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

San Francisco Oversight Division
120 Howard Street, Room 760
San Francisco, CA 94105

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

Appellant:	[The appellant]
Agency classification:	Medical Technologist GS-644-11
Organization:	[The appellant's installation] Department of Veterans Affairs
OPM decision:	Medical Technologist GS-644-11
OPM decision number:	C-0644-11-02

Carlos A. Torrico
Classification Appeals Officer

December 20, 1999
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:

[The appellant's address]

[The appellant's representative]

[The appellant's servicing personnel office]
Department of Veterans Affairs

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

Introduction

On May 17, 1999, the San Francisco Oversight Division of the U.S. Office of Personnel Management (OPM) received a classification appeal from [the appellant] who has named [the appellant's representative] to be her representative. The agency classified the position as Medical Technologist, GS-644-11, and the appellant believes that it should be classified at the GS-12 level. Her position is assigned to the [the appellant's unit and installation], Department of Veterans Affairs. We have accepted and decided her appeal under section 5112 of title 5, United States Code (U.S.C.).

General Issues

The appellant and her agency have made various statements about appeal processes and procedures and the evaluation of her position by application of agency classification guidance. In adjudicating this appeal, our only concern is to make our own independent decision on the proper classification of the appellant's position. By law, we must make that decision solely by comparing her current duties and responsibilities to OPM standards and guidelines (5 U.S.C. 5106, 5107, and 5112). Therefore, we have considered the appellant's and the agency's statements only insofar as they are relevant to making that comparison.

In making our decision, we have carefully considered all relevant information provided by the appellant and her agency including her official position description (PD) #570-748. We also interviewed the appellant's supervisor, [name of supervisor], Chief Pathologist, and [name of Associate Chief], Associate Chief of Staff, Clinical Affairs/Quality Management.

Position information

The record shows that the primary purpose of the position is to serve as the Ancillary Testing Coordinator (ATC) within the [appellant's installation]. The medical center is a comprehensive acute care facility with medical, surgical, and psychiatric care, with 191 authorized beds.

Ancillary Testing Program (60 percent)

Ancillary Testing (AT) is defined as laboratory testing or services performed within the medical center and its outreach functions, but outside the physical facilities of the main clinical laboratory. The appellant serves as the technical advisor for all AT sites and as the principal coordinator for the Chief, Pathology and Laboratory Medicine Service (P&LMS), to ensure compliance with regulatory and accrediting requirements. The appellant acts as the technical supervisor for quality control, records control, proficiency testing, inspection, and accreditation for AT on a hospital-wide basis and oversees the safe and accurate testing of inpatients as well as outreach function patients. Ancillary testing sites include 16 inpatient sites within the medical center, such as the evaluation unit outpatient clinics including diabetic and primary care clinics, geriatric extended care unit, ambulatory care clinics, blood gas laboratory, emergency unit, anesthesiology/operating room, GI laboratory, nuclear medicine laboratory, and inpatient nursing units where whole blood

glucose monitors are used. She also oversees 3 outpatient functions outside the medical center: Chemical Dependency Treatment Program, Community Based Outpatient Clinic in [local city], and Home Base Health Care. She coordinates with the Office of the Chief of Staff to identify the type and location of all AT sites, including bedside testing sites and their designated directors within the medical center. She also develops an implementation and documentation plan for AT sites as part of a continuous quality improvement effort. She coordinates with the chiefs of all clinical services with AT sites on an annual basis to estimate number and types of tests, analyzers, and methods used. She maintains listing of all currently used instruments, bench manuals, and training records. She designs collection procedures, identifies quality improvement (QI) monitors/indicators, and conducts inspections of AT sites with recommendations to onsite supervisors. She develops and performs statistical analyses on quality control (QC) and QI data collected to identify problems, document them, and to justify the need for corrective action on out-of-control test results. She is co-chair of the AT Committee with Chief, P&LMS and calls regular meetings, implements and monitors protocols established in VHA Handbook 1106.1, Chapter 7 on AT for quality control, quality improvement, proficiency testing, linerarity, instrument maintenance, and user competence for all testing including patient self-testing. The appellant assures compliance with the following patient test management requirements: proper patient identification; step-by-step procedures for processing and testing patient specimens; adequate systems to report test results in a timely, accurate, and reliable manner; and adequate systems governing the maintenance, timing, and storage of test reports.

P&LMS Quality Improvement Program (20 percent)

The appellant manages the P&LMS Quality Improvement (QI) program. She develops indicators in consultation with the P&LMS QI Committee, pathologists, laboratory section supervisors and personnel, and personnel from other services to identify areas for test utilization review (cost containment, physician compliance), communication problems, and plans data collection for meaningful statistical comparisons. She analyzes data and recommends remedial action through the P&LMS QI Committee, which she chairs. She updates the QI plan as necessary and submits summary analysis to facility's Quality Management.

P&LMS Safety Program (10 percent)

As the Laboratory Safety Officer for all sections of the P&LMS, she updates the general safety manual (infection control plan, chemical hygiene plan, etc.). She serves as the chair of the Laboratory Safety Committee.

P&LMS Continuing Education Program (10 percent)

As the Education Coordinator, she develops and implements a Continuing Technology Education plan for P&LMS in consultation with pathologists and laboratory personnel, with special attention paid to maintaining technical skills and extending competencies to new laboratory test areas.

The appealed position requires knowledge of the principles, concepts, and methodology of medical technology to maintain a technical and safety accreditation program and to design educational and training programs. It also requires knowledge of mathematics and statistics as related to quality control and improvement, proficiency testing, inspection and accreditation, and total quality improvement.

The official PD and other information of record furnish additional details on the duties and responsibilities of the position.

Series, title and standard determination

The GS-644 Medical Technologist Series includes positions that involve performing, advising on, or supervising clinical laboratory testing of human blood, urine, and other body fluids or tissues, using manual or automated techniques; confirming test results and developing data which physicians may use in determining the presence and extent of disease or in support of medical research; modifying or designing laboratory procedures; establishing and monitoring quality control systems and measures; and providing instruction in the basic theory, technical skills, and application of laboratory test and procedures. Medical technologist positions are found in Federal hospital and outpatient-clinic laboratories; regional and reference laboratories that serve other hospitals, clinics, ships at sea, or foreign stations; research and development organizations; and regulatory and control agencies.

The appellant's primary duties and responsibilities as the Ancillary Testing Coordinator involve serving as the technical supervisor for quality control and improvement at AT sites within the medical center and at its outreach functions. She also manages the P&LMS QI program, safety program, and the continuing education plan. The knowledges required for this work are similar to those described in the Medical Technologist Series, GS-644. The position is properly classified in the GS-644 series. In accordance with titling instructions in the GS-644 standard (dated May 1984), Medical Technologist is the proper title.

Grade determination

The GS-644 standard uses the Factor Evaluation System (FES), which employs nine factors. Under the FES, each factor level description in a standard describes the minimum characteristics needed to receive credit for the described level. Therefore, if a position fails to meet the criteria in a factor level description in any significant aspects, it must be credited at a lower level. In addition to the factor level descriptions, benchmarks which illustrate typical positions at typical grade levels may be used to evaluate positions. Our evaluation with respect to the nine FES factors follow.

Factor 1, Knowledge required by the position - Level 1-7, 1250 points

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

- At Level 1-7, employees possess professional knowledge of medical technology applicable to a wide range of duties in one or more specialty areas or functions and a high level of skill in application of this knowledge to solve very complex problems involving diverse aspects of clinical laboratory practices; to modify or adapt established methods and procedures or make significant departures from previous approaches to solve similar problems; to revise standard methods to improve or extend test systems; and to evaluate, modify, or adapt new methods to meet the requirements of particular testing situations. Employees must also have a knowledge of regulatory, licensing, and accrediting agency requirements, medicolegal responsibilities, and statutes governing clinical laboratory operations sufficient to use in planning, implementing, or monitoring laboratory programs/services (e.g., determining needs, assuring compliance with standards). Management, administrative, or coordinative knowledge and skill sufficient to provide advisory, reviewing, inspecting, education and training, or problem-solving services on specific problems, projects, programs, or functions (e.g., developing, reviewing, and evaluating the implementation of work plans, including estimates of personnel, equipment, and supplies, and the detailed instructions necessary to carry out the plans for complex long-term projects such as designing a clinical laboratory information system that provides reports of results, interpretative information, and special reports).

- Level 1-8 requires a mastery of medical technology principles, concepts, and methods to apply new scientific/technological developments and theories to major problems not susceptible to treatment by accepted methods and/or take actions or make recommendations which have significant impact on existing agency/national policies and programs.

Comparable to Level 1-7, the appellant's position requires professional knowledge and application of the principles, concepts, and methodology of medical technology to develop and maintain a quality control and quality improvement program to sufficiently evaluate AT services throughout the medical center and its outpatient functions. She assesses AT services and needs and keeps abreast of the accrediting and regulatory agency requirements to use in planning, implementing, monitoring, and ensuring that all quality control, quality improvement, proficiency testing, inspection and accreditation, and safety protocols are in compliance. She must also have a knowledge of developments in applicable areas of laboratory medicine as a guide in designing educational/training programs.

The appealed position does not meet the Level 1-8 in that it does not require the application of new scientific/technological developments and theories to major problems not susceptible to

treatment. Further, the position is not required to recommend actions and policy changes that have impact on existing *agency* or *national* policies and programs, as described at Level 1-8. The appellant is concerned with assuring adherence to accrediting and regulatory requirements and other established policies, rather than developing national policy and continuing studies as illustrated at Level 1-8 in the GS-644 standard. The knowledge and skill requirements for the appellant's position fall short of those described at Level 1-8.

This factor is evaluated at Level 1-7 and 1250 points are credited.

Factor 2, Supervisory controls - Level 2-4, 450 points

This factor covers the nature and extent of direct or indirect controls exercised by the supervisor, the medical technologist's responsibility, and the review of completed work. The agency evaluated this factor at Level 2-4, the highest level described in the GS-644 standard, and the appellant agrees.

- At Level 2-4, the supervisor sets the overall objectives and resources available and in consultation with the medical technologist develops the projects, deadlines, and work to be done. The medical technologist, having developed expertise in a particular specialty or application area (e.g., laboratory information management, quality assurance) is usually assigned continuing responsibility for independently planning and carrying out a major laboratory program; resolving most of the conflicts which arise; coordinating the work as necessary; and interpreting policy in terms of established procedures. Completed work is reviewed only from an overall standpoint in terms of feasibility, compatibility with other work and effectiveness in meeting requirements or expected results.

The appealed position meets but does not exceed Level 2-4. The work is assigned in terms of overall objectives, resources available, and program emphasis. The employee prioritizes projects and sets deadlines to meet the mission of the P&LMS and the medical center. The appellant is assigned continuing responsibility for independently planning and carrying out the compliance program; selecting methods to use; resolving most technical problems; coordinating the program with the appropriate committees, service chiefs or their representatives; interpreting policies in terms of established program objectives; and implementing the approved program with laboratory and non-laboratory staff. The appellant keeps the service chief informed of deficiencies in accreditation requirements that could affect patient care and in safety practices that could jeopardize employee health. Her completed work is reviewed for effectiveness in meeting accreditation and regulatory agency requirements and overall management objectives of data reliability.

This factor is evaluated at Level 2-4 and 450 points are credited.

Factor 3, Guidelines - Level 3-3, 275 points

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, and Federal and State laws and regulations. The agency evaluated this factor at Level 3-3 and the appellant believes it should be evaluated at Level 3-4.

- At Level 3-3, guidelines are available, including established and/or experimental protocols, technical manuals and journals, and agency/hospital regulations, but are not completely applicable to the work or have gaps in specificity. 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, correct deficiencies, etc.

  To illustrate, Level 3-3 is credited in Benchmark GS-644-11-01 which describes a medical technologist in the laboratory of a general medical and surgical hospital, with responsibility for developing and maintaining a quality control program for all sections of the laboratory and insuring compliance with accrediting and regulatory agency requirements. The medical technologist's guidelines include agency/hospital policies and regulations, test procedure manuals, instrument specifications, technical journals, and textbooks and literature on quality assurance. The guidelines are generally applicable, but do not specifically cover many of the test conditions and problems encountered. The technologist uses judgement in interpreting and adapting such guides to establish quality control procedures; developing documents and manuals to ensure proper implementation of procedures; and adapting or extending standard methods (or selecting from among alternative procedures) to ensure reliability of laboratory data.

- At Level 3-4, administrative policies and precedents, laws, regional or area directives, agency regulations, accreditation requirements, and scientific references are usually applicable, but are stated in general terms. Guidelines for performing the work are often scarce or of limited use, as, 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.

  To illustrate, Level 3-4 is credited in Benchmark GS-644-12-01 which describes a medical technologist position in an area office of a public health agency, responsible for coordinating the full range of clinical laboratory services in agency hospitals, outpatient clinics, and satellite stations throughout a multistate area. The medical technologist's guidelines are primarily

> general in nature and require considerable interpretation. They include agency policies and directives; Federal and State laws and regulations; accrediting, certifying, and regulatory agency requirements; manufacturers' catalogs and specifications; and professional journals and literature. Although technical references may be used, they are seldom directly applicable to the work. The medical technologist uses initiative and resourcefulness in researching *new* methodologies (tests and/or techniques), instrumentation, and *advances in the areas of laboratory management* (quality assurance, workload reporting and proficiency testing, laboratory safety, etc.) and incorporating pertinent concepts and practices in area programs. The technologist is expected to develop *new* methods and procedures or *substantially modify* existing guidelines to resolve technical problems related to the diversity of laboratories in the area, including very small laboratories where the optimal technological procedures may not be economically feasible or acceptable.

The appellant's guidelines include standards from accrediting and certifying agencies, such as the College of American Pathologists (CAP), Joint Commission on Accreditation of Hospital Organizations (JCAHO), National Committee of Clinical Laboratory Standards (NCCLS), and Occupational Safety and Health Administration (OSHA); professional and technical literature sources on quality control and improvement, proficiency testing, inspection and accreditation, and total quality improvement; agency national headquarters guidelines; Veterans Health Administration Medical Center policies and regulations; instrument specifications; etc. At our request, the appellant provided examples of the policies and procedures that she has written: Quality Control Policy (one general and one specific for respiratory care), Quality Improvement Policy (one general and one specific for Respiratory Care), Policy for Reviewing Patient Results and Specimen Identification, Policy for Staff Competency, Troubleshooting of Instrumentation (one for maintenance, one for measuring Accuracy, Precision and Linerarity of instruments), Body Fluid Exposure Control Plan, Chemical Hygiene Plan, Infection Control Policy, Formaldehyde Policy, and Carcinogenic Chemicals. She also supplied a step-by-step procedure that she wrote for the AT sites titled Bedside Glucose Testing-Accuchek Advantage GTS.

For a factor level to be credited, all elements of the factor must be fully meet, i.e., (1) nature of the guidelines and (2) the judgment needed to apply them.

The appellant's position meets Level 3-3 and, in terms of the nature of the guidelines, her position also meets Level 3-4. In addition to the guidelines described at Level 3-3 (e.g., technical manuals and journals and agency/hospital regulations), the appellant's position references guidelines described at Level 3-4, such as laws and accreditation requirements in developing local policies for P&LMS and AT.

The level of judgment expected of the appellant's position in writing local implementing policies and procedures is comparable to Level 3-3 in Benchmark GS-644-11-01 cited above. However, the appellant's position is not required to exercise the level of judgment expected at Level 3-4. The judgment element can be met one of two ways at Level 3-4. At Level 3-4, the medical technologist must use initiative and resourcefulness in either (1) deviating from or extending

traditional methods and practices, or (2) in developing and recommending *new or substantially modified* methods, criteria, or policies. In our judgment, the appellant's position does not meet (1) or (2). The local policies she has written do not deviate from or extend traditional methods or practices. The local policies written by the appellant may be new in the sense that the local policies did not exist before she wrote them. However, the policies are not *new* as that term is used in Level 3-4. To meet Level 3-4, the appellant's position would have to be responsible for researching *new* policies in the field of laboratory management (e.g., quality control management) and incorporating pertinent concepts in the local laboratory management programs or *substantially modifying* existing guidelines to resolve technical problems, for example, related to the diversity of laboratories in the area, including very small laboratories where the optimal technological procedures may not be economically feasible or acceptable. In contrast, we find that the appellant's position is responsible for applying judgment in interpreting and adapting guidelines to develop local policies in accordance with established policies and accepted practices. This element falls short of Level 3-4 and is more comparable to Level 3-3. The appellant's position fully meets Level 3-3, but does not fully meet Level 3-4; therefore, this factor must be evaluated at the level fully met, i.e., Level 3-3.

This factor is evaluated at Level 3-3 and 275 points are credited.

Factor 4, Complexity - Level 4-4, 225 points

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 4-4, 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 (e.g., 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.

- Level 4-5 describes work that involves planning and coordinating activities covering a broad range of programs involving a number of laboratories, or intensive analysis and problem solving (as a technical expert) in a discipline or functional area. The work involves solving very complex problems concerned with management, new or unconventional methods, program changes, or conflicts between scientific/technological requirements and regulatory

or program requirements. The work requires devising new or improved methods to produce effective results or implement advances in such areas as quality assurance, cost containment, in-service education, or test development.

The record reflects that comparable to Level 4-4 and Benchmark GS-644-11-01, the position involves full responsibility for planning and implementing a quality control program for ancillary testing which includes designing and modifying quality control procedures, checking and evaluating the results, and taking corrective actions. The appellant's position is responsible for considering such factors as the use of proficiency testing programs; availability and currency of procedural instructions; validation of methods used; types of surveillance needed to monitor results; documentation of remedial actions taken for detected deficiencies/defects; preventive maintenance and performance testing of equipment and instruments; proper preparation and storage of reagents; and procedures for the collection and preservation of specimens, identification of specimens and universal precautions when handling any and all specimens.

The appealed position does not meet Level 4-5. The appellant's work does not involve planning and coordinating activities for a broad range of programs involving a number of laboratories or intensive analysis and problem solving as a technical expert in quality assurance and improvement.

This factor is evaluated at Level 4-4 and 225 points are credited.

Factor 5, Scope and effect - Level 5-3, 150 points

Scope and effect covers the relationship between the nature of the work, i.e., the purpose, breadth, and depth of the assignment and the effect of work products or services both within and outside the organization. The agency evaluated this factor at Level 5-3 and the appellant believes Level 5-4 is met.

- At Level 5-3 —

  Scope: The work involves performing/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.

  Effect: 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 —

  Scope: 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 (e.g., 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; developing endocrinologic reference method 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.

Effect: 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.

The appellant's position meets and in some aspects exceeds the Level 5-3 criteria, but it fails to fully meet Level 5-4. Her assignment encompasses 16 AT sites within the medical center and 3 outpatient functions and the P&LMS QI, Safety, and Continuing Education programs. Like Level 5-3, her work affects the adequacy of clinical laboratory services, the efficient operation of laboratory systems and programs, and the effective management of laboratory resources. Like Level 5-4, her work involves providing advisory, planning, or surveillance services to clinicians and on-site supervisors, but she does not fully meet the scope of Level 5-4 as she does not provide these services to a number of laboratory directors also. Her work also falls short of Level 5-4 as the scope of her assignments does not involve problems that occur at a number of laboratories within a broad geographic area or problems that are systemic in nature involving *major* testing or quality assurance systems and processes. Her work does not affect *total* laboratory systems/programs (e.g., a wide range of agency activities), the operation of many laboratories in different localities, or in other Federal or State agencies, or the activities of nongovernment laboratories as described at Level 5-4. Since the appellant's position does not fully meet Level 5-4, the next lower level is credited, i.e., Level 5-3.

This factor is evaluated at Level 5-3 and 150 points are credited.

Factor 6, Personal contacts - Level 6-2, 25 points

This factor includes face-to-face and telephone contacts with persons not in the supervisory chains. The agency evaluated this factor at Level 6-2 and the appellant agrees.

- 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, e.g.,

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 (e.g., where the contacts are generally established on a routine basis, where the purpose of contacts may need to be made clear, and the role and authority of one or more of the parties may have to be identified).

- At Level 6-3, contacts are typically individuals or groups from outside the employing agency in a moderately unstructured setting (e.g., 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, organized or ad hoc public action groups.

The appealed position's contacts are typical of those described at Level 6-2 in the GS-644 standard. The record reflects that contacts within the agency include personnel from VHA, other ATC's in the region, chiefs of hospital departments and services, physicians, nurses, administrative personnel, and patients and their families. The position also has contact with groups from outside the agency, such as sales product representatives and inspectors from accrediting and regulatory agencies. The record does not reflect that these latter contacts are in a moderately unstructured setting as described at Level 6-3.

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

Factor 7, Purpose of contacts - Level 7-3, 120 points

The purpose of personal contacts ranges from factual exchanges of information to situations involving significant or controversial issues and differing viewpoints, goals, or objectives. The personal contacts which serve as the basis for the level selected for this factor must be the same as the contacts which are the basis for the level selected for Factor 6. The agency evaluated this factor at Level 7-2 and the appellant believes it should be evaluated at Level 7-3.

- 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 (e.g., 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 the results of inspections.

- At Level 7-3, the purpose 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.

The purpose of the appellant's contacts are similar to Level 7-3 in that the appellant deals with health care professionals and agency representatives and also accreditation and regulatory agencies to ensure compliance with policies, regulations, and standards. The purpose of many of the appellant's contacts involves negotiations with interdisciplinary users to gain agreement on methods for accomplishing an activity to be covered in a local policy.

This factor is evaluated at Level 7-3 and 120 points are credited.

Factor 8, Physical demands - Level 8-1, 5 points

This factor covers the requirements and physical demands placed on the medical technologist by the work assignment. The agency evaluated this factor at Level 8-1 and the appellant agrees.

- At Level 8-1, the work is primarily sedentary with some walking or standing; carrying of light items such as manuals, blood supplies, and small instruments; or driving a bloodmobile or similar vehicle.

- At Level 8-2, the work requires regular and recurring physical exertion such as prolonged standing, bending over microscopes, reaching for supplies or materials, and lifting moderately heavy items such as centrifuges and record boxes.

The record reflects that the appellant's work is primarily sedentary, although there may be some walking or standing comparable to Level 8-1. The appellant's work requires that she carry light items only which does not meet Level 8-2 where the employee regularly and recurringly lifts moderately heavy items such as centrifuges and record boxes.

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

Factor 9, Work environment - Level 9-2, 20 points

This factor considers the risks and discomforts in the medical technologist's physical surroundings or the nature of the work assigned and the safety regulations required. In its July 28, 1999 letter, the agency indicated that this factor could be evaluated at Level 9-2 and the appellant believes Level 9-2 is met. We find that the appellant's work environment meets Level 9-2, the highest level described in the GS-644 standard.

- At Level 9-1, the work environment involves everyday risks or discomforts which require normal safety precautions typical of such places as offices, training rooms, libraries, waiting areas, donor rooms, etc. The work area is adequately lighted, heated, and ventilated with moderate risks or discomforts found in clinical laboratories.

- At Level 9-2, the work involves regular and recurring exposure to moderate risks or discomforts which require special safety precautions (e.g., 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 compares to Level 9-2. Although much of her work is performed in an office environment, she performs ancillary testing for quality management purposes and must wear gloves, safety goggles, and lab coat and adopt sterile procedures.

This factor is evaluated at Level 9-2 and 20 points are credited.

Summary

In sum, we have evaluated the appellant's position as follows:

Factor	Level	Points
1. Knowledge required by the position	1-7	1250
2. Supervisory controls	2-4	450
3. Guidelines	3-3	275
4. Complexity	4-4	225
5. Scope and effect	5-3	150
6. Personal contacts	6-2	25
7. Purpose of contacts	7-3	120
8. Physical demands	8-1	5
9. Work environment	9-2	20
Total points		2520

A total of 2520 points has been credited. Using the grade conversion table in the GS-644 standard, 2520 points fall within the grade point range (2355-2750) for the GS-11 grade level.

Decision

The appellant's position is properly classified as Medical Technologist, GS-644-11.