

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



Dallas Oversight Division  
1100 Commerce Street, Room 4C22  
Dallas, TX 75242

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

**Appellant:** [appellant's name]

**Agency classification:** Medical Technologist  
GS-644-12

**Organization:** Office of Health Care Programs  
[the activity] Indian Health Service  
Public Health Service  
Department of Health and Human Services  
[city, state]

**OPM decision:** Medical Technologist  
GS-644-12

**OPM decision number:** C- 0644-12-02

/s/ Bonnie J. Brandon  
Bonnie J. Brandon  
Classification Appeals Officer

12/2/98  
Date

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

### **Decision sent to:**

[appellant's name and address]

Personnel Officer  
[the activity] Indian Health Service  
Department of Health and Human Services  
[agency's address]  
[city, state]

Deputy Assistant Secretary for Human Resources  
Department of Health and Human Services  
HHH Building  
200 Independence Avenue, SW.  
Room 536E  
Washington, DC 20201

## **Introduction**

On June 29, 1998, the Dallas Oversight Division of the U.S. Office of Personnel Management (OPM) received a classification appeal from [appellant's name]. The position is assigned to the Office of Health Care Programs, [the activity] Indian Health Service (IHS), of the Department of Health and Human Services in [city, state]. The agency classified the position as Medical Technologist, GS-644-12, position description number [number]. The appellant does not dispute the title and series of his position but believes that it should be classified as Medical Technologist, GS-644-13.

On May 29, 1997, the appellant's supervisor requested that the [activity's servicing personnel office] review the appellant's position. The appellant did not agree with the personnel office's decision to classify the position at the GS-12 grade level, and IHS headquarters subsequently reviewed the appellant's duties and responsibilities and determined the appellant's position to be properly classified as Medical Technologist, GS-644-12.

The appellant agrees that his official position description accurately reflects his major duties, but he believes the knowledge requirements should be credited at a higher level. Review of the record and the information obtained during our telephone interviews with the appellant, his supervisor, and IHS headquarters personnel reveal that the appellant's duties and responsibilities are accurately described in the position description.

We have accepted and decided this appeal under the provisions of section 5112 of title 5, United States Code.

## **Position information**

The record shows that the primary purpose of the position is to provide expert program direction, advice, and assistance to IHS laboratories in the [activity's geographic area] which encompasses seven reservations in [name of state] and one reservation in [name of state]. Services are provided for three hospitals that provide both inpatient and outpatient care and about eight health care centers (e.g., ambulatory, outpatient care facilities). Some of these facilities have full laboratories while others have a laboratory function where the laboratory personnel are associated with outpatients rather than inpatients. At facilities where IHS cannot provide the full range of services needed (e.g., the illness may be beyond the capacity of the IHS program) [the activity] IHS contracts with other corporations to provide the services. The appealed position requires knowledge of the principles, concepts, and methodology of medical technology and diagnostic radiology to evaluate and assure that clinical laboratory and diagnostic radiology services qualify for Medicare reimbursement purposes throughout the Area.

The appellant serves as program director and technical advisor for the quality assurance surveillance system for IHS laboratory services. A preponderance of the appellant's time is spent in developing and improving procedures for correcting deficiencies in the laboratories in compliance with Medicaid and Medicare standards. The appellant assists in development of laboratory and radiology designs for new facilities and provides guidance to facility management and architects. He reviews department modification and construction contracts to assure adequate space utilization for clinical

diagnostic needs of the facility and for adherence to Federal, national, State, and local standards which may apply.

Another major duty is the appellant's responsibility as the Area Medical Imaging Program Consultant. In this capacity, the appellant is responsible for establishing standards and planning, analyzing, and evaluating the clinical laboratory radiology programs within [the activity]. He also develops, proposes, and implements policies and procedures pertinent to effective and efficient management of the medical imaging program, which includes medical ultrasound, mammography, and electrocardiography. The appellant negotiates and resolves difficult medical imaging problems with suppliers or contractors. He also participates in conferences to discuss problems relative to compliance with Federal regulations, Medicare reimbursement, and agency responsibilities.

The appellant develops and monitors contract proposals that may impact change in laboratory and radiology services provided to the Indian Health Service. He writes contracts for reference laboratory services, diagnostic imaging services, and equipment leasing for both laboratory and radiology.

The appellant is also the coordinator for the Area Laboratory Information Systems that provide physicians and other primary care providers with data that is immediately available from computers at the health facility level. The appellant coordinates installation, interface, and implementation of these systems. He also coordinates training for use of these systems. The time the appellant spends on these coordinator responsibilities has fluctuated over the last year because some laboratory systems are just being installed and implemented. The time spent in performance of these duties is projected to decrease once the implementation phase is completed.

Other duties performed by the appellant include work associated with nutrition issues, AIDS program improvement activities, and recruitment activities (e.g., recruiting for medical technologists).

The appellant also performs some duties for the [name of another activity] IHS where the service is typically on an outpatient basis. He provides phone consultation and assistance and reviews policies and practices to ensure IHS service units meet accreditation standards. He also assures that the Clinical Laboratory Data System in the [name of another activity] is operational and functional to meet IHS guidelines. The work performed for the [name of another activity] IHS is similar to that performed at [the appellant's activity] IHS.

### **Series and title determination**

The GS-644 Medical Technologist Series includes positions that involve performing, advising on, or supervising clinical laboratory testing of human blood, urine, and other body fluids or tissues, using manual or automated techniques; confirming test results and developing data which physicians may use in determining the presence and extent of disease or in support of medical research; modifying or designing laboratory procedures; establishing and monitoring quality control systems and measures; and providing instruction in the basic theory, technical skills, and application of laboratory test and procedures. Medical technologist positions are found in Federal hospital and outpatient-

clinic laboratories; regional and reference laboratories that serve other hospitals, clinics, ships at sea, or foreign stations; research and development organizations; and regulatory and control agencies.

The appellant's primary duties and responsibilities as program director and technical/scientific advisor for quality assurance surveillance systems for IHS laboratories in the [the activity] and the knowledges required for that work are similar to those described in the GS-644 Medical Technologist Series. The appellant's duties as Area Medical Imaging Program Consultant and the professional knowledge required to perform that work are appropriately classified in the GS-601 General Health Science Series. This series includes positions that involve research or other professional and scientific work which is specifically health-oriented in character, when the work is of such generalized or miscellaneous specialized nature that the positions are not appropriately classified in any of the other existing series in the GS-600 Group or any other Group. Although the appealed position is a mixed series position, the paramount requirement of the position is professional knowledge and competence in the field of medical technology. The reason for the position's existence, organizational function, line of promotion, and typical recruitment sources relate to the medical technology profession. Therefore, the position is properly classified in the GS-644 series. In accordance with titling instructions in the GS-644 standard, Medical Technologist is the proper title.

### **Grade determination**

There is no published OPM classification standard for the General Health Science Series, GS-601. Classification guidance in the *Introduction to the Position Classification Standards* requires that positions not covered by published grade-level criteria be evaluated by comparison to criteria in an appropriate standard for related kinds of work. The grade-level criteria selected for use should cover a kind of work similar to the position to be evaluated in terms of (1) the kind of work processes, functions, or subject matter of work performed; (2) the qualifications required to do the work; (3) the level of difficulty and responsibility; and (4) the combination of classification factors that have the greatest influence on the grade level. Therefore, the GS-644 standard is used to determine the grade of the appellant's medical imaging program work and his medical technology duties and responsibilities.

The GS-644 standard uses the Factor Evaluation System (FES), which employs nine factors. Under the FES, each factor level description in a standard 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 aspects, it must be credited at a lower level. Position factors that exceed or fall short of the described factor levels are compared to the Primary Standard which serves as the framework for each FES standard. Our evaluation with respect to the nine FES factors follow.

#### *Factor 1, Knowledge required by the position*

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

To be used as a basis for selecting a level under this factor, a knowledge must be required and applied.

At Level 1-7, employees possess professional knowledge of medical technology applicable to a wide range of duties in one or more specialty areas or functions and a high level of skill in application of this knowledge to solve very complex problems involving diverse aspects of clinical laboratory practices (e.g., conducting a variety of specialized tests of greater than average difficulty, as in the more esoteric laboratory areas of virology, histocompatibility, tissue typing, or cytogenetics or in a discipline that is undergoing significant development, where procedures require frequent modification and change in order to incorporate revised theories and techniques); to modify or adapt established methods and procedures or make significant departures from previous approaches to solve similar problems; to revise standard methods to improve or extend test systems; and to evaluate, modify, or adapt new methods to meet the requirements of particular testing situations. Also required is knowledge of regulatory, licensing, and accrediting agency requirements, medicolegal responsibilities, and statutes governing clinical laboratory operations sufficient to use in planning, implementing, or monitoring laboratory programs/services (e.g., determining needs, assuring compliance with standards). Knowledge and skill are required to sufficiently provide advisory, reviewing, inspecting, education and training, or problem-solving services on specific problems, projects, programs, or functions (e.g., developing, reviewing, and evaluating the implementation of work plans, including estimates of personnel, equipment, and supplies, and the detailed instructions necessary to carry out the plans for complex long-term projects such as designing a clinical laboratory information system that provides reports of results, interpretative information, and special reports).

Level 1-8 requires a mastery of medical technology principles, concepts, and methods to apply new scientific/technological developments and theories to major problems not susceptible to treatment by accepted methods and/or take actions or make recommendations which have significant impact on existing agency/national policies and programs. Illustrative of Level 1-8 is knowledge and skill sufficient to evaluate and approve clinical laboratories for Medicare reimbursement purposes throughout a multistate region. Assignments require expert knowledge of all aspects of laboratory practices as well as statutory requirements and published rules and regulations to plan and conduct the surveys of laboratories; assure compliance by Medicare participants with standards; develop and recommend regulations, criteria, and standards for laboratory certification; monitor the effectiveness of the survey and enforcement activities of States; provide technical assistance to States, professional organizations, and others in developing improvement programs; and collaborate with other regions and programs of the agency in developing national guideline materials. Also at this level is an employee who possesses knowledge and skill sufficient to discharge a key role (in an agency headquarters office) in the overall planning, administration, and evaluation of agency laboratories, many of which have shortages of personnel and other resources. The employee at this level applies comprehensive and detailed knowledge of clinical laboratory practices, laboratory management techniques, Federal and State regulations, and state-of-the art equipment. Such knowledge is needed to conduct continuing studies and analyses of laboratory activities and recommend actions and policy changes to correct deficiencies and/or improve laboratory programs; develop *agency* guidelines governing laboratory operations; analyze major health care programs and proposed legislation with

respect to the *agency's* laboratory program goals and objectives; and advise *agency* officials at *all* organizational levels on various aspects of diagnostic laboratory testing and laboratory management.

Comparable to Level 1-7, the appellant's position requires professional knowledge and application of the principles, concepts, and methodology of medical technology and diagnostic radiology to sufficiently evaluate clinical laboratory and diagnostic radiology services throughout [the activity] and assure that they qualify for Medicare reimbursement purposes. The appellant uses his knowledge to apply quality control and review methods to test new developments in testing (e.g., diabetes) to see if they meet the required standards, and he follows up to determine why they fall short. He assesses clinical laboratory services and needs and keeps abreast of the standards of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); National Council for Clinical Laboratory Standards; Occupational Safety and Health Administration standards (OSHA); and other pertinent laws, sources and requirements.

The appealed position does not meet the Level 1-8 in that it does not require knowledge and skill sufficient to evaluate and approve clinical laboratories throughout a multistate region as described at Level 1-8. Further, the appellant's position does not require knowledge and skill sufficient to discharge a key role (in an agency headquarters office) in the overall planning, administration, and evaluation of agency laboratories. Application of new scientific/technological developments and theories to major problems not susceptible to treatment is not inherent to the appealed position.

The appellant's work is not characterized by surveys or continuing studies and analyses of laboratory activities to recommend actions and policy changes that have impact on existing *agency* or *national* policies and programs, as described at Level 1-8. The appellant is concerned with assuring adherence to JCAHO standards, Medicare/Medicaid requirements, and other established policies, rather than developing national policy and continuing studies as illustrated by Level 1-8. The knowledge and skill requirements for the appellant's position fall short of those described at Level 1-8.

Level 1-7 is credited, 1250 points.

### *Factor 2, Supervisory controls*

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

At Level 2-4, the supervisor sets the overall objectives and resources available and in consultation with the medical technologist develops the projects, deadlines, and work to be done. The medical technologist, having developed expertise in a particular specialty or application area (e.g., laboratory information management, quality assurance) is usually assigned continuing responsibility for independently planning and carrying out a major laboratory program; resolving most of the conflicts which arise; coordinating the work as necessary; and interpreting policy in terms of established procedures. Completed work is reviewed only from an overall standpoint in terms of feasibility, compatibility with other work and effectiveness in meeting requirements or expected results.

The appealed position meets but does not exceed Level 2-4. The appellant is responsible for implementing an area-wide program with specific responsibility for [the activity] clinical laboratory and medical imaging services. Work is assigned to the appellant in terms of program needs and overall objectives. His work is rarely reviewed in-progress as the appellant is considered a technical expert in the performance of his duties as medical technologist. Final review is to assess fulfillment of management objectives (e.g., assuring that area laboratories meet accreditation standards and criteria).

The agency assigned Level 2-5 to the appealed position due to a high degree of independence and the minimal review of the work. In making this determination, the agency compared the appellant's position to the criteria in the standard for the GS-690 Industrial Hygiene Series but did not compare it to Level 2-5 of the Primary Standard. Since Level 2-4 is the highest level described in the GS-644 standard, the appellant's position should be compared to criteria in the Primary Standard if there is an indication that the supervisory controls significantly exceed those described at Level 2-4 in the GS-644 standard. At Level 2-5 of the Primary Standard, the supervisor provides administrative direction with assignments in terms of broadly defined missions or functions. The employee has responsibility for independently planning, designing, and carrying out programs, projects, studies, or other work. Results of the work at this level are considered technically authoritative and are normally accepted without significant change. In instances where work is reviewed, the review concerns such matters as fulfillment of program objectives, effect of advice and influence on the overall program, or the contribution to the advancement of technology. Recommendations for new projects and alteration of objectives usually are evaluated for such considerations as availability of funds and other resources, broad program goals, or national priorities.

Before crediting a position with Level 2-5, the *full* intent of this factor level must be met. While the appellant functions with a high degree of technical independence, it is within prescribed operating parameters. The supervisor or a higher level management official within [the activity] is still accountable for the technical accuracy and timeliness of work which the appellant completes. Neither the absence of immediate supervision in day-to-day operations nor the fact that the appellant's technical recommendations are normally accepted supports a level above 2-4 in the appealed position. Level 2-4 involves a high degree of independence and responsibility and thus fully recognizes the technical responsibility vested in the appealed position and the preponderant independence of supervisory control, with minimal review. The appellant's position falls short of Level 2-5.

Level 2-4 is credited, 450 points.

### *Factor 3, Guidelines*

This factor covers the nature of guidelines and the judgment needed to apply them. Guides used in the field of medical technology may include laboratory manuals and operating procedures, manufacturers' protocols, medical orders, standard textbooks, professional journals and literature, accepted professional standards, and Federal and State laws and regulations.

At Level 3-3, guidelines are available, including established and/or experimental protocols, technical manuals and journals, and agency/hospital regulations, but are not completely applicable to the work or have gaps in specificity. The medical technologist uses judgment in interpreting and adapting guidelines and precedents for application to specific cases or problems in accordance with established policies and accepted theory; in setting up and adapting new tests for local use; and in recommending changes to procedures to improve the reliability of data, enhance services, correct deficiencies, etc.

At Level 3-4, guidelines consist of administrative policies and precedents, laws, regional or area directives, agency regulations, accreditation requirements, and scientific reference. These guidelines are usually applicable, but are stated in general terms, and have limited use. For example, there may be insufficient information or conflicting views on accuracy and reliability or methods of testing may be lacking or incomplete. The medical technologist at Level 3-4 uses initiative and resourcefulness in deviating from or extending traditional methods and practices, or in developing and recommending new or substantially modified methods, criteria, or policies.

The appellant's position meets, but does not exceed, Level 3-4. Guidelines used by the appellant include accreditation standards (e.g., JCAHO), OSHA standards, and guidelines applicable to areas of radiology, technology, and computers. Federal and State laws and regulations are also used by the appellant. Comparable to Level 3-4, the appellant uses initiative and resourcefulness in deviating from or extending traditional methods and practices to improve laboratory management, quality assurance, and technological procedures.

Level 3-4 is credited, 450 points.

#### *Factor 4, Complexity*

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

At Level 4-4, the work typically involves full responsibility for the technical aspects of a discipline or functional area of the laboratory and includes a wide variety of duties involving diverse and complex technical or administrative problems and considerations (e.g., evaluating, refining, and implementing new methods and procedures for laboratory systems/programs). Assignments involve such complicating factors as practical economic or operating problems; inadequate or discrepant information about the use and capabilities of new instruments or methodologies; or requests for modified procedures or test alternatives.

Level 4-5 describes work that involves planning and coordinating activities covering a broad range of programs involving a number of laboratories, or intensive analysis and problem solving (as a technical expert) in a discipline or functional area. The work involves solving very complex problems concerned with management, new or unconventional methods, program changes, or conflicts between scientific/technological requirements and regulatory or program requirements.

The work requires devising new or improved methods to produce effective results or implement advances in such areas as quality assurance, cost containment, in-service education, or test development.

The appealed position meets but does not exceed Level 4-5. The appellant's work requires solving complex problems that relate to coordinating, planning, and analyzing clinical laboratory and radiology programs and area medical imaging programs. This work entails developing and improving plans to promote and assure effective laboratory management procedures and quality assurance systems and compliance with accreditation standards. The appellant must consider such diverse factors as Federal and State laws and regulations, certification/accreditation requirements, technological developments, cost effectiveness, and differences in laboratory structure and size. The appellant coordinates recruitment and training measures to maintain efficient laboratory operations. In performance of his medical imaging work, the appellant encounters diverse programmatic issues that may involve considerations of medical, technical, ethical, social, economic, and cultural characteristics. The work requires insight and resourcefulness in developing and monitoring quality assurance measures for overall laboratory operations and the area medical imaging program.

Level 4-5 is credited, 325 points.

*Factor 5, Scope and effect*

Scope and effect 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 5-4, the work involves devising new or improved techniques or solutions to complex technical problems in one or more disciplines or functional areas; assessing the effectiveness of various laboratory programs; providing advisory, planning, or surveillance services to clinicians, laboratory directors, and supervisors on specific functions, programs, or problems that are particularly difficult, widespread, or persistent; and designing and conducting training courses on the availability of newer and more reliable diagnostic and quality control techniques. The work directly influences the effectiveness and acceptability of total laboratory systems/programs, the operations of many laboratories in different localities in other Federal or State agencies, or the activities of nongovernmental laboratories. Assignments typically involve problems that occur at a number of laboratories within a broad geographic area or at a reference library that provides unique supplemental services to other laboratories in a geographic area, or problems that are systemic in nature involving major testing or quality assurance systems and processes.

The appellant's position description contains some wording similar to that at Level 5-5; however, this level is not fully met by the appealed position for scope and effect. At Level 5-5, the work involves determining the soundness of agencywide laboratory programs and plans; developing and establishing new approaches and methods for use of operating personnel; resolving problems that are critical to accomplishment of the agency's mission; providing authoritative advice and technical assistance to

Federal, State, and local public health laboratories; or developing or revising regulations which affect a large segment of the clinical laboratory industry. At Level 5-5, the work affects the development of major segments of an agency's laboratory programs and policies; the work of State and local officials, top-level managers of the agency/department, private laboratory directors, educators, accrediting and regulatory agency administrators/surveyors, or other scientific or administrative experts; important national goals and programs (e.g., a national program for clinical laboratory licensure and certification) or the well-being of substantial numbers of people.

The appellant's work involves determining the soundness of the laboratory and radiology programs and plans and the medical imaging program for [the activity]. The appellant develops and establishes new approaches and methods to resolve problems that affect the operations of all IHS laboratories in [the activity]. As technical/scientific advisor for this program, the appellant investigates and analyzes diverse problems, assesses program effectiveness and provides authoritative guidance. The work affects the agency's continuing ability to meet the needs of area patients for medical laboratory services, efficient health care, and the maintenance of agency standards and level of Medicaid/Medicare reimbursement activities. The appellant's position is comparable to Level 5-4.

Level 5-5 is not met because the appellant is not responsible for determining the soundness of *agencywide* laboratory programs and plans. Further, the appellant's work does not affect the work of State and local officials, department level managers, private laboratory directors, or other scientific or administrative experts. The appealed position is not commensurate to a national program for clinical laboratory licensure and certification. Operations of the IHS laboratories in [the activity] are impacted by the appealed position to include present and future ability of the agency to meet patient needs, quality of health care provided, and the maintenance of accrediting agency standards for third-party reimbursement. The appealed position does not fully meet Level 5-5.

Level 5-4 is credited, 225 points.

#### *Factor 6, Personal contacts*

This factor includes face-to-face and telephone contacts with persons not in the supervisory chains.

At Level 6-2, contacts are with employees in the same agency, but outside the laboratory (employees who generally are engaged in different functions, missions, and kinds of work, e.g., representatives from various levels within the agency, such as headquarters, regional, district, or field offices, or from other departments/services of the hospital or center) or with individuals or groups from outside the employing agency in a moderately structured setting. Contacts at Level 6-2 are generally established on a routine basis, where the purpose of contacts may have to be identified.

At Level 6-3, contacts are typically individuals or groups from outside the employing agency in a moderately unstructured setting (e.g., where the contacts are not established on a routine basis, the purpose and extent of each contact is different, and the role and authority of each party is identified and developed during the course of contact). Examples of contacts at Level 6-3 include contractors,

inspectors, researchers, educators, community leaders, or representatives of other Federal agencies, State or local health departments, organized or ad hoc public action groups.

The appealed position exceeds Level 6-2 where contacts are generally established on a routine basis and in a moderately structured setting. The appealed position's contacts are comparable to the description at Level 6-3. The appellant's contacts cannot be described as routine, and they are generally in unstructured settings. The appellant has contacts with representatives of reference laboratories, manufacturers of radiology and imaging equipment, service unit directors, chief medical officers, educators, and personnel from the [name of another activity for which services are provided].

Level 6-3 is credited, 60 points.

*Factor 7, Purpose of contacts*

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

At Level 7-2, the purpose of contacts is to plan or coordinate work efforts or to resolve operating problems by influencing or motivating individuals or groups who are working toward mutual goals and who have basically cooperative attitudes (e.g., coordinating work efforts or resolving operating problems concerning test methods, unexpected results, schedules, etc., with other laboratory workers and physicians). Contacts may also be for the purpose of clarifying problems of equipment use, test accuracy, etc., with reference laboratories, product suppliers, or equipment manufacturers or advising laboratory managers or State representatives on the need for the results of inspections.

At Level 7-3, the purpose is to influence, motivate, or persuade persons or groups. Persons contacted are typically skeptical or uncooperative. The technologist at this level must be skillful in approaching the individual or group to obtain the desired outcomes, such as gaining compliance with accrediting and regulatory agency requirements by persuasion or negotiation and negotiating and resolving difficult problems with suppliers or contractors involving discrepancies, price adjustments, quality control, and similar matters.

The purpose of the appellant's contacts are similar to Level 7-3 in that the appellant deals with health care professionals and agency representatives and also accreditation and regulatory agencies to ensure that the assigned laboratories are in compliance with Medicare/Medicaid standards. The purpose of many contacts encountered by the appellant is to resolve problems with contractors that may include discussions of laboratory modification or reconstruction and negotiations to ensure quality control.

Level 7-3 is credited, 120 points.

*Factor 8, Physical demands*

This factor covers the requirements and physical demands placed on the medical technologist by the work assignment.

At Level 8-1, the work is primarily sedentary with some walking or standing; carrying of light items such as manuals, blood supplies, and small instruments; or driving a bloodmobile or similar vehicle.

At Level 8-2, the work requires regular and recurring physical exertion such as prolonged standing, bending over microscopes, reaching for supplies or materials, and lifting moderately heavy items such as centrifuges and record boxes.

The record indicates that the appellant's work requires regular and recurring physical exertion such as prolonged standing, sitting at a computer, walking, and lifting moderately heavy items. Level 8-2 is credited, 20 points.

*Factor 9, Work environment*

This factor considers the risks and discomforts in the medical technologist's physical surroundings or the nature of the work assigned and the safety regulations required.

At Level 9-1, the work environment involves everyday risks or discomforts which require normal safety precautions typical of such places as offices, training rooms, libraries, waiting areas, donor rooms, etc. The work area is adequately lighted, heated, and ventilated with moderate risks or discomforts found in clinical laboratories.

At Level 9-2, the work involves regular and recurring exposure to moderate risks or discomforts which require special safety precautions (e.g., working in a hospital laboratory where there is risk of exposure to contagious diseases, carcinogenic materials, caustic reagents, noxious fumes, flammable liquids, and low-level radiation). Protective clothing or gear is required.

Level 9-2 compares to the appellant's working environment. Although much of his work is performed in an office environment, he is exposed to high risk biohazards such as Hepatitis B Virus, Human Immunodeficiency Virus, carcinogens, and chemical hazards as described by OSHA regulations. The appellant must therefore take and assure compliance with special safety precautions.

Level 9-2 is credited, 20 points.

*Summary*

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

<b>Factor</b>	<b>Level</b>	<b>Points</b>
1. Knowledge required by the position	1-7	1250
2. Supervisory controls	2-4	450
3. Guidelines	3-4	450
4. Complexity	4-5	325
5. Scope and effect	5-4	225
6. Personal contacts	6-3	60
7. Purpose of contacts	7-3	120
8. Physical demands	8-2	20
9. Work environment	9-2	20
Total points		2920

A total of 2920 points has been credited. Using the grade conversion table in the GS-644 standard, 2920 points fall within the grade point range (2755-3150) for the GS-12 grade level.

### **Decision**

The appellant's position is properly classified as Medical Technologist, GS-644-12.