

**OFFICE OF PERSONNEL MANAGEMENT  
ATLANTA OVERSIGHT DIVISION  
ATLANTA, GEORGIA**

CLASSIFICATION APPEAL DECISION

Under section 5112(b) of title 5, United States Code

Appellant: [the appellant]

Position: Physician's Assistant  
GS-603-11

Organization: Orthopaedic Department  
Surgical Services  
Naval Hospital  
Department of the Navy  
[location of hospital]

Decision: GS-603-11 (Title at agency discretion)  
(Appeal denied)

**OPM decision number:** C- 0603-11-02

Kathy W. Day  
Classification Appeals Officer

Date:4-2-97

rdfile # 0603117A.AT

## **Background**

On December 11, 1996, the Atlanta Oversight Division, Office of Personnel Management (OPM), accepted an appeal for the position of Physician's Assistant, GS-603-11, Orthopaedic Department, Surgical Services, Naval Hospital, Department of the Navy, Pensacola, Florida. The appellant is requesting that his position be changed to Physician Assistant, GS-603-13.

The appeal has been accepted and processed under section 5112(b) of title 5, United States Code. This is the final administrative decision on the classification of the position subject to discretionary review only under the limited conditions and time outlined in part 511, subpart F, of title 5, Code of Federal Regulations.

## **Sources of Information**

This appeal decision is based on information from the following sources:

1. The appellant's letter of December 5, 1996, forwarded by [the president of the local union] appealing the classification of his position, including supporting documentation furnished by [the director] the Director of Federal Affairs, American Academy of Physician Assistants, who also represents the appellant.
2. The agency's letter of January 10, 1997, providing position and organizational information.
3. A telephone interview with the appellant and [the director of Federal affairs, American Academy of Physician Assistants] on March 21, 1997.
4. A telephone interview with [the appellant's immediate supervisor] the appellant's supervisor, on March 26, 1997.

## **Position Information**

The appellant is assigned to Position Number WPBBE. The appellant, supervisor, and agency have certified to the accuracy of the position description.

The purpose of this position is to provide physical examinations, diagnoses, and treatment of orthopaedic illnesses and injuries for eligible beneficiaries and their dependents, as well as civilian employees and civilian humanitarian treatment in the Orthopaedic Surgical Clinic. The appellant provides comprehensive medical, preventive, and therapeutic health care to patients in a community based primary care facility as the primary health resource and performs tasks similar to those traditionally performed by a physician.

The appellant performs physical examinations and medical and surgical procedures including but not limited to joint aspirations and injections, reduction of fractures and dislocations, removal of surgical pins and screws, application of casts and orthopaedic appliances, tendon sheath injections, and adjustment of external fixators and external bone stimulators. He orders a variety of diagnostic/laboratory tests such as X-rays, sedimentation rates, thyroid functions, MRI scans, myelograms, CT scans and orthograms and analyzes/interprets these diagnostic studies for determination of normal/abnormal findings. He independently performs some surgical procedures including suturing, ingrown toenail removal, wart removal, cyst/mole removal, incision/drainage of abscesses, and foreign body removals.

Although the appellant can assist the primary physician in surgery, his supervisor considers his work in the clinic too valuable to disrupt and is not currently using him to assist with surgery.

The appellant is authorized to write prescriptions through Schedule 2 narcotics without the physician's countersignature. Appointments are made in the clinic on a "first available" basis, and the appellant normally refers to the physician only those patients needing surgery or referral to another specialist such as an oncologist. Ninety-five percent of the appellant's patients are never seen by a licensed physician.

The appellant is held to the same standards of care as the physician and is considered an expert. He handles his cases independently, is self-directed, and has latitude to use/develop procedures, practices, and approaches. His diagnoses and treatment are considered technically authoritative and are normally accepted without change. The only case review conducted by the supervisor is in the form of a minimal record review for quality assurance purposes.

### **Standards Referenced**

GS-603 series definition, Handbook of Occupational Groups and Series, September 1993.  
Nurse Series, GS-610, June 1977.  
Medical Officer Series, GS-602, February 1963.  
Primary Standard, August 1991.

### **Series and Title Determination**

The appellant does not contest the agency determination of his series and title.

#### Series

The GS-603, Physician's Assistant Series, covers positions which involve assisting a physician by providing diagnostic and therapeutic medical care and services under the guidance of the physician. The work requires knowledge of specific observation and examination procedures, and ability to perform diagnostic and therapeutic tasks. The work does not include the full scope of interpretation of medical findings requiring the full professional background of the licensed physician. Physician's assistants assist in the examination and observation of patients by performing such duties as taking

case histories, conducting physical examinations, and ordering laboratory studies during hospital rounds and clinic visits. As directed by a physician, physician's assistants carry out special procedures, e.g., they give injections or other medications, apply or change dressings, perform lumbar punctures, or suture minor lacerations. The appellant is responsible for performing a wide range of diagnostic and therapeutic procedures not requiring the full professional background of a licensed physician. His position is appropriately placed in the GS-603 series.

#### Title

There is no established position classification standard for the GS-603, Physician's Assistant Series. In the absence of a published standard prescribing specific titles for positions covered by this series, the title is discretionary with the agency.

#### **Grade Determination**

Section 5107 of title 5, United States Code, directs that each position shall be placed in its appropriate class and grade in conformance with standards published by OPM or, if no published standards directly apply, consistently with other published standards. In selecting an appropriate standard for classifying a position in an occupation for which no standard has been published, the Introduction to the Position Classification Standards requires that the standard selected as a basis for comparison should be for a series as similar as possible to the position to be evaluated with respect to the kind of work performed, qualification requirements of the work, level of difficulty and responsibility, and the combination of classification factors which have the greatest influence on the grade level.

The appellant contests the agency determination that the GS-610, Nurse Series, standard is most appropriate for grade comparison and contends that the GS-602, Medical Officer Series, should be used for comparison. In using related standards for cross-series comparisons, it is important that no isolated words or descriptions be the sole criteria for making a determination. The intent of the standard and the requirements of the position must be carefully analyzed. While the Medical Officer Series, GS-602, defines a level of assignment which the appellant feels is similar to the way his position functions, i.e., in which the physician's work is of a somewhat limited nature involving common ailments and treatment plans, that alone does not make the position similar enough to the GS-603 series to use it as the standard for comparison. The qualifications required, the kind of work, and the level of responsibility must be considered.

The GS-602 standard defines an entrance level equivalent to the GS-11 level with a minimum requirement of an M.D. degree, completion of an approved internship, and a license to practice medicine and surgery. All other grade levels within the series then build on that minimum requirement. Physician's Assistants are not required to have an M.D. degree (or an equivalent educational level) and, therefore, will not meet the minimum requirements to be evaluated at even the GS-11 level using the GS-602 standard.

The GS-610, Nursing Series, and the Physician's Assistant Series, GS-603, have comparable educational requirements, i.e., for Physician's Assistants, a bachelor's degree or equivalent experience and completion of a certificate or diploma program; for Nurses, a bachelor's degree or diploma from a professional nursing program plus State registration. In addition, the kind of work described in the GS-610, Nurse Series, standard in Benchmarks #11-1 and #12-1 for Nurse Practitioner, is very similar to the Physician's Assistant duties performed by the appellant. The level of responsibility required by the appellant's position is also more comparable to the GS-610 series in that he provides, under the general direction of a licensed physician, care and treatment that does not require him to have a degree of Doctor of Medicine or Doctor of Osteopathy to perform his duties.

The classification standard for the Nurse Series, GS-610, is, therefore, considered the most comparable in terms of the above criteria and is used in determining the proper grade level of the appellant's position.

### **GS-610, Nurse Series**

The GS-610 standard is written in the Factor Evaluation System (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 factor 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.

Under FES, positions which significantly exceed the highest factor level or fail to meet the lowest factor level described in a classification standard must be evaluated by reference to the Primary Standard, contained in Appendix 3 of the Introduction to the Position Classification Standards. The Primary Standard is the "standard-for-standards" for FES. When classifying positions for which no standards exist, the Primary Standard may also be used for supplemental guidance in conjunction with other FES standards. Benchmark descriptions illustrate typical positions at typical grade levels and can often be associated with the position to be classified. The same grade should result from using benchmarks or factor level descriptions, alone or in any combination.

### **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 1-7, professional knowledge of a wide range of nursing concepts, principles, and practices are required. These knowledges are used to perform considerably difficult professional nursing assignments of an advanced and highly specialized nature that require extended specialized training and experience, beyond that required at the next lower level.

Level 1-7 is met. The appellant's position requires a broad knowledge of health care principles, practices, and procedures and specialized training in order to perform a wide range of medical services and specialized orthopaedic services in an orthopaedic department of a military hospital. The appellant provides comprehensive diagnosis, treatment, preventive, and therapeutic health care service to eligible beneficiaries and their dependents in a community based primary care facility as a primary health resource. All medical health and administrative tasks are performed identical to those traditionally performed by a physician including but not necessarily limited to taking and recording patient histories; performing or requesting special screening and laboratory tests and interpreting results; discriminating between normal and abnormal findings to recognize beginnings of serious problems; making decisions concerning medical care needs of patients; identifying and managing specific illnesses (e.g., acute back and neck sprain; contusions, lacerations, and sprains; bursitis; tendonitis; fractures; and dislocations); identifying components of the care regimen that may be delegated to other personnel; adjusting regimens within established protocols; recognizing when to refer patients to other physicians/specialists; working collaboratively with other primary health resource persons including physicians; and performing medical and surgical procedures including but not limited to joint aspirations and injections; reduction of fractures and dislocations; removal of surgical pins and screws; and application of orthopaedic casts and appliances. The appellant's assignments and the knowledge required to perform the work are similar to the description in Benchmark #12-1 of the standard which credits Level 1-7.

At Level 1-8, the work requires applying experimental theories and new developments to the solution of complex health care problems not susceptible to treatment by accepted methods; or making decisions or recommendations significantly changing or developing important public policies or programs.

Level 1-8 is not met. The appellant's position does not involve the degree of uncertainty and complexity of work intended at this level, nor is his work of a program development nature, as required by Level 1-8.

Level 1-7 is credited for this factor, for 1250 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 2-4, the supervisor and nurse collaborate on work assignments. They consult on work and develop decisions together. The nurse plans and performs work independently, resolves most

conflicts, and coordinates with others on teams and in the community. Work is reviewed for effectiveness in meeting requirements.

The appellant's work is fully equivalent to and in some aspects exceeds Level 2-4. The appellant is considered an expert who plans and performs his work independently, resolves most conflicts, and participates as a team member. He is self-directed and has considerable independence and latitude to adapt procedures and approaches to dealing with the medical conditions he encounters. His decisions, diagnoses, treatments, etc., are considered technically authoritative and are normally accepted without change. His supervisor, who is the head of the Orthopaedic Department, states that he reviews less than 5 cases out of an average 200 cases per month seen by the appellant and then performs only a chart review for fulfillment of program objectives. The appellant receives cases on a "next available" basis along with physicians in the department. Although the supervisor is available to provide guidance in unusual cases, the appellant rarely consults him and normally only refers those cases requiring surgery, who must be seen by the surgeon, or cases that must be treated by a physician in another specialty such as oncology.

At Level 2-5, the supervisor provides administrative direction with assignments in terms of broadly defined missions or functions. The nurse has responsibility for planning, designing, and carrying out programs, projects, studies, or other work independently. The results are normally accepted without significant change, and if the work is reviewed, the review concerns such matters as fulfillment of program objectives, effect of advice and influence on the overall program, or the contribution to the advancement of technology.

Level 2-5 is not fully met. This level describes independent responsibility for broad programs and authoritative technical advice that may affect organizational policies or contribute to the advancement of technology. While the appellant has significant technical responsibility, he does not have the program responsibility nor is he the technical authority, i.e., department head, for the Orthopaedic Department as would be necessary to credit this level.

Level 2-4 is credited for this factor, for 450 points.

### Factor 3 - Guidelines:

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

At Level 3-3, guidelines are available but are not completely applicable to every situation encountered. At this level, judgment is applied in interpreting the guidelines and, in some situations, adaptation of the guidelines is required.

Level 3-3 is met. The appellant uses standard protocols of care, medical texts and journals, as well as Department of Navy policies and procedures. The appellant works within the guidelines but is self-directed. The guidelines are not always applicable to every situation likely to be encountered, and the appellant must use judgment in interpreting and adapting guides depending on the patients'

conditions. He may participate in interdisciplinary team conferences which result in changes to the patient's treatment plan or may consult with other medical resource persons on cases as requested. At Level 3-4, general administrative policies and precedents exist, but are of only limited use in performing the work. The nurse uses initiative and resourcefulness in deviating from traditional methods, or in researching trends and patterns to develop new methods, criteria, or proposed new policies.

Level 3-4 is not met. The appellant's guidelines include more than just administrative policies. He does not normally deviate from traditional methods nor is he responsible for developing new methods and criteria or proposing new policy as described at this level.

Level 3-3 is credited for this factor, for 275 points.

#### Factor 4 - Complexity:

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

At Level 4-4, the nurse performs fully independent assignments. The nature of work at this level involves such tasks as interpreting physical examinations and laboratory reports, developing nursing plans, and evaluating the need for improved health care. The work typically includes many different methods and processes, and decisions regarding what needs to be done include the assessment of unusual circumstances, variations in approach, and incomplete or conflicting data. The work requires making decisions concerning the implementation of data, planning the work, and refining methods and techniques to be used.

The appellant's position substantially matches the requirements at Level 4-4. The appellant examines and treats patients; provides instruction on patient care; develops, implements, and changes patient care plans based on his assessment of the circumstances; provides training and other presentations to staff; interprets laboratory and other diagnostic tests; and initiates consultation requests with and/or referrals to other health specialists as necessary.

At Level 4-5, the work involves originating new techniques, establishing criteria, or developing new information. Decisions regarding what needs to be done include major areas of uncertainty in approach, methodology, or interpretation and changes in programs, technological developments in the medical field, unknown phenomena, or conflicting requirements.

Level 4-5 is not met. The elements described at this level are not present in the appellant's position. The appellant's position is primarily concerned with providing health care services in the orthopaedic clinic within the Naval Hospital involving a range of medical problems and tasks described at Level 4-4 in the standard. The appellant's position does not require the development of new medical techniques, information or criteria, nor do his decisions regarding what must be done include major



areas of uncertainty in approach, methodology, or interpretation and evaluation processes that result from such elements as continuing changes in the program, technological developments, unknown phenomena, or conflicting requirements.

Level 4-4 is credited for this factor, for 225 points.

Factor 5 - Scope and Effect:

This factor covers the relationship between the nature of the work, as measured by 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 purpose of the work involves treating a variety of conventional problems, questions, or situations in conformance with established criteria. The work affects the physical and psychosocial well-being of the patients and of their families.

The appellant's work meets Level 5-3. The purpose of his position is to provide comprehensive orthopaedic services and education to patients. Although these patients display a wide range of problems, most are considered conventional in nature, and the appellant normally determines treatment for the conditions from among accepted protocols. He does not develop experimental treatment or theories. The work affects the physical and mental well-being of the patients and their families.

At Level 5-4, the primary purpose of the work is to establish criteria and assess effectiveness of patient treatment, assess program effectiveness, or investigate or analyze a variety of unusual conditions, problems, or questions. Work at this level affects a wide range of agency activities or how the agency is perceived or regarded by the community or population served, major activities, or the operation of other agencies.

Level 5-4 is not met. The scope and effect of the appellant's position do not meet the intent of Level 5-4 which involves establishing new programs or developing new criteria for assessment of patient treatment programs (as opposed to health treatment plans). Although the appellant develops treatment plans and evaluates the effectiveness of individual treatment, these activities do not meet the program development and evaluation nature of work intended at Level 5-4. The appellant's activities are more closely aligned with the intent of Level 5-3, i.e., providing comprehensive patient care. In addition, the effect of programs or conclusions developed at Level 5-4 has broad applications, e.g., throughout an agency or large external population group. The program development and evaluation nature of work intended at Level 5-4 and its broad impact is beyond the scope and effect of the appellant's position.

This factor is credited with Level 5-3, for 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, personal contacts are primarily with patients and their families, and or employees in the agency outside the immediate organization.

Level 6-2 is met. The appellant's primary contacts are with patients, their families and other health care providers.

At Level 6-3, personal contacts are with a variety of individuals or groups from outside the employing agency, such as the news media, public action groups, scientists, officials of professional organizations, attorneys, or contractors.

Level 6-3 is not met. There is nothing in the appeal record to indicate that the appellant normally has contacts such as these.

Level 6-2 is credited for this factor, for 25 points.

### Factor 7 - Purpose of Contacts:

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

At Level 7-3, the purpose is to influence or motivate persons or groups. Persons contacted may be fearful or hesitant requiring great skill in approaching the person or group to obtain the desired effect. Most nurse positions are at this level because the purpose of the contacts is to influence and motivate persons to care for themselves.

Level 7-3 is met. The appellant's contacts with patients are to motivate them to care for themselves. Some patients may be fearful or hesitant and require skillful handling.

At Level 7-4, the primary purpose of the contacts is to justify, defend, negotiate, or settle matters involving significant or controversial issues. The persons contacted at this level have different viewpoints, goals, or objectives requiring convincing them, arriving at a compromise solution, or considering suitable alternatives.

Level 7-4 is not met. The purpose of contacts intended at this level concern matters of major organizational importance that are beyond the scope of the appellant's position and are resolved at higher levels in the agency.

Level 7-3 is credited for 120 points.

Factor 8 - Physical Demands:

This factor measures the requirements and physical demands placed on the employee in performing the work assignment, including the agility and dexterity required, and the extent of physical exertion.

At Level 8-2, the work requires some physical exertion such as long periods of standing; walking over rough, uneven, or rocky surfaces; recurring bending, crouching, stooping, stretching, reaching; and lifting of moderately heavy items.

Level 8-2 is met. The appellant's position meets the requirements of this level. Some of the work is sedentary, but the appellant may be required to do considerable standing, walking, bending, and other physical exertion examining or treating patients and moving or lifting medical equipment.

At Level 8-3, the work requires considerable physical exertion and frequent climbing of tall ladders, lifting heavy objects over 50 pounds, crouching or crawling in restricted areas, and defending oneself against physical attack.

Level 8-3 is not met. The appellant's position does not require the type of physical exertion described at this level.

This factor is credited with Level 8-2 for 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 moderate risks or discomforts that require special safety precautions, e.g., working with the risks of contagious diseases, radiation, or infection; or in working with emotionally disturbed patients. Precautions are routine for nearly all situations. Protective clothing or gear may be required.

Level 9-2 is met. The appellant can be exposed to contagious diseases, radiation, and medical equipment/machinery all requiring precaution.

The appellant's position does not meet Level 9-3 where the work environment involves high risks with exposure to potentially dangerous situations or unusual environmental stress which requires a range of safety and other precautions in which conditions cannot be controlled.

Level 9-2 is credited for this factor for 20 points.

<b>SUMMARY</b>		
<b>FACTOR</b>	<b>LEVEL</b>	<b>POINTS</b>
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	8-2	20
9. Work Environment	9-2	20
	<b>TOTAL</b>	<b>2535</b>

A total of 2535 points falls within the range for a GS-11, 2355 to 2750 points, according to the Grade Conversion Table in the GS-610 standard.

### **Decision**

This position is properly classified as GS-603-11 (Title at the discretion of the agency). This decision constitutes a classification certificate issued under the authority of section 5112(b) of title 5, United States Code. This certificate is mandatory and binding on all administrative, certifying, payroll, disbursing, and accounting officials of the Government.