

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

Appellant: [Appellant]

Agency classification: Health Technician, GS-640-6

Organization: [Name]
[Organization]
[Organization]
[Organization]
[Organization]
Department of the Navy
[Location]

OPM decision: Health Technician, GS-640-4

OPM decision number: C-0640-04-02

//Judith A. Davis for

Robert D. Hendler
Classification and Pay Claims
Program Manager
Merit System Audit and Compliance

5/23/2012

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).

Since this decision lowers the grade of the appealed position, it is to be effective no later than the beginning of the sixth pay period after the date of this decision, as permitted by 5 CFR 511.702. The applicable provisions of parts 351, 432, 536, and 752 of title 5, Code of Federal Regulations, must be followed in implementing the decision. If the appellant is entitled to grade retention, the two-year retention period begins on the date this decision is implemented. The servicing human resources office must submit a compliance report containing the corrected position description meeting the standards of adequacy in the *Introduction* and a Standard Form 50 showing the personnel action taken. The report must be submitted within 45 days from the effective date of the personnel action to the Office of Personnel Management (OPM) office that accepted the appeal.

Decision sent to:

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Introduction

On September 8, 2011, OPM's Atlanta Oversight office accepted a classification appeal from [Name] and on January 3, 2012, it was transferred to Philadelphia Oversight for adjudication. The appellant's position is currently classified as Health Technician, GS-640-6, and is located in the [Name], [Organization], [Organization], [Organization], Department of the Navy, in [Location]. The appellant believes his position should be upgraded to GS-7. We received the complete agency administrative report on October 17, 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 January 12, 13, and 20, 2012, February 2, 2012, and March 2, 2012, and his supervisor on February 3, 2012 and March 23, 2012. We also interviewed a physician the appellant works with on a regular and recurring basis on February 10, 2012, and a military member who supervises the [Organization] on February 13, 2012 to further clarify the appellant's regular and recurring duties. We interviewed other Navy personnel to clarify the appellant's role in the occupational health program including an industrial hygienist who is involved with evaluating the safety of the work environment for organizations serviced by the appellant on March 16, 2012; a supervisor in the [Organization], who is responsible for the medical surveillance for his staff on March 20, 2012; an assistant fire chief who is responsible for the medical surveillance for his staff on March 21, 2012, and a supervisor in the [Organization] who is responsible for the medical surveillance for his staff on March 30, 2012. 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 agency.

Background

The appellant is assigned to PD [Number]. The appellant appealed his position's grade in January 1994 to OPM. On May 6, 1994, OPM issued a decision finding the position was properly classified as a Health Technician, GS-640-6. On October 30, 2000, the supervisor made pen and ink changes to the appellant's PD. The record contains a memorandum dated August 17, 2010, wherein the previous supervisor prepared an addendum to the appellant's duties, and an April 1, 2011, email from the appellant's previous supervisor to a member of the local Human Resources Office (HRO) summarizing their telephone conversation from the previous day concerning the addendum. The HRO determined the duties listed in the addendum were already included in the PD and there was no evidence to support an upgrade of the appellant's position. The current supervisor reviewed the addendum on October 6, 2011 and agreed the addendum contains duties and responsibilities already in the PD of record.

General Issues

The appellant does not agree that his PD accurately reflects the proper grade of his position in that the “accretion of duties”; i.e., the August 17, 2010 addendum to his PD, supports the GS-7 level. In contrast, his current supervisor states those duties are covered in the existing PD. He also states all major duties, responsibilities and factors are current except for the following: (1) since 2007 the appellant no longer “visits employees” work environment to assess hazards and consult on restrictions;” (2) the PD should no longer contain the paragraph “Prepares monthly morbidity, productivity, and semi-annual workload reports for submission to Bureau of Medicine and Surgery in a clear and timely manner as prescribed by Department of the Navy instructions;” and (3) Factor 1, Knowledge required by the position, should no longer include “Emergency Medical Technician or equivalent, such as independent duty corpsman, desirable.”

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.

Position information

The [Organization], is part of the [Organization]. Its mission is to provide force health protection through readiness, operational support, health promotion, and quality family-centered care to all those entrusted to them. The appellant’s position is in the [Name]. The [Name] provides services to Navy and Marine Corps forces both on shore and at sea. The unit assists in ensuring that workplace environments are healthful through the medical surveillance of personnel exposed to workplace hazards.

The appellant performs three primary types of work as described in his PD. He spends approximately 70 percent of his time performing patient care work, approximately 20 percent performing medical tests, and approximately 10 percent performing medical support work.

With regard to the patient care work described in the PD, the appellant provides operational support to the licensed health care provider who oversees the care delivered to Navy personnel in medical surveillance programs and those who have sustained an occupational injury or disease. The appellant assists the provider in all types of examinations by recording the patient’s personal and medical history. He performs the preliminary phase of the examination, to include measuring the patient’s height, weight, temperature, respiration, and blood pressure. The appellant conducts interviews and examinations for those individuals enrolled in certain medical surveillance programs which do not require an examination by a licensed health care provider, which include health care workers, food service workers, barber and beauty shop employees, life guards, Navy Exchange staff, and child care providers. Depending on the employee’s

position, vital signs, medical histories, and/or responses to interview questions, the appellant may refer the patient to a licensed health care provider for an examination. He provides minor health care services including routine re-dressings, performs triage of walk-in patients and determines the nature of the visit after speaking to them, directs the flow of patients for sick call and occupational medicine surveillance programs, verifies the patient's eligibility for occupational health treatment and directs patients to or escorts them to other clinics.

The appellant does not perform the following patient care duties described in his PD:

He does not (1) implement and administer the occupational medicine surveillance program for the clinic, (2) coordinate and implement recommendations for the comprehensiveness of medical examinations, (3) assess the requirements of a comprehensive occupational medicine program, (4) evaluate the effectiveness of the medical surveillance program, (5) supervise the medical surveillance program, and (6) oversee ancillary personnel who take vital signs. Licensed health care providers perform these duties.

The appellant is not responsible for assuring timely follow up for patients enrolled in the various medical surveillance programs. Command safety officials use spreadsheets or the Enterprise Safety Applications Management System (ESAMS) to track occupational injuries, illnesses, occupational hazards, and medical surveillance for their staff.

He does not participate in education programs designed to inform management, supervisors, and employees of potential hazardous stresses and factors in the workplace and general occupational medicine matters. He does not provide technical guidance and recommendations to Commands on procedures, such as respiratory protection and frequency of medical surveillance for asbestos, lead, ionizing radiation, and other workplace hazards. He does not visit work environments to assess hazards or consult on restrictions. Industrial hygienists perform these duties.

With regard to the medical support work described in the PD, the appellant sends asbestos exposure test results to the Marine Corps Public Health Center or the Naval Environmental Health Center for placement in the Navy Asbestos Central Registry Data Bank. He reviews medical records to ensure they are completed, filed properly, and placed in chronological order. When patients, their supervisors, or the Command safety officers contact the clinic, the appellant schedules patients enrolled in medical surveillance programs for appointments. The appellant uses computer systems, such as the Composite Health Care System (CHCS), an electronic medical information system used by all continental United States and overseas military health care centers enabling him to electronically input, store, revise, and print data related to appointments and provider schedules and to order laboratory and radiology tests/services, retrieve test results, and establish appointment logs for a prescribed schedule cycle. He uses the Armed Forces Health Longitudinal Technical Application (AHLTA), a clinical documentation engine which is the patient's electronic medical record to enter and complete patient records. The appellant responds to callers and visitors who ask about

the medical surveillance program. He assists co-workers on the use of the automated systems, health records maintenance, and active duty health records verification. He prepares the end of day reports for submission to the appropriate department according to Navy regulations or instructions.

With regard to the medical testing work described in the PD, the appellant conducts diagnostic tests, such as electrocardiograms, visual acuity examinations, color blindness tests, and pulmonary function testing. He conducts pulmonary function studies to assist staff physicians in assessing adverse symptomatology and/or potential etiology. The appellant calibrates the equipment used to conduct pulmonary function tests. He ensures the patients get appropriate laboratory and radiology tests by ordering them and follows up on laboratory results. If there are abnormal results, the appellant repeats the test.

However, the appellant does not perform the audiometric screen test described in his PD. Another technician in the clinic performs this test. He does not oversee the ancillary personnel who may administer diagnostic tests. Licensed health care providers oversee the ancillary personnel. The appellant does not review asbestos x-rays for technical quality or assess the follow up on abnormal findings. The asbestos x-ray equipment contains a quality assurance component within it and a licensed health care provider assesses any abnormal findings. The appellant also does not perform maintenance on the equipment used to administer the pulmonary function tests. Another organization performs the maintenance.

Based on the above information, we find portions of the PD of record overstate the difficulty and complexity of the work performed. The PD also lists duties which the appellant does not perform. As a result the PD fails to meet the standards of PD accuracy for classification purposes as discussed in section III.E, *Introduction* and must be corrected as part of the compliance report directed on page ii of this decision.

Series, title and standard determination

The appellant does not contest the agency's placement of his position in the Health Aid and Technician Series, GS-640, and titling as Health Technician. Based on a careful review of the record, we concur with placement of the position in the GS-640 series which is a catchall for positions involving nonprofessional health and medical work of such generalized, specialized, or miscellaneous nature where there is no other more appropriate series. The GS-640 series does not prescribe titles due to the diversity of positions classifiable to the series. The suggested title for non-supervisory positions at or above the GS-4 grade level is Health Technician.

The GS-640 position classification standard (PCS) does not provide grade-level criteria. Therefore, the appellant's position must be classified by reference to standards as similar as possible to the position with respect to the kind of work processes, functions, or subject matter of work performed; qualifications required; level of difficulty and responsibility involved; and the combination of classification factors which have the greatest influence on grade level.

The appellant's position consists of a mix of duties and responsibilities properly evaluated by the application of three different PCSs. The Practical Nurse Series, GS-620, PCS provides the most closely related grade level criteria appropriate to evaluate the appellant's work involving patient care by cross-series comparison. The appellant's administrative support work in connection with the care and treatment given to patients in clinics or other such units of a medical facility is directly covered by the GS-679 Medical Support Assistance series and is properly evaluated by application of Job Family Position Classification Standard (JFS) for Assistance and Technical Work in the Medical, Hospital, Dental, and Public Health Group, GS-600, which covers the GS-679 series. The Medical Instrument Technician Series, GS-649, provides the most closely related grade level criteria to evaluate the appellant's work involving diagnostic tests or medical treatment procedures as part of the patient's medical surveillance program.

Grade determination

The three 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-620 PCS

Factor I, Knowledge required by the position

This factor measures the nature and extent of information or facts which the employee must understand to do acceptable work (e.g., steps, procedures, practices, rules, principles, and concepts) and the nature and extent of the skills needed to apply those knowledges.

In addition to the knowledge and skill described in Level 1-2, work at Level 1-3 requires sufficient work experience to demonstrate skill to perform a moderately difficult range of practical nursing care for the purpose of serving as a responsible member of the nursing team providing therapeutic, rehabilitative, and preventive care for patients in various stages of dependency. Employees have knowledge sufficient to perform work like giving injections, catheterizing, irrigating, suctioning, and providing chest care (deep breathing, coughing) to patients. They have sufficient skill to identify and use equipment, drugs, and supplies properly and to communicate their proper use to nurses, medical staff, and family members. They have knowledge of diseases and illness such as diabetes.

In addition to the knowledge and skill described in Level 1-3, work at Level 1-4 requires knowledge of a wide variety of interrelated or nonstandard assignments reflected in licensure as a practical or vocational nurse and broad work experience that demonstrated skill sufficient to resolve a range of problems with responsibility for carrying assignments to completion. Work at this level requires knowledge of a large body of nursing care procedures, patient's illnesses and diseases, patient's charts, nursing care plans and the requirements of the nursing team and skill sufficient to provide care to a selected patient load of critically ill patients. Employees at this level have knowledge of the nursing standards and skill sufficient to assess deviations from normal conditions and immediately modify the patient's nursing care plan with delayed notification to the nurse for concurrence in the modification to the plan.

Level 1-3 is met. Similar to this level, the appellant possesses the knowledge sufficient to perform routine occupational health care duties. For instance, the appellant uses his knowledge to take vital signs, and interprets tuberculosis test results. When examining a patient's medical record, he recognizes the need for additional testing depending on a patient's response to questions about health issues such as diabetes or smoking. He understands the patient's responses, medical records, medical history, and contraindications of certain medications for the purpose of communicating with the licensed health care provider and recording the results in the patient's medical records.

Level 1-4 is not met. The appellant works with generally healthy patients which does not require the knowledge of a large body of patient care procedures, patient illnesses and diseases, patient's charts and nursing care plans; medical equipment, materials, and supplies for the purpose of carrying out patient care for critically ill patients.

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 and indirect controls exercised by the supervisor, the employee's responsibility, and the review of completed work.

At Level 2-2, at the beginning of the tour, the supervisor provides continuing or individual tasks by indicating generally what is to be done, limitations, quality and quantity expected, deadlines, and priority of tasks. The supervisor provides additional, specific instructions for new, difficult, or unusual tasks, including suggested work methods or advice on available source material. The employee carries out recurring tasks independently, but refers problems to the supervisor for decision or help.

At Level 2-3, the supervisor makes patient assignments in the report at the beginning of the tour by defining the patient cases to the employee who is responsible for a patient load of critically-ill patients. The employee sets priorities and deadlines for the patient care during the tour without prompting from the supervisor. The supervisor is available in the hospital to assist the employee with unusual situations which do not have clear precedents.

Level 2-2 is met. The appellant performs tasks according to established occupational health clinic procedures. He uses initiative to perform daily tasks independently, planning his work based on priorities identified by patient intake levels. The work cycle is generally determined by patients in various medical surveillance programs, both those with appointments and those who walk into the clinic. Written guidance and direction regarding what needs to be done is readily available. Similar to Level 2-2, he works within an established frame work dictated by the Medical Surveillance Procedures Manual and Medical Matrix, which provides detailed instructions to health care providers for various medical surveillance programs. The appellant evaluates patients by taking vital signs and obtaining their medical history and refers unusual situations to his supervisor or a licensed health care provider. He refers patients to the licensed health care provider for an interview and examination when required by the Medical Surveillance Procedures Manual and Medical Matrix and recognizes when he may conduct interviews and examinations of patients enrolled in certain medical surveillance programs.

The appellant stated in an email to OPM “my supervisor has never made any assignments for me. My work is independent.” He said a department head is his second-level supervisor and he currently has no first- level supervisor due to the departure of a nurse practitioner several months ago. The appellant stated the department head, who is not a licensed health care provider, exercises no technical supervision over his work. The record shows the appellant works under the administrative supervision of the department head. The appellant has access via telephone and email to a physician who is available to provide technical guidance. Until the nurse practitioner vacancy is filled, the physician visits three to four days a month to see patients. The supervisor or the licensed health care provider checks his work periodically to ensure that finished work is accurate and compliant. These controls over the appellant’s work are consistent with Level 2-2.

Level 2-3 is not met. The appellant is not responsible for the care of critically ill patients. Unlike Level 2-3, he is not regularly expected to initiate immediate action when confronted with deviations in patient care or unusual problems. The appellant is not setting priorities and deadlines for patient care during the work day since such priorities are determined by patient appointments or appearance in the clinic. Similar to Level 2-2, the appellant performs his recurring tasks independently and refers deviations and/or problems to his supervisor or a licensed health care provider.

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, traditional practices, and reference materials.

At Level 3-2, the highest level described in the PCS, policies, practices, and assigned procedures are well known by the employee so that reference to the guidelines is rarely necessary. Other guidelines include the tour report, patient care/treatment plan, and the patient's medical history. The employee uses judgment in selecting the most appropriate guidelines and unusual developments are referred to the supervisor.

Level 3-2 is met. The appellant has detailed policies, guidelines, procedures, and instructions which he may reference. He primarily uses the Medical Surveillance Procedures Manual and Medical Matrix, which includes a program description of about 200 specific medical surveillance programs. It includes interview questions, a list of the laboratory and medical tests to be administered or ordered, immunizations required, and other medical notes. The appellant will ask follow up interview questions when, based on his judgment, the situation warrants under controlling guidelines. For example, if a patient responds affirmatively to a question about diabetes, the appellant will ask whether the patient is taking oral medication or insulin injections, the amount of medication, and whether the patient is physically active. He would then refer the patient to the licensed health care provider for an examination.

Typical of Level 3-2, the appellant also uses judgment to determine when a patient's response to medical history questions based on controlling guidelines would require additional medical tests. When the appellant sees blood test results for patients, he reviews cholesterol and glucose numbers. He then checks the medical record to see if there was a follow up done with the patient. If not, he would refer the patient to the licensed health care provider. Some patients appear in the clinic thinking they've been exposed to asbestos simply because they may have been in a building where asbestos was present. When the appellant questions the patient, if he finds the patient has not been in a situation which involved breathing in asbestos particles, he informs the patient there has been no exposure and places a note in the medical record to document this fact.

Occasionally, the appellant will refer to the Coast Guard Medical Matrix Manual for a United States Coast Guard member who is enrolled in a medical surveillance program. He may also refer to the National Firefighter's Protection Association Manual because the physician may direct the appellant to follow the requirements outlined in that manual in addition to those in the Medical Surveillance Procedures Manual and Medical Matrix for firefighters. The appellant periodically refers to the Radiation Health Protection Manual so that x-ray technicians can be certified. Like Level 3-2, the appellant uses his judgment and refers to the guidelines above when these types of patients appear in the clinic.

This factor is evaluated at Level 3-2 and 125 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 involved in identifying what needs to be done, and the difficulty involved in performing the work.

At Level 4-2, the work consists of related steps, processes, or methods. The decisions regarding what needs to be done involve various choices requiring the employee to recognize the existence of the 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. Illustrations of nursing care at this level include: (a) Treatment procedures such as the application of hot and cold packs, irrigation of wounds, changing sterile dressings, and setting up various types of medical equipment; (b) Providing support services for doctors including taking and recording measurements, samples, and vital signs; (c) Posting to patients' medical charts using designated charting techniques that provide daily facts or summaries of care for patients' care plans.

At Level 4-3, the nature of the assignment is illustrated by responsibility for a patient load of critically ill patients which involves independent performance of nursing care functions usually alone in a hospital ward during one tour.

Level 4-2 is met. The appellant attends to patients who appear for scheduled appointments or who walk into the occupational health clinic. He takes their vital signs and medical histories, and uses the Medical Surveillance Procedures Manual and Medical Matrix to determine the next course of action. Based on knowledge and experience, the appellant decides when and if the patient is referred to a licensed health care provider for further evaluation and treatment. For example, if the appellant conducts an interview and examination with a child care provider and finds out he or she is diabetic, he will ask additional questions concerning any medications used, diet and exercise programs. The appellant will then arrange an appointment for the patient to be examined by the licensed health care provider.

Similar to Level 4-2, the appellant periodically provides minor health care services and routine re-dressings of wounds, taking of vital signs, and posting information to patients' charts. The appellant recognizes abnormalities in test results. For example, when he sees abnormal cholesterol or glucose numbers, he contacts the patient to schedule a repeat of the test. When scheduling firefighters or police officers for periodic occupational health appointments, the patients will appear for their vital signs and diagnostic tests, but may be called away for an emergency before seeing the licensed health care provider. By the time the patient calls to make another appointment, the appellant recognizes the diagnostic test results are no longer valid and must be repeated. If a patient appears with rashes or sores, the appellant tells the patient to see his/her physician for diagnosis and treatment. When the patient brings a doctor's note to the appellant showing the patient is cleared to return to work, the patient may return to work.

Level 4-3 is not met. Unlike this level, the appellant does not function as a ward nurse observing critically ill patients with close attention to, and quick identification of, details

over a sustained period of time so that care can be given immediately. In contrast to Level 4-3, the appellant has no regular interaction with critically ill patients and does not perform the intricate tasks, processes, and procedures required to deal with their needs found at this level.

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

Factor 5, Scope and effect

Scope and effect covers the relationship between the nature of the work, i.e., the purpose, breadth, and depth of the assignment and the effect of work products or services both within and outside the organization. Effect measures such things as whether the work output facilitates the work of others, provides timely services of a personal nature, or affects the adequacy of research conclusions.

At Level 5-2, the highest level described in the PCS, the purpose of the work is to provide nursing care that includes personal care, diagnostic support procedures, treatment 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.

Level 5-2 is met. Like this level, the purpose of the appellant's work is to take vital signs and medical histories, and conduct interviews and medical examinations for patients enrolled in certain medical surveillance programs. When the appellant recognizes abnormal test results and schedules the patient for repeat tests, his action affects the licensed health care provider's treatment decisions. His work contributes to the success of the clinic's medical staff in caring for patients enrolled in the medical surveillance program and to the continuing effectiveness of preventive measures in the workplace in precluding occupational disease or injury. The appellant's work affects the accuracy and reliability of further medical treatment.

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

Factor 6, Personal contacts

This factor includes face-to-face and telephone dialogue with persons not in the supervisory chain. Levels described under this factor are based on what is required to make the initial contact, the difficulty of communicating with those contacted, and the setting in which the contact takes place.

At Level 6-2, the highest level described in the PCS, contacts are with patients, nursing personnel, and medical staff in the hospital and with the patient's family members.

Level 6-2 is met. Like this level, the appellant regularly interacts with patients who may be civilian employees or military members, licensed health care providers, laboratory staff members, industrial hygienists, patients' supervisors, or Command safety officers.

This factor is evaluated at Level 6-2 and 25 points are assigned.

Factor 7, Purpose of contacts

The purpose of contacts ranges from factual exchanges of information to situations involving significant issues. The personal contacts which serve as the basis for the level selected for this factor must be the same as the contacts which are the basis for the level selected for Factor 6.

At Level 7-2, contacts are for the purpose of: (1) motivating the patient to accept the illness and to persuade the patient to stay with the regimen; (2) demonstrating to the patient how to provide self-care; and (3) explaining to or advising the patient on proper follow-up care, the consequences of improper care, or general diet and nutrition for good health maintenance. Contacts with hospital staff members are for the purpose of coordinating work efforts. For example, contacts with nurses and doctors are for the purpose of coordinating the work of the nursing care team and the medical staff.

At Level 7-3, the work includes regular and recurring contact with patients who are unusually difficult to care for or communicate with because of such problems as lack of self-control, resistant or abusive behavior, or impediments in ability to understand or follow instructions. The employee must exercise skill in influencing and communicating with these patients.

Level 7-2 is met. Similar to this level, the appellant's contacts are to exchange, provide, or obtain information. During interactions with patients, the appellant asks personal questions to take medical histories and interviews patients, as previously explained in this decision. Most patients are cooperative when they appear at the clinic. When patients become impatient or uncooperative due to the unavailability of a licensed health care provider, the appellant will elevate the issue to his supervisor.

Level 7-3 is not met. Unlike this level, the appellant rarely comes into contact with patients where communication and care are difficult to provide or with patients who are resistant or unreceptive to receiving care. The patients seen at the occupational health clinic are normally ambulatory and able to understand and follow instructions typical of Level 7-2.

This factor is evaluated at Level 7-2 and 50 points are assigned.

Factor 8, Physical demands

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

At Level 8-1, the work requires some moving and transporting of light items such as supplies, papers, books, trays, and equipment on a regular and recurring basis. No special physical demands are required to perform the work.

At Level 8-2, the work involves long periods of moving about the work unit. Work requires regular and recurring bending, lifting, stooping, stretching, lifting, and repositioning patients, or similar activities.

Level 8-1 is met. The physical demands placed on the appellant include walking to various work stations within the clinic and escorting patients to the family practice or acute care clinic to see a licensed health care provider, standing for short periods of time to take vital signs, sitting to interview patients, and carrying various light items such as supplies, medical files, or medical items.

Level 8-2 is not met. The work does not involve long periods of walking or regular and recurring bending, lifting, stooping, stretching, or repositioning patients.

This factor is evaluated at Level 8-1 and 5 points are assigned.

Factor 9, Work environment

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

At Level 9-1 (which is described in the GS-620 PCS but not specifically labeled with number and point value), work is performed in an environment which involves everyday risks or discomforts requiring normal safety precautions.

At Level 9-2, the work involves regular and recurring exposure to infection and contagious diseases. Special gloves, gowns, or masks are required as safety precautions.

Level 9-1 is met. Like this level, the record indicates the appellant works in a medical clinic environment whose primary function is occupational health and medical surveillance, but involves only everyday risks or discomforts requiring normal safety precautions. Unlike Level 9-2, the appellant's risks to infection or contagious diseases is very minimal thus he does not wear protective clothing, masks or gloves while taking vital signs, or conducting interviews and examinations.

As noted in the FES Primary Standard contained in Appendix 3 of the *Introduction*, when Level 9-1 is assigned 5 points are credited.

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	3-2	125
4. Complexity	4-2	75

5. Scope and effect	5-2	75
6. Personal contacts and	6-2	25
7. Purpose of contacts	7-2	50
8. Physical demands	8-1	5
9. Work environment	9-1	<u>5</u>
Total		835

A total of 835 points falls into the GS-4 grade range (655-850) by reference to the grade conversion table in the GS-620 PCS. Therefore, by application of the grading criteria in the GS-620 PCS the appellant's patient care duties are evaluated at the GS-4 level.

Evaluation using the JFS for Assistance and Technical Work in the Medical, Hospital, Dental and Public Health Group, GS-0600, specifically the GS-679 series

Factor 1, Knowledge required by the position

At Level 1-3, the highest level described in the JFS for GS-679 work, employees use knowledge of and skill in applying a standardized body of rules, procedures, and operations of available medical facility services; medical terminology used in the facility; the facility's records system; and regulations, administrative policies; and professional service procedures applicable to a variety of issues. They give instructions to patients and arrange appointments; assemble patients' charts; record physicians' orders; and retrieve laboratory reports and other relevant patient data. They organize patient records to research records and extract medical information. Employees at this level review records for completeness, accuracy, and consistency with medical facility requirements and record data involving outpatient appointments, inpatient admissions, and discharge and transfer information using the medical facility's medical records system.

Level 1-3 is met. Like this level, the appellant's work requires knowledge of and skill in applying a variety of standardized medical terminology, procedures, services, and medical surveillance programs at the clinic. He uses AHLTA to enter and update patient records or to make appointments. The work requires knowledge of the internal organization of patient records and the relationship of their parts in order to maintain the records and search for information. Similar to Level 1-3, the appellant inputs information provided by the patients, nurses, or physicians into medical records; reviews records to determine their completeness, and verifies specific items of information such as the timely completion of required tests. He receives telephone calls or emails from supervisors and Command safety officials to arrange appointments for their staff enrolled in a medical surveillance program. Like Level 1-3, the appellant reviews medical records for completeness, accuracy, and consistency with clinic requirements, ensures test results are recorded, and verifies that a licensed health care provider follows up with particular patients.

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

Factor 2, Supervisory controls

At Level 2-2, the supervisor makes assignments by providing general instructions regarding the purpose of the assignment, limitations, expected deadlines, priorities, quality, and quantity expected. Employees use initiative and work independently within the framework established by the supervisor. Employees are expected to refer problems not covered by the supervisor's instructions or procedures to the supervisor or designated employee. The supervisor reviews new or difficult assignments and those with potential adverse impact and may spot check routine work products for accuracy.

At Level 2-3, the supervisor makes assignments by defining the overall objectives, priorities, and deadlines; and assists with unusual situations that do not have clear precedents. Employees independently plan the work, resolve problems, carry out successive steps of assignments, and make adjustments using accepted standard operating procedures or practices. They handle problems and deviations that arise in accordance with established policies, guidelines, instructions, etc. and refer new or controversial issues to the supervisor for direction and/or assistance. The supervisor reviews the completed work for the results achieved, technical soundness, and conformance with applicable regulations and policies.

Level 2-2 is met. Similar to this level, the appellant works independently within the general instructions provided by the supervisor and established standard operating procedures covering recurring assignments such as creating new medical records, posting information to existing records, checking the chronology of entries, and performing annual record verifications. The work cycle is repetitive and generally determined by patients in various medical surveillance programs, both those with appointments and those who walk into the clinic. The appellant works independently within the framework established by the supervisor, making scheduling adjustments during the day (e.g., accommodating shifts of law enforcement staff) to ensure timely patient flow within the clinic. Similar to Level 2-2, the supervisor or a licensed health care provider reviews the appellant's completed work for accuracy and conformance to required procedures, and reviews new or difficult assignments or situations with potential adverse impact.

Level 2-3 is not met. Unlike this level, the supervisor assigns work more closely than just defining overall objectives, or only assisting with unusual situations lacking precedents. While the appellant independently carries out his work, the processes and standard procedures described at the previous level in this decision govern his responsibilities and control how he performs his duties. In addition, the preventative nature of occupational health clinic work does not present the appellant with the degree of responsibility for problems encountered by medical support assistants at Level 2-3. Unlike Level 2-3, the supervisor or licensed health care provider more closely review the appellant's work than just assessing results achieved or technical soundness.

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

Factor 3, Guidelines

At Level 3-2, employees use procedural and regulatory guidelines which specifically cover the assigned work. They must choose the most appropriate guidelines, references, and procedures to use from a number of similar guidelines and work situations and, as necessary, make minor deviations or adapt the guidance to specific cases/situations. They refer situations that do not readily fit instructions or other applicable guidelines to the supervisor or a designated employee for resolution.

At Level 3-3, guidelines consist of a variety of technical manuals, technical instructions, medical facility regulations, regulatory requirements, and established procedures and are not completely applicable to some of the duties or have gaps in specificity. Employees use judgment to adapt and interpret guidelines to apply to specific cases or problems; use discretion and initiative to decide on the appropriate course of action to correct deficiencies; and may develop approaches to apply to new regulatory requirements or adapt to new technology.

Level 3-2 is met. Like this level, the guidelines available to the appellant are directly applicable to particular functions, but given the nature of particular issues he may use judgment to select from a number of similar references when making minor deviations in specific cases. For example, the guidelines for the CHCS and AHLTA computer systems are similar in providing him with instructions for making appointments for patients with different medical needs, but given the distinctions between the two systems he may apply judgment in deviating from standard procedures to establish, update, and maintain medical records. Like Level 3-2, when situations arise that do not readily fit applicable guidelines, he contacts his supervisor or the licensed health care provider for resolution.

Level 3-3 is not met. Unlike this level, although he occasionally deviates from guidelines, most are completely applicable to his assignments. Thus he is not required to apply the degree of judgment, interpretation, and discretion to guidelines characterized at Level 3-3 to correct deficiencies or improve the reliability of information. The guidelines he uses present no need to develop approaches to adapt to new technology or new regulatory requirements.

This factor is evaluated at Level 3-2 and 125 points are assigned.

Factor 4, Complexity

At Level 4-2, the only level described in the JFS for medical support assistance work, employees perform several related processes. They compile, record, review, select, and interpret medical data and information incidental to a variety of patient care and treatment activities. Employees decide what needs to be done by choosing from various options that require recognition of and differences among a few easily recognizable

alternatives. They also respond to changing priorities that frequently depend upon the differences in medical information about each patient and the urgency of the situation.

Level 4-2 is met. The appellant's work involves performing administrative functions supporting the medical surveillance program. Similar to Level 4-2, he compiles, records, and reviews medical data, prepares the required forms and system entries to schedule and coordinate patient appointments, and extracts information from automated systems for periodic reports. In doing so, he decides what needs to be done and chooses from various options. He transmits information to Command safety officials and supervisors so they know their employees appeared for medical surveillance appointments. Comparable to Level 4-2, he forwards urgent medical test results and x-rays to medical specialists (e.g., radiologist) and files results of specialist's review in patient medical records, notifying licensed health care providers of abnormal results.

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

Factor 5, Scope and effect

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

Level 5-2 is met. Like this level, the appellant performs recordkeeping duties, provides requested information, and responds to questions from others, including industrial hygienists, Command safety officers, patients, licensed health care providers, and medical technicians regarding appointments and medical records information. He also ensures all the required forms are prepared in advance for the various examinations and laboratory tests to be administered. Like Level 5-2, his work contributes to the success of the clinic's medical staff in caring for patients enrolled in the medical surveillance program. His work affects the accuracy and reliability of further medical treatment and improves the efficiency of office processes by ensuring patients have their necessary paperwork and/or have fully completed the required forms in a timely manner.

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

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

Personal contacts

At Level 2, the highest level described in the JFS for medical support assistance, contacts are with employees within the medical facility, but outside the immediate work unit. Some contacts may be with the general public in moderately structured settings. Such contacts may include representatives from insurance companies, private physicians, other care providers, and individuals from other agencies or organizations seeking information.

Level 2 is met. The appellant's contacts primarily include supervisors, industrial hygienists, patients, HR specialists, and licensed health providers outside his immediate work unit.

Purpose of contacts

At Level A, contacts are made to acquire, clarify, or give facts or exchange general and medical information directly related to the work. The information may range from general admission information to highly specialized medical information. Contacts at this level are directly related to recurring functions.

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

Level A is met. While the appellant initiates and follows through to validate information and resolve problems, unlike Level B the record does not indicate the regular and recurring need to influence or persuade others.

The combined factor levels for Personal Contacts and Purpose of Contacts are evaluated at Level 2A and 45 points are assigned.

Factor 8, Physical demands

At Level 8-1, the work does not require any special physical effort or ability. It may require walking, bending, standing, and/or carrying of light items such as files and manuals, but it is mainly sedentary.

At Level 8-2, the work requires some physical exertion such as prolonged periods of standing, bending, reaching, crouching, stooping, stretching, and lifting moderately heavy items such as manuals and record boxes.

Level 8-1 is met. The appellant carries such things as patient records and supplies. The work is primarily sedentary, but requires some bending, walking, and standing. Unlike Level 8-2, the work does not require prolonged periods of physical exertion or lifting of moderately heavy items.

This factor is evaluated at Level 8-1 and 5 points are assigned.

Factor 9, Work environment

At Level 9-1, the work area is usually an adequately lighted, heated, and ventilated office or medical facility setting. The work environment involves everyday risks or discomforts that require normal safety precautions.

At Level 9-2, the work environment involves moderate risks or discomforts that require special precautions, e.g., exposure to infectious diseases. Employees may be required to use protective clothing or gear such as masks, gowns, gloves, or shields. Employees may work in close proximity to mentally disturbed patients and, consequently, there is a possibility of physical abuse.

Level 9-1 is met. The record indicates the appellant works in a medical clinic whose primary function is occupational health and medical surveillance. The appellant’s work does not expose him to body or blood fluids, infections, or contagious diseases. Thus unlike Level 9-2, he does not wear protective clothing when performing administrative work in the clinic. Additionally, the appellant does not work in close proximity to mentally disturbed patients and is not at risk of physical abuse.

This factor is evaluated at Level 9-1 and 5 points are assigned.

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	3-2	125
4. Complexity	4-2	75
5. Scope and effect	5-2	75
6. & 7. Personal contacts and Purpose of contacts	2A	45
8. Physical demands	8-1	5
9. Work environment	9-1	<u>5</u>
Total		805

A total of 805 points falls within the GS-4 range (655-850) on the grade conversion table in the JFS for Assistance and Technical Work in the Medical, Hospital, Dental and Public Health Group, GS-0600. Therefore, the appellant’s medical support assistance duties are graded at the GS-4 level.

Evaluation using the GS-649 PCS

Factor I, Knowledge Required by the Position

At Level 1-3, employees have knowledge of the basic instruments and diagnostic or treatment procedures commonly used in the specialization, knowledge of basic medical terminology to interpret physician instructions, knowledge and skill in emergency first

aid procedures such as cardiopulmonary resuscitation, an elementary understanding of basic anatomy and physiology or chemistry and mathematics, skill to apply knowledge to perform routine diagnostic or treatment procedures, and knowledge of normal and abnormal results to recognize and report obvious abnormalities during procedures.

In addition to the knowledge described at Level 1-3, the employee at Level 1-4 uses knowledge to make adaptations and adjustments to the instruments used in the specialization. The employee interprets tests results based on previous experience and observation. This level requires a practical knowledge of intricate examination or treatment procedures and a basic knowledge of anatomy and physiology, including the location and function of the major body organs and structures. The employee uses knowledge in adapting instruments to perform a full range of specialized tests or nonroutine diagnostic or treatment procedures requiring many steps, and various approaches and procedures based on the findings from the early steps.

Level 1-3 is met. Similar to this level, the appellant performs routine, diagnostic procedures using basic instruments. For example, he administers medical tests, such as visual tests for color blindness and acuity, routine pulmonary function tests, and pre- and post- bronchodilator therapy tests. The appellant administers pulmonary function tests by sitting in front of a computer and asking the patient to blow into a machine. The appellant conducts electrocardiograms to check the electrical activity of patients' hearts by attaching electrodes to the patients' chest and extremities to record prescribed heart tracings by manipulating the controls of a computer. As at Level 1-3, he recognizes and reports obvious abnormalities. For example, when he interprets the tuberculosis skin test, the appellant rubs his hand over the spot where the test was administered. If he finds a lump, he sends the patient to a licensed health care provider because they have tuberculosis. If he finds no lump, the patient does not have tuberculosis. In determining the presence or absence of abnormalities he reviews medical histories to include any past and present diseases, and alcohol or drug dependency. He establishes any work exposure of the patient to hazardous chemicals, gases, radiation, or potentially infectious body fluids. He may order other laboratory tests based on his knowledge of the Naval health care system and its medical surveillance program. For example, if an employee or a military member indicates in his/her medical history that he is diabetic, the appellant will order an A1C test which measures blood glucose levels.

Level 1-4 is not met. Unlike this level, the appellant's work does not require the depth and breadth of technical knowledge nor does the appellant perform the intricate examinations and/or treatments described in the work illustrations at this level including: (1) aiding cardiovascular surgeons in all aspects of cardiac catheterization and related invasive cardiovascular procedures; (2) operating and monitoring dialysis systems for chronic patients; or (3) operating and monitoring electrocardiographic equipment to perform specialized examinations and studies involving exercise stress testing, ambulatory monitoring of arrhythmias and indirect carotid pulse tracing on chronic patients and monitoring such tracings to identify arrhythmias.

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

Factor 2, Supervisory controls

At Level 2-2, the supervisor makes continuing assignments that show what is to be done, possible problems, quality and quantity of work expected, and priority of assignments. Additional instructions or guidance are provided for new and difficult assignments. The technician independently carries out recurring examinations or treatments without instructions but refers deviations from regular procedures, unanticipated problems, and unfamiliar situations not covered by instructions to the supervisor for decision or help. Subject to preset decision criteria, the technician uses judgment and initiative in selecting procedures, observing if instruments are functioning properly, and choosing the best test results. The supervisor spot-checks finished work to assure technical accuracy and compliance with usual procedures and practices.

At Level 2-3, the supervisor defines goals, priorities, and deadlines of the work. Instructions include what is to be done, medical conditions expected, and what equipment is available. The supervisor helps the employee with unusual situations which have no clear precedents. The technician plans and carries out procedures, and handles problems and deviations in the work assignment in line with previous training and accepted practices. Technicians at this level also may participate with physicians in planning procedures. The technician uses judgment and initiative that include selecting appropriate instruments and methods, recognizing conditions that cause erroneous results, and troubleshooting complex instruments. The supervisor checks completed work for results achieved and for conformance to hospital policy and overall adequacy of results produced.

Level 2-2 is met. The appellant performs most tasks independently according to established procedures and/or previous experience. Unusual issues/problems are referred to the supervisor or a licensed health care provider. He conducts some diagnostic tests and schedules other laboratory tests based on requests from industrial hygienists, patients' supervisors, and licensed health care providers. Like Level 2-2, the appellant uses instructions to determine the types of medical tests and procedures needed when patients enter a certain medical surveillance program. He knows which tests he can administer himself and schedules the appropriate laboratory tests that must be performed by other health care providers. The record shows the appellant works under the administrative supervision of the department head. However, the appellant has access via telephone and email to a physician, who is available to provide technical guidance as discussed previously in this decision. As at Level 2-2, the supervisor or the licensed health care provider checks the work periodically to ensure that finished work is accurate and complies with usual procedures and practices.

Level 2-3 is not met. While the appellant's priorities are determined by the patient's appointments or appearance in the clinic, the work does not require him to exercise judgment and initiative in selecting appropriate instruments, troubleshoot complex instruments, or participate with the physician in planning procedures as described at

Level 2-3. Further, his work is subject to closer technical review than that described at Level 2-3.

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

Factor 3, Guidelines

At Level 3-2, well established procedures for doing the work are available. Specific guidelines include written descriptions of standard tests or treatment procedures; written or oral instructions from the physician; instrument manuals containing instructions for the assembly and maintenance of the medical instrument; and instructions for procedural and administrative aspects of the assignment. The number and similarity of guidelines and work situations require the technician to use judgment in identifying and selecting the most appropriate guideline, reference, or procedure; making minor deviations to adapt the guidelines in specific cases; and determine which of several alternatives to use to check and correct a problem.

At Level 3-3, guidelines are available but not completely applicable to the work. The technician must frequently make searches in textbooks, journals, and technical manuals for application to individual cases. Decision criteria do not cover every situation. The technician uses judgment to adapt and change procedures, adopt or develop new procedures or techniques for individual problems. The technician uses initiative to learn new developments in the field and to recommend changes to improve service, correct deficiencies, and improve reliability of test and treatment results.

Level 3-2 is met. Similar to this level, the appellant uses well established procedures and specific guidelines to perform his work. He uses the Medical Surveillance Procedures Manual and Medical Matrix which contain detailed instructions for conducting a medical surveillance program. It includes a program description for each of about 200 specific medical surveillance programs along with interview questions, a list of the laboratory and medical tests to be administered or ordered, immunizations required, and other medical notes. Occasionally, the appellant will use the Coast Guard Medical Matrix for a Coast Guard member who is enrolled in a medical surveillance program. He may refer to the National Firefighter's Protection Association Manual because the physician may direct the appellant to also follow the requirements outlined for firefighters in that manual. He periodically refers to the Radiation Health Protection Manual for performing medical surveillances for x-ray technicians. The guidelines provide him with the instructions for administering or scheduling diagnostic tests for patients enrolled in the medical surveillance program. However, because of their number, similarity, and the work situation encountered, like Level 3-2 he uses judgment in identifying and selecting the most appropriate guideline, and occasionally adapts them to specific cases.

Level 3-3 is not met. Unlike this level, the appellant is not required to frequently conduct research for additional/clarifying information, e.g., to confirm unusual test results. He is not required to use judgment to adapt and change current procedures, or adopt/develop entirely new procedures or techniques for individual problems. Given the straight

forward nature of the work he performs, he is not required to use initiative to learn new developments in the field, or recommend changes to improve service, test reliability, or correct deficiencies.

This factor is evaluated at Level 3-2 and 125 points are credited.

Factor 4, Complexity

At Level 4-2, the work consists of standardized and related duties involving several sequential steps and processes to perform a variety of diagnostic or treatment tasks of limited difficulty. The technician makes decisions about what needs to be done. It involves considering various choices where the technician must recognize the existence of and differences between a few easily recognizable alternatives. For example, the technician must consider factors that are clear, comparable, and readily checked to adjust diagnostic or treatment equipment and procedures to a patient's medical condition. The work includes such tasks as discriminating between normal and abnormal test results, recognizing factors that affect results, and identifying technical or instrument related problems.

At Level 4-3, a technician performs different specialized diagnostic and treatment procedures, methods, and techniques. Decisions about what needs to be done depend on instruments, examination and treatment procedures, and other variables. The work typically requires interpreting a variety of conditions and elements such as patient condition, medication, or instrument performance to be sure of test results. The chosen course of action is selected from several alternatives. For example, when procedures do not give acceptable results, they select a different procedure. The technician must identify and analyze factors related to the equipment operation and patient responses to discern their interrelationships.

Level 4-2 is met. As part of the medical surveillance program the appellant administers standardized repetitive medical tests. These include electrocardiograms, numerous pulmonary function tests, and about two pre- and post- bronchodilator therapy tests per month. Although some pulmonary function tests are considered difficult, they do not involve interpreting a variety of conditions which may affect test results as required at Level 4-3. Like Level 4-2, the appellant discriminates between normal and abnormal test results, and identifies technical or instrument related problems.

Level 4-3 is not met. The appellant's work does not require the performance of different specialized diagnostic and treatment procedures, methods, and techniques. The work does not require interpreting a variety of conditions such as patient condition, medication, or instrument performance to be sure of test results. For example, the appellant's work does not require him to change settings on an instrument based on a sudden onset of physical signs or symptoms of distress by the patient.

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

Factor 5, Scope and effect

At Level 5-2, the work involves performing a variety of specific diagnostic procedures and treatment techniques which represent a significant segment of the total diagnostic and treatment plan for the patient. The work has a significant effect on the accuracy and reliability of further treatment.

At Level 5-3, the work involves performance of a variety of specialized diagnostic and treatment procedures. The technician provides diagnostic services during regular and recurring critical care situations. The work has a significant impact on the well being of the patient.

Level 5-2 is met. The purpose of the appellant's work is to perform a variety of diagnostic tests as part of the treatment plan of patients, and carry out other duties that assist the licensed health care providers in caring for patients enrolled in a medical surveillance program. His work affects the accuracy and reliability of medical treatment because the medical tests and their results aid the licensed health care provider in the diagnosis and further treatment of patients.

Level 5-3 is not met. Unlike this level, the appellant's work does not involve a variety of specialized diagnostic and treatment procedures during critical care situations. Instead, it involves routine, non-invasive testing on normally healthy employees and military members.

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

*Factor 6, Personal contacts, and Factor 7, Purpose of contacts**Persons contacted*

At Level 2, the highest level described in the PCS, contacts are with employees within the medical facility, but outside the immediate work unit. Some contacts may be with patients, their families, physicians, nurses, other professional and technical personnel or students or faculty from affiliated universities.

As at Level 2, the appellant's contacts primarily include supervisors, industrial hygienists, patients, human resources specialists, and licensed health care providers. He interacts with employees or military members who sustained an occupational injury and are seeking medical attention.

Purpose s

At Level A, contacts are made to exchange information. At Level B, the highest level described in the PCS, contacts are made to coordinate work efforts and resolve technical problems.

The appellant's work exceeds Level A and meets Level B. In addition to exchanging information, he initiates and follows through to coordinate work efforts, validate information, and resolve problems with administering or scheduling medical tests. For example, he interacts with patients and Command safety officers to coordinate various medical and/or laboratory tests. He ensures that patients with abnormal test results are rescheduled.

Factors 6 and 7 are evaluated at Levels 6-2 and 7-B respectively, and a total of 75 points is credited.

Factor 8, Physical demands

At Level 8-1, the work requires no special physical demands. It may involve some sitting, walking, and standing for short periods, or carrying light instruments and supplies.

At Level 8-2, the work requires regular and recurring physical exertion. It may involve walking, frequent bending, reaching and stretching to set up and take apart equipment; lifting and positioning patients; and carrying, pushing, or pulling moderately heavy objects. Duties may require above average dexterity.

Level 8-1 is met. The appellant administers medical tests involving short periods of time standing and sitting. For example, he stands to conduct eye tests using the Jaeger and Snellen eye charts and to administer an electrocardiogram. Unlike Level 8-2, his duties do not require regular and recurring physical exertion. He does not need to position patients nor push or pull moderately heavy equipment to conduct diagnostic tests.

This factor is evaluated at Level 8-1 and 5 points are assigned.

Factor 9, Work environment

At Level 9-1, technicians perform the work in a setting involving everyday risks which require normal safety precautions. There is adequate light, heat, and ventilation in the work area.

At Level 9-2, technicians perform work in a setting involving regular and recurring exposure to infectious and contagious diseases, odors, and other risks which require special health and safety precautions such as wearing protective clothing such as gloves, masks, or lead aprons.

Level 9-1 is met. The appellant performs work in a medical clinic setting involving everyday risks requiring normal safety precautions. There is adequate light, heat, and ventilation.

The appellant's position does not meet Level 9-2. Although the official PD states his work is performed where exposure to contagious and infectious disease is likely, our fact-

finding disclosed this is not the case. The record shows the appellant no longer performs information gathering visits where such hazards might be encountered. Thus there is no need to take special health and safety precautions such as wearing protective clothing, gloves, masks, or lead aprons.

This factor is evaluated at Level 9-1 and 5 points are assigned.

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	3-2	125
4.	Complexity	4-2	75
5.	Scope and effect	5-2	75
6. & 7.	Personal contacts and Purpose of contacts	2B	75
8.	Physical demands	8-1	5
9.	Work environment	9-1	<u>5</u>
	Total		835

A total of 835 points falls within the GS-4 range (655-850) on the grade conversion table in the GS-649 PCS. Therefore, the appellant's medical instrument technician duties are graded at the GS-4 level.

Since the three 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 Health Technician, GS-640-4.