



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

Atlanta Oversight Division
75 Spring Street, SW., Room 972
Atlanta, GA 30303

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

Appellant: [Appellant]

Agency classification: Medical Clerk (Office Automation)
GS-679-4

Organization: Medical Center
Department of Veterans Affairs

OPM decision: Medical Clerk
GS-679-4

OPM decision number: C-0679-04-02

Kathy W. Day
Classification Appeals Officer

1/28/99

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]

[Servicing Personnel Office]

Mr. Ronald E. Cowles
Deputy Assistant Secretary for
Personnel and Labor Relations
Department of Veterans Affairs
Washington, DC 20420

Introduction

On November 13, 1998, the Atlanta Oversight Division, U. S. Office of Personnel Management (OPM), accepted an appeal for the position of Medical Clerk (Office Automation), GS-679-4, [Organizational location] Medical Center, Department of Veterans Affairs, [Geographical location]. The appellant is requesting that his position be classified as Health Technician, GS-640-5.

The appeal has been accepted and processed under section 5112(b) of title 5, United States Code. This is the final administrative decision on the classification of the position subject to discretionary review only under the limited conditions and time outlined in part 511, subpart F, of title 5, Code of Federal Regulations.

General issues

The appellant previously served as Program Clerk (Typing), GS-303-4, with the working title Hearing Aid Program Clerk, for the [Organizational location]. The position's primary function was to provide clerical support related to the Hearing Aid Program for the Service. A new position description was submitted by the Chief, [Organizational location] Service, on August 28, 1998, requesting that the position be reclassified as Health Technician (Hearing), GS-640-5. A desk audit performed on October 1, 1998, determined that the position should be classified as Medical Clerk (OA), GS-679-4. The appellant was notified of this determination on October 6, 1998, and subsequently appealed to OPM. The appellant does not agree with the title or occupational series of his position. He believes that his position should be classified in the Health Aid and Technician Series, GS-640, at grade GS-5.

Position information

The appellant is assigned to position description number [#]. The appellant, supervisor and agency have certified to the accuracy of the position description. However, the position description currently indicates responsibility for performing audiometric screening which the appellant has not been trained to do. If the appellant does not receive training and is not required to perform this duty, it should be removed from the position description

The appellant provides administrative support for the [Organizational location] Service. The primary function of this position is the performance of minor and administrative tasks to allow the professional staff to handle their direct patient care responsibilities. He answers telephones and transfers or refers callers to the appropriate staff member; answers inquiries related to hearing devices and services provided by his unit; and types and proofs forms and correspondence related to the unit's activities. He initiates, maintains and files charts and records on audiology patients; verifies eligibility of patients seeking hearing devices; initiates and completes forms authorizing the issuance of hearing devices; and schedules and tracks appointments related to services to ensure mandated timelines are met. The appellant is responsible for printing and updating appointment lists; completing patient beneficiary travel forms; picking up mail and supplies for his section; making photocopies; and performing a variety of other administrative support duties for the audiology staff.

The appellant also greets and screens all walk-in patients visiting the audiology section without appointments. He gathers information to determine whether a patient requires immediate referral to an audiologist, can be scheduled for an appointment, or if there is a patient complaint or problem that he can resolve. He assists the audiology staff by communicating major issues regarding patient complaints and problems, and compiles necessary patient data into charts, files, and other records. He reviews orders prepared by audiologists; orders and tracks hearing devices and components by entering data into the Remote Order Entry System (ROES); provides reports to the staff on the status of orders; certifies the receipt of and tests all new hearing devices to ensure that they are operable; maintains system data regarding device type, serial number, issuance date, and other pertinent data, and schedules patients for fitting appointments. The appellant performs minor cleaning, adjustment and repair of hearing aids brought in by patients. In situations where the problem exceeds his capability, he refers the matter to a member of the professional staff.

The appellant performs under the general supervision of the Chief,[Organizational location] Service. Functions involving patient-care services are supervised by the audiologists for whom the work is performed. The appellant plans and carries out recurring day-to-day work assignments and interprets policy on his own initiative in terms of established objectives and guidelines. Guidance is provided on assignments that are complex, unusual, or with which the appellant is unfamiliar. The review of routine work is accomplished through daily observation and spot checks for appropriateness, accuracy, and conformance with regulations. Work which deviates from the norm or is new is reviewed for adherence to specific instructions and conformity with agency policies and requirements.

Series determination

The Medical Clerk Series, GS-679, includes all positions whose primary duties are to perform clerical work in support of the care and treatment given to patients in a ward, clinic or other such unit of a medical facility. This work includes functions such as serving as receptionist; recordkeeping duties; performing clerical duties relating to patient care and treatment; and providing miscellaneous support to the medical staff of the unit. The work requires a practical knowledge of the medical facility's organization and services, basic rules and regulations governing visitors and patient treatment and a practical knowledge of the standard procedures, medical records and medical terminology of the unit supported.

The Health Aid and Technician Series, GS-640, includes positions performing nonprofessional technical, specialized, or support work in the field of health or medicine of such generalized, specialized, or miscellaneous nature that there is no other more appropriate series. The work may be (1) characteristic of two or more specialized nonprofessional series in the Medical, Hospital, Dental, and Public Health Group, GS-600, where no one type of work controls the qualification requirements, or (2) sufficiently new, unique, or miscellaneous that it is not specifically included in a specialized nonprofessional series in the Group.

The appellant's duties primarily involve activities related to providing administrative and miscellaneous clerical support to the professional staff of the [Organizational location] Service. His

functions include such duties as answering telephones and transferring callers or delivering messages; answering requests for information regarding the clinic and services it provides; establishing, maintaining, updating, filing and pulling patient records, and preparing or completing correspondence and forms related to patient eligibility, treatment received, and other activities of the clinic. He greets walk-in patients and obtains the information needed to refer them to an audiologist, resolve a complaint or problem, or schedule an appointment. He must have knowledge of the organization and its services; standard procedures for maintaining medical records and scheduling patients and handling visitors and callers; and regulations governing the work of the unit.

Since this position's responsibilities are primarily concerned with the provision of clerical and administrative support that is typical of the Medical Clerk Series, GS-679, it is properly placed in the GS-679 series.

Title determination

The title authorized for all positions in the GS-679 series is *Medical Clerk*.

The parenthetical title *Office Automation (OA)*, used by the agency in classifying the position, is added to the title when the position requires a fully qualified typist to perform word processing duties. The position description does not indicate that a fully qualified typist is required and the servicing classifier agreed. Therefore, the parenthetical (*OA*) should not be included in the title.

Standard determination

Medical Clerk Series, GS-679, April 1978.

Grade determination

The GS-679 standard is written in the Factor Evaluation System (FES) format. Under the FES, positions are placed in grades on the basis of their duties, responsibilities, and the qualifications required as evaluated in terms of nine factors common to nonsupervisory General Schedule positions.

A point value is assigned to each factor based on a comparison of the position's duties with the factor-level descriptions in the standard. The factor point values mark the lower end of the ranges for the indicated factor levels. For a position factor to warrant a given point value, it must be fully equivalent to the overall intent of the selected factor-level description. If the position fails in any significant aspect to meet a particular factor-level description in the standard, the point value for the next lower factor level must be assigned, unless the deficiency is balanced by an equally important aspect which meets 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 to the Position Classification Standards. The Primary Standard is the "standard-for-standards" for FES.

Factor 1 - Knowledge Required by the Position:

This factor measures the nature and extent of information or facts that a worker 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 this knowledge. The agency credited Level 1-3.

At Level 1-3, the highest level described in the standard, the work requires a thorough knowledge of procedures involved in assembling patient charts, recording physicians' orders for medications, integrating X-ray and test reports in records, graphing and charting medical data, and scheduling patient appointments to relate the unit's clerical functions to the overall patient care process. This level also requires an in-depth knowledge of the internal organization of patient records to search and extract medical information and data needed to plan patient treatment and review records for accuracy, completeness, and consistency with medical facility requirements following the patient's discharge or completion of treatment.

Level 1-3 is met. The appellant's work requires a thorough knowledge of the agency and facility's hearing device delivery system policies and procedures and the ROES system to accurately enter, retrieve, and analyze data related to the ordering, receipt, tracking, and issuance of hearing devices and components. He must know scheduling policies and procedures to schedule patients and ensure that agency standards for appointment timeliness are being met and to advise the Service Chief when they are not. He must have basic knowledge of hearing devices to test, effect minor modifications and repairs, or to determine that they should be referred to audiologists or returned to the manufacturer. He is also required to be knowledgeable of procedures used to enter data to verify the eligibility of patients for medical benefits, services, or payments.

There are no indications in the record that the appellant's position exceeds this level and would require referencing the Primary Standard for further evaluation.

Level 1-3 is credited for 350 points.

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 extent to which completed work is reviewed. The agency credited Level 2-2.

At Level 2-2, the highest level described in the standard, the employee is provided instructions from individuals at higher grades ranging from other clerks and Charge Nurses to the Chief of Ward Administration or the Chief of the Outpatient Department on non-recurring assignments and changes

in unit procedures. The majority of assignments are performed independently following established procedures or prior experience. New situations are referred to more experienced personnel. Finished work is usually spot-checked for compliance with unit procedures and established facility internal requirements. Completed assignments invoking more difficult matters are subjected to close supervisory review for accuracy.

Level 2-2 is met. The appellant functions under the general supervision of the Chief, [Organizational location] Service. Work involving patient care services is supervised by staff audiologists. Recurring tasks are performed independently in accordance with established Service or facility procedures. Tasks that are new, unfamiliar, or of a more complex nature are referred to his supervisor for instructions or guidance. The review of work is accomplished through daily observation of recurring assignments and spot checks of completed work for accuracy and compliance with regulations. Assignments that are new, unusual, or unfamiliar to the appellant are reviewed for adherence to specific instructions and conformance with applicable policies and requirements.

There are no indications in the record that the appellant's position exceeds this level and would require referencing the Primary Standard for further evaluation.

Level 2-2 is credited for 125 points.

Factor 3 - Guidelines:

This factor covers the nature of guidelines and the judgment needed to apply them. The agency credited Level 3-1 for this factor. We believe Level 3-2 is correct.

At Level 3-1, guidelines are available and specific to most assignments. Guidelines typically include operations manuals describing formalized procedures and examples of numerous forms commonly used in the unit; manuals applicable to administrative functions; and written and oral directives from the medical staff governing the release of patient information and patient care activities. Guides must be strictly adhered to and permit little discretion in their application. Any deviations from or changes in guidelines are authorized by the supervisor.

At Level 3-2, the highest level described in the standard, guidelines consist of numerous written and oral procedural instructions regarding the scheduling of patient appointments, eligibility for treatment and paid services such as travel expenses, release of patient information, required preparations for medical tests, and procedures for activities related to obtaining, filing, and completing patient records. The employee is frequently required to use judgment in applying guidelines to situations such as screening walk-in patients requesting treatment, locating medical records from several possible locations within the facility, fitting patients requiring immediate attention into full appointment schedules, and applying regulations governing patient's eligibility for services when there are discrepancies or omissions in facts about the patient.

Level 3-2 is met. The appellant has primary responsibility for screening all unscheduled walk-in patients requesting treatment or information on available services. He obtains information and determines if the patient should be referred to the duty audiologist or scheduled for a normal appointment; performs required means tests to determine patient eligibility for treatment or items such as payment of travel expenses; and prints out, annotates, and distributes appointment lists to professional staff. Guidelines available to the appellant include the [Organization] Service policies and procedures manual, Medical Center memoranda and directives, the ROES manual, and Veterans Affairs circulars and directives. The appellant uses his own judgment in determining which guidelines are applicable to the patient being screened. In situations requiring significant deviation from established guidelines, he seeks guidance from the audiologists or the Service Chief as to how to proceed.

There are no indications in the record that the appellant's position exceeds this level and would require referencing the Primary Standard for further evaluation.

Level 3-2 is credited for 125 points.

Factor 4 - Complexity:

This factor covers the nature, number, variety, and intricacy of tasks, steps, processes, or methods in the work performed; the difficulty in identifying what needs to be done; and the difficulty and originality involved in performing the work. The agency credited Level 4-2.

At Level 4-2, the highest level described in the standard, the work typically involves several processes such as compiling, recording, reviewing, selecting and interpreting medical data and information incidental to a variety of patient care and treatment activities. Variations in the work normally result from changing priorities which frequently depend upon the urgency of the situation and the differences in medical information about each patient.

Level 4-2 is met. The appellant is involved in the gathering and compilation of information and data related to providing audiological services and hearing devices to patients. He establishes, maintains, and enters data into charts and files to track patient treatment and test results; enters data into the automated system to order, track, account for, and issue hearing devices and components; and schedules and tracks appointments to ensure that timeliness standards are met. Variations in the work normally result from patients needing to be seen on an emergency basis or needing minor modification, repair, cleaning, testing, or replacement of hearing devices.

There are no indications in the record that the appellant's position exceeds this level and would require referencing the Primary Standard for further evaluation.

Level 4-2 is credited for 75 points.

Factor 5 - Scope and Effect:

This factor covers the relationship between the nature of the work, i.e., the purpose, breadth, depth of the assignment, and the effect of the work products or services both within and outside the organization. The agency credited Level 5-2.

At Level 5-2, the highest level described in the standard, in addition to the receptionist and recordkeeping duties, the employee performs additional functions such as giving patients correct instructions on test preparations, diets, etc., and properly recording physician's orders that may significantly affect patient care. The accurate and proper performance of these duties affects the efficiency, accuracy, and acceptability of further processes or services such as medical tests.

Level 5-2 is met. In addition to his administrative support duties, the appellant screens walk-in patients to resolve complaints or minor problems not requiring the attention of staff audiologists. Patients who are new and have not been treated previously are told the procedure for being scheduled for a regular appointment. The appellant resolves minor patient problems; performs operability tests of hearing devices; schedules appointments with audiologists; maintains patient files; enters data in the automated system for ordering, tracking, and issuance of hearing devices and components, etc. The work affects the efficiency of the audiology staff in serving patients by preventing potential interruptions involving individuals whose problems do not require the attention of an audiologist, by ensuring that correct hearing devices are ordered promptly, and by providing minor on-the-spot repair to hearing devices when possible.

There are no indications in the record that the appellant's position exceeds this level and would require referencing the Primary Standard for further evaluation.

Level 5-2 is credited for 75 points.

Factor 6 - Personal Contacts:

This factor includes face-to-face, telephone and other contacts and dialogue with persons not in the supervisory chain. The agency credited Level 6-2.

At Level 6-2, the highest level described in the standard, contacts include staff members of the unit responsible for administering direct patient care; patients and their visitors; and employees of other medical services, etc.

Level 6-2 is met. The appellant's personal contacts include staff of the [[Organizational location] Service, employees of other Services, patients and their family members, staff of the Denver Distribution Center, and representatives of hearing aid manufacturers.

There are no indications in the record that the appellant's position exceeds this level and would require referencing the Primary Standard for further evaluation.

Level 6-2 is credited for 25 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 that serve as the basis 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. The agency credited Level 7-1.

At Level 7-1, the purpose of contacts is to give, obtain, clarify, or exchange general and medical information concerning the patients in the unit. The information ranges from that related to patient admissions (i.e., names, dates, times of arrival) to highly specialized medical matters (i.e., tests and laboratory results, names of drugs and diseases, physicians' diagnosis and prognosis). Contacts at this level directly relate to the recurring functions of the unit.

At Level 7-2, contacts are for the purpose of initiating and following through on work efforts related to the treatment of patients. The clerk makes arrangements with the medical staff of various departments, clinics, or services in preparing the schedule of patient appointments. The clerk also works, in cooperation with the medical staff following the discharge of patients to ensure that permanent medical record data and information is complete, accurate, and meets medical facility requirements. Clerks at this level draw upon their considerable experience and tact to relay instructions pertaining to preparation for medical tests to patients, and provide advice to lower level clerks on changes or problems in unit practices.

Level 7-1 is met. The purpose of the appellant's contacts is to obtain and exchange information related to the needs, problems, complaints, and services provided to audiology patients. These activities will typically involve patients and their family members, staff audiologists, staff of the Denver Distribution Center, and personnel employed by hearing device manufacturers. The information ranges from the general (i.e., the date of a patient's appointment) to the highly specialized (i.e., advising patients on the nature of minor problems or modifications related to their hearing devices).

Level 7-2 is not met. The contacts made by the appellant are not for the purpose of coordinating activities with those of other services, relaying information on preparing for medical tests, or advising lower level clerical staff. His contacts are generally to gather, analyze, and provide information to resolve minor problems with hearing devices issued to patients who have previously received audiological services.

Level 7-1 is credited for 20 points.

Factor 8 - Physical Demands:

This factor covers the requirements and physical demands placed on the employee by the work assignment. This includes physical characteristics and abilities (e.g., specific agility and dexterity requirements) and the degree of physical exertion required by the work (e.g., climbing, lifting, kneeling, crouching, stooping, crawling or reaching). The agency credited Level 8-1.

At Level 8-1, the highest level described in the standard, the work is primarily sedentary in nature and requires some bending, walking, standing, and the carrying of items such as patient records, supplies, and mail.

Level 8-1 is met. The appellant's work assignments are primarily sedentary and involve a normal amount of bending, walking, standing, and the carrying of light items such as patient records, files, hearing aids, small tools, etc.

There are no indications in the record that the appellant's position exceeds this level and would require referencing the Primary Standard for further evaluation.

Level 8-1 is credited for 5 points.

Factor 9 - Work Environment:

This factor considers the risks and discomforts in the employee's physical surroundings, or the nature of the work assigned and the safety regulations required. The agency credited Level 9-1.

At Level 9-1, the work is performed in a detached office setting. The employee's contacts are generally with ambulatory patients who have long term, chronic conditions which do not expose the employee to any unusual risks or discomforts.

At Level 9-2, the work is generally performed in or near the nurses' station on a medical facility unit. In this environment, the employee is subject to exposure to communicable diseases, physical abuse from emotionally disturbed patients, or distraught visitors, etc., and safety precautions are required.

Level 9-1 is met. The appellant works in an adequately lighted, heated, and ventilated office setting. The work usually involves contacts with walk-in audiology patients and those hospitalized with long term, chronic conditions whose hearing aids require servicing.

Level 9-2 is not met. There is no indication that the appellant is exposed to any risks of this nature in carrying out his normal assignments or required to observe other than normal safety precautions.

Level 9-1 is credited for 5 points.

SUMMARY		
FACTOR	LEVEL	POINTS
1. Knowledge Required By The Position	1-3	350
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	7-1	20
8. Physical Demands	8-1	5
9. Work Environment	9-1	5
	TOTAL	805

A total of 805 points falls within the range for GS-4, 655 to 850 points, according to the Grade Conversion Table in the standard.

Decision

The position is correctly classified as Medical Clerk, GS-679-4.