

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

Appellant: [Appellant's name]

Agency classification: Medical Assistant, GS-640-4

Organization: [Appellant's organization/location]
Army Medical Command
Department of the Army

OPM decision: Nursing Assistant, GS-621-4

OPM decision number: C-0621-04-02

//Ana A. Mazzi

Ana A. Mazzi
Deputy Associate Director
Merit System Audit and Compliance

12/15/2011

Date

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

As discussed in this decision, the appellant's position description (PD) is not adequate for purposes of classification and the title and series of the appealed position must be changed. Since PDs must meet the standards of adequacy in the *Introduction*, the appellant's agency must revise his/her PD to meet the standard. The servicing human resources office must submit a compliance report containing the corrected PD and a Standard Form 50 showing the personnel action taken to include the change in the position title and series. The report must be submitted to the U.S. Office of Personnel Management (OPM) office which adjudicated the appeal within 45 days of the date of this decision.

Decision sent to:

[Appellant's name and address]

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Introduction

On July 13, 2011, OPM's Atlanta Oversight accepted a classification appeal from [Appellant's name] and on September 9, 2011, it was transferred to Philadelphia Oversight for adjudication. The appellant's position is currently classified as a Medical Assistant, GS-640-4, and is located in the [Appellant's organization/location] Department of the Army, in [name of location]. The appellant believes his/her position should be upgraded to GS-5. We received the complete agency administrative report on August 18, 2011, and have accepted and decided this appeal under section 5112 of title 5, United States Code (U.S.C.).

To help decide this appeal, we conducted telephone interviews with the appellant on September 27 and 28, 2011, and his/her supervisor on October 4, 2011. We also interviewed two of the health care providers the appellant works with on a regular and recurring basis on November 14, 2011. In reaching our classification decision, we have carefully considered all of the information obtained from the interviews, as well as all other information of record provided by the appellant and his/her agency.

General issues

The appellant provided copies of PDs for Medical Support Assistant (OA), GS-679-4 and Practical Nurse (OA), GS-620-5, positions also located at [name of location] and his/her union representative mentioned several times in the appeal request that the duties listed in both PDs were combined to create the appellant's Medical Assistant PD. By law, we must make our decision solely by comparing the appellant's current duties and responsibilities to OPM standards and guidelines (5 U.S.C. 5106, 5107, and 5112). Since comparison to OPM standards and guidelines is the exclusive method for classifying positions, we cannot compare the appellant's current duties to other positions, which may or may not be classified properly, as a basis for deciding his/her appeal. In adjudicating this appeal, our responsibility is to make our own independent decision on the proper classification of the appellant's position. Because our decision sets aside all previous agency decisions, the agency's classification review process is not germane to this decision.

The appellant does not agree that his/her official PD# [number], dated December 23, 2010, accurately describes the duties and responsibilities of his/her position. The appellant states the PD does not include all the duties he/she performs such as scheduling all physical examinations at the [name of unit] as requested, conducting monthly infection control and patient safety audits, and conducting hearing examinations, as needed. His/her current supervisor certified the accuracy of the PD, but he stated it includes some duties not performed at [name of unit] (e.g. performing patient treatment procedures within established guidelines; initiating Basic Life Support on infants and children; and monitoring the waiting area for possible changes in a patient's condition).

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 which make up the work performed by the employee. Classification appeal regulations permit OPM to investigate or audit a position and decide an appeal based on 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 appellant.

The appellant stresses his/her position requires his/her to perform both clinical and clerical duties. However, the *Introduction* does not recognize variety of work as directly impacting the classification of a position. As discussed in the *Introduction*, in most instances, the highest level work assigned to and performed by the employee for the majority of time is grade-determining. When the highest level of work is a smaller portion of the job, it may be grade-controlling only if:

The work is officially assigned to the position on a regular and continuing basis;
It is a significant and substantial part of the overall position (i.e., occupying at least 25 percent of the employee's time); and
The higher level knowledge and skills needed to perform the work would be required in recruiting for the position if it became vacant.

Thus, we must adhere to these classification principles and practices in evaluating the appellant's work.

The appellant also alludes to the amount of work he/she performs in both clinical and clerical duties. Volume of work however cannot be considered in determining the grade of a position (*The Classifier's Handbook, Chapter 5*).

Position information

The mission of the [name of branch] is to ensure soldier readiness through high quality, safe, customer focused, and cost effective primary care by managing customer needs in an integrated health care system. The [name of unit] provides care to Advanced Individualized Training (AIT) soldiers. AIT soldiers are soldiers who have completed Basic Training and are receiving specialized occupational training in certain fields (e.g. Quartermaster and Ordnance) prior to receiving their assignment to another military installation. Patients are seen for chronic problems, illnesses, and injuries requiring lengthy visits or are complex in nature, and minor procedures and specialty referrals.

The appellant occupies a generic PD used in multiple clinics. The record shows the appellant's position is located in a walk-in clinic exclusively for AIT soldiers. Therefore, the PD lists duties which the appellant does not perform or functions not assigned to the clinic in which he/she works. The appellant does not have contact with patients' families; does not position and drape patients or hands instruments to health care providers during diagnostic examinations and patient treatments; does not perform patient treatment procedures; does not maintain waiting lists in clinics with large backlogs; nor receives requests for appointments at the clinic by telephone or in person as stated in his/her PD. We find the appellant is performing the following duties from his/her generic PD based on the information of record.

The appellant accesses the Composite Health Care System (CHCS) an electronic medical information system used by all United States and overseas military health care centers and Medpros, another major system which provides a snap shot of whether or not a soldier is

“medically” fit to remain in the military by providing information on such things as their immunizations, hearing, and eye-sight examinations. Each branch of the military has a version of Medpros the appellant accesses. He/she updates the Armed Forces Health Longitudinal Technology Application (AHLTA). It is a clinical documentation engine which is the soldier’s electronic medical record. The information in AHLTA is sent to CHCS. He/she operates automated data processing equipment to input, store, revise, and print data related to appointments, provider schedules, and templates; establishes appointment logs for each provider for a prescribed schedule cycle; arranges each provider schedule with preference indicated for specific activities; and provides assistance and training to others on the use of the automated management support system as needed

The appellant enters the vital signs of AIT soldier’s entering the [name of unit] whom he/she assists into AHLTA (e.g. blood pressure; pulse; respirations; temperature; height and weight; and pulse oximeter readings). The appellant notifies the health care provider when he/she receives abnormal readings. He/she also checks the patients’ information in the CHCS and Medpros electronic systems. The appellant assists with the maintenance of medical records to include filing, adding demographic information, updating immunization information, and filling out laboratory/X-Ray/Electrocardiogram slips. The appellant ensures all forms are scanned into AHLTA.

The appellant assembles trays for providers prior to them performing a patient treatment procedure. The tray may include such things as medical instruments, numbing medication, gauze, bandages, swabs, dressings, and a syringe with a water and peroxide mixture. If the patient needs to use crutches, the appellant will teach crutch walking. If the patient must follow a provider’s written instructions, the appellant will provide and explain them to the patient.

The day before a soldier reports to the [name of unit] for a scheduled physical examination, the appellant will enter into CHCS the laboratory and additional tests required for the type of physical being performed, along with hearing and vision screenings. When reporting the next morning, the soldier completes the required tests after the appellant ensures the required forms have been completed. The soldier is instructed to return to the clinic in the afternoon to complete the physical examination with a provider.

The appellant receives patients at the clinic and determines the nature of the visit after speaking to them. He/she verifies the patient’s eligibility for treatment and makes appointments with other clinics, as needed. He/she ensures that all treatments requested by the provider are scheduled timely and re-schedules appointments as needed.

He/she performs general maintenance duties such as cleaning and arranging supply carts, cleaning and sorting supplies, instruments, and equipment; reporting deficiencies in supplies and equipment; cleaning utility rooms; handling linen according to infection control policies; and cleaning patient units and examination areas as needed.

We found no reference in the PD to the duties the appellant performs when a soldier is scheduled for a physical examination as described above. As a result, the PD fails to meet the standards of

PD accuracy for classification purposes as discussed in section III.E. of the *Introduction* and must be corrected as part of the compliance report directed on page ii of this decision.

Series, title and standard determination

The agency has classified the appellant's position to the Health Aid and Technician Series, GS-640, titled it Medical Assistant and graded it using the Nursing Assistant, GS-621 position classification standard (PCS). The appellant does not question the series or title of his/her position or use of the GS-621 to grade his/her position. However, we do not concur with the agency's series and title determination.

The GS-640 series includes positions involving non-professional work of a technical, specialized, or support nature in the field of health or medicine when the work is of such a generalized, specialized, or miscellaneous nature that there is no other more appropriate series. The series definition also states, that such work is either (1) characteristic of two or more specialized non-professional series in the Medical, Hospital, Dental, and Public Health Group, GS-600, where no type of work controls the qualification requirements, or (2) sufficiently new, unique, or miscellaneous that it is not specifically included in a specialized non-professional series in the Group.

Information from the providers the appellant works with as well as other material of record show the appellant performs clinical support and medical support assistant work. The appellant's medical support assistant work is covered by the Medical Support Assistant Series, GS-679, which involves one-grade interval administrative support positions that supervise, lead, or perform support work 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 appellant's clinical support work is covered by the Nursing Assistant Series, GS-621 which involves performing support services work for providers performing diagnostic examinations by taking and recording measurements and vital signs; arranging instruments, gauze, numbing medications, dressings, etc needed for treatment procedures; teaching patients how to use crutches, and going over the written instructions the patient must follow the evening prior to testing. GS-621 positions require applying knowledge of illnesses and diseases in order to teach patients and impress upon the patient the necessity to continue the procedures as proper health care. For example, if a patient is found to have stomach pain issues, the appellant provides the patient with and goes over a list of foods to avoid.

Although the appellant performs an equal amount of GS-621 and GS-679 work, based on consultation with subject-matter experts and classification specialists, the agency had determined the clinical support knowledge requirement was paramount. [name of branch] management indicated the GS-679 duties are additional, secondary functions performed to support the health

care providers and for the appellant's own GS-621 responsibilities. Since the GS-621 series controls the qualification requirements of the appellant's position, it fails to meet the GS-640 series definition discussed above. Thus, the appellant's position is properly classified in the 621 series and titled Nursing Assistant for positions at GS-3 and above involved in the performance of a variety of nursing care work concerned with personal patient care, diagnostic procedures, treatments, charting and patient teaching. The appellant's 621 work is properly evaluated using the grading criteria in the GS-621 PCS.

We also reviewed the GS-679 medical support assistant duties of the position by applying the Job Family Classification Standard (JFS) for Assistance and Technical Work in the Medical, Hospital, Dental and Public Health Group, GS-600.

Grade determination

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

Evaluation using the GS-621 standard

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

Factor 1, Knowledge required by the position

This factor measures the nature and extent of information or facts which the workers must understand to do acceptable work, such as the steps, procedures, practices, rules, policies, theories, principles, and concepts; and the nature and extent of the skills needed to apply this knowledge.

¹ Although we agree with the agency's assignment of Level 6-2 for Factor 6, Personal Contacts and Level 8-2 for Factor 8, Physical Demands, we do not completely agree with the agency's rationale for either factor. For example, the appellant has no contact with patients' family members but they are included in the agency's rationale for crediting Factor Level 6-2. Instead, he/she has regular and recurring contact with members of the patient's military unit (e.g. the Operations Clerk to the Commander or the Brigade Commander), other [name of branch] employees, Dental Clinic employees, and Behavioral Health employees. However, these contacts are not included in the factor-level rationale. The agency's rationale for Factor Level 8-2 includes the statement, "Working with patients requires regular and recurring bending, lifting, stooping, stretching, and similar activities." The appellant and his/her supervisor agree the statement is inaccurate since she only performs these duties occasionally.

In addition to the knowledge and skills described at Level 1-2, Level 1-3 requires knowledge of a body of standardized rules and skills sufficient to perform procedures requiring considerable training and experience to carry out nursing care and resolve recurring problems. Nursing tasks require: knowledge of a body of standardized patient care and skill sufficient to perform procedures such as catheterizing, irrigating, and suctioning patients; and other supporting procedures such as patient charting and patient/family teaching; or knowledge of a body of standardized psychiatric patient care and skill sufficient to conduct procedures such as reality orientation, one-to-one therapy, small group therapy, and large group therapy, accompanied by supporting procedures such as patient charting and patient/family teaching. Other tasks require knowledge of equipment terminology (rotating frames, cardiac monitors, respiratory therapy machines, etc.), drug terminology (names from the drug formulary), and supply terminology (bandages, solutions, sterile trays, etc.) and skill sufficient to identify and use equipment, drugs and supplies properly and to communicate proper use with nurses, medical staff and family members. Other nursing tasks require knowledge of surgical equipment, instruments and supplies setup and patient positioning and draping techniques and skill sufficient to prepare the operating room for surgery ranging from hernia to extensive genitourinary surgery and sufficient knowledge of surgical procedures and terminology and manual dexterity to pass instruments to the surgeon; or knowledge of and skill sufficient in surgical procedures and terminology and manual dexterity to pass instruments to the surgeon. Other Level 1-3 tasks require an understanding of diseases and illnesses (such as diabetes) and skill sufficient to teach patients (diabetic self-care) and to impress upon patients and family members the necessity to continue the procedures as proper health care; or knowledge of the standard medical terminology for the human body, physical and emotional reactions, nursing care, and contraindications to medications and skill sufficient to provide and gather information in patient care/family conferences with nurses, doctors, patients and family members.

The appellant's position meets but does not exceed Level 1-3, the highest level described in the PCS. His/her work requires knowledge of and skill in performing a variety of standardized patient care procedures described at this level. For example, the appellant takes and records the blood pressure, pulse, respirations, temperature, height and weight, and pulse oximeter readings of AIT soldiers. He/she also takes a medical history on the soldier to include any past or present diseases, alcohol or drug dependency, and diseases of family members. If a patient needs to use crutches after a medical procedure, the appellant will show the patient how to use them properly. When a patient is scheduled for laboratory tests, he/she provides and explains the procedures which must be followed prior to testing (e.g., do not eat or drink eight hours prior to testing). The day before a soldier reports to the clinic for a scheduled physical examination, the appellant will enter into CHCS the laboratory and additional tests required for the type of physical being performed, along with hearing and vision screenings (e.g., if a soldier is attending Airborne School he or she must have a color vision test to check for color blindness). When the soldier reports the next morning, he or she is sent to complete the required tests and is instructed to return in the afternoon to be seen by a provider. Similar to Level 1-3, the appellant has sufficient skill to help providers by setting up trays prior to medical procedures by including the proper instruments and supplies needed for the procedure (e.g. swabs, gauze, numbing medication, bandages, dressings, and a syringe with a water and peroxide mixture).

This factor is evaluated at Level 1-3 and 350 points are assigned.

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 review of completed work.

At Level 2-2, the supervisor provides continuing or individual assignments by indicating generally what is to be done, limitations, quality and quantity expected, deadlines, and priority tasks. Employees use initiative in carrying out recurring tasks independently without specific instructions, but refer deviations, problems, and unfamiliar situations not covered by instructions to the supervisor for decisions or help. The supervisor assures that finished work and methods are technically accurate and in compliance with instructions or established procedures. Review of the work increases with more difficult tasks if the employee has not previously performed similar tasks.

At Level 2-3, the supervisor makes the patient assignments at the beginning of the shift by defining the patient cases to the employee who is responsible for a patient load or critically ill patients. Employees set priorities and deadlines for the patient care during the tour without prompting from the supervisor. The supervisor is available to assist employees with unusual situations that do not have clear precedents. At this level, employees plan and carry out patient care independently in accordance with patient care/treatment plans, patient charts, and instructions from the nursing/treatment team throughout the shift. They function without specific instructions for each patient's condition and modify nursing care as conditions warrant. At this level, employees usually perform alone. Their completed work is evaluated by the oncoming nursing team for conformity to nursing policy and requirements.

Level 2-2 is met. Similar to this level, the appellant carries out routine daily assignments without supervision. The record shows new or unusual situations rarely develop. Since the appellant works in a walk-in clinic, the patients are assigned as they arrive to the [name of unit]. The appellant initiates action, without input from his/her supervisor, by taking the patients' vital signs and family medical history, and discussing the reason(s) for the clinic visit so that the soldier is seen by a provider and can return to training as soon as medically possible. Any situations or problems of an unusual nature or requiring deviation from established procedures are referred to his/her supervisor or the Clinic Chief for a decision or resolution. The provider assigned to medically treat a patient for which the appellant is providing assistance will access the AHLTA electronic medical record and check the information inputted by the appellant (e.g., vital signs, what procedures were completed; any tests completed along with their results; as well as additional procedures and tests which need to be scheduled and completed) for compliance with established procedures and appropriateness for each patient.

Level 2-3 is not met. The appellant does not function with the degree of independence of action envisioned at this level. Since he/she works in a walk-in clinic, there is little or no control over the setting of priorities or deadlines related to the care of his/her patients. Guidance and direction regarding what needs to be done are readily available from the licensed professionals he/she assists and this provides little opportunity for the independent exercise of judgment and

discretion comparable to Level 2-3. Typical of Level 2-2, the appellant performs recurring procedural tasks and refers specific problems to his/her supervisor or the Clinic Chief.

This factor is evaluated at Level 2-2 and 125 points are assigned.

Factor 3, Guidelines

This factor covers the nature of guidelines and the judgment needed to apply them. Guides used include, for example: manuals, established procedures and policies, and reference materials.

At Level 3-1, employees use specific guidelines covering all important aspects of assignments. The employee works in strict adherence to the guidelines. The supervisor must authorize deviations. Little or no judgment is required in selecting guidelines for application to individualized cases.

At Level 3-2, ward policies, practices and assigned procedures are well known by the employees so that reference to the guidelines is rarely necessary. Other guidelines include the tour report, patient care/treatment plan and the patients' medical history. The employee varies the order and sequence of procedures and uses judgment in selecting the most appropriate application of the guidelines based on the patient's condition and previous instructions. Unusual developments are referred to the supervisor.

Level 3-1 is met. The appellant performs his/her assigned duties in accordance with established Department of Defense (DoD) policies and regulations showing the medical requirements for [names and locations of organizations serviced by the appellant] military personnel; and [name of branch] and [name of unit] standard operating procedures which cover all aspects of the recurring tasks for which he/she is responsible (e.g., procedures for setting up physical examinations, patient self-care procedures, and procedures for care of pregnant patients). Changes to or deviations for DoD policies can only be authorized by the individual or agency listed in the policy; [name of branch] procedures can be changed by the Clinic Commander; and [name of unit] procedures can be changed by the Clinic Chief or Supervising Physician.

Level 3-2 is not met. The appellant carries out his/her assigned duties in accordance with guidelines which are directly applicable to his/her assignments. Since he/she does not independently treat patients, the appellant does not vary the order or sequence of the procedures and has little or no opportunity to exercise judgment in determining the appropriate guidelines to use.

This factor is evaluated at Level 3-1 and 25 points are assigned.

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, work consists of duties that involve related steps, processes, or methods. The decisions regarding what needs to be done involve various choices requiring the employee to recognize the existence of and differences among a few easily recognized situations. Actions to be taken or responses to be made differ in such things as the source of information, the kind of transactions or entries, or other factual differences.

At Level 4-2, the employee must make choices such as: (1) which personal care task to perform first (e.g. bathing versus feeding the patient); (2) selecting the proper instruments and/or trays for the doctor in diagnostic examinations; (3) choosing the appropriate nursing care procedure for the type of treatment assigned; (4) selecting the proper patient's chart/nursing care plan for posting patient facts and summaries of nursing care; and (5) recognizing the differences in patients' diseases and/or illnesses to provide proper information for the patients' records and to supply appropriate information for patient/family teaching purposes. In each case, the type of nursing care and the type of patient under consideration determine what steps are to be taken.

The appellant's position meets but does not exceed Level 4-2, the highest level described in the PCS. As at this level, his/her work is largely repetitive and involves the recurring use of related steps, methods, and procedures which vary with the type of care involved. For example, the appellant takes and records the vital signs and a medical history of AIT soldiers he/she assists, to include any past or present diseases, alcohol or drug dependency, and diseases of family members. When a patient is scheduled for laboratory tests, he/she explains the procedures which must be followed prior to testing (e.g., do not eat or drink eight hours prior to testing). The day before a soldier reports for a scheduled physical examination, the appellant will enter into CHCS the laboratory and additional tests required for the type of physical being performed, along with hearing and vision screenings (e.g., if a soldier is attending Airborne School he or she must have a color vision test to check for color blindness). Typical of Level 4-2, the appellant sets up trays prior to medical procedures by including the proper instruments and supplies needed for the procedure (e.g. drains, swabs, gauze, numbing medication, bandages, dressings, and a syringe with a water and peroxide mixture). He/she also accesses the AHLTA electronic medical record for each patient he/she assists and updates his or his/her vital signs, what procedures were completed; any tests completed along with their results; as well as additional procedures and tests which need to be scheduled and completed.

This factor is evaluated at Level 4-2 and 75 points are assigned.

Factor 5, Scope and Effect

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

At Level 5-2, the purpose of the work is to provide nursing care that covers personal care, diagnostic support procedures, patient charting and patient teaching. The work contributes to a base of standard nursing care upon which further nursing care may be planned and/or provided by nurses.

The appellant's position meets but does not exceed Level 5-2, the highest level described in the PCS. The purpose of his/her work is to perform a variety of nursing care activities that assist the licensed and professional staff in diagnosing and treating illnesses and conditions of [name of unit] patients. For example, the appellant explains testing procedures; records and maintains information in the patient's AHLTA electronic medical record; schedules physical examinations and inputs into CHCS the required laboratory tests and screenings; and teaches the proper way to use crutches. His/her work contributes to the success of the clinic's medical staff in treating and caring for AIT soldiers and returning them to training as soon as medically possible.

This factor is evaluated at Level 5-2 and 75 points are assigned.

Summary

<i>Factor Level Points</i>		
1.	Knowledge required by the position	1-3 350
2.	Supervisory controls	2-2 125
3.	Guidelines	3-1 25
4.	Complexity	4-2 75
5.	Scope and effect	5-2 75
6.	Personal contacts	6-2 25
7.	Purpose of contacts	7-2 50
8.	Physical demands	8-2 20
9.	Work environment	9-2 20
	<i>Total</i>	765

The total points assigned to the appellant's position equals 765. According to the PCS's grade conversion table, positions with total point values between 655 and 850 are properly graded at GS-4.

Evaluation using the JFS for Assistance and Technical Work in the Medical, Hospital, Dental and Public Health Group, GS-600, specifically the GS-679 series

The agency did not evaluate the medical support assistance duties, our summary analysis of which follows.

Summary

<i>Factor</i>	<i>Level</i>	<i>Points</i>
1. Knowledge Required by the Position	1-3	350
2. Supervisory Controls	2-2	125
3. Guidelines	3-1	25
4. Complexity	4-2	75
5. Scope and Effect	5-2	75
6 & 7 Personal Contacts and Purpose of Contacts	6-2 7-B	75
8. Physical Demands	8-1	5
9. Work Environment	9-2	<u>20</u>
<i>Total Points</i>		750

The total points assigned to the appellant's position equals 750. According to the 600 JFS grade-conversion table, positions with total point values between 655 and 850 are properly graded at GS-4.

Since both types of work assigned to and performed by the appellant are at the same grade level, the appellant's position is properly evaluated at the GS-4 grade level.

Decision

The appellant's position is properly classified as a Nursing Assistant, GS-621-4.