

PH:OD:97-3

OPM Decision Number: C-0647-06-01, 4/30/97

[the appellant's name
and address]

Dear Mr. [appellant]:

This is our decision on the classification appeal you filed with our office that we accepted under the authority contained in section 5112(b) of title 5, United States Code (U.S.C.).

This appellate decision constitutes a classification certificate that is mandatory and binding on administrative, certifying, payroll, disbursing, and accounting officials of the Government. It is the final administrative decision on the classification of this position, and is not subject to further appeal. It is subject to review only under the limited conditions and time limits specified in 5 Code of Federal Regulations (CFR) 511.603 and 511.613 and the Introduction to the Position Classification Standards, Appendix 4. It must be implemented according to the requirements contained in 5 CFR 511.612.

Position Information:

Appellant:	[the appellant]
Current Classification:	Diagnostic Radiologic Technologist, GS-647-6
Position Description No.:	0098
Requested Classification:	Diagnostic Radiologic Technologist, GS-647-7
OPM Classification:	Diagnostic Radiologic Technologist, GS-647-6

Organizational Information: Department of Veterans Affairs (VA)
Medical Center
Radiology Service
Diagnostic Radiology Section (Section)
[location of agency]

Analysis and Decision

In considering your appeal, we carefully reviewed all the information submitted by you and/or on your behalf; information obtained during a telephone audit with you on April 14, 1997, and an interview with [the appelleant's second level supervisor] on April 21, 1997; workload data provided by [second level supervisor] on April 23 and 25, 1997; and, other pertinent classification information submitted by your employing activity at our request.

It is our decision that the proper classification of your position is Diagnostic Radiologic Technologist, GS-647-6. Accordingly, your appeal is denied for the reasons discussed below.

In your initial appeal letter of December 4, 1996, you appeared to suggest your position should be upgraded because all Diagnostic Radiologic Technician, GS-5 positions were upgraded recently to GS-6. Your rationale appeared to be based on your "Quality Assurance & Control Coordinator" functions supported a one grade difference between these positions and your position in the past, their up--grading to GS-6 should have resulted in the upgrading of your position to GS-7. In our letter of December 17, 1996, accepting your appeal, we requested you provide us your rationale regarding how the application of published position classification standard(s) (PCS's) used to evaluate your work supported the GS-7 grade level. Your December 22, 1996, letter expanded on your previous rationale, explaining that your position, and the "Educational Coordinator" and "Safety Coordinator" positions, previously classified one grade higher than the all other positions in the section, should have been upgraded to GS-7 due to "extra duties inherent" in those positions. In support of your appeal, you also cited your functioning as "technical work coordinator substituting Sup. General Diagnostic Radiologic Technician when required as determined by Supv. Diagnostic Radiologic Technician."

These statements have raised several procedural issues warranting clarification. All positions subject to the Classification Law contained in title 5, U.S.C., must be classified in conformance with published PCS's of the Office of Personnel Management (OPM) or, if there are no directly applicable PCS's, consistently with

3.

published PCS's for related kinds of work. Therefore, other methods or factors of evaluation, such as comparison to other positions that may or may not be classified correctly, are not authorized for use in determining the classification of a position. The classification appeals process is a de novo review that includes a determination as to the actual duties and responsibilities assigned by management and performed by the appellant. This includes establishing the difficulty and complexity of work performed by the incumbent over a representative work cycle typical of the occupation.

You and [the appellant's second line supervisor] certified the accuracy of your position description (PD) of record on January 14, 1997. Our fact-finding revealed that while your PD of record covers the work assigned by management and performed by you, it overstates the difficulty and complexity of work as it relates to the radiologic procedures you perform. For example, your PD lists "routine exams," followed by a list of examinations, based on our audit with you and our interview with [the appellant's second line supervisor], that are considered more complex to perform. These procedures include gastrointestinal and genitourinary examinations, arthrograms, sialograms, enterolysis, video modified barium swallows, defecograms, and myelography (cervical, thoracic, lumbar). Information provided by your activity, in its analysis of work performed in your Section, concluded these more complex procedures, as well as cholangiograms and cystograms, were procedures supportive of the GS-6 grade level.

The position classification process recognizes that positions may perform different kinds and levels of work that, when evaluated in terms of duties, responsibilities, and qualifications required, are at different grade levels. As provided for in the Introduction to the Position Classification Standards, page 23:

The proper grade of such positions is determined by evaluation of the regularly assigned work which is paramount in the position.

In most instances, the highest level work assigned to and performed by the employee for the majority of the time is grade-determining. When the highest level of work is a smaller portion of the job, it may be grade controlling only if:

- The work is officially assigned to the position on a regular and recurring basis;

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

Work that is temporary or short-term, carried out only in the absence of another employee, performed under closer than normal supervision, or assigned solely for the purpose of training an employee for higher level work cannot be considered paramount for grade level purposes.

Therefore, the grade level worth of your position hinges on establishing the highest level of work performed by you, on a regular and recurring basis, constituting 25 percent or more of your work time. Our fact-finding revealed, however, that the workload of the Section does not support the conclusion that the more complex procedures described in your PD of record meet the 25 percent threshold. Workload statistics for January 1, 1997 to March 31, 1997 revealed that no more than 6.5 percent (849 of 13,171) of the total number of procedures performed in your Section were in the categories identified above as complex. Based on our grade level analysis, not all gastrointestinal procedures are complex within the meaning of the Diagnostic Radiologic Technologist Series, GS-647 PCS. Additional statistics from October 1996 to March 1997 revealed a total of 25 arthrograms, cholangiograms (performed in the operating room), enterolysis examinations were performed in your section; no sialograms were conducted during this time frame. Performance standards reflecting the average time for radiologic examinations show most routine procedures take from two to six minutes to complete. In contrast, barium swallows take 8 minutes (for the technologist portion), genitourinary (IVP) examinations take 25 minutes, and arthrograms take 45 minutes. Adjusting the raw workload statistics accordingly, we must conclude that you, receiving the full range of examination assignments performed by other employees in your Section, do not perform what is described by your activity as the complex procedures in your PD a sufficient portion of your work time for that work to control the grade level worth of your position. We will address this work further in our detailed grade level analysis of your position.

Our fact-finding revealed you devote approximately 25 percent of your time to your quality assurance and quality control coordinator duties. These duties include passing film through all processors each morning to assure that they are operating, checking each for proper contrast, and reviewing printouts each month for fluctuation. You prepare monthly reports on the printouts, and calculate the

percentage of rejections for tests that do not meet established standards. You use the data from these reports to advise management of potential equipment malfunction trends. You alert staff members of any changes necessary in processing practices due to changes in the chemical used. You assist in the health physicist's annual inspection of Section equipment. Your PD says that you develop and deliver lectures to instruct radiology technology students, and newly appointed and junior technicians on quality matters. Our fact-finding revealed you do not perform this last duty; it is a function vested in the Section educational coordinator.

We will address the other functions and aspects of your position contained in your PD of record, as appropriate, in our grade level analysis of your position and hereby incorporate your PD of record by reference into this decision.

Series and Title Determination

Your activity has classified your position to the Diagnostic Radiologic Technologist Series, GS-647 and titled it Diagnostic Radiologic Technologist in conformance with the titling practices contained in the GS-647 PCS. You have not disagreed with these determinations, with which we concur. Therefore, your position is allocated properly as Diagnostic Radiologic Technologist, GS-647.

Grade Level Determination

The Diagnostic Radiologic Technologist Series, GS-647 PCS contains grade level criteria in the Factor Evaluation System (FES) format. This format describes the criteria for nine factors, each factor being described at various levels, and benchmark descriptions, which are descriptions of actual positions with the factor level criteria applied. In crediting levels (and assigning corresponding points) to a given factor level, the position must meet the overall intent of the selected factor level description. In other words, each factor level description represents the minimum or "threshold" for that factor. If a position fails in any significant aspect to meet the criteria in a particular factor level description, we must assign a lower level, unless an equally important aspect that meets a higher level balances the deficiency. The total points assigned are converted to a grade by use of the Grade Conversion Table in the PCS. Instructions in the GS-647 PCS require positions be evaluated to the extent possible by using the benchmarks in the PCS. In the event the factor descriptions in the benchmarks do not provide a good match with the position being classified, the factor level descriptions are to be used to determine the appropriate point value.

You did not provide a specific rationale regarding how the GS-647 PCS should be applied to your position. In responding to your appeal rationale regarding your

6.

quality control coordinator duties, your activity appears to have compared the GS-6 and the GS-7 benchmarks, concluding that your position did not meet Levels 2-3 (Benchmark 7-01) or 4-4 (Benchmark 7-02). Your activity's classification evaluation report does not appear to reference a specific bench-mark. The factor levels credited in Benchmark 6-01, the only GS-6 benchmark, replicate the factor levels credited by your activity to your position.

The levels in Benchmark 6-01 are predicated on the employee performing the grade controlling types of radiographic examinations contained in that benchmark a sufficient portion of the work time as discussed previously in this decision. The factor levels credited in Benchmark 6-01 are based on the employee performing a variety of "difficult radiographic examinations including cholangiography, linear tomography, xerographic mammography, lumbar and thoracic myelography, bronchography, lymphangiography, or femoral arterio-graphy. Our fact-finding revealed myelography, while included in your PD of record, is not performed in your Section. Mammograms are contracted out. Bronchographies are performed in the Special Procedures Section. Most linear tomography is performed in the CAT Scan Section, and IVP and gallbladder examinations typically are performed in a less invasive manner in the Ultrasound Section.

Based on the actual workload assigned by management and performed within your Section, we find that your position, other than for Factors 4 and 7, is a close match to Benchmark 5-02. Our application of this Benchmark, with appropriate references to the GS-647 factor level descriptions, follows.

Factor 1 - Knowledge Required by the Position

This factor measures the nature and extent of information or facts that the architect must understand to do acceptable work (e.g., steps, procedures, practices, rules, policies, principles, theories, and concepts) and the nature and extent of skills necessary to apply these knowledges. To be used as a basis for selecting a level under this factor, a knowledge must be required and applied.

At Level 1-4, as illustrated in Benchmarks 5-02, work requires:

- Knowledge of radiation protection standards including concepts of accumulated dosage and genetic changes, effects of radiation on living organisms, and the effects of X-ray techniques on patient and operator exposure to assure that adequate safeguards are maintained and reassure patients who may be unfamiliar with X-ray safety procedures.

- Knowledge of basic anatomy and physiology such as the structure, location, and function of major organs and the skeletal system in order to locate areas of study by using anatomical landmarks, to identify organs appearing on the film to determine the acceptability of the radiograph for diagnostic use, and to determine if standard positioning techniques might cause further pain or injury to patients.
- Knowledge of aspects of basic physics including the concepts of energy, electric power and types of electrical circuits, the construction and function of typical X-ray tubes, and the properties of X-rays, to understand the operation of X-ray equipment, monitor the equipment for proper operation, recommend minor changes to standard procedures to compensate for equipment aging, and determining when maintenance or repair is needed.
- Knowledge of darkroom procedures to load and unload film cassettes, operate automatic film processing machines, hand develop films, and perform preventive maintenance on processing machines.
- Knowledge of radiographic exposure techniques including use of formulae for determining technical factors, how to control density, contrast and distortion, and use of intensifying screens, buckys, collimators, filters, grids, etc., to produce high diagnostic quality radiographs with a minimum of retakes.
- Knowledge and skill in radiographic positioning of patients for X-rays of extremities, skull, chest, pelvis, spine, and abdomen, selecting alternate positions or modifying standard positions to adapt to unusual clinical condition of patient. Basic knowledge of positions required and skill in following directions of higher grade personnel to perform fluoroscopic and spot film examinations such as barium enemas, gastrointestinal series or cholangiograms. Knowledge and skill in mixing and administering contrast material orally or rectally. Skill in repositioning patients and/or realigning X-ray equipment to follow sequences of the examinations.
- Knowledge of first aid in handling injured or seriously ill patients, including methods of artificial respiration.

This level of knowledge is applied in: (1) performing routine X-rays of skull, chest, pelvis, spine, abdomen, and extremities for diagnosis of injuries and illness such as

broken bones, sprains, and tuberculosis when unusual deviations from standard positioning and technical factors are often required to adapt to physical considerations such as deformity of the body, injuries, or serious illness of the patient; (2) assisting the radiologist in performing less complex fluoroscopic and spot film examinations that require contrast material, e.g., gastrointestinal series, barium enemas, pyelograms and cholangiograms, including preparing contrast media and administering contrast orally or by enema; (3) performing darkroom operations, including developing film and mixing processing chemicals; and, (4) maintaining records of the patients examined, the examinations performed, views taken, and technical factors used.

Level 1-5, used in all Benchmarks above the GS-5 grade level in the PCS, also requires: (1) knowledge of anatomy and physiology such as the location, appearance, and function of the various major systems including the muscular, circulatory, lymphatic, respiratory, digestive, and urinary systems to interpret the examination request accurately; to understand the functioning and inter-relationship of the various organs appearing on the film and that various stages of the examination to judge the acceptability of the radiograph for diagnostic use; (2) knowledge of the effects of common medical and surgical diseases upon radiographic examinations, e.g., the more common abnormalities of veins and arteries, results of respiratory conditions such as emphysema, pneumonia, and sinusitis, or peptic ulcers to recognize the conditions, assure the radiographic studies properly illustrate the conditions, and adjust positioning, technical factors or other variables to better illustrate them, if necessary; (3) knowledge and skill in positioning patients for a wide variety of difficult radiographic examination, e.g., lumbar myelography entails skill in securing the patient firmly to the table so that no movement will take place if the table is tilted, knowledge of the four required posterior and lateral views, and skill in accurately positioning the patient to best demonstrate the desired areas of the spine, concentrating the contrast medium where needed; and, (4) knowledge of basic nursing practices related to radiography including emergency cardiac arrest procedures, principles of hypodermic, subcutaneous, intramuscular and intravenous injections, and sterile operating room practices.

While your PD states that you are required to have the knowledge of anatomy, physiology, and basic nursing practices found at Level 1-5, your performance of the procedures and examination required for the crediting of this level occupies too small a portion of your total work time to warrant evaluating your position at Level 1-5. In addition, we find your quality control procedures entail application of the same level of skill and knowledge as required to perform the radiographic procedures and examinations; i.e., Level 1-4. That level, discussed previously, requires the use of occupational techniques "in order to produce high diagnostic quality radiographs with

a minimum of retakes.” Your quality control coordinator work requires you to perform the equipment related duties typical of Level 1-4; e.g., mixing process chemicals, performing preventive maintenance on machines, and determining when maintenance or repair is needed. Accordingly, this factor is credited properly at Level 1-4 (550 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, and the review of completed work. Controls are exercised by the supervisor in the way assignments are made, instructions are given to the employee, priorities and deadlines are set, and objectives and boundaries are defined. The employee's responsibility depends on the extent to which the employee is expected to develop the schedule and sequencing of various aspects of the work, to modify or recommend modification of instructions, and to participate in establishing priorities and defining objectives. The review of completed work depends upon the nature and extent of the review, e.g., close and detailed review of each phase of the assignment; detailed review of the finished assignment; spot check of finished work for accuracy; or review only for adherence to policy.

At Level 2-2, as illustrated in Benchmark 5-02, the employee receives instructions covering new or revised policies, work procedures, and radiographic techniques from supervisor. Radiologists and higher grade technologists are available for consultation or advice when needed on unusual or difficult cases. Fluoroscopic or similar specialized examinations are performed as directed by a radiologist. Work is reviewed by the supervisor by spot-checks of work in progress, records, radiographs, and X-ray techniques and on the overall acceptability of radiographs submitted for medical interpretation. You perform your work under equivalent technical controls.

You do not work with the freedom from supervision, or make decisions on the complex technical issues found at Level 2-3. You do not function, as in Benchmark 7-01, as the technologist in charge of the radiology section of an outpatient clinic, or as CAT scan operator in charge of one or two lower graded technicians/technologists in Benchmark 8-01. In crediting Level 2-3, both benchmarks reflect a substantially greater freedom from supervision, e.g., in Benchmark 7-01, technical assistance is only available when the part-time radiologist is present at the clinic. In contrast, your Section supervisor is present during the day shift, as is [the appellant's second line supervisor]. Shift rotation is limited. There is a dedicated 4:00 P.M. to 12:00 A.M. shift, as are two of the three weekend tours Only general X-ray is performed at night.

In any more invasive procedure, e.g., sialogram, a nurse or physician places the catheter and injects the contrast material. As stated in your PD, your work receives spot checks typical of Level 2-2. You perform your repetitive assignments according to established quality and quantity standards. Accordingly, this factor is credited properly at Level 2-2 (125 points).

Factor 3 - Guidelines

This factor covers the nature and judgment needed to apply guidelines. Since individual assignments vary in the specificity, applicability, and availability of guidelines, the constraints and judgmental demands placed upon employees also vary. The existence of specific instructions, procedures, and policies may limit the opportunity of the employee to make or recommend decisions or actions; however, in the absence of procedures or under broadly stated objectives, employees in some occupations may use considerable judgment in researching literature and developing new methods.

At Level 3-2, as illustrated in Benchmark 5-02, standard operating procedures cover the number and sequence of exposures and normal positioning of the patient for each exposure. Basic formulae for calculation of technical factors supplement tables of typical settings for kilovoltage, millamperage, distance, and time for each exposure. Textbooks and technical manuals in radiology are available for additional guidance. The employee uses judgment to adapt positioning or adjust technical factors by following established precedent and methods of calculation.

Level 3-3, used in the benchmarks only at the GS-8 grade level, pertains to work situations in which technology is constantly changing, e.g., CAT scanning, requiring regular and recurring modifications to procedures and guidelines by the technologist in performing examination. At Level 3-3, the technologist regularly recommends new methods, examinations, and guidelines for adoption. You do not work in the evolving areas of diagnostic radiologic technology. Those functions are vested in other sections in the Radiology Service, e.g., CAT Scan. We find you work within the standardized procedures typical of Level 3-2 as illustrated in Benchmark 5-02, and the other benchmarks below the GS-8 grade level in the GS-647 PCS. As at Level 3-2, you adapt the general procedures to the specific conditions of the patient according to established precedent and methods of calculation. Accordingly, this factor is credited properly at Level 3-2 (125 points).

Factor 4 - Complexity

This factor covers the nature and variety of tasks, steps, processes, and methods of radiographic examination; and the degree to which the employee must vary procedures, discern interrelationships and deviation, or develop new techniques.

At Level 4-2, as illustrated in Benchmark 5-02, work involves independently performing a variety of radiographic examinations of limited difficulty and performing radiographic examinations of moderate difficulty under the direction of a radiologist. Most examinations fall within the range of technical factors and positioning covered by the standard operating procedures. The employee must occasionally use basic formulae to calculate technical factors, for example, for patients who are substantially more robust or frail than the norm. X-rays taken after accidents or of seriously ill patients occasionally require that the employee devise a nonstandard positioning and equipment setup to avoid causing further injury or pain to the patient.

In contrast, Level 4-3 in the GS-647 PCS is linked to performing complex radiographic examinations such as bronchograms, mammograms, and the more complex gastrointestinal examinations described previously under Factor Level 1-5 in this decision. These examinations present the number of different processes and methods, use of auxiliary equipment, and phasing of equipment operation that differs depending on the wider range of examinations performed that supports evaluation at Level 4-3. Your quality control coordinator duties, which occupy a minimum of 25 percent of your time, add materially to the complexity of your position. Although decisions on the significance of your findings, e.g., operator and/or equipment error trends, are vested in higher graded positions in the Radiology Service, these program functions entail application of a wider range of processes and procedures than envisioned at level 4-2. When combined with your radiographic examinations duties, your quality coordinator duties result in your position minimally meeting the intent of Level 4-3. Accordingly, this factor is credited properly at Level 4-3 (150 points).

Factor 5 - Scope and Effect

This factor covers the relationship between the nature of the work; i.e., the purpose, breadth, and depth of the assignment, and the effect of work products or services both within and outside the organization.

At Level 5-2, the only described in the GS-647 PCS, the purpose of the work is to provide X-ray studies for diagnosis and treatment of patients for various accident trauma and a wide variety of defects and diseases. The X-ray studies taken effect

the accuracy and reliability of physicians' diagnoses and treatment. As illustrated in Benchmark 5-02, studies are for diagnosis and treatment for such things as dislocation, fractures, gallstones, and obstruction of the bowel. Descriptions of this factor level in higher graded benchmarks refer to performing studies for other conditions that also affect the accuracy and reliability of physicians' diagnoses and treatment. Your quality coordinator duties provide a similar scope and effect in that they are geared to provide physicians with accurate and reliable results for diagnosis and treatment. Accordingly, we find your position meets, but does not exceed, Level 5-2 (75 points), the highest level described in the GS-647 PCS.

Factor 6 - Personal Contacts

This factor includes face-to-face contacts and telephone and radio dialogue with persons not in the supervisory chain. Personal contacts with the supervisor are covered under Factor 2, Supervisory Controls. 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, e.g., the degree to which the employee and those contacted recognize their relative roles and authorities. Above the lowest level, points may be credited under this factor only for contacts that are essential for successfully performing the work and that have a demonstrable impact on the difficulty and responsibility of the work performed. The relationship of Factors 6 and 7 presumes the same contacts will be evaluated for both factors.

At Level 6-2 (25 points), the only level described in the GS-647 PCS, personal contacts are with patients, fellow employees, and professionals in a hospital radiology department. Contacts are sometimes made with employees in other hospital departments. You have comparable contacts when you perform your examinations, and when you discuss your quality coordinator issues with the supervisory staff of the Radiology Service. Accordingly, we find your position meets, but does not exceed, Level 6-2 (25 points), the highest level described in the GS-647 PCS.

Factor 7 - Purpose of Contacts

Purpose of personal contacts range 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 7-1 (25 points), as illustrated in Benchmark 5-02, of the GS-647, contacts are for the purpose of taking routine X-rays. The patients usually are aware of the purpose of the X-ray procedures and are able to cooperate in positioning. Occasionally patients are ill, apprehensive, or seriously injured which requires the employee to provide reassurance and comfort. Contacts with fellow employees and professional personnel are to exchange information on procedures or operating problems.

In contrast, at Level 7-2 (50 points), the highest level described in the GS-647 PCS, contacts are for resolving problems and exchanging information with fellow workers concerning equipment, procedures, and scheduling patients; explaining procedures to patients who are unfamiliar with examination procedures, to obtain information pertinent to performing the study, and to direct them to achieve correct positioning; and, contacts with physicians or radiologists are to coordinate work efforts or resolve operating problems.

The majority of your contacts compare closely to Level 7-1 as illustrated in Benchmark 5-02. Most of the procedures performed in the Section are the routine X-rays illustrated in that benchmark. Your quality control coordinator functions, however, for resolving problems and exchanging information concerning equipment and procedures, and contacts with higher echelon Radiology Service staff members to resolve operating problems found during your quality reviews typical of Level 7-2. Your quality control duties occupy a sufficient portion of your work time, and have a direct impact on the grade controlling work you perform, to permit the evaluation of this factor at Level 7-2. Accordingly, this factor is credited properly at Level 7-2 (50 points).

Factor 8 - Physical Demands

This factor covers the requirements and physical demands of the work assignment. This includes the physical characteristics and abilities, the physical exertion involved, and to some extent, the frequency or intensity of physical exertion.

At Level 8-2 (20 points), the only level described in the GS-647 PCS, work requires long periods of standing and walking. There is some bending and lifting and carrying of moderately heavy items such as film cassettes for rapid film changers. Some positions may only handle lighter single exposure film cassettes. There is occasional lifting of moderately heavy items such as one- or two-gallon containers of film processing chemicals and lifting or positioning patients. Patients are assisted to achieve proper positioning that may require reaching or working in strained positions. Heavy lifting of totally incapacitated patients is done only with the help of other employees. This factor level description closely matches the description of this factor

in your PD of record that we find accurately describes the actual work assigned by management and performed by you. Accordingly, we find your position meets, but does not exceed, Level 8-2 (20 points).

Factor 9 - Work Environment

This factor considers the risks and discomforts in physical surroundings or job situations and the safety regulations required.

At Level 9-2 (20 points) the only level described in the GS-647 PCS, the work area is well lighted, heated, and ventilated. Special safety precautions are used to reduce exposure to X-rays. These include using minimum current settings in the X-ray machine and never operating the machine except from behind a protective screen or when wearing protective clothing such as a lead apron. This factor level description closely matches the description of this factor in your PD of record that we find accurately describes the actual work assigned by management and performed by you. Accordingly, we find your position meets, but does not exceed, Level 9-2 (20 points).

Summary

In summary, we have evaluated your position as follows:

<u>Factor</u>	<u>Level</u>	<u>Points</u>
1	1-4	550
2	2-2	125
3	3-2	125
4	4-3	150
5	5-2	75
6	6-2	25
7	7-2	50
8	8-2	20
9	9-2	<u>20</u>
		1,140 Total Points

The total of 1,140 points falls within the GS-6 grade level point range of 1,105-1,350 points on the Grade Conversion Table in the GS-647 PCS.

Based on the above analysis, it is our decision that the proper classification of your position is Diagnostic Radiologic Technologist, GS-647-6. This decision represents

the current facts regarding the duties, responsibilities and qualification requirements of the position and is the basis for its classification.

Integral to your classification appeal is your claim that your position is classified inconsistently with those occupied by other employees in the Diagnostic Radiology Section who perform work similar to the work you perform. The appeal record causes us to conclude that this claim warrants further action. While your employing activity has the primary responsibility for intra-activity consistency, including consistency with OPM decisions, your activity may not change the classification certification in an OPM decision nor may your activity classify a position based on position-to-position comparison. We asked your servicing personnel office to review the classification of those positions, and any identical, similar and related positions based on the rationale contained in this decision, and submit a report to this office explaining why the positions warrant a different application of the controlling PCS or, if the positions are found to support the same or similar application, setting forth a plan to correct the classification of the other positions to achieve internal consistency. We also have asked your activity to inform you of the results of the study.

By copy of this decision, we are also directing your servicing personnel office to correct your position description to reflect the actual duties and responsibilities assigned to your position as determined in this decision. Documentation of this must be submitted in a compliance report that must be submitted to this office no later than 30 days following the date of this decision.

Please be assured this decision is not intended to reflect on your ability, qualifications, or the quality of your performance. Rather, it reflects our evaluation of your position based on a comparison of the duties and responsibilities with the appropriate standards.

Sincerely,

4/30/97

Robert D. Hendler
Classification Appeals Officer
Philadelphia Oversight Division

cc:

Chief, Human Resources
Management Service
U.S. Department of Veterans Affairs
One Veterans Plaza
[location of agency]

Deputy Assistant Secretary for
Personnel and Labor Relations
U.S. Department of Veterans Affairs
Washington, DC 20420

Director, Classification Appeals
and FLSA Programs, OMSO
U.S. Office of Personnel Management
1900 E Street, NW
Washington, DC 20415