U.S. Office of Personnel Management
Office of Merit Systems Oversight and Effectiveness
Classification Appeal and FLSA Programs

Dallas Oversight Division
1100 Commerce Street, Room 4C22
Dallas, TX 75242-9968

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

Appellant:	[appellant's name]
Agency classification:	Supervisory Cytotechnologist GS-601-10
Organization:	[appellant's facility] Department of Veterans Affairs [city, state]
OPM decision:	GS-601-10 title at agency discretion
OPM decision number:	C-0601-10-01

/s/ Bonnie J. Brandon

Bonnie J. Brandon
Classification Appeals Officer

September 7, 2001

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]

[servicing human resources office]

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Introduction

On March 5, 2001, the Dallas Oversight Division of the U. S. Office of Personnel Management (OPM) accepted an appeal from [the appellant]. His position is classified as Supervisory Cytotechnologist, GS-601-10. He works in the [appellant's activity], Department of Veterans Affairs (VA), in [city, state]. The appellant previously filed an appeal with the VA central office. That office's decision of September 20, 2000, sustained the classification as GS-601-10. The appellant believes the classification should be Anatomic Pathology Manager, GS-12. We have accepted and decided this appeal under section 5112 of title 5, United States Code (U.S.C.).

To help decide the appeal, an OPM representative conducted telephone interviews with the appellant and his immediate supervisor. We also spoke with the [appellant's veterans health care system] human resources specialist who classified the appealed position. In reaching our classification decision, we reviewed the information obtained by telephone and all information of record furnished by the appellant and his agency.

General issues

In the information the appellant sent to OPM, he raises several issues that he believes should be considered in determining the classification of his position: classification consistency, impact of the person on the job, special technical demand, mixed-grade duties, and grade levels for two-grade interval work. The *Introduction to the Position Classification Standards* and *The Classifier's Handbook* contain information that specifically relates to the appellant's issues. The *Introduction* and the *Handbook* provide background information, general concepts, and technical guidance regarding the selection, interpretation, and application of OPM classification standards for General Schedule work.

Classification consistency

The appellant believes his work is similar to that performed by cytology technologists, also referred to as cytotechnologists, in higher grade positions at various locations within VA. By law, we must classify positions solely by comparing their current duties and responsibilities to OPM position classification standards and guidelines (5 U.S.C. 5106, 5107, and 5112). Since comparison to the standards is the exclusive method for classifying positions, we cannot compare the appellant's current duties to other positions as a basis for deciding his appeal. OPM's classification appeal process is an independent, third-party review that determines the duties and responsibilities assigned to the appellant's position and performed by him and properly applies the appropriate standards to those duties and responsibilities. Therefore, the appellant's perceptions regarding similarity of his position to others have no bearing on the proper classification of his duties and responsibilities.

To support his claim that similar positions within VA are classified differently, the appellant included information in his appeal that lists the number of GS-9, GS-10, GS-11, and GS-12 cytology positions by grade level at various VA facilities. He did not provide other evidence to support his claim. When adjudicating appeals, OPM may require a consistency report from an agency when there is reason to believe an agency's classification of identical, similar, or related

positions is inconsistent with the appealed position. By itself, the listing of cytotechnologist positions by grade level is not substantial evidence that would lead OPM to require an intra-agency classification consistency report from VA.

VA has primary responsibility for ensuring its positions are classified consistently with OPM appeal decisions and for consistency in applying the principle of equal pay for substantially equal work. If the appellant considers his position so similar to others that they all warrant the same classification, he may address the consistency issue by writing to VA's personnel headquarters. If the appellant pursues the matter with VA, he should specify the precise organizational location, classification, duties, and responsibilities of the positions in question. If the positions are found to be basically the same as his, VA must correct its classification of the positions to be consistent with this appeal decision. Otherwise, VA should explain to the appellant the differences between his position and the others.

Impact of the person on the job

The concept of impact of the person on the job is addressed in both the *Introduction* and the *Handbook*. This concept holds that, by virtue of exceptional competence, an employee may have such an impact on the duties, responsibilities, and qualification requirements of a position that it is changed to the point where its classification must also be changed. On the other hand, the mere fact that an individual in a position possesses higher qualifications or stands out from other individuals in comparable positions is not sufficient reason by itself to classify the position to a higher grade. When determining grade level based on this concept, it is essential that management recognizes and endorses the duties and that the work environment allows continuing performance at a different level. Neither the appellant nor officials of his agency provided evidence that impact of the person on the job should be a factor in evaluation of the appellant's position, that is, his performance actually makes the appealed position materially different from what it otherwise would be.

Special technical demand

The *Handbook* describes "special technical demand" as an element that was considered when using the Supervisory Grade Evaluation Guide (SGEG) to evaluate supervisory positions. The SGEG is no longer used. It was superseded by the General Schedule Supervisory Guide (GSSG) that was issued in April 1993; the GSSG issued in April 1998 supersedes the one issued in April 1993.

The GSSG does not address special technical demand as a separate element. Instead, the GSSG incorporates that element in other factors, such as Factor 5 which measures the difficulty of typical work directed and Factor 6 which addresses special situations that may complicate a supervisor's work.

Even if the SGEG could be used, the appellant's position would not meet the element for special technical demand. Credit for that element could be given only when both of the following conditions were present:

a. There is at least one subordinate full-time position, at a level above the base level of work. The employee in that position performs, as a major part of the work, nonsupervisory substantive work for which the supervisory position being evaluated is technically responsible.

b. The nonsupervisory substantive work concerned actually imposes on the supervisory position being evaluated a technical ability and knowledge requirement significantly higher than that needed to review work at the base level.

The position with a "special technical demand" to which the appellant refers is his own position, not a subordinate position. Clearly, the appellant's position would not have met the SGEG criteria.

Mixed-grade duties

Some positions involve performing different kinds and levels of work which, when evaluated separately in terms of duties, responsibilities, and qualifications required, are at different grade levels. The proper grade of such positions is determined by evaluation of the regularly assigned work which is paramount in the positions. In nearly all positions, the duties that occupy the majority of the employee's time also represent the highest level of work performed. However, duties may be grade controlling if they are a regular and continuing part of the position, are performed for at least 25 percent of the time, and involve a higher level of knowledge and skill that would be a factor in recruiting for the position. When an employee is assigned higher level work for at least 25 percent of the time, it is reasonable to conclude that the employee is applying the level of knowledge and skills associated with that grade. As explained later in this decision, the appellant's supervisory duties, which occupy about 30 percent of his time, are the highest level of work assigned to his position. The cytotechnologist duties the appellant personally performs do not exceed this grade. Therefore, the proper grade for his position is the grade based on his supervisory duties.

Grade levels for two-grade interval work

The appellant questions the assignment of two-grade interval work to an intermediate grade level (for example, GS-10). For nonsupervisory positions, the grade levels of GS-6, GS-8, or GS-10 are rarely appropriate for either two-grade interval administrative or professional positions. However, it is possible that use of a standard written in the Factor Evaluation System (FES) format, which assigns a point value to the levels within a factor, may produce an even-number grade for a position. While that kind of situation is unusual for nonsupervisory positions, it may happen because the Factor Evaluation System uses one set of factor values for all covered occupations. If, after checking the evaluation carefully, the position factors convert to an even grade, then it is the correct grade for the position. Similarly, the GSSG uses a point-value approach with six evaluation factors designed specifically for supervisory positions. The total points accumulated under the six factors are then converted to a grade by using the point-to-grade conversion table in the GSSG. The conversion may result in an even-number grade.

If a position includes major nonsupervisory duties, those duties must be evaluated by using appropriate standards and guides. If the duties evaluate to a different grade than the position's supervisory duties, the grade for the higher level duties will be the final grade of the position. As previously stated, the appellant's nonsupervisory duties do not evaluate at a higher grade than the supervisory duties. Therefore, the grade of the supervisory duties is the appropriate grade for the appealed position.

Position information

The appellant is assigned to position description (PD) [PD number]. The appellant and his supervisor have certified that PD [number] is accurate.

The [appellant's activity] is part of [a laboratory], which provides laboratory tests and procedures in support of three hospitals and five community-based outpatient clinics. The [appellant's activity] is the main testing and referral site and performs a wide variety of basic and specialized laboratory tests. While laboratories at the other [activities] and [an outpatient clinic] perform various basic testing procedures, only the [appellant's activity] performs surgical pathology, cytology, and autopsy services. The appellant supervises the histology work within the anatomic pathology laboratory at the [activity]. He directs a staff of approximately three histopathology technicians who provide cytopathology, histopathology, autopsy, and immunohistochemical services. The appellant works under the administrative supervision of the [laboratory] Administrative Director and under the technical supervision of the chief of anatomic pathology.

The appellant spends about 30 percent of his time performing supervisory duties. Those duties include planning and assigning work, evaluating performance, counseling employees, hearing and resolving complaints, and identifying training needs.

The appellant devotes about 40 percent of his time personally performing cytotechnologist work. His nonsupervisory work includes making cytodiagnoses of cell samples for presence or absence of normal or abnormal cellular patterns; presence of microorganisms; inflammatory reactions or benign cellular conditions; cellular responses to therapeutic agents; premalignant conditions; and neoplasms. He determines the adequacy and quality of histologic and cytologic specimens and either supervises or performs all technical functions related to frozen sectioning and autopsy service. He also assists with collection, preparation, and microscopic diagnosis of specimens obtained by special procedures such as fine needle aspirations and deep-organ biopsies.

The appellant develops, evaluates, modifies, adapts, and promotes new methodologies to improve the accuracy, precision, sensitivity, specificity, or proficiency of test analyses or to enhance or improve diagnostic capabilities of the laboratory. He designs forms for use in the laboratory, for example, an intradepartmental gynecologic pathology diagnosis worksheet. He also develops, implements, and enforces procedures and policies for employee safety.

The appellant conveys information to professionals who are directly responsible for patient care with respect to proper anatomic pathology specimen collection methods, the handling and transportation of specimens, proper submission of request forms, and interpretation of anatomic

pathology reports. He teaches staff physicians, resident physicians, medical students, and other students in the principles and practice of anatomic pathology.

The remainder of the appellant's time relates to ensuring that the lab is appropriately supplied and maintained and that it meets accreditation and safety requirements.

Series determination

The appellant does not contest the agency's placement of his position in the General Health Science Series, GS-601. We concur that the GS-601 series is appropriate.

Title determination

The agency titled the position *Supervisory Cytotechnologist*. The appellant believes the title of Anatomic Pathology Manager would be a more descriptive title. Further, he notes that he does not supervise cytology technologists. While the appellant supervises histopathology technician work that his agency classified in the GS-646 series, he personally performs cytotechnologist work. The agency chose a title denoting that the paramount requirement of the appellant's position is professional knowledge and competence in the field of cytotechnology. The position is also delegated supervisory responsibilities that meet the minimum criteria for coverage of the GSSG. Since OPM has not prescribed titles for positions in the GS-601 series, the agency may construct a title, which recognizes the supervisory responsibilities, following the guidelines in the *Introduction to the Position Classification Standards*.

Standard and guide determination

The appellant's supervisory and nonsupervisory work must be evaluated separately because the same classification criteria do not apply to both. The overall grade of the position is the higher level of either supervisory or nonsupervisory work. Work demanding less than a substantial (at least 25 percent) amount of time is not considered in classifying a position.

The GSSG is used to evaluate the appellant's supervisory duties and responsibilities. Those duties require the accomplishment of work through combined technical and administrative direction of others, occupy at least 25 percent of the position's time, and meet at least the minimum level of supervisory authority specified in Factor 3.

OPM has not issued a standard that contains grading criteria specifically for positions in the GS-601 series. Therefore, an appropriate general classification guide or criteria in a standard or standards for related kinds of work must be referenced to make a grade-level determination. The criteria selected as the basis for comparison should be for a kind of work as similar as possible to the position to be evaluated with respect to the:

- kind of work processes, functions, or subject matter of work performed;

- qualifications required to do the work;

- level of difficulty and responsibility; and

- combination of classification factors which have the greatest influence on the grade level.

Within the GS-600 Medical, Hospital, Dental, and Public Health Group, the Pathology Technician Series, GS-646, involves technical work subordinate to the work of pathologists or other physicians (or other professional personnel) who make the final diagnostic examinations of specimens of human tissues and/or cell preparations. While the appellant's cytopreparatory techniques can be evaluated by this standard, technical work does not represent the highest level of nonsupervisory work performed. The higher level work requires professional knowledge of cytology principles, theories, practices, procedures, and methodologies and related biological sciences; teaching and instructional techniques; knowledge of the recognized standards of care and the Federal, State, and accrediting agencies' regulations; and skill in using a compound microscope and other laboratory testing equipment.

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

Grade determination

Evaluation using the GSSG

The GSSG uses a point-factor evaluation approach with six evaluation factors specifically designed to assess supervisory positions. The points for all levels are fixed, and no interpolation or extrapolation of them is permitted. If one level of a factor is exceeded, but the next higher level is not met, the factor is credited at the lower level. Points accumulated under all factors are converted to a grade using the GSSG's point-to-grade conversion table.

The appellant does not contest the agency's determination for Factors 2 and 4. We have reviewed those factors and agree with the agency evaluation. Therefore, this decision will only address those factors with which the appellant disagrees.

Factor 1, Program scope and effect

This factor has two components, *scope* and *effect*. To receive credit for a given level, the separate criteria specified for both scope and effect must be met at that factor level.

Scope

Scope addresses complexity and breadth of the program or work directed, including the geographic and organizational coverage. It has two elements: (a) the program (or program segment) directed and (b) the work directed, the products produced, or the services delivered.

Level 1-2 covers the direction of administrative, technical, complex clerical, or comparable work that has limited geographic coverage and supports most of the activities of a typical agency field office, an area office, a small to medium size military installation, or comparable activities within agency program segments.

Level 1-3 covers the direction of a program segment performing administrative, technical, or professional work where the program segment and work directed encompass a major metropolitan area, a State, or a small region of several States. When most of an area's taxpayers or businesses are concerned, coverage may be comparable to a small city. Providing complex administrative or professional services directly affecting a large or complex multimission military installation, or an organization of similar magnitude, is also characteristic of this level.

The appellant believes that his position meets Level 1-3 because the professional work he personally performs results in professional work for the program segment he directs. He also indicates that the services he directs support a complex multimission organization (that is, the [appellant's activity] which includes three hospitals and five community-based outpatient clinics) that serves the veteran population in 35 rural counties.

The unit the appellant supervises is small and does not have a subordinate structure. Although his unit provides critical services (cytopathology, histopathology, autopsy, and immunohistochemical work), they constitute a small portion of the range of health services that the [veterans health care system] makes available to veterans in its 35-county area. The appellant's supervisor has [the health care system]-wide responsibilities. The appellant's position meets Level 1-2.

We evaluate this element at Level 1-2 (350 points).

Effect

Effect addresses impact of programs, products, or correctly performed work both within and outside the agency.

At Level 1-2, services significantly affect installation level or field office operations and objectives. This level also includes services that are provided to a moderate local or limited population of clients comparable to a major portion of a small city.

At Level 1-3, activities, functions, or services directly and significantly affect a wide range of agency activities, other agencies, outside interests, or the general public. At the field activity level (involving large or complex multimission organizations and/or very large serviced

populations), the work directly entails the provision of essential support services or products to numerous, varied, and complex technical, professional, or administrative functions.

The appellant's position meets Level 1-2. While the work of the appellant's unit directly affects [the appellant's activity] operations and objectives, it does not directly and significantly affect a wide range of agency activities (that is, VA activities) or outside interests as envisioned at Level 1-3. The appellant's supervisor stated that about 30,000 of the estimated 100,000 veterans in the 35-county area make use of the [veterans health care system's] services during a year. About 5,000 veterans require laboratory services from the appellant's unit.

Because the position meets Level 1-2 for both *scope* and *effect*, we evaluate this factor at Level-1-2 (350 points).

Factor 3, Supervisory and managerial authority

This factor covers the delegated supervisory and managerial authorities that are exercised on a recurring basis. To be credited with a level under this factor, a position must meet the authorities and responsibilities described for the specific level.

At Level 3-2, positions must meet one of three descriptions. Level 3-2a contains criteria for evaluating positions that supervise production-oriented work, and Level 3-2b covers supervision in organizations where work is contracted out. Neither of those levels is appropriate for the appellant's position. Level 3-2c specifies 10 authorities and responsibilities characteristic of supervisors functioning at this level. For that level to be credited, positions must meet at least three of the first four authorities and responsibilities and a total of six or more of the 10. The appellant's position meets Level 3-2c. For example, he plans and assigns work for his subordinate employees; evaluates their performance; gives advice, counsel, or instruction to employees on both work and administrative matters; hears and resolves complaints from employees; and effects minor disciplinary measures.

To be credited at Level 3-3, positions must meet either paragraph a or b of the factor description. Level 3-3a is applicable to positions that are closely involved with high level program officials, or comparable agency level staff personnel, in developing overall goals and objectives for assigned programs. Level 3-3a is not characteristic of the appellant's position. The responsibilities described at Level 3-3a belong to higher level positions within the agency. Level 3-3b is appropriate for positions that exercise at least 8 of 15 authorities specified in the factor description in addition to exercising all or nearly all of the authorities at Level 3-2c.

The appellant believes his position meets 8 of the 15 supervisory responsibilities at Level 3-3b: 2, 7, 9, 10, 11, 13, 14, and 15. Responsibilities 1, 3, 5, 6, and 8 cannot be credited to the appellant's position. These responsibilities are intended to credit only supervisors who direct at least two or three subordinate supervisors, team leaders, or comparable personnel. Responsibility 4 cannot be credited because the appellant does not direct a program segment with significant resources, for example, multimillion dollar level of annual resources. Responsibility 12 cannot be credited because the appellant does not determine whether contractor-performed work meets standards of adequacy needed to authorize payment.

Responsibility 2 requires the supervisor to exercise significant responsibilities in dealing with officials of other units or organizations or in advising management officials of higher rank. The appellant's position does not meet the intent of this responsibility in that it is his supervisors who deal with officials in other units and higher level management officials. This responsibility is not creditable.

Responsibility 7 requires making or approving selections for subordinate nonsupervisory positions. This responsibility cannot be credited because the appellant only recommends selections. His supervisor has the authority to make or approve selections.

Responsibility 9 concerns hearing and resolving group grievances or serious employee complaints. This responsibility refers to resolving serious complaints (for example, sexual harassment) or group grievances and is predicated on the regular exercise of authority that exceeds the responsibility under Level 3-2c to hear and resolve complaints from employees. The intent of this responsibility is not met in the appellant's position since disputes are resolved through collaboration with the appellant's supervisor.

Responsibility 10 concerns reviewing and approving serious disciplinary actions, such as suspensions, involving nonsupervisory subordinates. As with responsibility 9, the appellant's supervisor has the approval authority for serious disciplinary actions. The appellant's position cannot receive credit for this responsibility.

Responsibility 11 requires making decisions on nonroutine, costly, or controversial training needs and training requests. The appellant approves routine training for his staff. Unusual, costly, or controversial training requires approval by the appellant's supervisor. This responsibility is not credited.

Responsibility 13 concerns approval for expenses comparable to within-grade increases, extensive overtime, and employee travel. The appellant's supervisor approves such actions, which precludes crediting the appellant with this authority.

Responsibility 14 concerns recommending awards or bonuses for nonsupervisory personnel and recommending changes in classification. The crediting of this responsibility is predicated on an organization being varied and complex enough to require regular attention to changes in position classification and a reasonable chance that those changes would be adopted. The appellant may make minor changes in position descriptions, such as pen-and-ink changes to reflect new duty assignments or delete duties that are no longer performed. The authority to make substantive changes in classification is retained at higher levels. This responsibility cannot be credited for the appellant's position.

Responsibility 15 concerns finding and implementing ways to eliminate or reduce bottlenecks and barriers to production, promote team building, or improve business practices. The appellant's responsibility in this area does not exceed routine methods to improve productivity and increase the quality of work. There is no evidence that the appellant is regularly faced with bottlenecks and barriers as envisioned for this level.

The appellant's position does not meet any of the responsibilities listed under Level 3-3b. Therefore, we evaluate this factor at Level 3-2c (450 points).

Factor 5, Difficulty of typical work directed

This factor covers the difficulty and complexity of the basic work most typical of the organization directed, as well as other line, staff, or contracted work for which the supervisor has technical or oversight responsibility (either directly or through subordinate supervisors, team leaders, or others). The highest level of work credited for this factor must constitute at least 25 percent of the workload of the organization supervised. Excluded from consideration are:

- work of lower level positions that primarily support the basic work of the unit,
- work that is graded based upon the criteria in supervisory or leader guides,
- work that is graded higher than normal because of extraordinary independence from supervision, and
- work not fully under the supervisor's authority and responsibility as defined under Factor 3.

The agency's workload analysis indicates that of the three employees supervised by the appellant, two spend most of their time performing GS-7 level technician work. The third employee is training for a GS-7 level technician position. None of these three employees performs work higher than the GS-7 level. According to the conversion chart in the GSSG, Level 5-4 is appropriate since GS-7 is the highest level of work that constitutes at least 25 percent of the workload of the appellant's unit.

We evaluate this factor at Level 5-4 (505 points).

Factor 6, Other conditions

This factor measures the extent to which various conditions add to the difficulty of supervision. For credit, the condition must be present and dealt with on a regular basis. One level is added to positions at Level 6-3 or below if they also meet at least three of the eight special situations described under this factor.

The appellant's position meets Level 6-2a where the work supervised or overseen involves technician and/or support work comparable in difficulty to GS-7 or GS-8. As at Level 6-2a, the appellant's coordination activities ensure consistency of services provided.

The position does not meet Level 6-3a where supervision requires coordination, integration, or consolidation of administrative, technical, or complex technician or other support work comparable to GS-9 or GS-10, or work at the GS-7 or GS-8 level where the supervisor has full and final technical authority over the work. Full and final technical authority means that the supervisor is responsible for all technical determinations arising from the work, without technical

advice or assistance on even the more difficult and unusual problems and without further review except from an administrative or program evaluation standpoint. While the appellant supervises a base level of GS-7 work, he does not have full and final technical authority over their work. Although his work usually is evaluated for scientific and technical soundness, appropriateness, and conformity, the appellant's supervisor (a Board certified medical technician) provides technical advice and the chief of anatomical pathology is available for technical advice or assistance on the more difficult and unusual problems.

The appellant's position does not meet Level 6-3b where positions direct subordinate supervisors over positions in grades GS-7 or GS-8, or the equivalent, which requires consolidation or coordination within or among subordinate units or with outside units. There are no subordinate supervisors or subordinate units under the appellant's supervision.

The appellant believes his position should be credited with six of the eight special situations: variety of work, fluctuating workforce or constantly changing deadlines, physical dispersion, special staffing situations, changing technology, and special hazard and safety conditions. The agency credited only the special hazard and safety conditions for the position. The appellant states that the other two conditions, shift operations and impact of specialized programs, do not apply to his position.

Variety of work. This situation is credited when more than one kind of work, each kind representing a requirement for a distinctly different additional body of knowledge on the part of the supervisor, is present in the work of the unit. A "kind of work" usually will be the equivalent of a classification series. The appellant's subordinate staff performs work classifiable in the GS-646 Pathology Technician Series. Supervising this work does not require the appellant to possess a distinctly different body of knowledge because his cytotechnologist duties require knowledge of related disciplines such as histology and pathology. Further, one of the GS-7 technicians also performs cytology duties in the absence of the appellant. No credit is given for this situation.

Fluctuating workforce or constantly changing deadlines. This situation may be credited when the workforce supervised has large fluctuations in size and these fluctuations impose on the supervisor a substantially greater responsibility for training, adjusting assignments, or maintaining a flow of work while absorbing and releasing employees. Credit for constantly changing deadlines may be credited when there are frequent, abrupt, and unexpected changes in work assignments, goals, and deadlines that require the supervisor to constantly adjust operations under the pressure of continuously changing and unpredictable conditions. The workforce in the appellant's unit is stable. Although the work of his unit is subject to patient-driven workload and may be affected by sudden deaths of patients, these events do not instigate immediate and abrupt changes in the appellant's work operations. Rather, response to these factors is generally programmed well in advance. This situation is not credited.

Physical dispersion. This situation is credited when a substantial portion of the workload for which the supervisor is responsible is regularly carried out at one or more locations that are physically removed from the main unit, under conditions that make day-to-day supervision difficult to administer. Although one of the technicians in the appellant's unit works on a

separate floor from the appellant, that employee's work does not constitute a substantial portion of the unit's workload. Further, the physical separation does not unduly complicate the appellant's day-to-day supervisory responsibilities. No credit is given for this situation.

Special staffing situations. This situation is credited when (1) a substantial portion of the workforce is regularly involved in special employment programs or in similar situations which require involvement with employee representatives to resolve difficult or complex human resources management issues and problems; (2) requirements for counseling and motivational activities are regular and recurring; and (3) job assignments, work tasks, working conditions, and/or training must be tailored to fit the special circumstances. All three conditions must be present for this situation to be credited. The appellant believes this situation is met because he supervises a trainee who has some performance problems. Since the appellant's position does not meet all three criteria, no credit is given for this special situation.

Changing technology. This situation is credited when work processes and procedures vary constantly because of the impact of changing technology, creating a requirement for extensive training and guidance of subordinate staff. The appellant's organization is experiencing some changes in technology as the agency updates its automated and information management processes, requiring some training of staff to accommodate new procedures. While medical technology is updated and improved frequently, there is no indication that such changes result in constant variances in work processes and procedures used by the appellant and his subordinate technicians. Although there has been change in some of the apparatus used by the technicians, there is no evidence that these changes have required extensive training and guidance as envisioned in the GSSG. No credit is given for this situation.

Special hazard and safety conditions. This situation is credited when the supervisory position is regularly made more difficult by the need to make provision for significant unsafe or hazardous conditions occurring during performance of the work of the organization. The appellant supervises a hospital laboratory unit where the employees are subject to the hazardous conditions typical of such operations in performing their work. The employees must comply with all applicable safety, biohazard, and hazardous material directives and are required to share in the responsibility for sound laboratory safety and biohazard and hazardous material programs. This situation is credited for the appellant's position.

Since the appellant's position meets only one of the eight special conditions, no additional level is credited. Therefore, this factor is evaluated at Level 6-2a (575 points).

Summary

In sum, we have evaluated the appellant's supervisory duties and responsibilities as follows:

Factor	*Level*	*Points*
1. Program scope and effect	1-2	350
2. Organizational setting	2-1	100
3. Supervisory and managerial authority exercised	3-2	450
4. Personal contacts		
4A. Nature of contacts	4A-2	50
4B. Purpose of contacts	4B-2	75
5. Difficulty of typical work directed	5-4	505
6. Other conditions	6-2	575
	Total	2,105

In accordance with the grade conversion table in the GSSG, a total of 2,105 points converts to grade GS-10.

Evaluation using the GS-644 standard

The GS-644 standard is written in FES format. Under the FES, positions are placed in grades on the basis of their duties, responsibilities, and the qualifications required as evaluated in terms of nine factors common to nonsupervisory General Schedule positions. A point value is assigned to each factor based on a comparison of the position's duties with the factor-level descriptions in the standard. The factor point values mark the lower end of the ranges for the indicated factor levels. For a position to warrant a given point value, it must be fully equivalent to the overall intent of the selected factor-level description. If the position fails in any significant aspect to meet a particular factor-level description in the standard, the point value for the next lower factor level must be assigned, unless the deficiency is balanced by an equally important aspect which meets a higher level. The total points assigned are converted to a grade by use of the grade conversion table in the standard.

Factor 1, Knowledge required by the position

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

At Level 1-6, the work requires professional knowledge of the established principles, concepts, and methods of medical technology (for example, cytotechnology) and skill in applying this knowledge in performing and monitoring the full range of specialized tests and nonroutine procedures for which there are standard methods and techniques (that is, methods and techniques are well-established, that apply to most situations encountered, and that can be carried out with minor modification or adaptation) in one or more areas of a clinical laboratory. 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 is at this level. This level also requires knowledge of related disciplines (for example, histology, cytology, pharmacology, pharmacokinetics, anatomy, physiology, epidemiology, genetics). In addition, this level requires knowledge of the significance of certain clinical and physiologic conditions (for example, conditions affecting hormone secretion) sufficient to use such knowledge in assessing and correlating data and verifying results (for example, evaluating certain stains prepared in histology, recognizing interfering drugs or infectious diseases that can cause abnormal results, assuring proper collection and preservation of specimens, performing therapeutic drug monitoring).

Level 1-6 describes knowledge and understanding of recognized reference standards, medicolegal requirements, regulatory and accrediting agency requirements, and pertinent statutes sufficient to use such knowledge in performing/monitoring diagnostic tests (for example, maintaining chain of custody when a specimen is submitted for medicolegal reasons so as not to affect the legality of the results, using and storing controlled substances in an appropriate manner, assuring that blood and blood products meet prescribed specifications, reporting notifiable diseases to proper authorities). Some positions require knowledge of instructing techniques and practices sufficient to use such knowledge in instructing students and others in the basic principles and specialized methods of one or more areas of medical technology (classroom or bench teaching).

At Level 1-7, the work requires professional knowledge of medical technology applicable to a wide range of duties in one or more specialty areas or functions. The work also requires a high level of skill in applying this knowledge in solving very complex problems involving diverse aspects of clinical laboratory practice (for example, conducting a variety of specialized tests of greater than average difficulty, as in the more esoteric laboratory areas of virology, histocompatibility, tissue typing, or cytogenetics) or in a discipline that is undergoing significant development, where procedures require frequent modification and change in order to incorporate revised theories and techniques; modifying or adapting established methods to improve or extend test systems; and evaluating, modifying, or adapting new methods to meet the requirements of particular testing situations.

Positions at Level 1-7 require knowledge of regulatory, licensing, and accrediting agency requirements, medicolegal responsibilities, and statutes governing clinical laboratory operations sufficient to use in planning, implementing, or monitoring laboratory programs and services (for example, determining needs, assuring compliance with standards). Further, this level requires management, administrative, or coordinative knowledge and skill sufficient to provide advisory, reviewing, inspecting, education and training, or problem-solving services (as a troubleshooter, specialist, or coordinator) on specific problems, projects, programs, or functions (for example, developing, reviewing, and evaluating the implementation of work plans, including estimates of personnel, equipment and supplies, and the detailed instructions necessary to carry out the plans for complex long-term projects such as designing a clinical laboratory information management system that provides reports of results, interpretative information, and special reports).

Similar to Level 1-6, the appellant's work requires knowledge of established cytology principles, methods, and concepts to perform the full range of standardized tests and complex analyses of nonroutine tests; skill and ability to instruct students and staff in new or revised operating

procedures; and the ability to revise and implement changes in local operating procedures. He must have skill in the operation and maintenance of laboratory equipment and familiarity and knowledge of professional laboratory and accreditation standards and requirements to perform quality control and quality assurance responsibilities. The appellant evaluates, modifies, or adapts new methods or revises standard techniques to improve the accuracy, precision, sensitivity, specificity, or proficiency of test analyses and to improve diagnostic capabilities of the laboratory. He does not have authority to develop new procedures because of the legal liability associated with the work.

Although the techniques and methods used by the appellant may be complex, they are universal and standard (that is, methods and techniques are well established, apply to most situations encountered, and require application of standard skills and training to perform complex analysis) and are typical of Level 1-6. Further, the appellant uses techniques that are dependent upon the type of test requested by the clinician. He does not modify or develop alternative testing methods to perform diagnostic evaluations. Only a pathologist, scientist, or medical researcher can modify or develop an alternative testing method. The American Medical Association must approve any changes to standard cytology testing.

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

We evaluate this factor at Level 1-6 (950 points).

Factor 2, Supervisory controls

This factor covers the nature and extent of direct or indirect controls exercised by the supervisor, the employee's responsibility for carrying out assignments, and how completed work is reviewed.

At Level 2-3, the supervisor makes assignments by defining objectives, priorities, and deadlines and assists the medical technologist with unusual situations that do not have clear precedents. The medical technologist plans and carries out the successive steps and handles problems and deviations in the work assignment in accordance with established protocols, previous training, or accepted laboratory practices. Judgment and initiatives employed by the technologist include selecting and implementing testing methods appropriate to the source and characteristics of the specimen; monitoring, controlling, and assessing the events of reactivity (for example, test conditions, chemical and physical events, instrument performance); recognizing conditions which cause erroneous results (for example, blood typing from heparinized blood, superficial contamination of specimens collected from body sites containing indigenous or colonizing bacteria); troubleshooting complex instruments; and correlating test results with patient data

(history, physical findings, medications, and other laboratory data) to verify results. When there is a need to deviate from or modify procedures to correct a problem, the technologist makes a literature search or consults with medical staff or technical authorities and implements corrective action provided it is consistent with accepted professional methodology. Completed work is evaluated for technical soundness, appropriateness, and conformity to policy and requirements. The methods used in arriving at the results are not usually reviewed in detail. If the technologist is alone (for example, on night shift, on call), the supervisor may review reports after the fact.

At Level 2-4, the supervisor sets the overall objectives and resources available. The medical technologist and supervisor, in consultation, develop the deadlines, projects, and work to be done. The medical technologist, having developed expertise in a particular specialty or application area (for example, laboratory information management, quality assurance), is usually assigned continuing responsibility for independently planning and carrying out a major laboratory program; resolving most of the conflicts which arise; coordinating the work with others as necessary; and interpreting policy in terms of established objectives. In some assignments, the medical technologist also determines the approach to be taken and the methodology to be used. The medical technologist keeps the supervisor informed of progress, potentially controversial matters, or far-reaching implications. Completed work is reviewed only from an overall standpoint in terms of feasibility, compatibility with other work, and effectiveness in meeting requirements or expected results.

Although the appellant independently plans and carries out the procedures necessary for performing his cytology work, he does not plan and carry out a major laboratory program. A major laboratory program, as described in OPM classification standards, is a laboratory program that furnishes a variety of laboratory services including a laboratory that offers a variety of specialized testing services and procedures because of the medical and specialized services offered by the hospital, resident training programs, or a hospital equipped to handle the most complex and unusual patient conditions; a reference laboratory providing specialized laboratory services to other laboratories; or a remote laboratory providing a diverse number of laboratory services without pathologist or higher graded medical technologist supervision. The appellant's laboratory program is more limited than the type of laboratory program described at Level 2-4.

We evaluate this factor at Level 2-3 (275 points).

Factor 3, Guidelines

This factor covers the nature of guidelines and the judgment needed to apply them. Guides used in the field of medical technology may include laboratory manuals and operating procedures, manufacturers' protocols, medical orders, standard textbooks, professional journals and literature, accepted professional standards, agency policies and directives, accreditation standards, and Federal and State laws and regulations.

At Level 3-3, guidelines are available, including established and/or experimental protocols, technical manuals and journals, and agency/hospital regulations, but they are not completely applicable to the work or they have gaps in specificity. The medical 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 to improve the reliability of data, enhance services, and correct deficiencies.

At Level 3-4, administrative policies and precedents, laws, regional or area directives, agency regulations, accreditation requirements, and scientific references are usually applicable, but they are stated in general terms. Guidelines for performing the work are often scarce or of limited use, for example, when there is insufficient information about the accuracy, precision, reliability, and utility of new or controversial instruments or techniques; when professional journals and other literature have conflicting views on accuracy and reliability; or when proven/valid methods of testing are lacking or incomplete. The medical technologist uses initiative and resourcefulness in deviating from or extending traditional methods and practices, or in developing and recommending new or substantially modified methods, criteria, or policies.

Comparable to Level 3-3, the appellant's guidelines include technical manuals and journals, reference material, manufacturers' guidelines and instructions (for example, instrument handbooks, procedural manuals for testing kits, control and calibration procedures), Federal regulations, and agency and local hospital regulations, directives, and policies. As at Level 3-3, these materials do not always specifically cover every situation. The appellant must use sound professional judgment in interpreting and adapting instructions and developing protocols for new tests being introduced in the laboratory.

For positions at Level 3-4, available technical references seldom apply, and the technologist is expected to develop new procedures and methods or substantially modify guidelines to resolve technical problems related to the diversity of laboratories in the employee's program area. In contrast, the appellant is responsible for applying judgment in interpreting and adapting guidelines to develop local procedures in accordance with established polices and accepted practices. There is a limit to how much the appellant can deviate from accepted practices and guidelines and still maintain the integrity of the tests and quality control standards they must meet. Unlike Level 3-4, the guidelines and instructions in the test kits, instrument instructions, and quality assurance procedures, typically apply to most of the appellant's routine work. The modifications or adaptations to guidelines and procedures made by the appellant are not of the extent intended to credit Level 3-4.

We evaluate this factor at Level 3-3 (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.

At Level 4-3, the work includes a variety of duties involving different processes and methods. Examples include 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; setting up,

standardizing, and implementing new procedures. Decisions regarding what needs to be done depend upon 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 such as physical or drug related factors involved in each assignment. The chosen course of action may have to be selected from many alternatives, for example, when standards or control samples do not give acceptable values. The work requires analyzing and interpreting a variety of conditions and elements to verify or clarify results. Judgment is required to apply a range of established approaches and solutions to malfunctions.

At Level 4-4, the work typically involves 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 (for example, evaluating, refining, and implementing new methods and procedures for laboratory systems/programs). Assignments involve such complicating factors as practical economic or operating problems; inadequate or discrepant information about the use and capabilities of new instruments or methodologies; or requests for modified procedures or test alternatives. The work typically requires determining ways to extend standard test systems; modifying conventional methods to produce acceptable results; developing new or revised procedures and protocols using standard techniques; creating or revising logic schema (within state-of-the-art) to determine corrective action for problems; or refining existing criteria for administering or evaluating programs.

The appellant's position fully meets the Level 4-3 criteria. The appellant is responsible for all aspects of the cytology work within the anatomic pathology laboratory. The work involves preparing specimens and reagents; performing quality control procedures and maintenance on equipment and instruments; and conducting, evaluating, and interpreting test results. He analyzes the adequacy and quality of the specimen; the requirements of the test; the function of the equipment; the validity of the data; and the correlation of the test results with other patient data. When selecting alternative procedures or adapting tests, the appellant applies accepted techniques and practices.

The appellant's position does not meet the intent of Level 4-4 where the performance of unusually difficult or uncommon tests and the frequent introduction of new methodologies and equipment are typical. Although the appellant performs the more difficult or infrequently requested tests, the procedures have been previously developed or instructions are available with the test kits. The appellant does not frequently develop new methods (although he may alter procedures or make adaptations) or frequently use or test new equipment. The equipment in the laboratory is expensive and not frequently replaced. When new, state-of-the-art equipment is purchased for the laboratory, the manufacturer usually sends a representative to train technologists in the use of that equipment.

We evaluate this factor at Level 4-3 (150 points).

Factor 5, Scope and effect

This factor covers the relationship between the nature of the work (that is, the purpose, breadth, and depth of the assignment) and the effect of work products or services both within and outside the organization.
At Level 5-3, the work involves performing and monitoring the full range of specialized and nonroutine tests according to established methods, reviewing and analyzing conventional testing problems and recommending or implementing solutions to overcome them, and setting up and developing protocols for new procedures. The work affects the adequacy of clinical laboratory services or research conclusions (and hence the correct diagnosis and treatment of patients), the efficient operation of laboratory systems and programs, and the effective management of laboratory resources.

At Level 5-4, the work involves devising new or improved techniques or solutions to complex technical problems in one or more disciplines or functional areas; assessing the effectiveness of various laboratory programs; providing advisory, planning, or surveillance services to clinicians, laboratory directors, and supervisors on specific functions, programs, or problems that are particularly difficult, widespread, or persistent; or developing procedural manuals or guidelines for major agency activities (for example, developing and administering a proficiency testing program for all laboratories testing for lead intoxication under the national occupational exposure to lead standard; designing and conducting training courses on the availability of newer and more reliable diagnostic and quality control techniques in the field of bacteriology for a national program to improve the bacteriology laboratory services of State health departments; and developing endocrinologic reference methods which can be used for standardization of analytical methods by clinical laboratories). Assignments typically involve problems that occur at a number of laboratories within a broad geographic area or at a reference laboratory that provides unique supplemental services to other laboratories in a geographic area, or problems that are systemic in nature involving major testing or quality assurance systems and processes. The work directly influences the effectiveness and acceptability of total laboratory systems/programs, the operations of many laboratories in different localities or in other Federal or State agencies, or the activities of nongovernment laboratories.

Comparable to Level 5-3, the appellant provides diagnostic and research support for the histopathologic and cytopathologic services offered to veterans. The appellant's laboratory also supports medical students and residency programs by providing training in a specialized environment for histo-cytopathologic studies. The appellant's work affects the outcome of the tests performed in the laboratory, the diagnosis and treatment of patients, and the quality of medical care provided to veterans. Level 5-4 is not met in that the appellant's work does not involve problems that are systemic in nature involving major testing or quality assurance systems and processes, and it does not affect total laboratory systems/programs (for example, a wide range of agency activities, or the operation of laboratories in other Federal or State agencies). Further, the appellant does not develop procedural manuals or guidelines for major agency activities (for example, designing and conducting training courses on the availability of newer and more reliable diagnostic and quality control techniques for a national program of State health departments). He does not develop reference methods which can be used for standardization of analytical methods by clinical laboratories, as would be typical of positions at Level 5-4.

We evaluate this factor at Level 5-3 (150 points).

Factor 6, Personal contacts

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

At Level 6-2, contacts are with employees in the same agency, but outside the laboratory (employees who generally are engaged in different functions, missions, and kinds of work, for example, representatives from various levels within the agency, such as headquarters, regional, district, or field offices or from other departments/services of the hospital or center), or with individuals or groups from outside the employing agency in a moderately structured setting. At this level, contacts are generally established on a routine basis, the purpose of contacts may have to be made clear, and the role and authority of one or more of the parties may have to be identified.

Similar to Level 6-2, the appellant's contacts are primarily with fellow employees in the anatomic pathology laboratory, technologists, technicians, physicians, nurses, and other hospital staff. Contacts also include patients and their relatives, college students, inspection-accrediting agency officials, and corporate representatives.

The appellant's contacts do not meet Level 6-3 where contacts are typically individuals or groups from outside the employing agency in a moderately unstructured setting (for example, where the contacts are not established on a routine 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 contact). Examples of contacts at Level 6-3 include contractors; inspectors; researchers; educators; community leaders; or representatives of other Federal agencies, State, or local health departments; or organized or ad hoc public action groups.

We evaluate this factor at Level 6-2 (25 points).

Factor 7, Purpose of contacts

The purpose of personal contacts ranges from factual exchange of information to situations involving significant or controversial issues and differing viewpoints, goals, or objectives. The personal contacts that serve for the level selected for this factor must be the same as the contacts that are the basis for the level selected for Factor 6.

At Level 7-2, the purpose of contacts is to plan or coordinate work efforts or to resolve operating problems by influencing or motivating individuals or groups who are working toward mutual goals and who have basically cooperative attitudes (for example, coordinating work efforts or resolving operating problems concerning test methods, unexpected results, schedules, etc., with other laboratory workers and physicians). Contacts may also be for the purpose of clarifying problems of equipment use, test accuracy, etc., with reference laboratories, product suppliers, or equipment manufacturers or advising laboratory managers or State representatives on the need for or the results of inspections.

The purpose of the appellant's contacts meets Level 7-2 where contacts with fellow workers are to resolve problems and exchange information, and contacts with patients are to explain procedures to be performed. Likewise, the appellant's contacts with co-workers are to exchange information, coordinate the work of other technologists, and resolve problems with equipment.

The appellant's position does not meet Level 7-3 where the purpose of the contacts is to influence, motivate, or persuade persons or groups. Persons contacted are typically skeptical or uncooperative. The technologist at this level must be skillful in approaching the individual or group to obtain the desired outcomes, such as gaining compliance with accrediting and regulatory agency requirements by persuasion or negotiation and negotiating and resolving difficult problems with suppliers or contractors involving discrepancies, price adjustments, quality control, and similar matters.

We evaluate this factor at Level 7-2 (50 points).

Factor 8, Physical demands

The physical demands placed upon the appellant are best evaluated at Level 8-2 where the work requires long periods of standing and walking, some bending and carrying of moderately heavy articles, and assisting patients to achieve proper positioning. The appellant's work requires regular and recurring physical exertion such as prolonged standing, sitting at a computer, walking, and lifting moderately heavy items.

We evaluate this factor at Level 8-2 (20 points).

Factor 9, Work environment

This factor considers the risks and discomforts in the employee's physical surroundings, and the safety precautions required.

At Level 9-2, the work involves regular and recurring exposure to moderate risks or discomforts which require special safety precautions (for example, working in a hospital laboratory where there is risk of exposure to contagious diseases, carcinogenic materials, caustic reagents, noxious fumes, flammable liquids, and low-level radiation). Protective clothing or gear is required.

The appellant's working environment meets Level 9-2. The appellant is exposed to high-risk biohazards such as Hepatitis B Virus, Human Immunodeficiency Virus, carcinogens, and chemical hazards as described by OSHA regulations. The appellant must take and assure compliance with special safety precautions.

We evaluate this factor at Level 9-2 (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	1,915

A total of 1,915 points falls within the grade point range (1,855-2,100) for GS-9 according to the grade conversion table in the GS-644 standard.

Decision

The appellant's position is properly classified as GS-601-10 with the title at the discretion of the agency.