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

Dallas Field Services Group
Plaza of the Americas, North Tower
700 North Pearl Street, Suite 525
Dallas, TX 75201

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

Appellant:	[appellant]
Agency classification:	Medical Technologist GS-644-9
Organization:	Laboratory Staff Clinical Services Branch Division of Medical Services [name] Service Unit [name] Area Office Indian Health Service Department of Health and Human Services [location]
OPM decision:	Medical Technologist GS-644-9
OPM decision number:	C-0644-09-02

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Marta Brito Pérez
Associate Director
Human Capitol Leadership
and Merit System Accountability

July 2, 2004

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Date

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

Decision sent to:

[appellant's name and address]

Personnel Officer
[servicing HR office address]

Director, Human Resources
Indian Health Service
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12300 Twinbrook Parkway, Suite 230
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Introduction

The Dallas Field Services Group of the Office of Personnel Management (OPM) accepted a position classification appeal on February 26, 2004, from [appellant], an employee of the [name] Indian Hospital. [the appellant's] position is currently classified as a Medical Technologist, GS-644-9, and is assigned to the Laboratory Staff, Clinical Services Branch, Division of Medical Services, [name] Service Unit of the [name] Area Office, Indian Health Service, Department of Health and Human Services, located at [location]. The appellant believes her position should be classified at the GS-10 grade level. We received the agency's administrative report on March 29, 2004. We have accepted and decided this appeal under section 5112 of title 5, United States Code.

Position information

The [name] Indian Hospital is a 30-bed facility providing general medical, pediatric, newborn, and OB/GYN inpatient care. Some general surgery is performed and other specialized services are provided through contract arrangements with specialists from other facilities. The hospital operates a 24-hour, 8-bed emergency room but has no intensive care unit. The hospital operates an outpatient clinic and serves as parent hospital for two other remotely located Health Care Centers, i.e., [two names]. The laboratory serves the hospital, the outpatient clinic, an associated nursing home, and performs more specialized testing for the Health Centers at [two names].

The laboratory staff operates as generalists. The day-shift staff rotates monthly through the various functions of the lab. The appellant works as the sole medical technologist assigned to the night shift (9:30 pm to 8:00 am, Wednesday through Saturday) in the hospital's clinical laboratory. A contract technologist works from 10:00 pm to 6:30 am the remaining days. The appellant performs the full range of emergency and routine procedures in the areas of chemistry, urinalysis, hematology, serology, microbiology, toxicology, and blood banking. In addition, she has primary responsible for microbiology with regard to quality control, updating procedural manuals, selecting and maintaining inventory of reagents and supplies, etc. She performs daily maintenance and quality control checks on all the instruments in the laboratory each night. Approximately one-third of her time involves microbiology work in identification of organisms and their antibiotic sensitivities, correlation and parallel testing, and research to resolve problems and identify possibilities for new testing methods and equipment. She receives the requests for blood work to be done in the early morning, enters those requests into the computer, draws the patients' samples, and begins the testing. The appellant must respond to all requests for lab work that are made during her shift. These may originate through the emergency room, labor and delivery, or for other hospitalized patients. The appellant's position description (PD) and other material of record furnish more information about her duties and responsibilities.

To help decide the appeal, we conducted a telephone audit of the appellant's position on May 12, 2004, and interviewed her immediate supervisor on May 17, 2004, and the technologist responsible for the laboratory's quality assurance program on May 19, 2004. In reaching our classification decision, we have reviewed the audit findings and all the information provided by the appellant and her agency, including the official PD [number] which we incorporate by reference into this decision.

Series, title, and standard determination

The GS-644 Medical Technologist Series includes positions that require professional knowledge and competence in the field of medical technology. The appellant does not question the series and title of her position. We agree with the agency's determination that the position is properly assigned to the GS-644 series and titled Medical Technologist. The position is properly evaluated by comparison with the position classification standard for the GS-644 series.

Grade determination

The GS-644 standard uses the Factor Evaluation System (FES), which employs nine factors. Under the FES, each factor level description in a standard 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. Conversely, the position may exceed those criteria in some aspects and still not be credited at a higher level. Our evaluation with respect to those nine FES factors follows.

Factor 1, Knowledge required by the position

This factor measures the nature and extent of information or facts the technologist must understand to do acceptable work and the nature and extent of the skills needed to apply those knowledges. To be selected under this factor, a knowledge must be required and applied.

At Level 1-6, in addition to the basic knowledge described at Level 1-5, work requires a professional knowledge (as acquired through graduate education or clinical experience) of the established principles, concepts, and methods of medical technology and skill in applying this knowledge in performing/monitoring the full range of specialized tests and nonroutine procedures for which there are standard methods and techniques in one or more areas of the clinical laboratory. This level requires 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. Level 1-6 requires knowledge of related disciplines and the significance of certain clinical and physiologic conditions sufficient to use that knowledge in assessing and correlating data, verifying results, etc. The technologist must know and understand recognized reference standards, medicolegal requirements, regulatory and accrediting agency requirements, and pertinent statutes sufficient to use that knowledge in performing/monitoring diagnostic tests. Some positions require knowledge of instructing techniques to instruct students and others in basic principles and specialized methods of one or more areas.

At Level 1-7, professional knowledge is required to apply a wide range of duties in one or more specialty areas or functions and a high level of skill in applying this knowledge to solving very complex problems involving diverse aspects of clinical laboratory practice; modifying or adapting established methods and procedures or making significant departures from previous approaches; revising standard methods to improve or extend test systems; and evaluating, modifying, or adapting new methods. This level requires knowledge of regulatory, licensing,

and accrediting agency requirements, medicolegal responsibilities, and statutes governing laboratory operations sufficient to use in planning, implementing, or monitoring laboratory programs/services to determine needs and assure compliance with standards. Level 1-7 requires management, administrative, or coordinative knowledge and skill to provide advisory, reviewing, inspecting, education and training, or problem-solving services on specific programs, projects, or functions.

The appellant, during her night shift work, is responsible for all laboratory functions plus an emphasis on microbiology. Comparable to the Level 1-6 , her work requires knowledge and experience to perform all tests offered at the facility, use and maintain the instruments, and assess and correlate test results with other data based on knowledge of related disciplines. She must have sufficient knowledge of medicolegal and accrediting/regulatory agency requirements to assure that work is consistent with those standards. The appellant instructs other technologists in new microbiology procedures and control sample testing. At Level 1-6, the standard provides three illustrations, including one describing establishing and monitoring quality controls in the microbiology section (general and special bacteriology, anaerobic bacteriology, mycobacteriology, mycology, parasitology, and infection control) of a clinical laboratory and to coordinate/integrate the program with the laboratory's quality assessment and control activities. This level closely matches the role of the appellant's position.

The appellant's work does not fully meet Level 1-7. This level involves conducting a variety of specialized tests of greater than average difficulty, e.g., as in more esoteric areas such as virology, histocompatibility, tissue typing, or cytogenetics. The appellant's facility does not perform that level of specialized testing. While the 1-7 level discusses management, administrative, or coordinative knowledge and skill to provide advisory, reviewing, inspecting, training, or problem-solving services, it continues on to describe development, review, and evaluation of work plans, including estimates of personnel, equipment, and supplies, and detailed instructions to carry out plans for long-term projects such as designing clinical laboratory information management systems. While the appellant's work does involve problem solving and training, it does not fully meet the Level 1-7 in that it does not require the additional knowledge and skill required to perform the full range of work depicted at that level.

Level 1-6 is credited for 950 points.

Factor 2, Supervisory controls

This factor measures the nature and extent of direct or indirect controls exercised by the supervisor, the technologist's responsibility, and the review of completed work.

At Level 2-3, the supervisor makes assignments by defining objectives, priorities, and deadlines, and assists the technologist with unusual situations that do not have clear precedents. The technologist plans and carries out successive steps and handles problems and deviations in assignments in accordance with established protocols, previous training, or accepted laboratory practices. Where there is a need to deviate or modify procedures, the technologist will make a literature search or consult with medical staff or technical authorities and implement corrective action consistent with professional methodology. Completed work is evaluated for technical

soundness, appropriateness, and conformity to policy and requirements. Methods are not usually reviewed in detail. If the technologist is alone, the supervisor may review reports after the fact.

At Level 2-4, the supervisor sets the overall objectives and resources available. The technologist and supervisor, in consultation, develop the deadlines, projects, and work to be done. The technologist, having developed expertise in a particular specialty or application area, 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 needed, and interpreting policy in terms of established objectives. 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.

When the appellant works her shift, she works alone and is responsible for determining the appropriate priorities for her work each evening within the overall policy and objectives determined by the supervisor and hospital management. As at Level 2-3, she is expected to carryout her assignments, handling problems and deviations within established protocols, training, and laboratory practices. Based on her knowledge and experience, she is able to resolve most problems encountered. When dealing with equipment problems, there is 24-hour technical help available, if needed. The appellant has independently arranged for certain testing to be performed at other facilities until equipment repair is completed. Although she operates with somewhat more independence than typical at Level 2-3, Level 2-4 is not fully met. While the appellant has primary responsibility for microbiology functions at the hospital, there is a technologist position with overall responsibility for the laboratory's quality assurance program. The appellant is not assigned continuing responsibility for independently planning and carrying out a major laboratory program, e.g., laboratory information management, quality assurance.

Level 2-3 is credited for 275 points.

Factor 3, Guidelines

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

At Level 3-3, guidelines are available, including established and/or experimental protocols, technical manuals and journals, and agency/hospital regulations, but are not completely applicable to the work or have gaps in specificity. Decision criteria do not cover every situation. The technologist uses judgment in interpreting and adapting guidelines and precedents for application to specific cases or problems in accordance with established policies and accepted theory, in setting up and adapting new tests for local use, and in recommending changes to procedures.

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

technologist uses initiative and resourcefulness in deviation from or extending traditional methods and practices or developing and recommending new or substantially modified methods, criteria, or policies.

Comparable to Level 3-3, the appellant has agency and hospital policies and directives, instrument handbooks and logs, and procedure manuals available for use. These include instructions for analytical methods and procedures, control and calibration procedures, and pertinent literature references. However, these have gaps in specificity and the appellant must use judgment in resolving questions and problems. Like the 3-3 level, she must recognize problems in areas of malfunction of instruments and control samples and adapt procedures accordingly. Instrument service staff and reference labs can provide additional instruction in troubleshooting and repair or resolution of problems by telephone, if needed.

The guidelines available for the appellant's use are more specific than those typical at Level 3-4; i.e., administrative policies, laws, etc. While the appellant must use judgment interpreting precedents to resolve problems in specific cases, she is not responsible for developing new or substantially modified methods, criteria, or policies as typical of Level 3-4.

Level 3-3 is credited for 275 points.

Factor 4, Complexity

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

Level 4-3 describes work that includes a variety of duties involving different processes and methods, e.g., collecting and preparing specimens, preparing and controlling reagents, calibrating or standardizing and maintaining instruments, and performing complex analyses; conducting quality control procedures on equipment, reagents, and products; and setting up, standardizing, and implementing new procedures. Decisions depend on the analysis and evaluation of collection techniques and conditions, specimen characteristics, adequacy of reagents, instrument performance, acceptability of control samples, results of quality control procedures and other variables. The course of action may be selected from many alternatives. Work typically requires analyzing and interpreting a variety of conditions and elements to clarify results.

Level 4-4 of the standard describes work involving full responsibility for the technical aspects of a discipline or functional area of the laboratory and includes a wide variety of duties involving diverse and complex technical or administrative problems and considerations. Assignments involve complicating factors such as practical economic or operating problems, inadequate or discrepant information about the use of new instruments or methodologies, or requests for modified procedures, test alternatives, or special studies to meet specific clinical situations. The work typically requires determining ways to extend standard test systems, modifying conventional methods to produce acceptable results, developing new or revised procedures and protocol using standard techniques, creating or revising logic schema to determine corrective action for problems, or refining existing criteria for administering or evaluating programs.

As discussed previously, the appellant performs work in each of the laboratory functions during her shift and maintains a continuing responsibility for the microbiology work. This includes quality control and troubleshooting problems, doing literature searches, and revising procedures to resolve them. She provided examples of changes in sample collection methods and procedures, e.g., collecting an additional swab, one for gram stain and another for broth media culture to identify organisms not showing on gram stain. The lab had problems with decolorizing of gram stain quality control slides that was resolved by producing them in house with better results and more cost effective. She developed procedures to better maintain an adequate stock of current media and quality control organisms and new procedures for storage of antibiotic discs to maintain quality. She is responsible for compiling and submitting orders for all microbiology supplies to the quality assurance technologist who places all orders. The appellant has worked to resolve problems with quality control of the automated blood culture system and anaerobic jars that were showing growth of aerobic organisms. The lab is in the process of converting to a new system for anaerobic bacteria. She is responsible for keeping the microbiology procedures manuals current and assuring that those procedures meet quality and accreditation procedures and standards. Proposed changes and procedures are prepared, documented according to standards, and presented to the supervisor for approval.

This work fully meets Level 4-3. While it includes some aspects of Level 4-4, it does not fully meet the intent of that level of the standard. The appellant does not have full responsibility for the quality assurance program for the laboratory. Procedural changes for the microbiology area are approved by the supervisor. The appellant's assignments do not regularly involve the complicating factors typical of Level 4-4 or the broader areas of testing found laboratories serving hospitals providing more specialized care found at that level.

Level 4-3 is credited for 150 points.

Factor 5, Scope and effect

This factor measures 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 within and outside the organization.

The appellant does not question the agency's crediting of Level 5-3. Comparable to Level 5-3 of the standard, the purpose of the appellant's position is to perform the full range of procedures offered by the laboratory when requested during the night shift. These include routine, nonroutine, and specialized tests, using established methods. As at Level 5-3, her work affects the operation of the emergency department, OB/GYN, and the rest of the hospital, as well as the effective use of laboratory resources and the services provided to other medical professionals.

Level 5-3 is credited for 150 points.

Factor 6, Personal contacts

This factor includes face-to-face and telephone contacts with persons not in the supervisory chain.

At Level 6-2, contacts are with employees of the same agency, but outside the laboratory, or with individuals or groups from outside the agency in a moderately structured setting, i.e., contacts are generally on a routine basis, the purpose of the contact may need to made clear, and the role or authority of one or more parties may have to be identified. Typical of contacts at this level are those with patients, their families, physicians, nurses, administrative personnel, sales/product representatives, community blood sources, reference laboratory personnel, and professional and technical employees in other areas of the hospital, agency, or in State or community health care facilities.

At Level 6-3, contacts are with individuals or groups from outside the agency in a moderately unstructured setting, i.e., where contacts are not established on a regular basis, the purpose and extent of each contact is different, and the role and authority of each party is identified and developed during the course of the contact. Typical of contacts at this level are those with contractors, inspectors, researchers, educators, attorneys, community leaders, or representatives of other health departments, professional organizations, new media, or public action groups.

The appellant's PD cites contacts as described at both Level 6-2 and 6-3 in the standard. The example given for contacts outside the agency in a moderately unstructured setting is instrument service personnel. Comparable to Level 6-2, we find the appellant's primary contacts are within the hospital, e.g., patients, physicians, and nursing personnel. Outside contacts with other laboratories and hospitals may be less frequent, but they are established sources of information and services. The instrument service personnel would be included in the same category; they provide a 24-hour service to users. While the need for those contacts may not occur frequently, the purpose is the same and the role of each party is known. The appellant's primary contacts would be most comparable to Level 6-2.

Level 6-2 is credited for 25 points.

Factor 7, Purpose of contacts

The appellant does not question the agency's crediting of Level 7-2. Comparable to Level 7-2, the appellant's contacts are to provide and clarify information as well as to plan and coordinate work, and to resolve operating problems. This is comparable to Level 7-2.

Level 7-2 is credited for 50 points.

Factor 8, Physical demands

This factor covers the requirements and physical demands placed on the technologist by the work assignment.

Level 8-2 describes work requiring regular and recurring physical exertion, e.g., prolonged standing, bending over microscopes, reaching for supplies, and lifting moderately heavy items. The work may require specific physical characteristics such as dexterity (to perform intricate collection or analysis procedures) and color vision.

The appellant indicates she spends 1 to 2 hours per shift collecting blood samples from hospitalized patients, emergency room, and/or OB/GYN patients, including newborns. This involves walking, carrying a tray with all the required implements, and often movement of patients, beds, and equipment to gain access. Nightly cleaning of the laboratory machines involves moving and lifting machines and lifting and pouring to add reagents and other materials. Her work involves regular use of microscopes for identification of microbiological organisms and some manual examinations of blood and urine. This is comparable to Level 8-2, the highest level described in the standard.

Level 8-2 is credited for 20 points.

Factor 9, Work environment

This factor considers the risks and discomforts in the technologist's physical surroundings or nature of the work assigned and the safety regulations required.

Level 9-2 describes work that involves regular and recurring exposure to moderate risks which require safety precautions. The technologist is required to use protective clothing, fume hoods, safety goggles, gloves, etc.

The appellant's work involves regular exposure to chemicals, flammable liquids, and infectious materials. She must wear protective clothing and use safety goggles, fume and safety hoods, and sterile techniques. This is comparable to the Level 9-2, the highest level described in the standard.

Level 9-2 is credited for 20 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 with the grade point range for GS-9 (1855-2100).

Decision

The appellant's position is properly classified as Medical Technologist, GS-644-9.