

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

Appellant: [Appellant]

Agency classification: Physician Assistant
GS-603-11

Organization: [Organization]
[Organization/Location]
[Organization/Location]
Department of the Navy
[Location]

OPM decision: (Title at agency discretion)
GS-603-11

OPM decision number: C-0603-11-03

Judith A. Davis for

Robert D. Hendler
Classification and Pay Claims
Program Manager
Center for Merit System Accountability

2/24/2011

Date

As provided in section 511.612 of title 5, Code of Federal Regulations (CFR), this decision constitutes a classification certificate which is mandatory and binding on all administrative, certifying, payroll, disbursing, and accounting officials of the Government. The agency is responsible for reviewing its classification decisions for identical, similar, or related positions to ensure consistency with this decision. There is no right of further appeal. This decision is subject to discretionary review only under conditions and time limits specified in 5 CFR 511.605, 511.613, and 511.614, as cited in the *Introduction to the Position Classification Standards (Introduction)*, appendix 4, section G (address provided in appendix 4, section H).

Decision sent to:

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Introduction

On August 13, 2010, Atlanta Oversight of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [Appellant]. On January 19, 2011, the appeal was transferred to Philadelphia Oversight for adjudication. The appellant's position is currently classified as Physician Assistant (PA), GS-603-11, and is located in the [Organization], [Organization/Location], [Organization/Location] Department of the Navy, in [Location]. The appellant believes his position should be upgraded to GS-12. We received the complete agency administrative report (AAR) on September 9, 2010, and have accepted and decided this appeal under section 5112 of title 5, United States Code (U.S.C.).

To help us decide the appeal, we conducted telephonic interviews with the appellant, his current first- and second-level supervisors, and a former first-level supervisor on February 3, 7, and 8, 2011, respectively. In reaching our classification decision, we have carefully considered all of the information obtained from the interviews, as well as the written information furnished by the appellant and his agency, including the position description (PD) of record (PD# [Number]).

Background

The appellant is assigned to PD [Number], dated June 8, 1995. In December 1996, the appellant filed a classification appeal with OPM, requesting his position be changed to a Physician Assistant, GS-603-13, which OPM accepted on December 11, 1996. In their decision, dated April 2, 1997, OPM upheld the agency's classification of Physician Assistant, GS-603-11. On October 23, 2008, the appellant sent a letter to his Commanding Officer requesting a promotion to GS-603-12 "in accordance with Qualification Standard, Physician Assistant Series, 0603." As the Classifier's Handbook states: "It is the position that is classified, not the person assigned to it." Thus, the agency appropriately denied the appellant's request.

In a statement provided with the AAR for this appeal, the [Organization/Location] Human Resources Specialist stated the appellant's position was reviewed by his agency in 2006, 2008, and 2010, and each review resulted in no significant change in duties and subsequently, classification. She further stated [Organization/Location] forwarded the PD to Navy Medicine East (NME) at the appellant's request for evaluation and classification. On February 10, 2010, NME determined the appellant's position was properly classified as a Physician Assistant, GS-603-12. However, the [Organization] [Name] provided guidance that because the appellant was in the same position, which had not significantly changed since OPM's classification decision of April 2, 1997; [Organization/Location] could not implement NME's classification of the position. The appellant's position remained classified as Physician Assistant, GS-603-11. The appellant was advised to and did then file this appeal with OPM.

General Issues

In his appeal to OPM, the appellant raised several issues he believes should be considered in determining the classification of his position, our responses to which follow:

Inadequate Classification Standard

In his appeal, the appellant objected to the use of the GS-610 Nurse Series position classification standard (PCS) to classify PA positions. He stated: "Physician Assistants practice medicine autonomously. We do not practice nursing." He further expressed concern because the examples of duties within the standard primarily pertain to nursing duties, which he contends do not adequately describe his duties. In particular, the appellant stated this adversely affected the application of Factors: 4 - Complexity and 5 - Scope and effect in the PCS to his work. The appellant also submitted letters from various U.S. Senators to OPM expressing concern over the lack of a GS-603 PCS. The Classification and Assessment Policy division within OPM has responded to these concerns, stating the GS-610 PCS is appropriate for cross-series comparison to grade properly described PA positions in the GS-603 series.

The GS-610 PCS distinguishes nursing positions from PA positions by stating:

Physician's Assistants are not required to possess and apply a professional knowledge of nursing. They are required to possess a broad background of medical knowledge and skills and are further trained in the performance of specific tasks, some of which are very similar to those performed by nurses, but which do not require a professional knowledge of nursing.

While some of the benchmarks and examples of duties contained in the GS-610 PCS pertain to nursing, this does not prevent the application of the standard to non-nursing duties. The *Classifier's Handbook* states:

Standards do not describe all possible kinds or combinations of work in a particular occupation. This would be impossible because of the changes that occur so frequently in how some work is assigned and performed and in how some missions and organizations are structured. An attempt to completely describe how work is structured in all components of all agencies also would be an impossible task. In any case, the final evaluation decision is based on an evaluation of the whole position against appropriate grade-level criteria following established classification policy and procedure.

In addition, since the GS-610 PCS is based on the Primary Standard, which serves as a basic tool for maintaining alignment across occupations, as described in the *Introduction*, the absence of a benchmark within a specific PCS does not preclude the classification of positions to a higher grade than that described in the PCS. Any of the duties not specifically referenced in the PCS can be evaluated properly by comparison with similar or related duties the PCS does describe, as well as with the entire pattern of grade-level characteristics.

The adequacy of grade-level criteria in OPM standards is not appealable (5 CFR 511.607). All OPM general schedule PCSs are consistent with the grade-level definitions of work established by law. These definitions are based on the difficulty and responsibility of the work at each level and the qualifications required to do that work. All occupations change over time, some more rapidly and profoundly than others, but the fundamental duty and responsibility pattern and qualifications required in an occupation normally remain stable. Therefore, careful application

of the appropriate PCS to the work an appellant performs should yield the correct grade for his position.

The appellant and his supervisors raised further concerns over the GS-610 PCS because it does not address credentialing requirements from the [Name] or changes to the appellant's duties, which were affected by the increased use of computer technology and new programmatic requirements within the medical field.

The existence of a requirement for certification does not add to the difficulty and responsibility of the job and therefore, has no direct impact on grade level. It is presumed in all PCSs the work will be performed properly in accordance with all applicable laws, rules, and regulations. In addition, by law we must classify positions solely by comparing their current duties and responsibilities to OPM position classification standards and guidelines (5 U.S.C. 5106, 5107, and 5112). Since comparison to the standards is the exclusive method for classifying positions, we may consider the appellant's qualifications only insofar as he is required to perform his assigned work.

Inaccurate PD

In his current appeal to OPM, the appellant states he generally agrees with the accuracy of his current PD# [number], but states the PD classified by NME as a GS-603-12 on February 12, 2010, is more accurate and updated. He also states he did not request the newer PD be given to NME and was unaware [Organization/Location] had referred it to them for classification. The appellant further states he does not agree with his current PD's descriptions for the Factors 4 and 5 and does not adequately describe the required duties of the PA position at [Organization/Location]. He asserts the PD classified by NME provides a more detailed and more complete description of the duties for the Factors 4 and 5.

Our comparison of the two PDs reveals only minor differences in the duties assigned. The PD classified by NME on February 12, 2010, places greater emphasis on the range of patients and ailments the appellant might be called upon to treat and the variety of options the appellant has in treating them. For example, it states the appellant:

Discriminates between normal and abnormal findings to recognize early stages of serious physical, emotional, or mental problems. In the event of emergencies, performs CPR. Facilitates emergency transportation of patients with life-threatening illnesses/injuries via the local community EMS, and/or Life Flight by collaboration with military and civilian medical treatment facilities to provide appropriate health care.

The PD further states:

The work encompasses a complete spectrum of practice of acute and general medicine in adult, geriatric, and adolescent patients. Involves an intense effort in identifying a patient's problems or complaints which are often obscure or undefined. The Physician Assistant performs a full range of activities including assessing, planning, and evaluating and modifying the treatment of patients. The PA prescribes for and treats a variety of

diseases, disorders, and injuries; treats patients returning for directed follow-up and treatment of chronic illnesses previously documented in patient's medical record.

While this language explicitly describes the range of patients and ailments the appellant is called upon to treat, this is not materially different from the description of duties in his official PD # [number]. This PD states:

The purpose of this position is to provide physical examination, diagnosis, and treatment of illnesses and injuries for eligible beneficiaries and their dependents as well as civilian employees and civilian humanitarian treatment in a Primary and Urgent Care setting.

The appellant's current supervisor certified the accuracy of his current PD # [number], but stated it did not reflect the appellant's full capabilities. He also stated the appellant has been called upon in the past to serve as the Medical Officer of the Day (MOOD). The MOOD is a position traditionally held by a physician, but has been held in the past by PAs due to a shortage of physicians as a result of deployments and other mission requirements. The MOOD is the only healthcare provider present in the clinic. While serving in this capacity, the PA would have a physician at another clinic or the [Organization] available via telephone. This is required since the PA must function under the supervision of a physician. Both the appellant and his supervisor stated he served in this capacity as often as several days per week in the past. However, during the December 2010 to January 2011 timeframe, the [Organization/Location] changed their policy and no longer permits PAs to serve as the MOOD.

A PD must contain descriptive information about the major duties and responsibilities assigned to the position which, when supplemented by other information about the organization's structure, mission, and procedures, can be classified by one's knowledge of the occupational field involved and the application of pertinent PCSs, principles, and practices. It is not meant to be a task list of every function performed. After careful review, we find the appellant's current PD # [number], meets the standards of PD adequacy for classification purposes as discussed in section III.E of the *Introduction* and we incorporate it by reference into our decision.

Equal Pay for Equal Work

In his appeal, the appellant stated he expects equal pay for equal work. He listed examples of PAs and Nurse Practitioners (NP) at his own facility and other facilities that are graded as GS-12. He also cited special pay scales employed by other Federal agencies for PAs and NPs. The classification appeal process provides for determining the proper series, title, and grade of the position under appeal. It does not extend to resolving the compensation issues raised by the appellant. Therefore, we will not address those issues further in this decision.

Classification Consistency

The appellant provided copies of vacancy announcements for Physician Assistant, GS-603-12, positions at other federal agencies and mentioned several times in his appeal that PAs at "nearly all other DoD military treatment facilities" are classified at the GS-12 level. By law, we must classify positions solely by comparing their current duties and responsibilities to OPM PCSs and

guidelines (5 U.S.C. 5106, 5107, and 5112). Since comparison to the standards is the exclusive method for classifying positions, we cannot compare the appellant's current duties to other positions, which may or may not be classified properly as a basis for deciding his appeal. In addition, vacancy announcements synopses the major duties of the position to be filled. They do not contain the full range of information required by a PD and, thus, are not classifiable as the appellant appears to believe.

Impact of the Person on the Job

The AAR and documents submitted by the appellant included several letters from various members of the appellant's chain of command, including current and former first- and second-level supervisors, which describe the appellant's outstanding competence and professionalism. The concept of impact of the person on the job is addressed in both the *Introduction* and *The Classifier's Handbook*. This concept holds that, by virtue of exceptional competence, an employee may have such an impact on the duties, responsibilities, and qualification requirements of a position that it is changed to the point where its classification must also be changed. On the other hand, the mere fact an individual in a position possesses higher qualifications or stands out from other individuals in comparable positions is not sufficient reason by itself to classify the position to a higher grade. When determining grade-level based on this concept, it is essential management recognizes and endorses the duties and the work environment allows continuing performance at a different level. Neither the appellant nor officials of his agency provided evidence impact of the person on the job should be a factor in evaluation of the appellant's position. That is, his performance actually makes the duties of the appealed position materially different from what they otherwise would be.

Position Information

[Organization/Location] is an 8-story, 66-bed ambulatory care medical and surgical hospital, fully accredited by the Joint Commission on Accreditation of Healthcare Organizations. The medical complex provides comprehensive inpatient and outpatient services to more than 70,000 active duty and retired military personnel and their family members residing in [Location] and [Location]. In addition to providing medical care at the main facility, the [Organization] is responsible for medical care at 12 [Organization] in five states: [Location], [Location], [Location], [Location], and [Location]. Outside of the local area, the clinics extend eastward from [Organization/Location]; north to [Location], and [Organization/Location] and west to [Organization/Location] and [Organization/Location] [Organization/Location] and [Organization/Location]. Locally, there are Branch Health Clinics at [Organization/Location] and [Location], [Organization/Location] and [Location].

[Organization/Location] is located at [Organization/Location] which is the primary training base for all Navy, Marine, and Coast Guard aviators and Naval Flight Officers. [Organization/Location] also trains students from every branch of the military and 14 foreign allies. About 60,000 students graduate from NAS' various training commands each year. These include naval aviators, aviation maintenance, rescue swimmers, and flight surgeons. NAS [Location] employs over 23,000 military and civilian employees. It is also the advanced training base for most Naval Flight Officers and [Organization]

The appellant is employed at [Organization/Location]. This clinic provides comprehensive dental and medical care to active duty beneficiaries, reserve personnel on active duty for more than 30 consecutive days, NATO personnel, and National Guard personnel on active duty aboard [Organization/Location]. The clinic also provides dental, podiatry, and optometry services to retired personnel and family members on a space-available basis.

The appellant's duties involve serving as a primary care manager (PCM), providing physical examinations, diagnosis, and treatment of illnesses and injuries for eligible beneficiaries and their dependents, as well as civilian employees and civilian humanitarian treatment in a Primary Care setting. While the majority of the appellant's patients present low acuity symptoms, some present very severe symptoms, requiring Emergency Service (ES). Until it relocated in 2010, he provided care for inmates at the local military correctional facility. The appellant also provides training to Hospital Corpsmen in the form of lectures and on-the-job-training.

The appellant is responsible for seeing patients 36 hours per week. Appointments are made in the clinic on a "first available" basis, and the vast majority of the appellant's patients are never seen by a licensed physician. The appellant extracts a medical history of the illness/injury by interviewing the patient and/or family as well as conducting a medical records review and a physical examination of human anatomical organ systems to determine the, treatment, further work-up, or referral. He interprets laboratory, x-ray, and other special diagnostic studies by thoroughly reviewing and analyzing them to determine if the findings are normal or abnormal. The appellant is authorized to write prescriptions for medications up to Schedule 2 narcotics without a physician's countersignature, select therapies for the treatment of illnesses/injuries, and write orders for follow-up or referrals. It is up to the appellant to determine when to consult with a physician or a specialist or to send a patient to ES.

All medical health and administrative tasks performed by the appellant are identical to those traditionally performed by a physician. Further, the appellant is held to the same standards of care as physicians. He handles cases independently, is self-directed, and has latitude to use the widest variety of commonly accepted medical practices. The appellant's diagnoses and treatments are considered technically authoritative and are normally accepted without change. He is only subject to the same records review to which other PCMs, including NPs, PAs, and doctors, are subject. However, in conformance with established standards for PAs, the appellant must practice only with supervision by a licensed physician. In addition, as previously discussed, until recently the appellant has served as the MOOD for [Organization/Location].

[Organization/Location] has Clinical Practice Guidelines which recommend preferred treatments for common ailments. However, the appellant often needs to research symptoms, ailments, and treatments in medical texts and journals. Although the appellant's official PD states: "The work requires the development of new techniques and the establishment and revision of criteria for care," this language was omitted from the PD classified by NME on February 12, 2010. Instead, that PD states: "Develops and recommends new approaches for providing improved, quality health care for active duty military members." Further, both the appellant and his supervisor stated he does not develop new techniques. While the appellant has written local supplements to the Clinical Practice Guidelines and has assisted in the development of [Organization/Location]

standard operating procedures for such things as triage procedures for the front desk personnel, they must be approved by his supervisor. The record shows it is the appellant's supervisor who is responsible for: "Developing and implementing policies and procedures to support the provision and integration of services with the hospital's primary functions."

Series, title, and standard determination

The appellant does not question the series or title assigned to his position. We concur with the agency's determination the duties performed by the appellant and the knowledge required of his position are covered by the GS-603 series and properly titled Physician Assistant. This series covers positions that involve assisting a physician by providing diagnostic and therapeutic medical care and services under the guidance of the physician. The work requires knowledge of specific observations and examination procedures, and the ability to perform diagnostic and therapeutic tasks. The work does not include the full scope of interpretation of medical findings requiring the full professional background of the licensed physician. PAs assist in the examination and observation of patients by performing such duties as taking case histories, conducting physical examinations, and ordering laboratory studies during hospital rounds and clinic visits. As directed by a physician, PAs carry out special procedures; for example, they give injections or other medication, apply or change dressing, perform lumbar punctures, or suture minor lacerations.

The agency applied the grading criteria listed in the Nurse Series, GS-610 PCS to the appellant's position. Since his first appeal with OPM in 1996, the appellant has contested the use of this PCS to evaluate his position. However, in his current appeal, he has suggested no other more appropriate PCS.

Section 5107 of 5 U.S.C., directs that each position shall be placed in its appropriate class and grade in conformance with PCSs published by OPM or, if no published PCSs directly apply, consistently with other published PCSs. In selecting an appropriate PCS for classifying a position in an occupation for which no PCS has been published, the *Introduction* requires that the PCS selected as a basis for comparison should be for a series as similar as possible to the position to be evaluated with respect to the kind of work performed, qualification requirements of the work, level of difficulty and responsibility, and the combination of classification factors which have the greatest influence on the grade level.

The GS-610, Nursing Series, and the Physician Assistant Series, GS-603, have comparable duties. The kind of work described in the GS-610, Nurse Series, standard in Benchmarks #11-1 for Nurse Practitioner, such as assessment, diagnosis, and treatment of minor illnesses; management of chronic health problems; emergency care; and skilled counseling guidance and health instructions to patients and families, are very similar to the PA duties performed by the appellant. The level of responsibility required by the appellant's position is also more comparable to the GS-610 series in that he provides, under the general direction of a licensed physician, care and treatment.

Therefore, we find Nurse Series, GS-610 PCS is the most comparable in terms of the above criteria and will be used in determining the proper grade level of the appellant's position.

Grade determination

The GS-610 PCS uses the Factor Evaluation System (FES) under which factor levels and accompanying point values are assigned for each of the nine factors, with the total then being converted to a grade level by use of the grade-conversion table provided in the PCS. Under the FES, each factor-level description in a PCS describes the minimum characteristics needed to receive credit for the described level. Therefore, if a position fails to meet the criteria in a factor-level description in any significant aspect, it must be credited at a lower level unless the deficiency is balanced by an equally important aspect that meets a higher level. Conversely, the position may exceed those criteria in some aspects and still not be credited at a higher level. The total points assigned are converted to a grade by use of the grade conversion table in the standard.

Under FES, positions which significantly exceed the highest factor level or fail to meet the lowest factor level described in a classification standard must be evaluated by reference to the Primary Standard, contained in Appendix 3 of the *Introduction*. The Primary Standard is the “standard-for-standards” for FES. When classifying positions for which no standards exist, the Primary Standard may be used for supplemental guidance in conjunction with other comparable FES standards. Benchmark descriptions illustrate typical positions at typical grade levels and can often be associated with the position to be classified.

The appellant disagrees with his agency’s assignment of Levels 4-4 and 5-3, but agrees with the agency’s crediting of Levels 1-7, 2-4, 3-3, 6-2, 7-3, 8-2, and 9-2. After careful review, we concur with the agency’s assignment of the undisputed factors and have credited the position accordingly. Therefore our evaluation will focus on Factors 4 and 5.

Factor 4, Complexity

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

At Level 4-4, the employee performs independent assignments. The assessment of patient conditions includes, for example, interpreting physical examination and laboratory reports, developing nursing plans and evaluating need for improved health care. The work requires making decisions concerning the implementation of data, planning, and refining methods.

At Level 4-5, work includes varied duties requiring many different and unrelated processes and methods applied to a broad range of activities or substantial depth of analysis. Decisions regarding what needs to be done include major areas of uncertainty in approach, methodology, or interpretation and evaluation processes resulting from such elements as continuing changes in medical programs, technological developments in the medical field, unknown phenomena, or conflicting requirements. The work requires new techniques, establishing criteria, or developing new information.

Consistent with Level 4-4 and the Primary Standard, the appellant's work typically involves providing the full range of patient care. This may involve assessing unusual circumstances and employing a variety of approaches. The appellant examines, diagnoses, and treats patients; interprets laboratory, x-ray, and other special diagnostic studies; and writes prescriptions, select therapies, and write orders for follow-up or referrals. While the appellant's work may involve employing many different and unrelated processes to diagnose and treat patients, he employs standard treatments and practices to do so. Further, the work does not include major areas of uncertainty in approach, methodology, or interpretation and evaluation processes that result from such elements as continuing changes in medical programs, technological developments, unknown phenomena, or conflicting requirements. The appellant's work does not require or permit him to spend 25 percent or more of his work time developing new techniques, establish criteria, or developing new information, as is required at Level 4-5, both in the GS-610 PCS and the Primary Standard.

Level 4-4 is credited for 225 points.

Factor 5, Scope and effect

This factor covers the relationships between the nature of 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. Effect measures whether the work output facilitates the work of others, provides timely services of a personal nature, or impacts the adequacy of research conclusions. The concept of effect alone does not provide sufficient information to properly understand and evaluate the impact of the position. The scope of the work completes the picture allowing consistent evaluations, and only the effect of properly performed work is considered.

At Level 5-3, the purpose of the work is to plan and provide care for patients. The work affects the physical and psycho-social well-being of the patients and of their families.

At Level 5-4, the purpose of the work is to establish criteria and assess effectiveness of patient treatment. The product affects a wide range of agency activities or how the agency is perceived or regarded by the community or population served. Employees who perform this type of work substantially exceed the care of patients and participate in the establishment of new programs or the evaluation of program effectiveness.

Comparable to Level 5-3, the purpose of the appellant's work is to plan and provide care for patients from a variety of backgrounds, presenting a wide range of problems. His work affects the physical and emotional well being of the patients and their families. The appellant has no programmatic responsibility at the clinic. He does not establish criteria nor assess the effectiveness of patient treatment in a larger, programmatic scope, as is required to meet Level 5-4. While the appellant does develop individual treatment plans, he does not develop new techniques or revise criteria for patient care found at Level 5-4.

Our interviews with the appellant, his supervisor, and former supervisors, stressed the appellant's impact on health care programs was related to his duties treating patients. For example, all stated if he fell behind schedule seeing patients, the entire [Organization/Location] could get behind

schedule. Further, if he improperly treated a patient, it could reflect poorly on the entire clinic. However, as discussed under Factor 5 of the Primary Standard in the *Introduction*, only the effect of properly performed work may be considered in the classification of a position.

Level 5-3 is credited for 150 points.

Summary

Factor Level Points

1.	Knowledge required by the position	1-7	1,250
2.	Supervisory controls	2-4	450
3.	Guidelines	3-3	275
4.	Complexity	4-4	225
5.	Scope and effect	5-3	150
6.	Personal contacts	6-2	25
7.	Purpose of contacts	7-3	120
8.	Physical demands	8-2	20
9.	Work environment	9-2	20
	<i>Total</i>		2,535

The total points assigned to the appellant's position equals 2,535. According to the PCS's Grade Conversion Table, positions with total point values between 2,355 and 2,750 are properly graded at GS-11.

Decision

The appellant's position is properly classified as GS-603-11 (Title at the discretion of the agency).