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, Georgia 30303-3109

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

Appellant:	[Appellant]
Agency classification:	Cytotechnologist GS-601-9
Organization:	[Department of the Navy]
OPM decision:	GS-601-9 (Title to be determined by the agency)
OPM decision number:	C- 0601-09-01

Kathy W. Day
Classification Appeals Officer

Date:5/5/98
rdrive # 0601091.red

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

Decision sent to:

[Appellant]

[Human Resources Manager]

Director, Plans, Programs, and Diversity
Office of the Deputy Assistant Secretary
of Navy, Civilian Personnel (CP/EEO)
Department of the Navy
800 North Quincy Street
Arlington, VA 22203-1998

Mr. William Duffy
Chief, Classification Branch
Field Advisory Services Division
Defense Civilian Personnel Management
Service
1400 Key Boulevard, Suite B-200
Arlington, VA 22209-5144

Introduction

On December 10, 1997, the Atlanta Oversight Division of the U. S. Office of Personnel Management (OPM) accepted an appeal for the position of Cytotechnologist, GS-601-9, [organizational location, Department of the Navy]. The appellant believes his position should be classified as GS-11.

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

General issues

The appellant requests that OPM compare the duties of his position to those of other cytotechnologist positions within the civil service. He believes his position is classified inconsistently with others who occupy the same position but are classified at a higher grade. 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, 5112). Since comparison to standards is the exclusive method for classifying positions, we cannot compare the appellant's position to others as a basis for deciding his appeal.

The appellant makes various statements concerning the agency's classification of his position. The techniques and procedures used by an agency to develop information are selected by that agency and are not relevant to our decision if sufficient information has been developed about the duties and responsibilities of the position. Insofar as the agency and the appellant have had an opportunity to present information, it is our opinion that sufficient information is available on which to base a decision.

To help decide the appeal, an Atlanta Oversight Division representative conducted a telephone audit of the appellant's position on March 23, 1998. The audit included interviews with the appellant and his supervisors. In reaching our decision, we have reviewed the audit findings and all information of record furnished by the appellant and his agency, including his official position description.

Position information

The appellant is assigned to position number [#]. The appellant, supervisor and the agency have certified as to the accuracy of the position.

The appellant's position description states that he is the Section Lead Cytotechnologist. He ensures that all administrative, diagnostic and preparatory work is accurate and meets all accreditation and licensing criteria. He performs diagnostic evaluation of cytologic slides, both gynecologic and non-gynecologic samples, fine needle aspiration cytology and other specialized tests from a variety of body sites including lymph nodes, thyroid gland, kidney, liver, breast, lung, etc. He evaluates cellular preparations from various body sites to diagnose benign and malignant conditions including complex analysis and evaluation of abnormal results. He advises on the proper technique to employ during fine needle aspirations, makes smears and gives preliminary determinations as to the adequacy of the

sample. Upon detection of cellular manifestations of disease, the appellant develops a differential diagnosis supported by cellular evidence and pertinent cognitive knowledge in conjunction with clinical history and data. He evaluates the validity of data (history) and correlates test results with other laboratory and patient data to lead to a conclusion. He assures accurate recording of all patient data and results, composes diagnostic reports and enters confirmed diagnoses into the computer. He assists the pathologists in determining if additional testing needs to be done and informs health care providers of high grade gynecologic findings and malignant diagnoses. He provides necessary consultation regarding interpretation of diagnostic terminology and/or follow-up procedures.

The appellant develops procedures and establishes guidelines for correlations of cytologic preparations, quality of preparations and troubleshooting protocols. He identifies unusual results or discrepancies/conditions which cause erroneous results (instrument failure, stain failure, misidentification) and takes appropriate action to make corrections and solve problems. He develops and maintains a current procedures manual and makes revisions as needed. He revises or creates new forms and ensures that all policies and procedures and safety practices are effectively followed.

The appellant participates in providing in-service training to laboratory personnel and health care providers both inside the hospital and in outlying clinics. He trains medical technologists, students and technicians in departmental policies and procedures; evaluates new methodologies and procedures for implementation and writes standard operating procedures for monitoring implementation. He evaluates and adapts new methodologies to improve and/or update existing operational efficiency.

The appellant supervises one military cytotechnologist. He assesses daily workload and organizes, assigns, prepares and/or oversees the preparation of cytologic material and staining of slides. He orders and maintains all expendable supplies and reagent stocks in an efficient and cost effective manner. He receives and monitors all controlled substances used in the cytology area.

The appellant establishes, monitors, performs and updates strict quality control and quality assurance programs that include daily, weekly, monthly and yearly equipment maintenance and calibration, as well as daily reagent quality controls and calibration of all volumetric equipment and temperature recording devices. He is responsible for monitoring and enforcing all infection control and safety procedures and maintaining a clean and safe work environment. He compiles statistical data to prepare quality assurance monthly and yearly reports and keeps logs of cyto-histologic correlations, physician notification and unsatisfactory smears to assure adequate follow- up of patients. He performs, monitors and evaluates on-going proficiency testing programs of the College of American Pathologists (CAP) and other proficiency testing agencies. He assures compliance with all accreditation regulations and standards.

The appellant works under the administrative direction of the Assistant Laboratory Officer and the technical direction of a pathologist. The pathologist establishes testing parameters and confers with the appellant on deadlines and priorities. The appellant receives orders from physicians for routine and specialized tests and independently plans and carries out assignments determining the methods

and techniques to be employed and the instruments and testing materials needed. He independently identifies and diagnoses cell conditions and prepares recommendations for patient follow-up and/or treatment. He handles and resolves problems instituting corrective measures in accordance with current standards of good medical practice and discusses more complex issues or problems with the supervisor. The pathologist performs a 10 percent quality review of routine/normal diagnoses and a 100 percent review of all abnormal specimen diagnoses, as required by law. Completed work is tracked through a monthly statistical report of egregious errors which affect patient care. Administrative work is reviewed for compliance with hospital and accreditation standards and requirements. Technical work is reviewed for diagnostic accuracy.

Standard determination

Handbook of Occupational Groups and Series, Definition for General Health Science Series, GS-601, January 1998.
Medical Technology Series, GS-644, May 1984.
General Schedule Leader Grade Evaluation Guide, April 1998.
General Schedule Supervisory Guide, April 1998.

Series determination

The agency placed the position in the General Health Science Series, GS-601. The appellant does not contest their determination.

The GS-601 series includes positions which involve research or other professional and scientific work which is specifically health-oriented in character, when the work is of such generalized or miscellaneous specialized nature that the positions are not more appropriately classifiable in any of the existing series in this or any other Group. The work requires a background of knowledges, skills and techniques gained from professional training in a health science or allied scientific field, but has no paramount, rigid or continuing requirement for the knowledges, skills and techniques characterizing any of the established series which reflect one or more of the academic disciplines or recognized professions. Such work may cut across and require understanding of scientific methods and techniques common to several recognized professional fields in the health, medical or allied sciences (e.g., work in the field of health research administration requiring knowledge of research methodology common to a number of different scientific fields); and/or the work may represent a new, emerging or miscellaneous professional occupational area of a health science not readily identifiable with established series.

The work requires knowledge of cytology, cytopathology, pathology, general anatomy, microanatomy, physiology, pharmacology and medical terminology to identify and interpret normal and abnormal microscopic cellular samples from all body parts and professional certification. Cytotechnology is a specialized field that is not classifiable within any of the established series within the GS-600 group. Therefore, the GS-601 series is appropriate.

The position is properly placed in the GS-601 series.

Title determination

The agency titled the position *Cytotechnologist*. The appellant believes his title should include a supervisory designation. The appellant's position description does not indicate the percentage of time the appellant spends on supervisory responsibilities. During our interview with the Medical Laboratory Director, she stated that the appellant spends 25 percent of his time performing supervisory responsibilities. She also stated that the appellant's quality assurance and control responsibilities were more of a supervisory responsibility than an administrative responsibility and included them in the 25 percent total.

A supervisory prefix or suffix is applied to a position that meets the requirements for coverage in the General Schedule Supervisory Guide (GSSG). The GSSG is used to grade supervisory work and related managerial responsibilities that:

- require accomplishing work through the combined technical and administrative direction of others;
- constitute a major duty occupying at least 25 percent of the position's time; and
- meet the lowest level for Factor 3 in the guide.

To meet the lowest requirements under Factor 3, positions must meet paragraph *a* or *b* or *c* of Factor Level 3-2. Paragraph *a* covers positions that involve supervision of production work. Paragraph *b* covers positions with oversight responsibility over contracting functions. Since the appellant does not supervise work in either of these areas, paragraphs a and *b* are not applicable. Paragraph *c* requires that positions carry out at least 3 of the first 4 supervisory responsibilities, and a total of 6 or more of the following 10 authorities and responsibilities: (1) plan work to be accomplished by subordinates, set and adjust short-term priorities, and prepare schedules for completion of work; (2) assign work to subordinates based on priorities, selective consideration of the difficulty and requirements of assignments, and the capabilities of employees; (3) evaluate work performance of subordinates; (4) give advice, counsel, or instruction to employees on both work and administrative matters; (5) interview candidates for positions in the unit; recommend appointment, promotion, or reassignment to such positions; (6) hear and resolve complaints from employees, referring group grievances and more serious unresolved complaints to a higher level supervisor or manager; (7) effect minor disciplinary measures, such as warnings and reprimands, recommending other action in more serious cases; (8) identify developmental and training needs of employees, providing or arranging for needed development and training; (9) find ways to improve production or increase the quality of the work directed; and (10) develop performance standards.

The first requirement under Factor Level 3-2 (c) is not met. This involves responsibility for the direction of work by others. The word "others" is plural and the intent is clear that a position

classified as a supervisor under the GSSG must direct work performed by more than one person. The appellant supervises one military cytotechnologist. There is one E-4 military cyto prep technician (a histopathology technician assistant) but the incumbent works on an "as needed" basis to handle backlogs of work. The military cytotechnologist prepares and files all gynecological and non-gynecological slides. He changes stains, filters stains, rotates alcohols, and trouble shoots when staining results are less than optimal. He accessions and creates work documents and slide labels and enters results. He gathers statistical data and generates reports using a computerized laboratory system. He also maintains written records of daily events, and coordinates, prepares, stains and reads all slides prior to submission to the pathologist. The military cytotechnologist is responsible for reading all pap smears and applying the various diagnostic protocols he or she has learned through a formal training program. The military cytotechnologist's work is subject to a 100 percent peer review for a duration of 2 months. After this period, his diagnostic evaluations are subject to the same level of review as the appellant's (a 10 percent quality review of all normal diagnoses, and a 100 percent review of all abnormal diagnoses by the pathologist). Since a pathologist is the only position that has full responsibility for the medical accuracy of the work, the appellant does not have full technical responsibility over the work of the military position. He only ensures the quality of work meets procedural requirements and standards. Thus, the appellant does not meet the first requirement.

In addition to assigning work, the first authority requires that supervision also involve responsibility for planning the work to be accomplished by subordinates and setting and adjusting short-term priorities. In the appellant's official position description of record, supervisory responsibilities involve assessing daily workload, organizing, assigning, preparing and/or overseeing the preparation of cytologic material and staining of slides of one military cytotechnologist. However, the manner in which the work is received does not allow the appellant to plan or prioritize the work to be accomplished in the laboratory. Tests are requested by clinicians, and the work is performed as it comes in. The work is divided almost equally between the appellant and the subordinate cytotechnologist regardless of the difficulty of the test requested according to the workload statistics furnished by the appellant.

In addition to the authorities listed in the appellant's position description, the supervisor stated that the appellant provides input on subordinate performance review and appraisal, coordinates with the Assistant Laboratory Director on leave scheduling based on workload, furnishes advice and guidance, provides training and instruction to the subordinate and other staff on cytology laboratory and testing procedures and has authority to recommend minor disciplinary actions. However, none of these authorities meet the requirements for Level 3-2c. For example, providing input on performance is not equivalent to evaluating performance as stated under the third supervisory authority. While the appellant coordinates leave schedules and may approve short term leave, the authority for the approval of leave and disciplinary actions is delegated to the appellant's supervisor. His authorities fall short of meeting the full intent of authorities 3, 7 and 10. Authorities 4, 5 and 6 are delegated to the Assistant Laboratory Director.

According to the information furnished by the appellant, cytotechnologists must complete a one year specialized training class and maintain certification in cytotechnology by an approved cytotechnology association in order to perform tests. The appellant is not an instructor nor does he certify the cytotechnology qualifications of other employees. The training furnished by the appellant is more administrative in nature (e.g., information on new or revised laboratory requirements and policies or operating procedures). Thus, authority 8 is not met.

We also did not find any evidence to support the supervisor's statement that the appellant's quality assurance/control responsibilities are more similar to supervisory responsibilities. Authority 9 requires the supervisor to find ways to improve production or increase the quality of the work directed. The appellant's quality assurance and control responsibilities are part of the laboratory administration functions. In performing his duties, the appellant is not responsible for finding ways to improve or increase the quality of the work directed. The appellant follows established quality control procedures to ensure test results are performed within established guidelines. Thus, authority 9 is not met. Since the appellant's position does not meet the minimum requirements for coverage under GSSG, his position is not considered supervisory.

Although the position description indicates that the appellant serves as a section leader, he does not meet the requirements for coverage by the General Schedule Leader Grade Evaluation Guide. The appellant leads only one military cytotechnologist performing two-grade interval work and one technician who works on an "as needed" basis. Part I of the Leader Guide is used to classify positions of work leaders who regularly lead 3 or more employees in clerical or other one-grade interval occupations and who perform work that is usually of the same kind and level. Part II is used to classify positions that lead a team of employees in accomplishing two-grade interval work. Team leaders usually perform work that is of the same kind and level as the highest level of work accomplished by the team. Since the appellant's position is not covered by Part I or Part II, the Leader Guide is not applicable and the designation *Leader* is not appropriate.

The GS-601 standard does not prescribe titles for positions. Therefore, the agency may construct a title following the guidelines in the Introduction to the Position Classification Standards.

Grade determination

The agency used the GS-644 series for grading purposes. The appellant believes that cytology is not a related discipline and does not understand how this series can be applied to his position. The GS-601 series does not contain grading criteria. Since there are not specific grade level criteria for professional cytotechnology work, an appropriate general classification guide or criteria in a standard or standards for related kinds of work must be referenced to make a grade-level determination. The criteria selected as the basis for comparison should be for a kind of work as similar as possible to the position to be evaluated with respect to:

- the kind of work processes, functions, or subject matter of work performed;
- the qualifications required to do the work;

- the level of difficulty and responsibility; and
- the combination of classification factors which have the greatest influence on the grade level.

Within the GS-600 Medical, Hospital, Dental, and Public Health Group, the Pathology Technician Series, GS-645, involves technical work subordinate to the work of pathologists or other physicians or (other professional personnel) who make the final diagnostic examinations of specimens of human tissues and/or cell preparations. While the appellant's cytopreparatory techniques can be evaluated by this standard, technical work does not represent the highest level of work performed. The higher level work requires professional knowledge of cytology principles, theories, practices, procedures, methodologies and related biological sciences; teaching and instructional techniques; knowledge of the recognized standards of care and the Federal, state and accrediting agencies' regulations; and skill in using a compound microscope and other laboratory testing equipment.

The GS-644 series includes positions which require professional knowledge and competence in the field of medical technology. Medical technology involves performing, advising on, or supervising clinical laboratory testing of human blood, urine, and other body fluids or tissues, using manual or automated techniques; confirming test results and developing data which may be used by physicians in determining the presence and extent of disease or in support of medical research; modifying or designing laboratory procedures; establishing and monitoring quality control systems and measures; and providing instruction in the basic theory, technical skills, and application of laboratory test procedures. Medical technology includes work in such areas as hematology, bacteriology, mycology, virology, parasitology, immunology, serology, immunohematology (blood banking), clinical chemistry (including endocrinology and toxicology) and urinalysis as they relate to clinical laboratory practice. The work requires professional knowledge of medical technology which includes a thorough knowledge of the principles, theories and accepted practices of the clinical laboratory sciences as they relate to the conduct of tests on human blood, urine, and other body fluids and tissues; a broad knowledge of laboratory testing methodologies and quality assurance procedures; specialist knowledge of clinical correlation which relates laboratory test data to human physiology; knowledge of disease states and the clinical significance and application of various tests as aids in diagnosing the causes of disease; and an understanding of related disciplines such as microbiology, chemistry, pharmacology, anatomic pathology, and nuclear technology.

The GS-644 series provides related criteria in respect to the evaluation of administrative and technical laboratory processes, similar professional knowledge base requirements in biological sciences, technical and analytical methods and techniques, and certification requirements needed to perform laboratory testing, evaluation and diagnostic work. While a medical technologist performs tests on blood, other body fluids or tissues, a cytotechnologist focuses on evaluating or diagnosing changes in cellular structure. With the differences in subject matter noted, the GS-644 series is the most closely related OPM standard that can be used to evaluate the appellant's higher level duties and responsibilities.

The Medical Technology Series, GS-644, standard is written in the Factor Evaluation System (FES) format. Under the FES, positions are placed in grades on the basis of their duties, responsibilities,

and the qualifications required as evaluated in terms of nine factors common to nonsupervisory General Schedule positions.

A point value is assigned to each factor based on a comparison of the position's duties with the factor-level descriptions in the standard. The factor point values mark the lower end of the ranges for the indicated factor levels. For a position factor to warrant a given point value, it must be fully equivalent to the overall intent of the selected factor-level description. If the position fails in any significant aspect to meet a particular factor-level description in the standard, the point value for the next lower factor level must be assigned, unless the deficiency is balanced by an equally important aspect which meets a higher level. The total points assigned are converted to a grade by use of the grade conversion table in the standard.

Under FES, positions which significantly exceed the highest factor level or fail to meet the lowest factor level described in a classification standard must be evaluated by reference to the Primary Standard, contained in Appendix 3, of the Introduction to the Position Classification Standards. The Primary Standard is the "standard-for-standards" for FES.

The appellant does not contest the agency determination of Factors 3, 4, 5, 6, 7, 8, and 9. We have reviewed those factors and agree with the agency evaluation. Therefore, this decision will only address those factors with which the appellant disagrees.

Factor 1 - Knowledge Required by the Position

This factor measures the nature and extent of information or facts that a worker must understand to do acceptable work, 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.

The agency evaluated this factor at Level 1-6. The appellant believes that the tests and procedures he uses in the cytology laboratory section are of greater than average difficulty. To support his belief, the appellant furnished a copy of standard operating procedures which he has revised three times during his tenure at the hospital and a copy of the laboratory manual which includes standard operating procedures he developed for the cytology portion of the manual. He believes these documents demonstrate that his work has a requirement for frequent modifications of procedures and that the diverse variety of specialized tests he must evaluate in his laboratory require a level of knowledge exceeding Level 1-6.

At Level 1-6, the work requires professional knowledge of the established principles, concepts and methods of medical technology (cytotechnology), 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 a clinical laboratory. Also at this level is knowledge of laboratory mathematics and statistics sufficient to establish quality controls, troubleshoot procedures and

equipment, calculate and correlate test results, and set up and implement new procedures, as well as knowledge of related disciplines (e.g., histology, cytology, pharmacology, pharmacokinetics, anatomy, physiology, epidemiology, genetics). In addition, this level requires knowledge of the significance of certain clinical and physiologic conditions (e.g., conditions affecting hormone secretion) sufficient to use such knowledge in assessing and correlating data, verifying results, etc. (e.g., evaluating certain stains prepared in histology, recognizing interfering drugs or infectious diseases that can cause abnormal results, assuring proper collection and preservation of specimens, performing therapeutic drug monitoring). Level 1-6 describes knowledge and understanding of recognized reference standards, medicolegal requirements, regulatory and accrediting agency requirements, and pertinent statutes sufficient to use such knowledge in performing/monitoring diagnostic tests (e.g., maintaining chain of custody when a specimen is submitted for medicolegal reasons so as not to affect the legality of the results, using and storing controlled substances in an appropriate manner, assuring that blood and blood products meet prescribed specifications, reporting notifiable diseases to proper authorities). 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, the work requires professional knowledge of medical technology applicable to a wide range of duties in one or more speciality areas or functions, and a high level of skill in applying this knowledge in solving very complex problems involving diverse aspects of clinical laboratory practice (e.g., conducting a variety of specialized tests of greater than average difficulty, as in the more esoteric laboratory areas of virology, histocompatibility, tissue typing, or cytogenetics) or in a discipline that is undergoing significant development, where procedures require frequent modification and change in order to incorporate revised theories and techniques; modifying or adapting established methods to improve or extend test systems; and evaluating, modifying, or adapting new methods to meet the requirements of particular testing situations. Also at this level is knowledge of regulatory, licensing, and accrediting agency requirements, medicolegal responsibilities, and statutes governing clinical laboratory operations sufficient to use in planning, implementing, or monitoring laboratory programs/services (e.g., determining needs, assuring compliance with standards), as well as management administrative, or coordinative knowledge and skill sufficient to provide advisory, reviewing, inspecting, education and training, or problem-solving services (as a "troubleshooter", specialist, or coordinator) 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 management system that provides reports of results, interpretative information, and special reports).

Similar to Level 1-6, the appellant's work requires knowledge of established cytology principles, methods and concepts to perform the full range of standardized tests and complex analyses of non-routine tests; skill and ability to instruct students and staff in new or revised operating procedures and the ability to revise and implement changes in local operating procedures. He must have skill in the operation, calibration and maintenance of laboratory equipment and familiarity and knowledge of

professional laboratory and accreditation standards and requirements to perform quality control and quality assurance responsibilities. Although the appellant revised the Cytopathology Standard Operating Procedures Manual three times during his tenure with the hospital, the revisions are administrative changes directed by higher authorities within the chain of command. In developing the cytology portion of the laboratory handbook, the appellant did not develop new theories, practices, techniques or methodologies. He incorporated standard cytology practices, tests and hospital standards and requirements developed by pathologists, scientists or medical researchers or hospital administrators to ensure the cytology laboratory used up-to-date cytology testing methods and procedures. In addition, all handbooks or operating procedures revised or developed by the appellant are subject to the review of the supervisor and Laboratory Director who is also a pathologist and the appellant's second level supervisor. The techniques, practices and test procedures used by cytotechnologists are universal. The appellant does not have authority to change or develop new procedures because of the legal liability associated with the work.

Laboratory statistics furnished by the appellant from the Copath System from March 1, 1997, to March 1, 1998, show 10,169 completed cases that are broken down as follows:

Laboratory Workload Statistics
3/1/97 - 3/1/98

Case Type	Specimens	Smears Received	Smears Made	Cell Blocks	Cytospins	Total Smears
Fine Needle Aspirates	102	21	794	99	30	944
Gyn	8075	8746	0	0	0	8746
Non-Gyn	349	53	70	36	320	479
Totals	8526	8820	864	135	350	10169

Appellant's Workload Statistics
3/1/97 - 3/1/98

Case Type	Specimens	Smears Received	Smears Made	Cell Blocks	Cytospins	Total Smears
Fine Needle Aspirates	53	17	389	54	14	474 (8.5%)
Gyn	4484	4842	0	0	0	4842 (87%)
Non-Gyn	179	23	37	27	168	255 (4.5%)
Total	4716	4882	426	81	182	5571 (100%)

The appellant estimates that he spends 3-4 hours a day during an 8-hour shift performing cytology case work. Workload statistics show that gynecological cases (which he states are mostly pap smears) account for 87 percent of appellant's case work; fine needle aspirates account for 8.5 percent of his cases; and the remaining 4.5 percent are non-gynecological cases. Pap smears represent the largest number of cases. However, out of 4782 smears, none required complex staining, fixation or preparatory testing techniques or procedures. According to the supervisor, there are no standard operating procedures on how to read a slide. There are over 5,000 cells that are in a pap smear slide that must be reviewed to determine if there is an abnormal cellular structure present. Evaluating pap smears to identify changes in cellular structure requires years of experience after completion of certification training. Complexity is increased when patient history is unavailable, making diagnosis more difficult. This is comparable to Level 1-6 where the technologist must be able to perform the full range of specialized tests and recognize certain conditions that may affect the findings in order to help assess and verify the results.

The staining, fixation and preparatory techniques and methods used by the appellant for non-gyn smears and fine-needle aspirations range from simple to complex techniques such as: cytospin, a technique used to separate cells; direct scraping smears of lesions; development of cell blocks which involves collecting suspended particles and using a centrifuge to make a clot or cell mass that can be sent to histology so they can cut it into sections for the appellant to diagnose; fine needle aspirations, saccomano technique which is a cellular preservative used for all non-gyn liquid state specimens; toluidine blue technique which is used to determine cellular adequacy; buccal smears, a form of cytogenics used for DNA typing (determining sex of fetus); cover slipping; and complex staining, papanicolous, which involves a series of preservative, dipping and
cleaning techniques. The techniques and methods used by the appellant, while complex, are universal and standard (i.e., methods and techniques that are well-established, apply to most situations

encountered, require application of standard skills and training to perform complex analysis) and are typical of Level 1-6.

The techniques used by the appellant are dependent upon the type of test requested by the clinician. In addition, the appellant does not modify or develop alternative testing methods to perform diagnostic evaluations. Only a pathologist, scientist or medical researcher can modify or develop an alternative testing method. In addition, any changes to standard cytology testing must be approved by the American Medical Association.

The appellant's work in the specialized area of cytotechnology relies primarily on standard operating procedures which are updated based on changes to administrative, regulatory and medical standards as opposed to frequent changes in technical requirements based on new or revised scientific or medical research theories and technological advances. There is no other evidence to support that his case work involves a substantial portion of diverse tests of greater than average difficulty than is recognized by his profession or that his specialization is frequently undergoing the type of significant theoretical and technical development typical of Level 1-7. Therefore, Level 1-7 cannot be credited.

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

Factor 2 - Supervisory Controls

This factor covers the nature and extent of direct or indirect controls exercised by the supervisor, the employee's responsibility for carrying out assignments, and how completed work is reviewed.
The agency evaluated this factor at Level 2-3. The appellant believes Level 2-4 is warranted.

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., blood typing from heparinized blood, superficial contamination of specimens collected from body sites containing indigenous or colonizing bacteria); troubleshooting complex instruments; and correlating test results with patient data (history, physical findings, medications, and other laboratory 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. The methods used in arriving at the results are not usually reviewed in detail. If the technologist is alone (e.g., night shift, on call), the supervisor may review reports after the fact.

At Level 2-4, the supervisor sets the overall objectives and resources available. The medical technologist and supervisor, in consultation, develop the deadlines, projects and work to be done. The medical technologist, having developed expertise in a particular speciality 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 with others as necessary; and interpreting policy in terms of established objectives. In some assignments, the medical technologist also determines the approach to be taken and the methodology to be used. The medical technologist keeps the supervisor informed of progress, potentially controversial matters, or far-reaching implications. 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 appellant believes that he independently plans and carries out a major laboratory program because the cytology department and the impact it has on patient care constitutes a major laboratory program. A major laboratory program, as described in OPM classification standards, is a laboratory program that furnishes a variety of laboratory services including a laboratory that offers a variety of specialized testing services and procedures because of the medical and specialized services offered by the hospital, resident training programs, or a hospital equipped to handle the most complex and unusual patient conditions; a reference laboratory providing specialized laboratory services to other laboratories; or a remote laboratory providing a diverse number of laboratory services without pathologist or higher graded medical technologist supervision. The appellant's laboratory program is more limited than the type of laboratory program described at Level 2-4.

The appellant states that he sets the daily overall objectives and resources available and with the pathologist, develops the parameters of testing procedures, cytologic evaluation of cases, and projects to be done. Contrary to the appellant's statement, the Laboratory Manager who is also a Supervisory Pathologist, is responsible for establishing the Laboratory Department goals and objectives and has the authority to approve all resources within her program. The appellant does not have this level of authority but works within the program objectives and resource allocations established by the Laboratory Manager or higher levels of hospital administration. Additionally, the Assistant Laboratory Manager provides administrative supervision to the appellant including review and approval of laboratory procedures, changes and revisions to standard operating procedures and manuals, and a monthly review of workload statistics, as well as quality control and quality assurance reports. The appellant has developed a high level of accuracy and expertise in cellular evaluation and is given wide latitude to perform work independently. Comparable to Level 2-3, he plans and carries out his work in accordance with established procedures, uses judgment to assess what methods must be used and to recognize conditions which could affect results, and consults with other specialists when necessary. He makes all normal certifications and recommendations for abnormal findings which by law, must be certified by the pathologist. Although the supervisor indicated that the appellant's expertise normally results in accurate diagnoses, the requirement for review and the legal responsibility of a pathologist's certification for a final diagnosis, as well as the fact that the appellant does not have responsibility for independently making modifications, revisions or changes in cytology

services and is not responsible for a major laboratory program, preclude his position from being credited at Level 2-4.

This factor is evaluated at Level 2-3, for 275 points.

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
8. Physical Demands	8-2	20
9. Work Environment	9-2	20
	TOTAL	1915

A total of 1915 points falls within the range for a GS-9, 1855 to 2100 points, according to the Grade Conversion Table in the GS-644 standard.

Decision

The position is properly classified as a GS-601-9, with the title at the discretion of the agency.