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., Suite 972 Atlanta, GA 30303-3109

Classification Appeal Decision Under Section 5112 of Title 5, United States Code		
Appellant:	[appellant's name] [appellant's name]	
Agency classification:	Medical Technologist	
Organization:	GS-644-9 Clinical Pathology Service	
	Microbiology Section [name] Army Medical Center	
	Department of the Army [location]	
OPM decision:	Medical Technologist GS-644-9	
OPM decision number:	C-0644-09-01	

/s/

Timothy P. Heath Classification Appeals Officer

_2/28/01

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 <u>Introduction to the Position Classification Standards</u>, appendix 4, section G (address provided in appendix 4, section H).

Decision sent to:

[Appellant]

[Appellant]

[AFGE National Representative]

Deputy Assistant Secretary Civilian Personnel Policy/Civilian Personnel Director for Army Department of the Army Room 23681, Pentagon Washington, DC 20310-0300

Director, U.S. Army Civilian Personnel Evaluation Agency Department of the Army Crystal Mall 4, Suite 918 1949 Jefferson Davis Highway Arlington, VA 22202-2004 [Director of Human Resources]

Chief, Position Management and Classification Branch Office of the Assistant Secretary Manpower and Reserve Affairs Department of the Army Attn: SAMR-CPP-MP Hoffman Building II 200 Stovall Street, Suite 5N35 Alexandria, VA 22332-0340

Chief, Classification Appeals Adjudication Section Department of Defense Civilian Personnel Management Service 1400 Key Boulevard, Suite B-200 Arlington, VA 22209-5144

Introduction

On October 2, 2000, the Atlanta Oversight Division of the U.S. Office of Personnel Management (OPM) accepted an appeal for the position of Medical Technologist, GS-644-9, Clinical Pathology Service, Microbiology Section, Department of Pathology, [Army Medical Center], Department of the Army, [location]. The appellants believe their position should be classified at the GS-11 level. The appeal was accepted and processed under section 5112(b) of title 5, United States Code.

General issues

In 1998, the appellants filed a grievance with their agency contesting the accuracy of their position description. In response, management conducted a consistency review within the Department of Pathology to ensure that each Medical Technologist was assigned to a position description that accurately reflected his/her duties and responsibilities. After the consistency review, the appellants were assigned to new position descriptions that they also believed were inaccurate. The issue was ultimately resolved through an arbitration hearing on June 22, 2000, which resulted in the appellants being assigned to their current position descriptions.

The appellants believe that their supervisor does not have sufficient technical knowledge to plan, assign, direct, or review the work operations of their unit. As a result, they believe this requires them to work more independently with less direct supervision and more technical responsibility and should impact the grade of their positions.

In making our decision, we have carefully considered all relevant information provided by the appellants and their agency, as well as information obtained from a subject-matter expert selected by OPM.

Position information

The appellants are assigned to two different position descriptions, [#] and [#], developed by the arbitrator. The appellants, the supervisor and the agency agree that these position descriptions accurately reflect their current duties. The appellants work in the Immunology and Autoimmunology laboratories. Since their duties are basically the same, their appeals are being handled as one.

The appellants serve as technical experts in their specialized areas, providing in-house laboratory services to the medical center and area referral support to other Department of Defense medical facilities. They are responsible for all day-to-day operations of the Immunology/Autoimmunology Section to include handling and ensuring the integrity of specimens, performing clinical tests, verifying and reporting results, maintaining equipment, ensuring quality control, correlating data, advising hospital staff, and training employees. They keep abreast of new methodologies, tests, and equipment and recommend their use in the laboratory. They receive overall objectives and resources that are available from the Laboratory Officer with whom they mutually agree on the extent of work to be done, priorities, and projects. They perform their day-to-day work independently, determining the methodology to be used and the approach to be taken.

Series title and standard determination

The agency determined that the appellants' positions are properly classified in the Medical Technologist Series, GS-644, for which there is a published position classification standard, and titled *Medical Technologist*. The appellants do not contest this determination and we concur.

Grade determination

The GS-644 standard uses the Factor Evaluation System (FES) format. Under the FES, positions are evaluated on the basis of their duties, responsibilities, and the qualifications required 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 level. 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.

The appellants contest the agency evaluation of Factors 1, 2, 3, 4, and 5. We have reviewed the agency determination of Factors 6, 7, 8, and 9 and agree with the agency evaluation. Our decision will, therefore, address only those factors the appellants contest.

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. The agency credited Level 1-6. The appellants believe Level 1-7 is correct.

At Level 1-6, employees possess professional knowledge (such as would be acquired through relevant graduate study or clinical experience) of the established principles, concepts, and methods of medical technology, and skill in applying this knowledge in performing/monitoring the full range of specialized tests and nonroutine procedures for which there are standard methods and techniques (i.e., methods and techniques that are well established, that apply to most situations encountered, and that can be carried out with minor modification or adaptation) in one or more areas of the clinical laboratory. They must have knowledge of laboratory mathematics and statistics sufficient to establish

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quality controls, troubleshoot procedures and equipment, calculate and correlate test results, and set up and implement new procedures. In addition, some positions require knowledge of instructing techniques and practices sufficient to use such knowledge in instructing students and others in the basic principles and specialized methods of one or more areas of medical technology (classroom or bench teaching).

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; 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. Employees must also have a 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). The work requires management, administrative, or coordinative knowledge and skill sufficient to provide advisory, reviewing, inspecting, education and training, or problemsolving 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).

Comparable to Level 1-6, the appellants' positions require knowledge of advanced principles, theories, and techniques of immunological practices and methodologies. They conduct the full range of routine and specialized (nonroutine) tests, which may require a series of complex steps. The appellants must be able to evaluate new procedures, systems and equipment, and have knowledge of quality control sufficient to assure an operating program that satisfies the requirements of accrediting agencies. While on the surface, the appellants may appear to meet some aspects of Level 1-7, the full intent of Level 1-7 is not met. The appellants are not required to make significant departures from previously established approaches, and there is a limit to the modifications they may make in order to protect the integrity of the tests they perform. They must have knowledge of quality control methods and practices; however, they do not have to create quality control measures for which there are no standards or protocols. They are not developing tests. They are using available tests and adapting or modifying them to meet their needs. In many cases, the tests are usable without adaptations. The appellants are not responsible for the range of projects or systems equivalent to those described at Level 1-7.

This factor is evaluated at Level 1-6 for 950 points.

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. The agency evaluated this factor at Level 2-3, and the appellants believe it should be evaluated at Level 2-4.

At Level 2-3, the supervisor makes assignments by defining objectives, priorities, and deadlines, and assists the medical technologist with unusual situations which do not have clear precedents. The medical technologist plans and carries out the successive steps and handles problems and deviations in the work assignment in accordance with established protocols, previous training or accepted laboratory practices. Judgment and initiatives employed by the technologist include selecting and implementing testing methods appropriate to the source and characteristics of the specimen; monitoring, controlling and assessing the events of reactivity (e.g., test conditions, chemical and physical events, instrument performance); recognizing conditions which cause erroneous results (e.g., superficial contamination of specimens collected from body sites containing indigenous or colonizing bacteria); troubleshooting complex instruments; and correlating test results with patient data to verify results. When there is a need to deviate from or modify procedures to correct a problem, the technologist makes a literature search or consults with medical staff or technical authorities and implements corrective action, provided it is consistent with accepted professional methodology. Completed work is evaluated for technical soundness, appropriateness, and conformity to policy and requirements.

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 appellants' positions fully meet, and in some ways, exceed Level 2-3. The appellants work independently and make day-to-day decisions on what procedures need to be used to perform their work. The methods used to produce work products are seldom reviewed. However, the appellants' positions do not meet the full intent of Level 2-4. Although they have significant responsibility for conducting the work in their laboratory (i.e., Immunology/Autoimmunology), resolving conflicts and coordinating their work, they do not have responsibility for independently planning and carrying out a major laboratory program, such as the overall quality control program for all sections of the laboratory. The Immunology/Autoimmunology Section is a component of the Department of Pathology (a major program area). The Laboratory Officer establishes the overall priorities and objectives of the department and determines the available resources. While the appellants' duties appear to meet some aspects of Level 2-4, they do not

involve the full range of responsibilities associated with carrying out a major program. The scope of the appellants' work itself does not require the more demanding technical judgements found at Level 2-4.

This factor is evaluated at Level 2-3 for 275 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. The agency evaluated this factor at Level 3-3, and the appellants believe Level 3-4 is correct.

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, and correct deficiencies.

At Level 3-4, administrative policies and precedents, laws, regional or area directives, agency regulations, accreditation requirements, and scientific references are usually applicable, but are stated in general terms. Guidelines for performing the work are often scarce or of limited use, as, for example, when there is insufficient information about the accuracy, precision, reliability, and utility of new or controversial instruments or techniques; when professional journals and other literature have conflicting views on accuracy and reliability; or when proven/valid methods of testing are lacking or incomplete. The medical technologist 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.

Comparable to Level 3-3, the appellants' guidelines include technical manuals and journals, reference material, manufacturer guidelines and instructions (e.g., instrument handbooks, procedural manuals for testing kits, control and calibration procedures), Federal regulations, and agency/hospital regulations and policies. According to the position descriptions, these materials do not always specifically cover every situation. Sound professional judgment must be used in interpreting and adapting instructions, and developing protocols for new tests being introduced in the laboratory. The appellants' positions do not meet Level 3-4. To credit Level 3-4, technical references available would seldom apply, and the technologist would be expected to develop new procedures and methods or substantially modify guidelines to resolve technical problems related to the diversity of laboratories in his/her program area. Unlike Level 3-4, the appellants' positions are responsible for applying judgment in interpreting and adapting guidelines to

develop local procedures in accordance with established polices and accepted practices. There is a limit to how much the appellants can deviate from accepted practices and guidelines and still maintain the integrity of the tests and quality control standards they must meet. Unlike Level 3-4, the guidelines and instructions in the test kits, instrument instructions, and quality assurance procedures, typically apply to most of the appellants' routine work. The modifications or adaptations to guidelines and procedures made by the appellants are not of the extent intended to credit Level 3-4.

This factor is evaluated at Level 3-3 for 275 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 evaluated this factor at Level 4-3, and the appellants believe it should be evaluated at Level 4-4.

At Level 4-3, the work includes a variety of duties involving different processes and methods (e.g., collecting and preparing specimens, preparing and controlling reagents, calibrating or standardizing and maintaining instruments, and performing complex analyses); conducting quality control procedures on equipment, reagents, and products; setting up, standardizing, and implementing new procedures. Decisions regarding what needs to be done depend upon the analysis and evaluation of collection techniques and conditions, specimen characteristics, adequacy of reagents, instrument performance, acceptability of control samples, results of quality control procedures, and other variables such as physical or drug related factors involved in each assignment. The chosen course of action may have to be selected from many alternatives, as, for example, when standards or control samples do not give acceptable values. The work requires analyzing and interpreting a variety of conditions and elements to verify or clarify results. Judgment is required to apply a range of established approaches and solutions to malfunctions.

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. The work typically requires determining ways to extend standard test systems; modifying conventional methods to produce acceptable results; developing new or revised procedures and protocols using standard techniques; creating or revising logic schema (within state-of-the-art) to determine corrective action for problems; or refining existing criteria for administering or evaluating programs.

The appellants' positions fully meet the Level 4-3 criteria. The appellants are responsible for all aspects of the Immunology/Autoimmunology Section, which is a component of the of the Department of Pathology. The work involves preparing specimens and reagents; performing quality control procedures and maintenance on equipment and instruments; and conducting, evaluating, and interpreting test results. They analyze the stability of the specimen; the requirements of the test; the function of the equipment; validity of the data; and the correlation of the test results with other patient data. They may select alternative procedures or adapt tests in some instances, but accepted techniques and practices are applied. The appellants' positions do not meet the intent of Level 4-4. Typical of this level is the performance of unusually difficult or uncommon tests and the frequent introduction of new methodologies and equipment. While the appellants use and modify a variety of complex tests, these tests are previously developed and available in kits with instructions. The equipment in the laboratory is expensive and not frequently replaced. When new, state-of-the-art equipment is purchased, the manufacturer normally sends a representative to train technologists in the use of that equipment. The appellants do not frequently develop new methods (they may alter procedures or make adaptations) nor do they frequently use or test new equipment. They do not develop assays nor do they develop the quality control procedures for the tests. Developing methods, assays and quality control procedures (as intended at this level) is the type of work performed in research and development laboratories.

This factor is evaluated at Level 4-3 for 150 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. The agency evaluated this factor at Level 5-3, and the appellants believe Level 5-4 is met.

At Level 5-3, the work involves performing/monitoring the full range of specialized and nonroutine tests according to established methods; reviewing and analyzing conventional testing problems and recommending or implementing solutions to overcome them; and setting up and developing protocols for new procedures. The work affects the adequacy of clinical laboratory services or research conclusions (and hence the correct diagnosis and treatment of patients), the efficient operation of laboratory systems and programs, and the effective management of laboratory resources.

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; or developing procedural manuals or guidelines for major agency activities (e.g., developing and administering a proficiency testing program for all laboratories testing for lead intoxication under the national occupational exposure to lead standard; designing and conducting training courses on the availability of newer and more reliable diagnostic and quality control techniques in the field of bacteriology for a national program to improve the bacteriology laboratory services of State health departments; and developing endocrinologic reference method which can be used for standardization of analytical methods by clinical laboratories). Assignments typically involve problems that occur at a number of laboratories within a broad geographic area or at a reference laboratory 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 work directly influences the effectiveness and acceptability of total laboratory systems/programs, the operations of many laboratories in different localities or in other Federal or State agencies, or the activities of nongovernment laboratories.

The appellants' positions fully meet Level 5-3. They perform and monitor a full range of specialized and nonroutine tests, recommend solutions to problems, and set up procedures and protocols for new tests. Their work affects the outcome of the tests they perform and the diagnosis and treatment of patients, as well as the operation of the laboratory. However, the appellant's work fails to meet Level 5-4 in that it does not involve problems that are systemic in nature involving major testing or quality assurance systems and processes, nor does it affect total laboratory systems/programs (e.g., a wide range of agency activities, or the operation of laboratories in other Federal or State agencies). In addition, the appellants do not develop procedural manuals or guidelines for major agency activities (e.g., designing and conducting training courses on the availability of newer and more reliable diagnostic and quality control techniques for a national program of State health departments, or developing reference methods which can be used for standardization of analytical methods by clinical laboratories).

SUMMARY			
Factor	Level	Points	
1. Knowledge required by the position	1-6	950	
2. Supervisory controls	2-3	275	
3. Guidelines	3-3	275	
4. Complexity	4-3	150	
5. Scope and effect	5-3	150	
6. Personal contacts	6-2	25	
7. Purpose of contacts	7-2	50	

This factor is evaluated at Level 5-3 for 150 points.

8. Physical demands	8-2	20
9. Work environment	9-2	20
TOTAL POINTS		1,915

A total of 1,915 points falls within the grade point range (1,855-2,100) for GS-9 according to the grade conversion table in the GS-644 standard.

Decision

The appellants' positions are properly classified as Medical Technologist, GS-644-9.