

U.S. Office of Personnel Management
Division for Human Capital Leadership & Merit System Accountability
Classification Appeals Program

Philadelphia Field Services Group
600 Arch Street, room 3400
Philadelphia, PA 19106-1596

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

Appellant: [appellants' names]

Agency classification: Medical Support Assistant
GS-679-5

Organization: Centralized Scheduling Unit
Outpatient Processing Section
Business Office Services
Veterans Affairs Medical Center
Department of Veterans Affairs
[geographic location]

OPM decision: Medical Support Assistant
GS-679-5

OPM decision number: C-0679-05-04

/s/

Robert D. Hendler
Classification and Pay Claims
Program Manager

February 14, 2006

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:

[appellants' names]

Centralized Scheduling Unit
VA Medical Center
[geographic location]

Chief, Human Resources
[organizational location] VA Medical Center
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Introduction

On October 25, 2005, the Philadelphia Field Services Group of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [appellants' names]. We received the agency's complete administrative report on November 16, 2005. The appellants occupy identical additional positions (hereinafter referred to as position) currently classified as Medical Support Assistant, GS-679-5. The position is located in the Centralized Scheduling Unit (CSU), Outpatient Processing Section, Business Office Services, [organizational location] Veterans Affairs Medical Center (VAMC), Department of Veterans Affairs, [geographic location]. The appellants request that the position be reclassified as Program Support Assistant, GS-303-6. We have accepted and decided his appeal under section 5112 of title 5, United States Code (U.S.C.).

This decision is based on a careful review of all information furnished by the appellants and their agency. In addition, to help decide the appeal we conducted on-site interviews with the appellants and their first and second-level supervisors on December 21, 2005.

General issues

The appellants make various statements about the agency's review and evaluation of their position, and compare their position to others performing similar work within the Department of Veterans Affairs (VA). By law, we must classify positions solely by comparing their current duties and responsibilities to OPM standards and guidelines (5 U.S.C. 5106, 5107, and 5112). In adjudicating this appeal, our only concern is to make our own independent decision on the proper classification of the appellants' position. Since our decision sets aside any previously issued agency decision, any actions previously taken by the agency in their review of the appellants' position are not germane to the classification appeal process.

In their letter to us dated October 11, 2005, and again in a letter dated October 20, 2005, the appellants state that their current position description (PD) [#] does not fully address the complexity, breadth of knowledge, judgment or the technical and analytical skills necessary to carry out their assigned duties. They cite the multiple agency computer systems that they must use, update and maintain, and the program support functions that they perform as matters adding to the difficulty of their work. The appellants' immediate supervisor certified that the PD is current and accurate.

A PD is the official record of the major duties and responsibilities assigned to a position or job by an official with the authority to assign work. A position is the duties and responsibilities that make up the work performed by the employee. Classification appeal regulations permit OPM to investigate or audit a position and decide an appeal on the basis of the actual duties and responsibilities currently assigned by management and performed by the employee. An OPM appeal decision classifies a real operating position, and not simply the PD. This decision is based on the work currently assigned to and performed by the appellants.

The appellants state that the CSU was established in August 2003 in response to an agency requirement for a centralized point of contact at the VAMC to handle patient/provider

appointment scheduling. They say the role of the CSU has expanded significantly due to the migration of appointment scheduling responsibilities from various specialty clinics to the CSU. On January 4, 2006, the appellants' spokesperson called to inform us that the appellants were recently assigned responsibility for scheduling all pulmonary examinations and electromyography tests for the VAMC, as evidence of this continuing trend. The appellants state that the CSU has become a catch-all for accomplishing the daily tasks necessary to implement, maintain, and update various VA-wide initiatives for improved patient scheduling, and that this has resulted in substantial and increasing CSU workload. However, in accordance with Chapter 5 of the *Classifier's Handbook*, the volume of work performed within the CSU cannot be considered in classifying the position.

The appellants state that management hand-picked the "cream of the crop" employees to work in the CSU based on their extensive experience with VA automated scheduling systems, positive attitude, desire to excel, and proven track record of superior performance. The appellants' immediate supervisor also mentioned the quality of their work and positive attitude toward accomplishing the mission. However, the quality of the work, employee morale and motivations are not germane to the classification process since the classification analysis of a position is based on the assumption that the assigned work is properly performed (*Introduction to the Position Classification Standards(PCS)*, appendix 3, Factor 5). Issues raised regarding the effectiveness of the appellants work are properly considered as part of the performance management process.

Position information

The appellants provide centralized scheduling services to the VAMC and its six community based outpatient clinics. The appellants, and one other CSU co-worker on the same PD [#], are currently divided into three subunits. Each subunit has two employees. The subunits rotate responsibilities within the CSU on a three week cycle. For two weeks of each cycle a subunit works the telephones, and the third week is spent on the other administrative, program support, and reporting functions performed within the CSU. A team leader assists the first-level supervisor control and direct day-to-day work.

The position's primary function is to respond to telephone calls from individual veterans and other clients seeking services with the VAMC or requesting information. The appellants spend 65 percent of their time answering or making calls to specific patients concerning the scheduling of appointments. They have access to a wide variety of patient and provider information via a number of available VA computer systems while on the telephone with clients. The systems are used to check on provider availability, confirm patient information and validate their current status, schedule appointments, and update patient and provider automated records. The CSU handles 800 to 1000 phone contacts per day. Because of the importance of this function to the VAMC, the team leader monitors the call waiting cue to ensure that callers do not experience more than eight minutes waiting time. If that happens, employees performing other work within the CSU are temporarily pulled from other work to answer telephones until acceptable response times are restored.

Many of the appellants' daily contacts involve difficult to deal with unhappy, disturbed, distraught, uncooperative, demanding, openly hostile, and/or abusive clients and family members. Contacts routinely involve elderly patients who are frequently hard of hearing, have mobility problems which complicate getting to appointments, are mildly confused or exhibit more advanced symptoms of dementia. The appellants also have contacts with psychiatric patients suffering from paranoia, schizophrenia, post traumatic stress disorder, and substance abuse, including patients acting in odd or very strange ways due to not taking their medications as prescribed. External contacts are primarily telephonic, whereas, internal VAMC contacts are typically accomplished through e-mail.

The appellants spend the remaining 35 percent of their time on various clerical and administrative functions associated with internal VAMC operations pertaining to clinic scheduling; patient/provider notifications, coordination, and documentation; systems updates; and reports. The appellants: restrict/un-restrict clinics and allow access to restricted clinics as appropriate; process advanced clinic access and patient driven scheduling actions; establish new clinics, cancel, reschedule and/or restore clinics; schedule and/or reschedule patient transportation; assign primary care physicians; make appropriate system entries, notify patients and coordinate as needed to change physician schedules; set up and document VAMC physician consults; prepare urgent no-show letters to patients; distribute mail; prepare various reports regarding the status of CSU activities, clinic cancellations, patient appointment attendance; provide administrative system support to the Primary Care Management Module (PCMM); perform the monthly PCMM review of patient system records to identify and purge inactive patients from active status on VAMC systems; prepare documentation and coordinate patient dual-care actions (i.e., cooperative arrangements involving the patient's private sector and VAMC physicians); etc. This portion of the appellants' work includes the program work that they believe adds significantly to the overall difficulty and complexity of their position. We find that this work is adequately addressed in the appellants' current PD. The programs are essentially special emphasis initiatives to improve patient care and services by better managing VA information and internal processes. Administrative support for the initiatives is logically performed within the CSU because they all, in one way or another, involve work to schedule patient appointments, establish and maintain internal clinic schedules, schedule and track physician/provider availability, and ensure that VAMC resources are available to accommodate patient needs.

Based on the audit and interview findings and all information of record furnished by the appellants and their agency, we find that the PD of record contains the major duties and responsibilities performed by the appellants, and we incorporate it by reference into this decision.

Series, title and standard determination

The position is currently classified to the Medical Support Assistance Series, GS-679, which covers one-grade interval administrative support work performed in connection with the care and treatment given to patients in wards, clinics, or other such units of a medical facility. The work includes functions such as serving as a receptionist, performing record keeping duties, and providing miscellaneous support to the medical staff of the unit. This series includes work that

requires a practical knowledge of computerized data entry and information processing systems, 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 appellants' assigned duties and responsibilities, as described above, are directly and completely covered by the GS-679 series.

The appellants request that their position be classified to the GS-303, Miscellaneous Clerk and Assistant Series, with the title of Program Support Assistant. The GS-303 series covers clerical, assistant, or technician work that is not classifiable in any other series. The position classification flysheet for the GS-303 series excludes from coverage any position, including the appellants' position, that involves work requiring knowledge of specialized processes or subject matter for which a specific series exists, and states that such positions should be classified in the appropriate specific series. We find the position to be properly classified to the GS-679 series and titled as Medical Support Assistant.

Grade determination

The Medical Support Assistant Series, GS-679, is one of the series specifically covered by the Job Family Position Classification Standard (JFS) for Assistance and Technical Work in the Medical, Hospital, Dental, and Public Health Group, GS-600. The GS-600 JFS uses the Factor Evaluation System (FES) method of position classification. Grades are determined by comparing a position's duties, responsibilities, and qualification requirements with the nine FES factors. A point value is assigned to each factor based on a comparison of the position's duties and responsibilities with the factor-level descriptions in the standard. The points assigned to an individual factor level mark the lower end of the range for that factor level. To warrant a given level, the position must fully equate to the overall intent of the factor-level description. If the position fails in any significant aspect to fully satisfy a particular factor-level description, the point value for the next lower level must be assigned, unless the deficiency is balanced by an equally important aspect that meets a higher level. The total points assigned are converted to a grade level by use of a grade conversion table in the GS-600 JFS.

The agency applied the GS-600 JFS grading criteria and credited the appellant's position with Levels 1-3, 2-3, 3-2, 4-2, 5-2, 6-2, 7-B, 8-1, and 9-1. The appellants believe their position should be credited with Levels 1-3, 2-3, 3-3, 4-3, 5-3, 6-2, 7-C, 8-1, and 9-2. Their rationale did not include reference to any classification standard. Based on careful analysis of the entire record, we concur with the crediting of Levels 1-3, 6-2, and 8-1. We will address the remaining factors.

Factor 2, Supervisory Controls

This factor covers the nature and extent of direct or indirect controls exercised by the supervisor, the employee's level of independence and personal responsibility, and how the work is reviewed or controlled.

At Level 2-2, the supervisor makes assignments by providing general instructions. Employees use initiative and work independently within the framework established by the supervisor. Employees are expected to refer problems not covered by the supervisor's instructions or

procedures to the supervisor or designated employee. The supervisor reviews new or difficult assignments and those with potential adverse impact and may spot check routine work products for accuracy.

In contrast, at Level 2-3 the supervisor makes assignments by defining the overall objectives, priorities, and deadlines and assists with unusual situations. Employees independently plan the work, resolve problems, carry out successive steps of assignments, and make adjustments using accepted standard operating procedures or practices. They handle problems and deviations that arise in accordance with established policies, regulatory and administrative guidelines, directives, instructions, and accepted practices.

The appellants state that they work as a team and routinely decide, in a cooperative manner among themselves, how best to accomplish the work on a particular shift by making adjustments in their assignments as needed. The appellants stress their requirement for independent judgment based on extensive research and analysis as an indication that they perform higher graded work. They cite daily decisions regarding the assignment of patient primary care providers, and decisions made on whether to remove patients from the active patient roles during monthly PCMM system purges as examples of this work. In assigning primary care physicians, the appellants access a wide variety of available systems information concerning the patient's location and medical condition; physician specialties and workloads; where and when the needed services are provided; when the patient needs to be seen; etc. They also take into consideration the patient's requests and stated preferences.

The supervisor confirms that the CSU operates in a "pretty self sufficient" manner, however, both the supervisor and team leader monitor the work of the CSU and randomly review e-mail traffic and telephone records to ensure the work is properly performed, that the appellants are all engaged in the full range CSU assignments, and that work assignments in the unit are balanced. The appellants exercise a significant amount of independence in the performance of their day to day work, but the supervisor is available to provide direction should the appellants be unsure of how to handle a new or unique situation, to resolve issues that may arise in dealing with other VAMC offices, or to respond to exceptionally difficult or verbally abusive clients.

As stated in the *Classifier's Handbook*, it is not just the degree of independence that is evaluated, but also the degree to which the nature of the work allows the employee to make decisions and commitments and to exercise judgment. For example, many support employees perform their work with considerable independence and receive very general review. This work is evaluated, however, at the lower levels of this factor because there is limited opportunity to exercise judgment and initiative. Rather than involving substantial research and analysis, such decisions are made based on practical consideration of a limited number of factors to best match patient needs to appropriate provider services. Similarly decisions to exempt a particular patient from being taken off the active roles during monthly PCMM purges in accordance with normal established criteria are practical choices made after considering the individual's particular extenuating circumstances. Such issues are typically apparent by reviewing available system records. Because of the relatively uncomplicated nature of the decisions, high volume of CSU work, and limited numbers of assigned personnel, most of these decisions are made within a few minutes to a half hour.

Typical of Level 2-2, the appellants exercise a significant degree of independence in accomplishing their day to day work because it is performed in accordance with readily available, detailed and directly applicable guidance. They are aware of normal time constraints for processing recurring types of actions and reports, as well as situations requiring them to expedite the processing of certain actions in response to patient needs. The work cycle is generally determined by patient and office scheduling needs. The team leader and supervisor randomly spot check the work and are available to provide guidance and direction as needed in dealing with new/unique work situations or very difficult client contacts. The appellants apply practical judgment and available procedural flexibilities to accommodate patient requests and resolve common scheduling or patient status issues. Adjustments made by the appellants as a team during the work day typically relate to who will accomplish a particular type of work, rather than modifying how work is performed. However, as discussed previously, the work appellants' work neither requires nor permits them to exercise the depth and breadth of judgment required for the crediting of Level 2-3. In addition, their work receives the type and frequency of review typical of Level 2-2. Therefore, Level 2-2 (125 points) is credited.

Factor 3, Guidelines

This factor covers the nature of guidelines and the judgment needed to apply them.

At Level 3-2, the employee uses a number of procedural and regulatory guidelines that specifically cover the assigned work. The employee uses judgment to identify and select, from a number of similar guidelines and work situations, the most appropriate guidelines, references, and procedures to apply when making minor deviations or adapting guidelines to specific cases; and refers situations that do not readily fit instructions or other applicable guidelines to the supervisor or a designated employee for resolution.

In contrast, the employee at Level 3-3 uses guidelines that consist of a variety of technical instructions, technical manuals, medical facility regulations, regulatory requirements, and established procedures; and are not completely applicable to some of the work or have gaps in specificity. The employee uses judgment to adapt and interpret guidelines to apply to specific cases or problems; uses discretion and initiative to decide on the appropriate course of action to correct deficiencies and improve the reliability of the information; and may, within the framework established by higher authority, develop approaches to apply to new regulatory requirements, or to adapt to new technology.

Typical of Level 3-2, the appellants' work is covered by established, explicit, and directly applicable written procedural guidance describing how the work is to be carried out including the use of available automated systems, required system entries, patient notifications and coordination with medical providers and others throughout the VAMC and associated clinics. Much of this detailed information was initially compiled by the first employees assigned to the CSU as a quick reference guide and learning tool to aid in taking on new duties and responsibilities for the scheduling of various VAMC services and procedures. The appellants continue to maintain, update, add to, and refine the CSU procedural manual which provides

practical direction and instructions to implement established VA/VAMC regulations, policies and procedures, and locally established clinic and/or specific physician directed requirements.

Unlike Level 3-3, the appellants do not routinely refer to a variety of technical instructions, technical manuals, medical facility regulations, and regulatory requirements that are not completely applicable to some of the work or have gaps in specificity. As discussed previously, there are significant written procedures in place to implement established regulations and other patient care requirements. The appellants' work does not require or permit them to use the scope of judgment to adapt and interpret guidelines to extent intended at Level 3-3. Therefore, Level 3-2 (125 points) is credited.

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 4-2, the only complexity level identified in the standard for medical support assistance, the employee's work consists of several related processes such as compiling, recording, reviewing, selecting, and interpreting medical data and information incidental to a variety of patient care and treatment activities. The employee decides what needs to be done by choosing from various options that require recognition of and differences among a few easily recognizable alternatives. The employee responds to changing priorities that frequently depend upon the differences in medical information about each patient and the urgency of the situation.

The appellants' work meets but does not exceed Level 4-2. As at that level, the appellants' work involves the performance of clerical and administrative functions facilitating patient care and treatment. They compile, record, and review medical data and prepare the required forms and system entries to schedule and coordinate patient appointments. Typical of Level 4-2, the appellants' actions vary based on the urgency of the situation and the differences in patient medical needs. Therefore, Level 4-2 (75 points) is credited.

Factor 5, Scope and Effect

This factor covers the relationship between the nature of the work; i.e., purpose, breadth, and depth of the assignment and the effect of work products or services both within and outside the organization.

At Level 5-2, the highest level in the standard for medical support work, employees perform receptionist and general recordkeeping duties; give patients instructions on test preparation, diets, and procedural requirements; and record physicians' orders. The work affects accuracy and acceptability of further processes, including patient care.

The appellants' work meets but does not exceed Level 5-2. As at that level, the appellants access, maintain and update a wide variety of automated programs and systems including both off-the-shelf office software packages and VA specific systems. They use these automated tools

to capture, validate, reference, disseminate and report on essential VAMC patient, provider, and management operational information. The data generated and maintained by the CSU provides an essential body of patient information available to all authorized users throughout the VAMC. Typical of Level 5-2, the appellant's work involves serving as the initial contact point for veterans and other clients seeking information on available VAMC services, establishing and maintaining accurate patient system records, scheduling and coordinating patient appointments, and maintaining accurate records regarding clinic/provider scheduling and availability. As at that level, the work affects the efficiency of patient care rendered, the accuracy and acceptability of further processes or services, and the VAMC's relationship with its patients. The timeliness and accuracy of CSU systems entries has a direct and significant effect on the day-to-day operations of the VAMC and its community based outpatient clinics. Therefore, Level 5-2 (75 points) is credited.

Factor 6, Personal Contacts, and Factor 7, Purpose of Contacts

These factors assess face-to-face as well as telephone contacts with persons not in the supervisory chain. The levels of these factors are based on what is required to make the initial contact, the difficulty of communicating with those contacted, and the setting in which the contact takes place.

Factors 6 and 7 are interdependent. The personal contacts that serve as the basis for the level selected for Factor 7 must be the same contacts as those that are the basis for the level selected for Factor 6.

Purpose of contacts

At Level B, the purpose of the contacts are to initiate and follow through on work efforts or to resolve operating or technical problems related to the treatment of patients and/or the maintenance of patient records. Employees at this level influence or persuade individuals or groups working toward mutual goals and have basically cooperative attitudes.

In contrast, employees at Level C influence, persuade, interrogate, or control people or groups. Individuals contacted are unusually difficult to communicate with because of very poor physical and/or mental conditions and/or because they are easily excitable, irrational, fearful, skeptical, uncooperative, or dangerous. Employees must be skillful in approaching the individual or group in order to obtain the desired results.

As described above, in addition to the types of contacts described at Level B, the appellants' contacts routinely involve difficult, excitable, distraught, uncooperative, and/or abusive elderly and/or psychiatric patients and family members. In most cases, the appellants are able to influence and persuade these individuals to interact in a more cooperative manner in order to achieve the desired result of providing appropriate patient care. However, the appellants must also exercise good judgment to decide when such emergent situations require referral to the team leader or supervisor for appropriate action/resolution. Therefore, Level 2C (145 points) is credited.

Factor 9, Work Environment

This factor considers the risks and discomforts in the employee's physical surroundings and the safety precautions required. At Level 9-1, employees typically work indoors in an environment involving everyday risks or discomforts. Employees are required to observe normal safety practices and the area is adequately lighted, heated, and ventilated. In contrast, at Level 9-2, the work environment involves moderate risks or discomforts that require special precautions, e.g., exposure to infectious diseases which may require employees to use protective clothing or gear. Employees may work in close proximity to mentally disturbed patients and, consequently, be at risk of physical abuse.

Typical of Level 9-1, the CSU is located in hard walled office space that is separated from the general public and patient population areas. The appellants' direct physical contact with clients/patients in the performance of their work is very infrequent. This normally involves an employee of the VAMC who also happens to be a client of the VAMC and, therefore, knows their location within the building. Prior to entering the actual CSU area, visitors must pass through another room adjacent to the offices of both the team leader and immediate supervisor. Because of the extremely sensitive and private nature of the medical information discussed in scheduling patient appointments, one of these two individuals would normally try to intercept and/or redirect any unauthorized individual attempting to enter the appellants' enclosed work space.

The appellants state that their position should be evaluated at Level 9-2 because working at a VAMC inherently exposes them to contagious diseases, even though their work does not typically place them in direct contact with clients. In support of this belief, they cite the requirement for them to be tested annually for tuberculosis.

The mandatory annual requirement for tuberculosis testing does not, in and of itself justify credit at Level 9-2. The record, including the appellants' responses to a March 2005 agency desk audit questionnaire, shows that the appellants' daily work environment does not pose a significant threat for contracting communicable diseases or being subjected to physical harm. Therefore, Level 9-1 (5 points) is credited.

Summary

<i>Factors</i>	<i>Level</i>	<i>Points</i>
1. <i>Knowledge Required by the Position</i>	1-3	350
2. <i>Supervisory Controls</i>	2-2	125
3. <i>Guidelines</i>	3-2	125
4. <i>Complexity</i>	4-2	75
5. <i>Scope and Effect</i>	5-2	75
6. <i>Personal Contacts and 7. Purpose of Contacts</i>	2C	145
8. <i>Physical Demands</i>	8-1	5
9. <i>Work Environment</i>	9-1	<u>5</u>
	Total Points	905

A total of 905 points falls within the GS-5 grade level point range of 855 to 1100 points on the Grade Conversion Table.

Decision

The appellants' position is correctly classified as Medical Support Assistant, GS-679-5.