmark describes planning, coordinating, and conducting oral health programs for various patent groups such as diabetic, cancer, psychiatric, geriatric, alcoholic and physically handicapped patients, and developing and revising oral health instructional materials and education techniques for varied levels of mental and physical capabilities of each patient group. The second benchmark describes the program as a major service of the Dental Service, and includes responsibility for developing and presenting lectures, demonstrations, and visual displays to these groups.

As discussed previously, the appellant's patient education functions are limited in scope, and do not involve developing of the variety program materials for varying purposes intended at Level

5-3. Similarly, the workshop review of films and planning for the student's practical exposure to classroom theory does not compare favorably with the more extensive development of training materials on the breadth of topics and for the variety of audiences envisioned at Level 5-3. Accordingly, we find the position meets, but does not exceed, Level 5-2.

Factor 6, Personal contacts

This factor includes face-to-face contacts and telephone and radio dialogue with persons not in the supervisory chain. Personal contacts with the supervisor are covered under Factor 2, Supervisory Controls. 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, e.g., the degree to which the employee and those contacted recognize their relative roles and authorities. Above the lowest level, points may be credited under this factor only for contacts that are essential for successfully performing the work and that have a demonstrable impact on the difficulty and responsibility of the work performed. The relationship of Factors 6 and 7 presumes the same contacts will be evaluated for both factors.

At Level 6-2, the only level described in the GS-647 PCS, personal contacts are with patients, fellow employees, and professionals in a hospital radiology department. Contacts are sometimes made with employees in other hospital departments. Level 6-2 contacts in the PS include the general public in a moderately structured setting. In the GS-682, Level 6-2 contacts include representatives of community organizations, school faculty members, and dental and medical professional associations on a routine basis in which both parties have a mutual interest in community health and the prevention of medical and dental disease. The appellant has comparable contacts when she performs her examinations, discusses education coordinator issues with the supervisory staff of the Service, and deals with CCRI program issues. Accordingly, Level 6-2 is assigned.

Factor 7, Purpose of contacts

Purpose of personal contacts range from factual exchange of information to situations involving significant or controversial issues and differing viewpoints, goals, or objectives. The personal contacts that serve for the level selected for this factor must be the same as the contacts that are the basis for the level selected for Factor 6.

At Level 7-2, the highest level described in the GS-647 PCS, contacts are for resolving problems and exchanging information with fellow workers concerning equipment, procedures, and scheduling patients; explaining procedures to patients who are unfamiliar with examination procedures, to obtain information pertinent to performing the study, and to direct them to achieve correct positioning; and, contacts with physicians or radiologists are to coordinate work efforts or resolve operating problems.

The appellant works with patients in dealing with difficult positioning in her more complex procedures meet Level 7-2. The appellant's student instructor and education coordinator functions when resolving problems and exchanging information concerning equipment and procedures, and her contacts with higher echelon Service staff members to resolve operating problems in performing these program functions also meet, but do not exceed, Level 7-2. Accordingly, Level 7-2 is assigned.

Factor 8, Physical demands

This factor covers the requirements and physical demands of the work assignment. This includes the physical characteristics and abilities, the physical exertion involved, and to some extent, the frequency or intensity of physical exertion.

At Level 8-2, the only level described in the GS-647 PCS, work requires long periods of standing and walking. There are some bending and lifting and carrying of moderately heavy items such as film cassettes for rapid film changers. Some positions may only handle lighter single exposure film cassettes. There is occasional lifting of moderately heavy items such as one- or two-gallon containers of film processing chemicals and lifting or positioning patients. Patients are assisted to achieve proper positioning that may require reaching or working in strained positions. Heavy lifting of totally incapacitated patients is done only with the help of other employees. This FLD closely matches the description of this factor in the PD of record and accurately describes the actual work assigned by management and performed by the appellant. Accordingly, Level 8-2 is assigned.

Factor 9, Work environment

This factor considers the risks and discomforts in physical surroundings or job situations and the safety regulations required.

At Level 9-2, the only level described in the GS-647 PCS, the work area is well lighted, heated, and ventilated. Special safety precautions are used to reduce exposure to x-rays. These include using minimum current settings in the x-ray machine and never operating the machine except from behind a protective screen or when wearing protective clothing such as a lead apron. This FLD closely matches the description of this factor in the PD of record and accurately describes the actual work assigned by management and performed by the appellant. Accordingly, Level 9-2 is assigned.

Summary

In sum, we have evaluated the appellant's position as follows:

Factor	Level	Points
1. Knowledge required by the position	1-5	750
2. Supervisory controls	2-3	275
3. Guidelines	3-2	125
4. Complexity	4-3	150
5. Scope and effect	5-2	75
6. Personal contacts and	6-2	25
7. Purpose of contacts	7-2	50
8. Physical demands	8-2	20
9. Work environment	9-2	20
Total points:		1,490

A total of 1,490 points falls within the GS-7 grade level point range of 1,355-1,600 points on the Grade Conversion Table in the GS-647 PCS.

Evaluation using the Guide

The Guide covers two-grade interval instructional work. It provides for grade level analysis based on two broad classification factors: Nature of Assignment and Level of Responsibility.

Nature of Assignment

This factor encompasses such aspects as the knowledge, skill, and ability required to perform the work, and the complexity and difficulty of the duties and responsibilities assigned.

At the non-developmental level, GS-7 instructor assignments typically involve short, repetitive courses or course units that are highly structured. Typical of this work are courses in the operation, repair, and maintenance of uncomplicated equipment, such as a course in the operational use and maintenance of hand and shoulder weapons.

In contrast, courses taught at the GS-9 grade level cover a wide variety of topics in well-established areas of a subject-matter field. They include courses taught by a technical service school in the fundamentals and skills of a technical occupation; courses taught at the secondary through basic undergraduate levels; or all subjects taught at an elementary school level. They require thorough familiarity with the assigned subject-matter area and use of a wide range of teaching methods or tools depending on the students' learning requirements. They are usually well structured and have ample training materials. These courses generally involve instructional problems that require organization, illustration, and interpretation of course material in order to reach and motivate students who may pose typical problems of communication and motivation, e.g., diverse ages, backgrounds, and levels of interest in the course. GS-9 instructors need to

give concrete expression to the abstract principles and concepts taught at this level. They make recommendations for changes which involve substantive rather than procedural matters, and obtain and adapt current instructional. Typical are broad courses in the fundamentals and basic skills of an occupation such as computer operation or engineering drafting involving detailed explanation, demonstration, and supervision of laboratory exercises that frequently require translation of theoretical explanations and mathematical analyses into simpler explanations. They include basic, well-standardized courses, up to and including the college undergraduate level, in the principles of a field, e.g., general accounting, basic management, or introductory data processing.

Although the appellant is engaged in work typical of basic college undergraduate instruction, the full range of work found at the GS-9 grade level is vested in CC[location]. The appellant's oversight and conducting of on-the-job training, and workshops to critique that work, fail to meet the intent of the GS-9 grade level; i.e., responsibility for conducting both theoretical and hands-on training for basic undergraduate level courses using a wide range of teaching methods or tools. Because this factor fails to fully meet the GS-9 grade level, it must be credited at the GS-7 grade level.

Level of Responsibility

This factor includes such things as independence (e.g., the degree to which work and decisions are supervised or reviewed); the extent to which guidelines for the work are available or must be developed; and the kinds of contacts required to perform the work.

At the GS-7 grade level, non-developmental instructors work independently. They make suggestions for course modification which are primarily procedural; they may occasionally make substantive recommendations. In contrast, instructors at the GS-9 grade level independently plan and carry out their training sessions within the prescribed course framework. They resolve normal classroom problems and make outside contacts for supplemental information and materials. On unusual matters or questions of program objectives and policy, they obtain guidance before taking action. Recommendations for course modification receive review for consistency with overall course material, for technical accuracy, and for educational adequacy. Courses of instructors at this level are audited and evaluated periodically by higher level instructors. GS-9 instructors may participate in task analyses for determining training requirements or in special staff studies of training and testing materials, for which they receive specific guidance on coverage, methodology, approaches, and sources to use.

The appellant operates with the freedom from supervision typical of the GS-9 grade level in her full responsibility for CC[location] student medical center training. As discussed previously, however, this responsibility is exercised over course work that fails to meet the GS-9 grade level. Therefore, the appellant's position does not involve making decisions on the range of issues found at the GS-9 grade level. Established OPM guidance requires that in applying a two factor narrative PCS, determining the intent of the PCS requires considering the interrelationship between the factors. Increased independence and increased difficulty of assignment are not

meaningful if viewed separately. When the two factors are one level apart, the lower of the two levels almost always controls the grade of the position to insure the decision meets the total concept of the grade as depicted in the PCS. Therefore, based on the restricted nature of the appellant's instructional program discussed previously, this factor also must be credited at the GS-7 grade level.

With both factors evaluated at the GS-7 grade level, application of the Guide results in evaluation of the position's instructional work at the GS-7 grade level.

Decision

The appellant's position is correctly classified as Diagnostic Radiologic Technologist, GS-647-7.