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

**Appellants:** [ six appellants' names]

**Agency classification:** Diagnostic Radiologic Technician  
GS-647-5

**Organization:** Diagnostic Radiology Section  
Radiology Service  
Veterans Affairs Medical Center  
Department of Veterans Affairs  
[location]

**OPM decision:** Diagnostic Radiologic Technician  
GS-647-5

**OPM decision number:** C-0647-05-01

/s/

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Robert D. Hendler  
Classification Appeals Officer

12/26/00

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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* (PCS's), appendix 4, section G (address provided in appendix 4, section H).

**Decision sent to:**

PERSONAL  
 [six appellants' names]  
 Diagnostic Radiology Section  
 Radiology Service  
 Veterans Affairs Medical Center  
 [address]  
 [location]

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

Ms. Ventris C. Gibson  
 Deputy Assistant Secretary for  
 Human Resources Management (05)  
 Department of Veterans Affairs  
 810 Vermont Avenue, NW  
 Room 206  
 Washington, DC 20420

## **Introduction**

On August 25, 2000, the Philadelphia Oversight Division of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [six appellants' names], all of whom are employed at the Veterans Affairs Medical Center, [location]. They occupy identical additional positions currently classified as Diagnostic Radiologic Technician, GS-647-5. The appellants believe the classification should be Diagnostic Radiologic Technologist, GS-647-6. They work in the Diagnostic Radiology Section, Radiology Service, Veterans Affairs Medical Center, Department of Veterans Affairs, [location]. We have accepted and decided their appeal under section 5112 of title 5, United States Code (U.S.C.).

## **General issues**

This appeal was initially filed on behalf of the six appellants named and two others, [names]. The latter two subsequently left the appealed position and are no longer parties to this appeal.

The appellants believe the procedures they perform, the circumstances under which they perform them, and the limited supervision they receive justify reclassification of their positions to the GS-6 grade level. The appellant's representative submitted a classification appeal rationale disagreeing with the activity's evaluation of Factors 2 and 4. However, the appellants subsequently submitted a copy of a proposed PD generated by the COHO automated classification system and only disagreed with the activity's evaluation of Factor 2.

The representative's appeal rationale compared the wording in the PD of record with the selected portions of the Diagnostic Radiologic Technologist, GS-647 PCS. A PD is the official record of the major duties and responsibilities assigned to a position by a responsible management official; i.e., a person with authority to assign work to a position. A **position** is the duties and responsibilities that make up the work performed by an employee. Title 5, U.S.C. 5106 states that the duties, responsibilities and qualifications required to perform that work are the basis for determining the classification of a position. The *Introduction to the Position Classification Standards* further provides that "As a rule, a position is classified on the basis of the duties actually performed." Additionally, 5 CFR 511.607(a)(1), in discussing PD accuracy issues, provides that OPM will decide classification appeals on the basis of the actual duties and responsibilities assigned by management **and** performed by the employee. We must classify the real operating position and not simply the PD or available documents. Therefore, this decision must be based on the actual work assigned to and performed by the appellants and will resolve the issue of PD accuracy.

## **Position information**

On November 8, 2000, the appellants certified that their PD of record (PD #[number]) is accurate. We conducted a group telephone audit with all appellants on November 20, 2000, and a telephone interview on December 21, 2000, with their second-level supervisor, [name], with their first-level supervisor, [name] present. Based on our audits, we find that the PD of record contains the duties and responsibilities assigned to and performed by the appellants. However, as discussed in our grade level analysis of the position, the PD lists complex procedures that the

appellants do not routinely perform. The proposed PD states that they work with greater independence and on more complex procedures than described in the PD of record. Based on the analysis that follows, we find that the proposed COHO PD does not accurately describe the judgement exercised by the appellants. Therefore, it cannot be considered in our evaluation of the appealed positions.

The PD of record states that the appellants perform both routine and complex radiographic procedures under general supervision. This includes assisting radiologists in complex fluoroscopic procedures requiring contrast administration: GI series, Barium enemas, cholangiograms, IVP, cystograms, sialograms, myelography, arthrograms, video modified barium swallows, defecograms, and enteroclysis. They perform tomography under the general guidance of a radiologist. The appellants explain the procedure to patients, position them correctly, and select and set technical factors necessary to make the films in the requested exam. They perform all types of plain films: skull, chest, sinuses, orbits, spine, KUB, obstructive series, and extremities for diagnosis of illness and injuries in all types of patients, including medically and psychiatrically ill and unconscious patients. They perform portable films in very ill patients and perform operating radiography, cholangiography, and fracture reductions using a C-arm fluoroscopic unit.

The appellants perform darkroom operations, including loading and unloading cassettes, operating the film processor, and mixing processing chemicals. They use, store, and handle equipment in the appropriate manner to avoid its deterioration, and maintain and organize all examining room supplies required to perform radiographic examinations. They periodically disinfect radiographic equipment during their tour of duty and dispose of contaminated materials according to established safety standards. The PD contains more information about their duties and responsibilities and is incorporated by reference into this decision.

### **Series, title, and standard determination**

The agency has placed the appellants' positions in the Diagnostic Radiologic Technologist Series, GS-647, for which there is a published PCS, and titled it Diagnostic Radiologic Technician. The appellants have not disagreed with the series and use of the PCS for grade level analysis. We concur with these determinations. However, the appellants believe the grade should be GS-6 and titled Diagnostic Radiologic Technologist as appropriate for positions graded at GS-6 and above. Based on the grade level analysis that follows, we find the position is allocated properly as Diagnostic Radiologic Technician, GS-647.

### **Grade determination**

The GS-647 PCS is written in Factor Evaluation System (FES) format. Positions graded under the FES format are compared to nine factors. Levels are assigned for each factor and the points associated with the assigned levels are totaled and converted to a grade level by application of the Grade Conversion Table contained in the PCS. Each factor is described at various levels, and benchmark descriptions, which are descriptions of actual positions with the factor level criteria applied, are provided. Factor level descriptions mark the lower end, i.e., the floor, of the ranges for the indicated factor level. 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. If a position fails in any significant aspect to meet the criteria in a particular factor level description, we must assign a lower level, unless an equally important aspect that meets a higher level balances the deficiency. GS-647 PCS instructions require that 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 factor level descriptions are to be used to determine the appropriate point value.

The appellants agree with the crediting of Levels 1-4, 3-2, 5-2, 6-2, 7-2, 8-2, and 9-2. Based on our review of the appeal record we concur and have so credited the position. Therefore, our analysis focuses on the evaluation of the remaining two factors: Factor 2, Supervisory Controls, and Factor 4, Complexity.

The *Introduction to the Position Classification Standards* states that when the highest level of work is performed less than a majority of time, it may be grade controlling only if the work is officially assigned to the position on a regular and continuing basis, occupies at least 25 percent of the appellant's time, and requires knowledge and skills that would be needed in recruiting for the position if it became vacant. We must apply these criteria in our analysis of the appealed position.

#### *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. However, the degree of supervision must be considered in the context of the complexity, difficulty, and knowledge required to perform the procedure. Simpler procedures conducted independently do not provide the opportunity to exercise the same degree of judgement as more complex procedures conducted under equivalent independence.

As at Level 2-2, illustrated in Benchmark 5-02, the appellants receive instructions covering new or revised policies, work procedures, and radiographic techniques from the supervisor. Radiologists and higher grade technologists are available for consultation or advice when needed on unusual or difficult cases. They perform fluoroscopic or similar specialized examinations as directed by a radiologist. The supervisor or quality control technologist spot-checks work in progress and reviews radiographs for X-ray techniques and overall acceptability for medical interpretation.

The appellants do not work with the freedom from supervision, or make decisions on the complex technical issues, found at Level 2-3. They do not function as the technologist in charge of the radiology section of an outpatient clinic as illustrated in Benchmark 7-01. They also do not work as a CT scan operator in charge of one or two lower graded technicians/technologists as found in Benchmark 8-01. In crediting Level 2-3, both benchmarks reflect a substantially greater freedom from supervision than received by the appellants. For example, in Benchmark 7-01 technical assistance is only available when the part-time radiologist is present at the clinic. In contrast, the appellants' first and second level supervisors are present during the day shift. While radiographs are only occasionally spot checked for quality in Benchmark 7-01, the appellants' first level supervisor routinely performs quality checks of their films before sending them to the radiologist. Shift rotation is limited. The 4:00 P.M. to 12:00 A.M. shift and two of the three weekend tours are dedicated shifts. Only general X-ray is performed at night. For more invasive procedures, e.g., sialogram, a nurse or physician places the catheter and injects the contrast material. As stated in the PD of record, their work receives spot checks typical of Level 2-2. They perform their repetitive assignments according to established quality and quantity standards. Accordingly, this factor is credited properly at Level 2-2 (125 points).

#### *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.

As at Level 4-2, illustrated in Benchmark 5-02, the appellants independently perform a variety of radiographic examinations of limited difficulty and perform radiographic examinations of moderate difficulty under the direction of a radiologist. Most examinations fall within the range of technical factors and positioning covered by the standard operating procedures. The appellants occasionally use basic formulae to calculate technical factors, for example, for patients who are substantially more robust or frail than the norm. X-rays taken after accidents or of seriously ill patients occasionally require that the appellants devise a nonstandard positioning and equipment setup to avoid causing further injury or pain to the patient.

In contrast, Level 4-3, as illustrated in Benchmark 6-01, is based on the employee performing the grade controlling types of radiographic examinations a sufficient portion of the work time as discussed previously in this decision. These difficult radiographic examinations include cholangiography, linear tomography, xerographic mammography, lumbar and thoracic myelography, bronchography, lymphangiography, and femoral arteriography. 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 support evaluation at Level 4-3.

Our fact-finding revealed myelography, while included in the PD of record, is not actually performed by the appellants. Mammograms are contracted out. The Special Procedures Section performs bronchographies. The CT Scan Section performs most linear tomography. Cholangiography is the only kind of radiographic examination performed by the appellants that is typical of GS-6 grade level work. During Fiscal Year 2000 (FY 2000) that procedure was

performed 49 times out of the 61,591 examinations conducted by the appellants' Section. Examinations are assigned weighted work units that indicate the approximate relative time each type of procedure takes. In FY 2000, the appellants' section performed a total of 131,740 weighted work units. Cholangiography accounted for 490 weighted work units. That is, cholangiography constituted considerably less than one percent of the appellants' work time. Even if all the cholangiography had been done by one of the appellants, it would have fallen short of the 25 percent of work time required to control the grade of a position. Based on the actual workload assigned by management and performed within the appellants' Section, we find that the appealed position fails to meet the intent of Benchmark 6-01. Accordingly, this factor is credited properly at Level 4-2 (75 points).

### ***Summary***

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

Factor	Level	Points
1. Knowledge required by the position	1-4	550
2. Supervisory controls	2-2	125
3. Guidelines	3-2	125
4. Complexity	4-2	75
5. Scope and effect	5-2	75
6. Personal contacts	6-2	25
7. Purpose of contacts	7-2	50
8. Physical demands	8-2	20
9. Work environment	9-2	<u>20</u>
Total points:		1,065

A total of 1,065 points falls within the GS-5 grade level point range of 855-1100 points on the Grade Conversion Table in the GS-647 PCS.

### **Decision**

The appealed position is classified properly as Diagnostic Radiologic Technician, GS-647-5.