Position Classification Standard for Medical Officer Series, GS-0602

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SERIES DEFINITION[1]

This series includes all classes of positions the duties of which are to advise on, administer, supervise, or perform professional and scientific work in one or more fields of medicine. Positions are classifiable to this series when the nature of duties and responsibilities is such that the degree of Doctor of Medicine or Doctor of Osteopathy is a fundamental requirement. Most[2] positions in this series require a current license to practice medicine and surgery in a State or territory of the United States or in the District of Columbia.

Work of positions in this series typically involves direction or performance as a primary responsibility of one of the following functions within a subject-matter or specialty field of medicine:

Practice of medicine or direct service to patients (hereafter referred to as "clinical") involving performance of diagnostic, preventive, or therapeutic services to patients in hospitals, clinics, public health programs, diagnostic centers, etc.;

Service to patients in an occupational health program;

Research and experimental work in causes, methods, or prevention and control, and methods of treatment of disease; research and experimental work in physical limitations and conditions other than disease; or research in specific health problems;

Disability evaluation and rating of claims for compensation or pension;

Performance of a variety of *work pertaining to food, drugs, cosmetics, and devices* (e.g., development of medical policy and regulations with respect to foods, and therapeutic efficacy and safety of drugs, devices, and cosmetics; performance of and/or evaluation of clinical studies and research; evaluation of new drug applications; and preparation and presentation of the medical aspects of court cases);

Performance of medicolegal autopsies;

Administration of Federal-aid medical programs or other medical and health programs; Direction, integration, coordination and evaluation of training activities for medical interns, medical residents, and in service training of medical officers.

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[1] The grade-level criteria specifically cover Clinical and Preventive Medicine -- Occupational Medicine positions. They also cover positions in the functional specialization of disability evaluation. The effect of the standard on evaluation of the other types of positions is specifically outlined on page 5.

[2] Positions in the research function specialization, and some positions in the general or administrative specialization where patient care responsibility is not involved do not require a license to practice.

SPECIALIZATION AND TITLING

Subject-matter Specializations

Although there is overlapping in the subject-matter content of certain specializations, the criterion for the establishment of these specializations is based on the differences in the requirements for filling the positions. In the main, the specializations represent those of approved American specialty boards. An approved American specialty board is one which has been approved for the particular specialty by the Council on Medical Education and Hospitals of the American Medical Association or by the Bureau of Professional Education, Advisory Board for Osteopathic Specialists of the American Osteopathic Association.

Titles of the subject-matter specializations established for positions within the Medical Officer Series are listed below (definitions of these specializations are in the appendix to the standards).

Anesthesiology

Coroner
Dermatology
Family practice

General practice
Internal medicine
- General internal medicine
- Allergy
- Cardiovascular disease
- Gastroenterology
- Hematology
- Pulmonary Diseases

Maternal and Child Health

Obstetrics and gynecology (singly or combined)
Ophthalmology
Otolaryngology
Pathology
- Pathological anatomy
- Clinical pathology
- Pathological anatomy and cal pathology
- Neuropathology

Pediatrics
Physical Medicine and Rehabilitation

Surgery
- General Surgery
- Cardiovascular Surgery
- Colon and Rectal Surgery (formerly Proctology)
- Neurological Surgery
- Orthopedic Surgery
- Plastic Surgery
- Thoracic Surgery

Titles of the subject-matter specializations (continued)

Preventive Medicine
- Aviation Medicine
- Occupational Medicine
- Public Health

Psychiatry and Neurology (singly or combined)

Radiology
- General Radiology
- Diagnostic Roentgenology
- Therapeutic Radiology

Urology
- General

Functional Specializations

The functional specializations are (1) clinical, (2) preventive medicine, including aviation medicine, occupational medicine and public health, (3) research, (4) teaching or training, (5) disability evaluation, and (6) administration.

Titling

All positions within this series are to carry the basic title of "Medical Officer."

Parenthetical modifiers should be added to the basic title "Medical Officer" to designate the subject-matter specialization of medicine in which the position is classifiable with the exception of positions in the Research function specialization. For positions where the subject matter represents a sub-specialization, only the sub-specialization is to be used in constructing the title. For example, a position involving primarily clinical work in Diagnostic Roentgenology (a sub-specialization of Radiology) is to be titled, "Medical Officer (Diagnostic Roentgenology)." Such modifiers are to be used at the GS-12 level and above only.

The functional specialization is also to be reflected in the titles, *with the exception that no functional modifier is to be used for clinical positions,* when that function is the primary responsibility in the job.

Positions which combine training and/or research duties with patient care duties are to be considered as "clinical" positions, and no functional designation would be required.

The following examples illustrate construction of titles in line with these guides:

Medical Officer (Cardiovascular Disease) -- for a position in clinical medicine concerned with the subject-matter area of Cardiovascular Disease, a sub-specialty of Internal Medicine.

Medical Officer (Psychiatry-Training) -- for a position primarily involving training work in the subject-matter area of Psychiatry.

Use of the General Title

The General title is to be used when no other subject-matter or functional title established within the series is more suitable or appropriate.

For example, the General option would be applicable to positions concerned with epidemiology, nutrition, administration of Federal-aid programs, medical work with respect to foods and the therapeutic efficacy and safety of drugs, devices, and cosmetics, and in other instances when positions do not require knowledges of a particular medical specialty.

Use of the Research Title

Medical officers in this functional specialization perform, supervise, or direct basic and applied research in medicine when the research does not involve patient-care responsibility. Positions involving performance of work in research in combination with performance of work in clinical or other functional specializations are covered in standards for those functional specializations. No subject-matter designations are to be used.

It is suggested that positions of a research nature not involving responsibility for patient care -- the type of positions covered by this functional specialization -- be identified in the job description to assure that individuals in these positions are not assigned responsibility for patient care without careful examination of the individual's qualifications with respect to internship and residency training, and licensure requirements. Of course, individuals in research positions who meet the training and licensure requirements may be reassigned or promoted to clinical or other positions.

Use of Administration in the Title

The Administration designation should be used for positions of an administrative nature (e.g., Superintendent of a hospital, Medical Director or Clinical Director of a hospital, etc.) where a broad knowledge of various medical fields and administrative skills and abilities are a more important requirement than specialized knowledge of any one medical specialization. For this type of position, individuals from a number of specializations may be considered and the particular essentials in selection are the medical administrative skills and abilities.

The Administration designation should also be used for administrative positions which require, in addition to administrative and management skills and abilities, a high degree of specialization in a particular medical field. Both the medical specialty and administration should be shown in the title and qualifications in both the professional specialty and administrative areas should be required.

Use of Supervisory Titles

Many medical officers, particularly those in the clinical specialization, include responsibility for guiding and directing the work of nurses, social workers, therapists, and various technicians,

who are a part of the treatment team. This is so much a traditional aspect of the medical officer position that such responsibility is not considered a basis for distinguishing one position from another through use of the adjective "Supervisory" in the title. Also, the primary supervision of the other team members is considered to be exercised by the supervisory staff of the particular profession or occupation to which each team member belongs.

Many medical officer positions, however, do include continuing responsibility for the work of other medical officers. When such **responsibility** is a significant characteristic of the position, the prefix "Supervisory" should be added to the title.

Evaluation Guides for Positions in the Various Functional Specializations

Part I of these standards covers medical officer positions in the clinical or practice function.

Part II of these standards covers medical officers in occupational health programs.

Part III of these standards covers medical officers (disability evaluation).

Positions which involve research as the primary function when the work meets the coverage criteria given in the Research Grade-Evaluation Guide, are to be evaluated by reference to the grade-level criteria in those standards. Other types of research positions are to be evaluated by reference to the general criteria in the guides for Part I of the Medical Officer standards.

Positions which involve training are to be evaluated by reference to the general criteria in the guides for Part I of these standards and by general reference to the standards for the Education and Vocational Training Series, GS-1710.

Positions which involve administration of Federal-aid medical programs, medical work in relation to foods and to the therapeutic efficacy and safety of drugs, devices, and cosmetics, and other types of positions may be evaluated by reference to guides for related professional and administrative medical officer positions.

PART I, CLINICAL POSITIONS

BACKGROUND

Positions covered by Part I are medical officers involved in the practice of medicine in hospitals, clinics, or other medical facilities where there is direct service to patients. These positions may be intermingled with those filled by commissioned officers in the military or Public Health Service; or in teaching hospitals, medical officers may work along with or guide interns and residents who execute or carry out certain portions of the patient care duties as part of their training. Some medical officers are located in clinics or serve in programs which have a somewhat restricted area of work, such as physical examinations and minor treatment.

Fundamental to an appreciation of this occupation is the fact that man's ills are never exhausted. While medical research has provided information and guideposts in many areas, it has hardly skimmed the surface in others. Even where knowledge is greatest, the physician is still faced with the application of this knowledge to different patients -- each of whom presents different sets of variables, both overt and covert, in his mental and physical make-up which must be considered in the making of professional judgments.

As a consequence, the physician, to be effective, must not only keep up with the continuing medical advancements, he must also be sensitive to the countless number of variables to be considered in the application of his knowledge to any one case or problem.

EVALUATION PLAN

A characteristic of medical officer positions is that except for the unusual circumstance (such as a limited medical environment or program) the assignment of a physician has virtually no built-in limits, except for the specialty area in which he works. In this occupation, the scope of a particular job depends, to a considerable extent, upon the physician himself. Because of the unpredictable number and type of unknowns in any particular case, it is difficult to establish a level of difficulty on a case or patient-condition basis. By the very nature of the profession, the level of assignment will call for a minimum degree of knowledge, professional judgment, and ingenuity; however, the extent to which these factors are equaled or exceeded is dependent upon the medical officer himself, and the particular qualities he applies indicates what he has made of the job.

Therefore, because of the interplay of the assignment and the particular contributions of the incumbent, the evaluation plan takes into account two factors:

1. The level of difficulty and responsibility of the assignment or caseload.

2. The level of professional development of the physician.

There are several basic assumptions on which the evaluation plan has been based:

1. There is a correlation between: (a) the extent of technical knowledge, personal capacity, ingenuity and insights, and other qualities applied; and (b) the amount of formalized training and/or equivalent experience the physician has had.

2. Because of the emphasis on training and the many and rapid medical advancements, a physician will continue to grow and develop professionally as he receives additional training and experience.

3. A physician (unless specifically limited by his assignment) will apply the particular knowledges and abilities he has acquired up to the maximum of his professional development.

Therefore:

The kind and amount of professional medical education and training (or its equivalent in experience) will influence the total dimensions of the job and, consequently, its grade level.

Typically, as the physician's professional development increases he will "see more" in initial diagnosis, will be more sensitive to extraordinary symptoms or manifestations, he will receive less guidance, his recommendations will be accepted as more authoritative, and he will be more expert in planning and carrying out a treatment regimen. Conversely, with lesser training or development, a physician may not have the experience necessary to recognize all of the manifestations of certain diseases or conditions, nor the skill to develop so thorough or effective therapeutic techniques and procedures.

The evaluation plan[3] does not rely exclusively on the qualifications of the individual. It does, however, provide for substantial recognition of, and weight for, the qualifications of an individual as the special knowledges and abilities are recognized by medical management officials and applied to the diagnosis and/or treatment of diseases or various types of physical or mental conditions.

Because of the particular interrelationship of the two factors, many of the same job elements are inherent to some extent in both factors. In the above discussion, and in the discussion of the factors that follows supervision, the acceptance of recommendations or confidence placed in the physician, the ability of the physician to use insight and ingenuity in recognizing symptoms and devising treatment regimens, and the professional judgment required and utilized are characteristics which underlie both the level of assignment and the level of professional development.

[3] While this type of plan might not be useful in the evaluation of other occupations, it is believed that because of the special characteristics and traditions of the medical profession, it is appropriate in these standards.

Evaluation Factors

Factor I.

Level of assignment. -- This is a measure of the complexity of the cases or medical problems dealt with; the variety of types of problems; the degree of responsibility for recommendations and the extent to which decisions or medical opinions are accepted; the extent of ingenuity and insight required in the development of diagnosis and treatment, or the prevention of the disease or disability; the professional judgment or skill required; etc. Difficulty and responsibility will increase as there are fewer precedents to follow, less routine or well established courses of treatment, a greater area of unknowns in the etiology or course of treatment, or as there are combinations of malfunctions, diseases, or disabilities with symptoms which overlap or are difficult to discern, or which are new to medicine, as yet not having been documented.

Distinctions are also made on the basis of the medical setting in which the physician works, i.e., whether it is a setting which is limited in diagnostic and treatment service offered, is a general non-teaching hospital, or is a teaching hospital with formal approved intern and residency programs and some research work. This distinction is based on the fact that while there may be rare or difficult cases encountered in any type of medical setting, the statistical probability of having as many of any particular kind of rare or difficult case in a non-teaching hospital or outpatient clinic is much less. The physician in a non-teaching hospital must have the skill and insight to recognize and refer the rare or difficult cases, and to provide a full treatment regimen for some of them. However, additional weighting has been used in the standards for those physicians in teaching hospitals who would encounter the full range of difficulty, including the most difficult with a high degree of frequency.

Difficulty and responsibility will also increase as there are a greater number and variety of functions performed and as management responsibilities increase (e.g., training, research, and/or management, in addition to patient care).

This factor also includes the extent and kind of professional guidance or consultation that is received or given.

Four degree levels are defined in this factor:

1. assignments of less difficulty and responsibility;

2. assignments of average difficulty and responsibility;

3. very difficult and responsible assignments;

4. extremely difficult and responsible assignments.

Each of these levels is described in general terms and supplemented by illustrative examples of assignments typical of that level, starting on page 16 of this standard.

Factor II.

Level of professional development. -- This factor is defined in terms of qualification requirements (completion of various stages of training or experience) and reflects the level of professional knowledge, ability, and competency of the incumbent and the confidence placed in him by the acceptance of his recommendations by his supervisors or colleagues. As professional competence increases, supervision from others decreases and greater insights, more mature judgment, higher skills, etc., are used by the employee in his work. The accumulation of both advanced knowledge and experience provides a background for greater understanding of problems and greater ingenuity in the resolution or treatment of the problems.

The Level of Professional Development is defined *primarily* in terms of progress in and state of completion of various phases of *formalized residency* training. This has been done in recognition of the fact that typically formalized training which is supervised, guided, and continually evaluated is worth as much, if not more, than certain types of experience. Experience, of course, may be substituted, after the requirement for at least one year of formalized residency training (for all specializations except "General Practice") has been met. However, *experience must be evaluated not in terms of years, per SE, but in terms of a finding that the experience has provided knowledges, skills, abilities, competence, and judgment equivalent to that gained from the stipulated training requirements*. For example, it is possible that an individual with 25 years of experience may not have acquired the level of professional development that three or four years of residency training might provide; on the other hand, experience which is progressively responsible and shows continual acquisition of advanced knowledge, professional development, competence and wisdom might equate year for year with formalized training up to the expert level typified by Board certification.

A voucher form has been prepared to obtain information about a physician's knowledges, abilities, talents, personal characteristics, etc., from individuals who are familiar with his experience and background. This form will facilitate evaluation of the kind and quality of experience possessed by the physician. It will be used for rating and ranking applicants, and is recommended for use in evaluating physicians for promotion.

Four degree levels are defined for this factor:

1. average;

2. specialist;

3. senior specialist;

4. expert.

These definitions are contained in the "Diagram of Evaluation Plan," found on page 13 of this standard.

The Interplay of the Two Factors

In evaluating positions under these two factors, consideration must be given to whether the professional environment in which the physician works presents full opportunity for use of ascending degrees of professional development.

In certain situations, because of inherent limitations in the services offered, there is not the potential within the organization for application of an unlimited range of knowledge or expertise, or for full diagnosis and treatment in the specialty area. For example, many out-patient clinics and some hospitals are somewhat restricted in the diagnostic and treatment procedures offered, and there is referral to other clinics or hospitals for the more advanced or complicated services.

Also, there are some work situations in which the scope of a job is restricted by the program objectives and mission (e.g., the work may be concentrated on limited physical examinations and reporting of findings). In such instances, there may be a limit to the extent to which increased professional development can actually increase the total dimensions of the job.

Also, in some situations, assignments are structured to use general practitioners for a limited or somewhat limited range of work, with other specialists responsible for the more difficult or more specialized work. For example, general practitioners are sometimes assigned to psychiatric wards to treat patients under the direction and guidance of psychiatrists. In this situation, the assignment pattern of the general practitioner may be limited initially because of his lack of specialized knowledge of psychiatric patients. However, if the general practitioner learns to take into account and deal effectively with both the somatic and psychiatric condition of the patient, (since the two are closely interrelated and, for practical purposes, inseparable) then he changes the dimensions of his position and becomes practically a subspecialist within general practice. This is not to say that the non-psychiatric medical officer in a mental hospital employs the full range of psychiatric knowledges and abilities.

Therefore, while the factor of Level of Professional Development is defined in terms of qualification requirements, consideration must be given in the evaluation of positions to the evidence that the employee utilizes (or will be expected to utilize) the knowledges and abilities acquired through a particular level of training and experience and that the opportunity exists and is recognized by medical management for the utilization of the required professional competence in the assignment.

Mere length of training and/or experience cannot be used for grade evaluation purposes, unless the factors of ingenuity, recommendations, independence, etc., are exhibited in the jobs, or by applicants, to an extent which is consonant with the level of professional development.

Notes

It is recognized that in analyzing jobs and the background of individuals for grade level (as well as staffing) determinations, the evaluation will require the coordinated efforts of both personnel and medical management people. Many of the decisions which must be made in determining the appropriate degree of each of the two basic factors require the knowledges of individuals in the

medical profession. Similarly, distinctions among the levels of many of the elements which must be analyzed are extremely subtle and difficult for a layman to identify. The help of subject-matter people is necessary in the recognition and description of the way in which such elements can be demonstrated to have an effect on the level of the job. Also, medical specialists should be brought into the process of determining the qualitative equivalency of experience to various levels of training.

Subject-matter specialists have indicated that it is entirely possible to determine the extent of knowledge and skill that can be expected in individuals who have completed a certain stage of training. They have also indicated that equivalency in quality of experience is more difficult to evaluate, but not impossible. In addition, they believe that there is a very high correlation between the level of training (and/or experience) and the degree of independence, authority, and responsibility that a physician can be expected to and will assume as well as the skill and ingenuity which will be utilized.

It is recognized, of course, that there may be exceptions to the general pattern -- i.e., that an individual with more advanced training and experience will not, for any number of reasons, be functioning at the expected level. However, some subject-matter people have indicated that if this is the case, there is a more fundamental problem to contend with, which goes beyond the matter of the standard, and which requires basic management consideration. Also, if an "over-qualified" individual is in a job which is particularly limited in scope, and which does not provide an opportunity for use of his expected level of development, judgment must be used in reconciling and making grade evaluation adjustments for any appreciable difference between the level of assignment and the level of professional development. This point is also referred to in the Summary of the Grade Levels in the following pages.

Diagram of Evaluation Plan for Clinical Positions

The diagram is to be used in conjunction with the narrative discussion of the evaluation plan.

It illustrates the basic evaluation plan and highlights the various ways in which combinations of the two factors are recognized. It points up the interdependence of difficulty and responsibility of the assignment and the professional knowledge and insights applied to assignments. It shows how various combinations of the two factors result in grade progression.

The entrance level of GS-11 is defined as a basic trainee level with minimum requirements of an M.D. degree, completion of an approved internship and a license to practice medicine and surgery. This entrance level is not included in the formula or system of evaluation, which starts at GS-12.

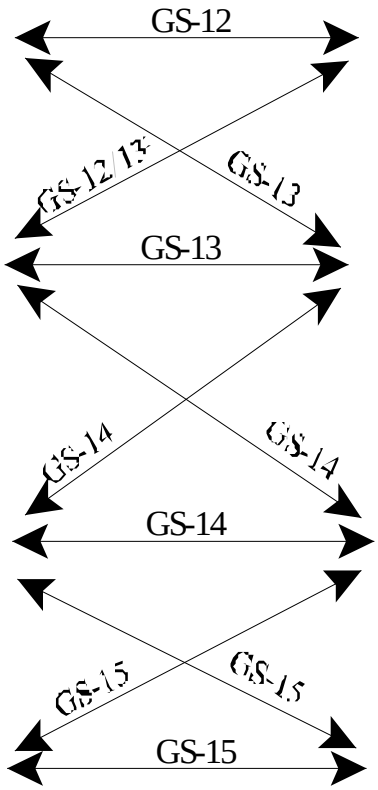
Level of Assignment[4] *Level of Professional development*

Level 1 --Less difficult and responsible

Level 2 -- Average difficulty and responsibility

Level 3 -- Very difficult and responsible

Level 4 -- Extremely difficult and responsible



Level 1 --Average
Typically 1 or 2 years of residency training -- or experience equivalent in breadth and intensity. Quality[3] intern -- General Practice

Level 2--Specialist
Typically completion of formal residency training of 3-4 years required by specialty board or progressive experience equivalent in breadth and intensity. Quality resident -- completion[4] of 2 years residency training.

Level 3--Senior Specialist
Typically Level 2 above plus 1-2 years of experience beyond the residency training (Board eligible)- or progressive experience equivalent in breadth and intensity.

Level 4--Expert
Typically Board certification or progressive experience equivalent in breadth and intensity.

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[4] Definitions and examples of assignments at the four levels are given in the following pages.

[2] In this situation, care has to be exercised in evaluating whether or not the levels in each factor are represented in the job. Level 1 in Level of Professional Development often includes continued training. Therefore, when there is a combination of Level 2 assignments and Level 1 professional development, there is generally fairly close supervision, which provides an inherent limitation in the scope of difficulty and responsibility in the job, and which would probably justify allocation to GS-12. On the other hand, when an individual has *completed* a formalized 2-year residency training program as required by the specialty board and is a "quality" resident, the combination of Level 1 Professional Development and Level 2 assignments would typically justify allocation to grade GS-13.

[3] Quality refers to those interns and residents who have demonstrated superior achievement during their training. Such evaluations are based on the judgments given by the officials of the institution in which training was taken. (See discussion of "quality" on page 16.)

[4] *Completion* refers to full completion of the formal training as required by Specialty Boards for subsequent Board certification.

Discussion of Evaluation Diagram

The evaluation pattern is based on the fact that Level 1 in the Level of Professional Development coincides generally with Level 1 in the Level of Assignment; Level 2 with Level 2; etc. This has formed the initial basis for the grade progression. However, a certain flexibility has been built into the standards in order to recognize variations in the combinations of the two factors. As stated in the section titled Background, the current state of the art is such that the opportunity for ingenuity and the need for intuitiveness on the part of the physician is almost boundless and differences in jobs can be manifest by either the application of more advanced knowledges or by special abilities which give medical management sufficient confidence in the physician to assign him or permit him to undertake work of a higher level of difficulty.

Therefore, in recognizing the value of the combination of factors, it has been determined that those which fall in the in-between areas (e.g., as shown by the diagonal lines on the diagram) should be recognized at the higher grade. This provides that a one-degree increment in either factor will generally result in an increase in grade.[5] It also provides that recognition to appreciable increases in strengths in jobs are provided at the first point in the continuum at which one of the strengthening elements is operative. However, this does not mean that jobs which superficially meet the criteria will be automatically placed in higher grades, since the same forces which tend to give them strength, may also operate negatively if there is a lack of evidence of certain degrees of knowledge, skill or talent.

Generally, however, an increase in a Level of Professional Development will typically change the total dimensions of the job sufficiently to change the grade level.

A grade increase may result from an increase in a Level of Assignment when an individual demonstrates sufficient ability and competence to permit medical management to give him assignments of greater difficulty and responsibility, notwithstanding the fact that he does not meet, in terms of the specific training or experience requirements, the degree of professional development usually characteristic of a particular level. This increment in level of assignment is tied-in directly with demonstration or expectation of a high level of professional competence and can result in an increase in grade level when the individual meets the minimum qualification requirements stipulated in the qualification standards.

[5] The diagram does not provide specifically for variations in the pattern of levels of more than one increment. Judgment would have to be used in the classification of positions which would combine, for instance, Level 2 in Level of Assignment and Level 4 in Level of Professional Development. Typically, a spread of this type would come out no more than GS-14 because the level of assignment is not of the type to permit the total utilization of the knowledges, abilities and skills typical of Level 4 of the Level of Professional Development. A combination, such as Level 4 in Level of Assignment and Level 2 in Level of Professional Development, would actually be precluded by the minimum qualification requirements.

Discussion of "Quality" Intern And Residents

In order to provide for the flexibility in the evaluation plan outlined above, a provision for use of the "quality graduate" concept in relation to clinical medical officers has been included in the qualifications standards.

The basic concept underlying the use of quality considerations in determining the grade level eligibility of individuals is that the ability of an individual can have a direct and significant relationship to the grade level at which his job will operate if there is no prescribed limit to his duties and responsibilities.

This concept is applicable to positions in the medical profession to recognize interns and residents whose potential for medical work can be regarded as superior to others in the same general field of study. This can be determined by a finding from the hospital in which he took his training that a superior intern or resident would be someone who would fall into approximately the upper half of all interns or residents in his group, (or where there are very few interns or residents in training, in the upper half of the group of interns or residents who have been trained over the past four or five years). A sample letter for use in eliciting this information is attached to the qualifications standards.

The use of the quality intern or quality resident concept is consistent with the pattern in the evaluation scheme that those with greater professional development will normally provide greater insights and deeper professional judgments in their work and therefore will be given assignments of greater difficulty or will develop their own jobs into jobs of greater responsibility. The greater competence of the "quality" intern or resident typically would result in the same type of job change -- even if to a somewhat lesser degree and even if based on consideration of potential rather than demonstrated greater competence.

(A special provision for noncompetitive movement of "quality" incumbents from grades GS-12 to 13 is included in the qualifications standards to bridge the gap of the two-year experience requirement between grades GS-12 and 13.)

Definitions of Levels of Assignment

Level 1

Medical officers at this level receive general technical supervision from higher grade medical officers, who are almost always in the same medical specialty. Assignments typically involve work of a somewhat limited nature, in that the majority of patients seen have fairly common ailments and disabilities, and courses of treatment are fairly well known. Often, though not entirely, the scope of assignments are limited by lack of facilities or by policies of referral of patients requiring the full range of diagnostic or treatment services for unusual or complicated conditions to other medical facilities or specialists. Work which involves out-of-the-ordinary diagnostic decisions or treatment is discussed with the supervisor who keeps aware of the condition of the patients and all aspects of the treatment regimen.

Typical examples of assignments at this level include but are not limited to the following:

Medical Officer (Pediatrics)

Incumbent conducts physical examinations of infants and children in an outpatient service. He determines need for X-ray examinations and clinical laboratory tests and interprets examination findings and test results. Prescribes and administers treatment, such as treatment for colds, infectious diseases and other children's diseases, more common allergies, emergency treatment for burns, removal of foreign particles from eyes, ears, and nose. Performs emergency treatment in cases of serious injury or illness and recommends arrangements for hospitalization and surgery.

Incumbent functions under the supervision of the Chief of the Pediatrics Section who gives advice on cases and is readily available for advice.

Medical Officer (Obstetrics and Gynecology)

Assignment involves responsibility for providing coverage on the obstetrical and gynecological wards at a small hospital.

Incumbent examines and evaluates upon admission to the ward all patients assigned to the ward. Reviews the pre-natal and out-patient records of these patients for any pertinent history relative to their present status. Prescribes nursing procedures and medication as required. Follows the progress of these patients by interview, periodic examinations, laboratory tests, and X-rays.

In obstetrical cases, performs both spontaneous and operative forceps deliveries. When complications are expected to arise because of unusual factors in the patient's condition, refers patient to a higher level specialist for consultation and decision.

In gynecological cases, performs minor surgical procedures and obtains consultation from a higher level specialist in connection with patients requiring major surgery.

Medical Officer (General Practice)

As one of the medical officers assigned to the Outpatient Service of a small hospital, performs a range of medical duties covering general practice with the exception of treatment of patients with serious or prolonged illness, who are referred to the hospital for further diagnostic and treatment services. Examines patients reporting to sick call. Makes diagnoses and administers appropriate treatment. The majority of patients are ambulatory and respond quickly to treatment, and the duties consist primarily of treating head colds and sinus difficulties, simple allergies and skin diseases, indigestion, suturing minor cuts, draining abscesses, etc. Orders laboratory tests and X-rays necessary to complete medical facts on the cases, such as blood counts, urinalyses, sedimentation rates, chest X-rays, Kahn, etc. Whenever assistance is required in determining the correct diagnoses or treatment consults with supervisor.

Examines patients who may have venereal disease. Takes specimen smears and blood serology tests, and performs a physical examination, or may conduct such an examination after test results are received and prove to be positive. If laboratory tests are positive and are substantiated by clinical symptoms or by history of contacts, treats patients except those having most aggravated conditions or those with apparent complications. Makes arrangements for those having latter conditions to enter hospital.

Examines and provides medical care to women during pregnancy and post delivery care. Provides medical services for children including periodic physical examinations, immunization against common contagious diseases, treatment for minor diseases and injuries, and advice to parents on diet, hygiene, behavior problems. May, on occasion, conduct group discussions on matters pertaining to maternal and infant hygiene, care and feeding of infants, proper nutrition during pregnancy, and related subjects.

Recommends referral of patients to consultants on the hospital staff and participates in discussion with consultant to benefit from diagnosis for use in diagnosing and treating similar cases in the future.

Works under supervision of the Chief, Outpatient Service who gives guidance on the more unusual patient conditions and who reviews recommendations for referral.

Level 2

Type A

Medical officers have responsibility for all cases within a particular specialty in a medical setting in which the more difficult or complex diagnostic problems are referred to other hospitals or to consultants. However, the medical officers have responsibility for seeing that all available services are provided to patients. Typical of this type of responsibility is the position of chief of service in a non-teaching hospital, such as Chief of Radiology, Chief of Pathology.

Medical officers receive only general professional direction, typically from a medical officer in another specialty and work with considerable freedom from technical supervision in their own specialties. Recommendations for referrals and for changes in service or equipment are cleared with the supervisor.

Patient care duties cover the full range of cases as represented in the setting limited by policies of referral and consultation. However, medical officers are responsible for recognizing disease syndromes which require referral, even when they are difficult to discern or identify. They are also responsible for carrying on treatment procedures for patients who do not present major complications.

Medical officers provide consultation in the specialty to others in the hospital or clinic or to a few medical officers working in the same specialty.

Acceptance of recommendations is typical in connection with referrals, emergency treatments, and normal treatment procedures.

Training and research are not typical functions at this level in this situation.

Type B

Also at this level are positions of medical officers, serving as individual workers, who have assignments of a more difficult nature than those described in the Type A situation, but which are carried out under general technical supervision (typically of a medical officer of higher grade in the same specialty). Cases cover all levels of difficulty in the specialty and assignments run the gamut of complexity characteristic of a teaching and research hospital. Typically, cases may be complicated by indistinct or overlapping findings or by the critical condition of the patient (e.g., a secondary condition may make relative less difficult surgery more complex, difficult emergency cases may require immediate decisions where the consequences of the decisions are critical.)

Medical officers are responsible for evaluating findings and making technical recommendations fairly independently, but a higher level medical officer provides frequent and continuing consultation, guidance, and direction and determines when such guidance must be provided. Generally, case findings and recommendations are discussed with the supervisor and notes for clinical conferences are cleared in advance with the supervisor.

Medical officers may participate in the teaching of interns or residents by giving them day-to-day supervision of their work.

Typical examples of assignments at this level include, but are not limited to the following:

Medical Officer (Diagnostic Roentgenology)

The incumbent is Chief of the Roentgenology Service at a small non-teaching hospital which refers patients requiring highly specialized services to other hospitals. He has full responsibility for the evaluation and interpretation of all roentgenograms processed that have been requested by medical officers at the hospital. He acts as consultant for the specialty to a number of medical officers in other specialties. He conducts fluoroscopic examinations and interprets conditions as seen on the screen image. He prepares comprehensive interpretive reports of findings. He recommends methods and procedures for coordination of roentgenological services with other medical activities, and advises on the kind and quantity of roentgenological personnel, supplies and equipment. He supervises technicians assigned to the service.

Medical Officer (Obstetrics and Gynecology)

Incumbent is Chief of Obstetrics and Gynecology at a small hospital. Is directly responsible for the provision of the services and supervises and directs one or two other medical officers assigned to the service and gives consultation to such medical officers. When major complications arise, recommends referral to larger hospitals having the full range of facilities available for treatment and care, or, in emergencies, where this is not possible, secures the services of a part-time consultant who handles such cases.

Medical Officer (General Practice)

In a psychiatric hospital, either on wards or in medical clinics, ascertains immediate needs of patients from a general practice standpoint and treats the physical condition of the patient or refers the patient to a specialist in the hospital for more specialized diagnostic and treatment services. Based on previous experience in this work situation and knowledges and skills as recognized by medical management, exercises considerable skill, perception, and judgment in establishing inter-personal relationships with the patient, in obtaining information from the patient, in evaluation of physical complaint and/or condition of the patient with demonstrated ability to perceive some of the psychiatric implications and the total background of the individual patient, and in handling minor psychiatric problems of a more superficial supportive nature in obtaining information from the patient and in giving treatment for physical ailments.

Works independently in developing diagnosis and treatment programs in connection with the non-complicated physical problems of patients.

Medical Officer (Psychiatry)

As a psychiatrist, under continuing guidance of a higher level psychiatrist, has responsibility for the clinical evaluation of the patient's condition and for one or more of a broad range of psychiatric treatment activities, including, for example, ward treatment programs, individual psychotherapy, group psychotherapy and somatic therapies.

Clinical evaluation involves responsibility for formulation of a working diagnosis based upon the patient's personal history (as reported by the patient, relatives and other sources), appraisal of the patient's psychiatric and physical status and assessment evaluation of laboratory and other special diagnostic tests. Clinical evaluation also involves formulation of an individualized treatment program and determination of prognosis.

A ward treatment program includes responsibility for planning, directing and supervising a program of activities and care in the ward in order to provide a therapeutic climate suited to the patient's psychological and physical needs.

Assignments in individual psychotherapy and group psychotherapy are selected by a higher level psychiatrist who assists in the structuring of the treatment program and

provides continuing guidance. The incumbent administers electroshock therapy, insulin therapy, and takes charge of pharmacotherapy under supervision.

Training responsibilities at this level typically involve participation in the training of nurses, social workers, etc., and may involve supervision of residents in psychiatry.

Level 3

Nonsupervisory Positions

Type A

Characteristic of this level are medical officer positions which involve assignment of the full range of cases, including the very difficult, in a specialty, with very little or no technical guidance in the specialty.

In non-teaching hospitals, medical officers serve as consultants on the most difficult cases in the specialty, and perform the most advanced diagnostic and treatment procedures without professional direction. They have no training or research responsibilities, but do serve as consultants to all others in the hospital.

In teaching hospitals, where there is unlimited range of difficulty of cases represented, medical officers have responsibility for the full range of cases in their specialty. There is considerable freedom from technical guidance, since typically the supervisor is in another specialty, or in a broader parent specialty.

Assignments involve the full range of cases and problems in the specialty, including the very difficult where there is responsibility for recognizing rare and difficult-to-identify symptoms or signs, and responsibility for developing a full treatment regimen involving a knowledge of new techniques or the use of prolonged or complicated procedures or advanced and delicate skills. Cases are often critical and require immediate decisions or are complicated because patients fail to respond to previously-tried treatment regimens.

Medical officers also have responsibility for the medical students, interns or residents assigned for training in their specialty. They may also engage in or supervise some research projects.

Considerable weight is given to the medical officers' recommendations in their technical specialties, by their supervisors and colleagues.

Type B

Also at this level are medical officers who serve as individual workers, under the guidance of higher-level medical officers in the same specialty. They are assigned the full range of cases, including the most difficult, in their specialty, and are responsible for determining when they should seek advice and guidance.

Assignments are often complicated by the following:

Symptoms are often abstruse, or there are overlapping symptoms due to the presence of more than one condition or ailment, or the symptoms might be indicative of either a simple or complicated condition and require involved and complicated diagnostic and testing procedures. Considerable ingenuity is required in identifying these symptoms and developing a proper treatment regimen. The condition of the patient is often very critical and complicated. Treatment requires very advanced knowledge and/or skill (e.g., thoracic or cardiovascular surgery, prolonged intensive psychotherapy) and the selection from a variety of alternatives. Often it is necessary to select the one and only proper course of treatment immediately to avoid or minimize subsequent critical consequences.

At this level, the medical officers typically work in a teaching hospital and assignments reflect the wide range of cases which come into such a hospital. They usually provide training to medical students, interns, and/or residents by giving lectures, demonstrations, conducting ward rounds, and by supervision and consultation. They usually perform, direct, or supervise research in their specialty.

Recommendations on major diagnostic and treatment decisions carry considerable weight in discussions with supervisors and colleagues, and in clinical conferences. They seek consultation and advice on critical or controversial cases.

Administrative Positions

Characteristic of this level are positions which involve responsibilities for:

1. The management of all professional services of a small (less than 300 beds) non-teaching hospital.

or

2. The management of a major (e.g., medicine, surgery, psychiatry) department in a large non-teaching hospital (around 750-1000 beds) which includes the responsibility for supervision of subordinate medical and para-medical support personnel, for coordination of activities with other departments and services; and for equipment and for continued services.

Typical examples of assignments at this level include, but are not limited to, the following:

Medical Officer (Administration)

Incumbent serves as chief of professional services[6] under the direction of the medical officer in charge of the hospital who has given the incumbent responsibility for supervising the operation of the medical and ancillary services of a small hospital. The hospital serves 75 to 125 in-patients and a large number of out-patients, and has a Medical Department (including sections for medical and pediatric patients) a Surgical Department (including sections for obstetrical, gynecological, and general surgical patients) a Diagnostic Roentgenology Service and a Laboratory Service.

Incumbent establishes hospital policy, rules and regulations within the overall policy of the hospital and insures that the highest standards of professional practice and ethics are maintained and that established operating policies are adhered to.

He participates in the hospital management program by presiding over various committees that require direct participation by medical officers (e.g., Drug Committee, Medical Records Committee, Treatment Committee, Preventive Medicine Committee, Laboratory Committee, etc.).He presents the topics to be discussed, guides the discussion to insure that every effort is made to improve the professional care provided by the hospital, determines that all possible significant aspects of the topic under discussion are reviewed before action is taken, and makes the final determination when no agreement can be arrived at by the members.

He makes visits to the wards to insure that patients are receiving the proper medical care. He reviews clinical records to develop an opinion of the effectiveness of the attending medical officer and to insure that records are properly maintained.

He confers with his supervisor and the chiefs of the various services to discuss problems pertaining to personnel, budgetary matters, hospital policies, and any phase of the medical program.

Medical Officer (Obstetrics)

Incumbent serves as consultant in his specialty, to two other medical officers, primarily on the more complicated obstetric cases. Is available on call at all times to advise medical officers on procedures to be followed in the care and treatment of difficult cases. He personally performs deliveries including caesarian section, induction of labor, etc.

[6] In some hospitals, this type of position may carry other organizational titles, e.g., Chief of Clinical Medicine, Clinical Director.

Medical Officer (General Surgery)

Assignment involves service as a consultant to the Surgical Service at a small hospital. The incumbent performs major surgical operations as well as advising the full-time medical officer in the surgical service and medical officers in other services concerning surgical or potential surgical cases. Incumbent performs major surgical operations including such operations as cholecystectomy, thyroidectomy, gastrocolostomy, etc. When performing these operations is in complete charge of surgery, guiding and directing the assisting medical officers, nurse anesthetist, and nurses.

Work is performed under the direction of the Superintendent of the hospital. Since the position is that of a consultant, decisions made are final except in rare instances where cases of extreme complexity require consideration of the Superintendent of the hospital.

Medical Officer (Psychiatry)

The incumbent utilizes considerable knowledge and skill in recognizing when he needs guidance of a higher level psychiatrist for support and for further interpretation of his assigned problems. The higher level psychiatrist clarifies and defines the problems and may suggest various possible approaches to the problems.

The incumbent may have responsibility for one or more following areas of work: formulation of diagnosis, treatment program, and prognosis, particularly in the case of patients presenting unusual or difficult problems in these areas; ward management, individual and group psychotherapy and somatic therapies.

When serving in immediate charge of the ward or wards, directs and supervises the ward activities to provide a therapeutic climate suited to the psychological and physical needs of the patients.

Is skilled in the use of various diagnostic and treatment procedures, including prolonged intensive psychotherapy, relatively short-term supportive individual psychotherapy, group psychotherapy and somatic therapies (including the use of drugs, electroshock therapy, insulin therapies, hydrotherapy, etc.). Is knowledgeable about the indication, contraindications, complications and techniques in the various treatment and diagnostic modalities, is responsible for the selection of cases for particular treatments and typically works with patients where the consequence of error in judgment may be of considerable magnitude.

Responsibility is typically present for acting as consultant and supervisor of residents, when assigned.

Medical Officer (Cardiovascular Disease)

Assignments include complicated diagnostic and treatment problems in the specialty, the supervision and participation in specialty teaching, research and consultation services in the field. Examples of difficulty of cases at this level are:

1. "Intractable" cases of heart failure of referred for evaluation and recommendation with reference to "what makes this patient's heart failure intractable to methods and techniques and skills of the qualified internist and how can we modify the patient or our therapy."

2. Patients with hypertension of obscure etiology in which skillful differentiation is required between, for instance, pheochromocytoma, central nervous system disease or chronic renal disease as the cause. What patient or regimen modifications offer hope of therapeutic value?

3. Patients with obscure and intractable cardiac arrhythmias not responding to skills and ministrations of qualified internist -- for determination of cause and significance and for advice and assistance in management.

On own cognizance, calls on the more restricted and more specialized skills of sub-specialists in cardiovascular field in selected cases such as application of the By-Pass type heart-lung preparation in open heart surgery; some of the more complex arteriographic or cardiac function studies involving right and left heart catheterizations or coronary artery angiography, etc.

Level 4

Administrative Positions

Characteristic of this level is professional and management responsibility for all medical services in an average sized (500 beds) specialized hospital (one which provides diagnostic, medical, surgical and post hospital care for patients with a particular condition), which has a limited teaching program. Medical officers have responsibility for directing and coordinating activities of the medical staff, the ancillary hospital services, outpatient clinics, etc., as well as for the professional development and supervision of assigned medical personnel (medical officers and residents), for participating in the development of the course and focus of research done in the hospital, for chairing clinical conferences, for developing budget requests, etc.

Also characteristic of administrative positions at this level is responsibility for serving as assistant to the chief of a major department or service (e.g., department of medicine, department of surgery, department of psychiatry, department of pathology[7]) in a large general hospital (over

[7] These are only examples. Any and all departments regardless of specialty field of medicine are included if they meet the criteria as to scope and impact on the total hospital program.

1,000 beds) (or comparable major segment in a large psychiatric hospital) which has broad programs for research and the teaching of medical students, interns, and residents in most of the medical specialties, where the department or segment is extensive in scope, has the most intensive, active, full and difficult patient care, training and research functions, has a major impact on the total hospital or medical program, and involves progressive and imaginative professional and management programming. The department is large, active, and varied as to areas of specializations represented in organizational units of work including in many instances out-patient clinic services. For example, the department of medicine includes a number of services in specialized fields of medicine (cardiology, hematology, etc.), each staffed by a specialist in the particular field of medicine. The department provides substantially all the services available for the areas of services encompassed.

The departments in which the medical officers serve as assistants are typically in a dynamic state of development and change and require that the assistant as well as the department head make critical evaluations of established policy, concepts, and techniques; keep abreast of the latest developments in the specialty field and related fields; and institute or recommend changes.

Medical officers, as full assistants to the department heads, are required to exercise a high degree of judgment and leadership in coordinating the various segments within the department, in guiding the staff in solving difficult problems, and in promoting and maintaining effective work relationships between the department and the other medical services and para-medical services.

Medical officers are responsible for participating fully in the direction of the patient care program in their specialty and many of the cases regularly and on a continuing basis represent those of a highly complex or controversial nature and present highly difficult diagnostic or therapeutic problems. They guide, instruct and train residents in the specialty and instruct and train other resident physicians and interns in the aspects of the specialty which pertain or relate to their specialties. They participate in the management of the training program for the department.

In the capacity of alternates to the department head, medical officers may represent the hospital and participate in local and national meetings of medical societies and associations where such representation in the specialty is desirable or necessary.

Medical officers at this level typically serve under the department head and the medical director of the total hospital program. They secure professional consultation on the more difficult, borderline, and highly controversial cases in their specialty. They are responsible for reporting on problems of an administrative nature or of professional policies with recommendations for action.

-- or --

Also characteristic of administrative positions at this level is professional and management responsibility for the direction of major segment (e.g., a department or equivalent segment in a psychiatric hospital) in a hospital similar to that described immediately above, but where the

segment or department is of smaller scope and does not have the most intensive, the most active, the fullest, or the most difficult patient care, training, and research functions.

Nonsupervisory Positions

Positions at this level are characterized by very difficult individual work and/or consultative responsibility of a high level of professional competence. The advice and decisions of incumbents have considerable significance within a hospital, organization, or other type of medical or health facility or program. Incumbents have particularly outstanding, authoritative, broad and intensive knowledge of their specialty area. They are recognized for and exercise a high degree of professional leadership in their specialty area. They may, in certain positions, be looked to for advisory service in their specialty by members of a community or organizations within a wide geographic area.

Typical examples of assignments include, but are not limited to the following:

Medical Officer (Cardiovascular Disease)

The incumbent serves as Chief Cardiologist in a large hospital which has highly specialized equipment and facilities and which conducts extensive teaching programs. He also serves as a consultant in cardiology on cases of a most unusual or controversial nature in the hospital as well as to laboratories and clinics engaged in specialized cardiac work or work with specialized categories of patients. He is responsible for advising on or performing the most advanced cardiac diagnostic and treatment procedures, such as cardiac catheterization, cardiac output measurement, etc. He also conducts, or directs the conduct of, research studies in his specialty and trains interns, fellows, residents, and medical students in clinical cardiology, cardiopulmonary physiology, electrocardiography, phono-cardiography, and in specialized diagnostic techniques. The incumbent's recommendations carry the weight of a "top authority" in the field of cardiovascular disease.

PART II, MEDICAL OFFICER POSITIONS IN THE SPECIALIZATION OF PREVENTIVE MEDICINE - OCCUPATIONAL MEDICINE[8]

COVERAGE

Occupational Medicine is one of several subspecializations of the broader specialization of Preventive Medicine. Preventive Medicine includes such other subspecializations as Public Health and Aviation Medicine. The following standard directly covers only positions in the subspecialization of Occupational Medicine. It may, of course, be used as a basis for cross-comparison in evaluating positions in the other subspecializations of Preventive Medicine.

Occupational Medicine involves application of professional medical knowledge in programs provided by management to deal constructively with the health of employees in relation to their work.

The objectives of occupational health programs are:[9]

1. To protect employees against health hazards in their work environment;

2. To facilitate and insure the suitable placement of individuals, according to their physical capacities, mental and emotional make-up, in work which they can perform with an acceptable degree of efficiency and without endangering their own health and safety or that of their fellow employees;

3. To assure adequate medical care and rehabilitation of the occupationally ill and injured; and

4. To encourage personal health maintenance.

EXCLUSIONS

1. Positions which involve performance of work as defined above in relation to employees engaged in aviation activities (e.g., pilots, air traffic controllers, etc.) are classifiable to the Aviation Medicine specialization rather than to the Occupational Medicine specialization.

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[8] This Part defines Occupational Medicine, provides introductory material concerning the specialization, and provides grade-level criteria for positions in the specialization of Occupational Medicine.

[9] From a statement developed by the Council of Occupational Health.

2. Positions which involve performance in an occupational health program, of medical work which does not involve application of the specialized knowledges and concepts of the field of Occupational Medicine are classifiable to the appropriate medical specialization. For example, general practitioners or specialists in various fields of clinical medicine may be employed to treat occupational injuries or illnesses of employees (as they might treat any patient) without the work requiring the specialized knowledges and considerations of occupational medicine. (See further discussion under Distinctions Between Occupational Medicine and Other Medical Specializations in Occupational Health Programs.)

INTRODUCTION

Nature of Occupational Medicine

Occupational health programs are established by management not only to prevent occupational disease and injury to the maximum extent possible, and to treat and rehabilitate employees who suffer occupational illness and injury, but also in recognition of management's interest in the benefits to production which result from maintaining the optimum health of the work force, and from proper placement of employees in relation to their physical capacities, mental and emotional make-up.

Thus, the primary emphasis of occupational medicine, and the major feature which distinguishes it from medical specialities, is the overriding concern with the preventive aspects of medicine as applied to the worker and in relation to the work environment. This preventive concept applies to the development of programs and activities to encourage employees to maintain sound personal health generally, as well as to programs and activities relating to the control of occupational health hazards, and to the proper placement of employees in relation to health and physical factors.

Occupational medicine draws together the knowledges and techniques of industrial hygiene and safety engineering, occupational health nursing, and health education. It involves application of some of the principles, practices and findings of chemistry, physics, engineering, and the biological sciences. It requires competency in the general practice of medicine and frequently involves such medical specialties as dermatology, toxicology, epidemiology, physical medicine and rehabilitation, and clinical pathology.

In addition, occupational medicine requires knowledge of the characteristics of the jobs of employees serviced; the organization, structure and mission of the installation or office; the supervisory and management philosophies and environment in the organization served; the employees, the work procedures, equipment, machines, materials, etc., which are used; and of the environmental health hazards which exist, the pathological changes they may produce, and the medical or engineering methods necessary for their control; the characteristics of the community and its resources from which the employee force is drawn; and the cultural factors which may influence the health of the employees, as well as economic and climatic factors which may affect the health of the employee force.

In addition to the overriding concern with the preventive aspects of medicine, occupational medicine differs from most other branches of medicine in its special requirement for promoting understanding of its purposes and benefits, and for obtaining cooperative action from management, employees, and the medical profession in the community in the achievement of its goals. Success of an occupational health program requires the understanding and support of top management; a close coordination of activities with those of the personnel office, the safety program, the manpower and management analysis programs, etc.; the cooperative understanding of employees and employee organizations, and coordination with physicians in the community and community health resources.

Distinctions Between Occupational Medicine and Other Medical Specializations in Occupational Health Programs

As indicated above, the fact that a medical officer works in an occupational health program is not, of itself, a conclusive indication that the position should be classified in the specialization of Occupational Medicine. To be classified to this specialization, the position must involve the specialized knowledges and concerns which distinguish occupational medicine. These knowledges and concerns are outlined above in the discussion of *Nature of Occupational Medicine*.

In applying these considerations to specific positions, it is apparent that the positions of medical officers who head occupational health programs will normally involve the specialized knowledges and concerns of occupational medicine, and will be classified to this specialization.

It is equally clear that positions of physicians employed by an occupational health program (most commonly on a consultant or part-time basis) whose primary contribution is specialized skill in another branch of medicine (e.g., radiology, dermatology, psychiatry, etc.) should be classified to the medical specialization representing their primary skills.

The situation is frequently less clear with respect to staff physicians. The shortage of physicians qualified through training or experience in occupational medicine has frequently resulted in the employment of general practitioners or internists in occupational health programs. Such physicians may conduct preplacement physical examinations, immunizations, etc., and render emergency treatment of illnesses or injuries occurring on the job without having specialized knowledge of occupational medicine. Such positions should be classified as Medical Officer (General Practice), Medical Officer (Internal Medicine), etc., as appropriate.

It is also common, however, for such general practitioners or internists to gain specialized knowledge of occupational medicine through a combination of on-the-job training and direction, self-directed study, attendance at seminars, etc. When the incumbent has developed, and utilizes, essentially the full range of specialized knowledges and skills of the specialist in occupational medicine, the position may be appropriately classified in this specialization. Such knowledges are not typically gained without at least a year of on-the-job experience and training, under direction of a competent specialist.

TITLES

The following are authorized titles for positions properly classifiable in this specialization:

Medical Officer (Occupational Medicine) is the authorized title for all positions classifiable in this specialization that do not involve significant administrative or supervisory skills and abilities.

Medical Officer (Occupational Medicine-Administration) is to be used for positions properly classifiable in this specialization that require significant administrative and management skills and abilities. The modifier "Supervisory" should not be used with the modifier "Administration," since administrative and management skills would presume supervisory skill.

EVALUATION PLAN

The evaluation plan for Medical Officers in the specialization of Occupational Medicine is similar to that provided for Medical Officers in clinical specializations; that is, grades are based on the two primary factors of *Level of Assignment*, and *Level of Professional Development*. This section explains the primary elements in the evaluation of the Level of Assignment; provides Level of Assignment criteria; and provides a diagram of the evaluation plan to aid in assignment of grade.

Primary Elements in Evaluation of Level of Assignment

The following three elements are of primary importance in evaluating the level of assignment:

1. Nature of the work activities and work environment;

2. Range and depth of occupational health program activities; and

3. Size of the employee population served (relevant only in positions with program responsibility, such as program chiefs or assistant chiefs).

The nature and importance of these elements are discussed below. Following the general discussion, they are defined in terms of degrees. In turn, the various Levels of Assignment are illustrated by various combinations of element degrees which are typical of the various levels.

Element 1. -- Nature of Work Activities and Work Environment

Differences in the work activities and the work environment have a very significant effect on the occupational health program.

They affect the variety and scope of special knowledges required to deal with the control of hazards and to recognize and treat any resulting conditions; they affect the frequency and intensity of required physical examinations, and the refinement of resulting evaluations of physical, mental, and emotional capacities of employees; they affect the scope of required minimal program activities; and they affect the extent of educational and coordinative activities required.

For example, where work consists primarily of clerical, administrative and professional activities in an office environment, environmental health hazards are minimal. In other situations, however, such as research laboratories or industrial establishments, work activities may involve exposure to a wide range of chemical, bacteriological, or radiation agents and hazards; to severe physical stresses, such as excessive noise, vibration, heat or cold; they may involve heavy physical work, with resultant hazards of strain or injury; or they may involve situations in which almost any failure on the part of an employee may create a very high risk of injury to others.

Depending on the nature and variety of health and injury hazards present, there is an increased responsibility to insure that proper control measures are taken to minimize the hazards, and keep exposures within tolerable limits (requiring knowledge of proper control techniques, and of exposure limits, and requiring effective coordination with responsible management activities); there is responsibility for education of workers in the hazards present and in means of self-protection; there may be responsibility for frequent and thorough physical examinations to detect early signs of reaction to exposure; there are increased problems of proper placement (or reassignment) on the basis of physical, mental, and emotional capacities or reactions; and there is typically responsibility for treatment of occupational illnesses and injuries of greater severity and variety.

Element 2. -- Range and Depth of Occupational Health Program Activities

All occupational health programs involve, as a minimum, (1) identification and control of health hazards; (2) health evaluation of the prospective employee with follow-up of the placement and work environment of the physically handicapped; (3) the provision of a facility to provide at least minimal treatment of on-the-job illnesses and injuries (with the accompanying responsibility for supervising nurses, maintaining records, etc.) and emergency medical care for work-related injuries; and (4) at least a basic health counseling and general preventive program.

However, programs may vary greatly as to the scope of these activities, and may involve a substantial range of additional functions and activities.

The physical examination activity may be extended to cover examinations of employees returning from absenteeism due to illness; special periodic examinations of employees who are subject to toxic exposure or other unusual health stresses; screening examinations to detect such

conditions as diabetes, glaucoma, hypertension, heart disease, and chest pathology. The occupational health program may work closely and intensively with the personnel program in identifying and dealing with mental and emotional problems of employees, particularly through their placement in work suited to their temperament and capacities.

The extent of treatment provided will vary somewhat with the facilities available, the policies of the organization, and the frequency and severity of occupational illnesses and injuries. Non-occupational illnesses or injuries are treated only to the extent that limited treatment may allow the employee to remain on the job; for further treatment the employee is referred to his private physician. However, by mutual agreement of the medical officer and the employee's personal physician, special treatments such as injections, dressing changes, etc., may be provided to individual employees, with needed medications supplied by the employee.

The general preventive and health counseling activity may vary widely, from a minimum of consultations and referral to private physicians on an individual case basis (typically of employees who have requested first aid treatment) to a program involving a wide range of intensive health educational and promotional activities, and systematic use of screening examinations as a basis for counseling and referral.

In addition to these basic functions, which may vary in scope, occupational health programs may involve major and continuing program activities in such fields as industrial hygiene, occupational vision, mental health, hearing conservation, etc.

A highly developed industrial hygiene activity, for example, will typically involve the full-time services of one or more industrial hygienists or other technical specialists who are concerned particularly with the identification, evaluation, and control of hazards resulting from chemical, physical, and bacteriological, radiological and toxic exposures. The industrial hygienists may work either under the direction of or in close association with the Medical Officer (Occupational Medicine), but in either event the Medical Officer is responsible for medical aspects of the program. Because industrial hygiene hazards are typically a direct result of the basic activities of the establishment, and may require expensive and complex changes in engineering or work processes for their control, or require use of protective devices which employees may resist using, this area of activity involves particularly responsible contacts with management, the safety office, supervisors, and employees in order to insure reduction of hazards and adequate protection of employees.

An occupational vision program typically involves safeguarding employees from eyestrain due to defective vision, and protecting employees against eye injuries by the use of protective eyewear. It includes responsibility for recognizing and evaluating adverse effects of improper or inadequate lighting on the well-being and performance of the individual employees, and for uncovering visual defects of employees, and effecting their correction. It will typically involve establishment of visual standards for particular jobs, and coordination with safety personnel in identifying jobs which involve eye injury hazards, so that protective eyewear can be provided. The occupational vision program requires collaboration with the personnel office, the safety office, individual supervisors and employees, and typically involves supervision of one or more optometrists engaged in eye testing, and fitting of prescription ground protective eyewear.

A mental health program may involve use of the services of psychiatrists or clinical psychologists, either on a consultant or full-time basis, in giving special emphasis to such matters as placement of employees with histories or symptoms of mental or emotional disturbance, or to selections for placement in jobs which involve exceptional mental or emotional demands and stresses, and in dealing constructively with mental illnesses affecting safety and productivity. In addition, this type of program may involve the re-placement of persons who develop handicaps on the job.

Hearing conservation programs include audiometric examinations of new employees, periodic examinations of employees assigned to work in areas with noise intensities constituting a hazard, measurement of environmental noise, providing properly fitted ear protection to employees in noise hazardous areas, and contacts with employees and supervisors to assure that personnel realize the importance of wearing protective devices.

Element 3. -- Size of the Employee Population Served

This element is for consideration only in the evaluation of positions with program responsibility -- e.g., program chiefs and assistant chiefs. In such positions, the size of the employee population served represents one of the significant dimensions of the program, and, therefore, of the total responsibility of the level of assignment. Size, of course, is significant only in relation to the other program elements, i.e., the nature of the work activities and the work environment, and the range and depth of occupational health activities. This element does not deal with the responsibility, which may exist in a few positions, for planning for, and assuming leadership in, the protection of an adjacent civilian community from possible health hazards which might result from Federal activities. (See Special Additional Functions.)

Level of Assignment Criteria

1. *Coverage*

Level of assignment criteria are provided for staff type positions and for positions of chiefs operating occupational health programs. Positions at the headquarters level which involve responsibility for planning and formulating policies and procedures for operating occupational health programs at subordinate levels, or for providing advisory services to chiefs of such operating programs, are not specifically described. Such positions should be classified by general comparison with criteria in these standards, and by application of sound classification judgment. Nor are positions which serve as assistants to chiefs of operating occupational health programs directly covered. Such positions may be classified by comparison with grade of the program chief, and in consideration of the degree to which the assistant chief participates in planning and directing the total occupational health program. In general, the position of a full assistant, whose participation extends to al, or substantially all, phases of the occupational health program, and who participates significantly in program development as well as operation, will be classified one grade below the grade of the program chief.

2. *Evaluation Plan for Level of Assignment*

Because varying degrees of the three principal evaluation elements may occur in a number of combinations, particularly in program chief positions, the most convenient presentation involves defining (below) degrees of the three principal factors, with the level of assignment statements showing the combinations of factor values characteristic of the various levels of assignments.

In addition, there are certain special functions which may occur in some positions and which may have enough weight to justify evaluation of a "borderline" position to the higher assignment level. Functions of this nature are illustrated following the degree definitions of the evaluation elements.

3. *Element Degree Definitions*

Element 1. -- Nature of Work Activities and Work Environment

For the purpose of this standard, the total range of health hazards and problems resulting from work activities and work environment is ranked in three degrees: (1) Low; (2) medium to high; and (3) extremely high. In determining the degree of health hazards and problems to be credited in evaluating the positions of a Medical Officer (Occupational Medicine), the overall character of the hazards in the activity should be considered, rather than the presence of a few positions which may involve operations presenting high health hazards.

(1) *Low* health hazards and problems are typically represented by work activities which are predominantly clerical, administrative, technical or professional in nature; which are conducted in a normal office environment; and which do not involve significant exposure to unusual chemical, radiological, bacteriological, or similar hazards. Work which involves moderate physical exertion, but which does not involve exceptional hazards to self or others, such as stock keeping which does not involve toxic, irritant, or highly flammable items is also included in this category.

(2) *Medium to high* health hazards and problems are typically represented by work activities which involve at least a substantial amount and variety of exposure to physical, chemical, bacteriological, or radiological hazards to workers. Such hazards include processes involving the use of chemicals, toxic, irritant, or flammable substances; heavy equipment handling or repair; welding; power plant operation; spray painting; testing or use of explosives, volatile fuels, pesticides, etc.; use of cranes and derricks; operations involving serious exposures to dust or fumes, or to excessive vibration, noise, heat or cold; or operations in which there are positions involving unusual responsibility for the safety of other personnel.

This degree (medium to high) of health hazards and problems is typically present in industrial establishments, marine activities, equipment testing activities, many research laboratories, etc. It may also be present in warehousing or stock keeping operations,

particularly where the work involves extensive handling of toxic, irritant or flammable substances, extensive use and handling of heavy equipment, etc.

(3) *Extremely high* health hazards and problems. -- This degree should be reserved for the situations which extend well beyond these found in most "health hazardous" Federal activities in which the problems may be varied and substantial but are, for the most part, known and recognized (typical of the degree "medium to high"). Types of situations illustrating this degree include the following:

(a) Experimental or developmental work with materials and processes whose hazards may not be completely understood or defined, e.g., toxicological hazards in missile and propellant development, or in disease chemotherapy, or disease and biological hazards in laboratories or clinics associated with research in rare and little-known virulent organisms, such as those causing sleeping sickness, Hansen's disease, newer respiratory diseases and other diseases of rare and incompletely known qualities.

(b) Situations associated with highly complex scientific research and development programs which are constantly subject to adjustment in order to meet technological advancements. Thus, experimental or developmental work involving a wide variety of new chemical agents, or hazardous chemical, bacteriological, or radiological agents would typify these examples while in their undeveloped or critical stages. On the other hand, these same examples might become less hazardous or critical according to the degree of technological improvement accomplished. The critical consideration involved in determining this degree of hazards and problems, therefore, is not the specific type of activity but rather the actual or potential hazards and problems present, and the extent to which they have medical implications which may not be fully understood.

Element 2. -- Range and Depth of Occupational Health Activities

For the purpose of level of assignment determinations, three degrees of this element -- limited, substantial, and exceptional -- are defined below.

(1) *Limited* range and depth of occupational health activities. -- This degree applies to programs which provide the minimum elements of: (a) preplacement physical examinations, with follow-up of the placement and work environment of the physically handicapped; (b) the provision of a facility for moderate treatment of on-the-job illnesses and injuries (with the accompanying responsibility for supervising nurses, maintaining records, preparing administrative reports, etc.); and (c) a basic health counseling and general preventive program. Health counseling is done primarily on an individual case basis, as employees seek emergency treatment or medical counsel. Physical examination activity may extend to examinations of employees returning from absenteeism due to illness or injury; the preventive program typically includes some activity with respect to health education (occasional showing of movies, or circulation of informational material designed to promote personal health maintenance); occasional immunization programs; and/or some activity with respect to voluntary physical screening examinations.

However, the preventive and counseling program is not characterized by the diversity and intensity typical of the next higher degree.

(2) *Substantial range* and depth of occupational health activities. -- In addition to the basic activities described above, this degree is characterized either by very broad and intensive activities in the physical examination, health counseling and preventive areas, or by moderately broad and intensive activities in these areas coupled with responsibility for organized programs in one or more of such areas as industrial hygiene, psychiatry or clinical psychology, occupational vision, and hearing conservation.

Broad and intensive activities with respect to physical examinations, health counseling and preventive areas would involve a substantial number of such program activities as: a regular program of periodic examinations of employees subject to toxic exposures or unusual health stresses; a highly developed program of screening examinations to detect such conditions as diabetes, glaucoma, hypertension, heart disease and chest pathology; active collaboration with the personnel office in a program to improve in-service, as well as initial placement with respect to physical, mental and emotional factors; a program involving extensive promotional and health activities, with respect to management and supervisors as well as individual employees.

Programs which fall somewhat short of this degree with respect to health examination, educational and preventive activities may nevertheless be evaluated at this degree if they involve responsibility for active, and professionally staffed functions in one or more of such areas as industrial hygiene, psychiatry or clinical psychology, occupational vision, and hearing conservation.

(3) Exceptional range and depth of occupational health activities. -- This degree is represented by a combination of both broad and intensive activity in physical examination, educational and preventive areas (as described above) and highly developed and professionally staffed program activities in two or more of such areas as industrial hygiene, psychiatry or clinical psychology, occupational vision, and hearing conservation.

Element 3. -- Size of the Employee Population Served

As stated above, this element is for consideration only in the evaluation of positions with program responsibility -- e.g., program chiefs and assistant chiefs.

Size is expressed in terms of three numerical ranges:

(1) *Small*: Up to 2,000 employees covered by the program;
(2)*Medium*: 3,000-6,000 employees covered by the program; and
(3) *Large*: 7,500-20,000 employees covered by the program.

The element of size should be applied with judgment, in recognition of the fact that numerical ranges are only an approximate and indirect expression of the program

responsibilities which typically accompany increases in size of employee population covered. Programs that fall near either the upper or lower limits of the given size ranges, or that fall within the gaps between ranges, should be carefully analyzed with regard to strength or weakness in other elements, and to determine whether special additional responsibilities which would affect the level of assignment may be present, before a final evaluation is made as to the level of assignment.

Size is ordinarily determined by counting the number of employees of the installation or activity served. A special problem arises with respect to military personnel when they are engaged in work activities which are incorporated in the responsibility of the occupational health program. If the military personnel are engaged in industrial activities served by the occupational health program, and are covered by such aspects of the program as industrial hygiene, occupational vision, and hearing conservation, partial credit may be given. Where military personnel are not covered by the occupational health program with respect to physical examinations and general health matters, credit should not ordinarily exceed a ratio of 2 military = 1 civilian.

4. *Special Additional Functions*

In addition to responsibilities covered by the three elements above, there are some special additional functions which, if present, broaden the responsibility of the program chief. Such functions, if present in a position which is near the upper limits of a level of assignment, may serve to raise the position to the next level. These functions may include:

(a) Responsibility for conduct of A.M.A.-approved one-year "Training in Industry" (In-Plant Training) programs in Occupational Medicine, which are conducted in affiliation with approved schools and given following two years of postgraduate academic training.

(b) As a regular and continuing assignment, giving advice and consultation on occupational health programs and problems to medical officers or top management at other independent installations.

(c) Planning and directing an occupational health program meeting the criterion as to an extremely high degree of potential health hazards and problems, where such program involves responsibility for consideration of the total community as well as the population of the installation.

(d) Planning and directing medical services for significant numbers of military dependents although the primary responsibility is management of the occupational health program.

5. *Definitions of Levels of Assignment*

Level 1

Incumbents of positions at this level typically function under the direction of a Medical Officer (Occupational Medicine-Administration), and serve as members of the medical staff of an occupational health program.

Duties will typically involve substantially the full range of occupational health functions, including: giving physical examinations of various types for various purposes; making placement recommendations and follow-ups with respect to physical, mental and emotional factors; treating illnesses or injuries which occur on the job; performing health counseling and educational activities; administering immunization programs; evaluating occupational health hazards, and arranging for action to be taken to effect their control, or the protection of employees; and dealing with management, various staff offices, supervisors, employees, and the local medical profession on occupational health problems which arise.

Positions at this level are most commonly found in programs which serve work environments which present a *medium to high* degree of health hazards and problems, and which involve a *substantial to exceptional* range and depth of occupational health activities. They may also be found in programs which serve work environments which present low health hazards and problems when the program involves at least a substantial range and depth of occupational health activities.

In either case, the position involves carrying out occupational health activities subject to the general planning and direction of a higher-grade Medical Officer, rather than independent responsibility for program planning, policy determination, and program administration.

Also at this level are positions of medical officers who have full responsibility for an occupational health program when the size of the population served is small, the work environment presents a *low* degree of health hazards and problems, and the program involves only a *limited* range and depth of occupational health activities.

Level 2

Positions at this level typically involve responsibility for planning and administering an occupational health program; however, a few staff-type positions may occur at this level.

Program responsibility which is characteristic of this level is represented by any of the following combinations of element values:

(1) Responsibility for planning and directing an occupational health program for a small work population when the work environment presents a *medium to high* degree of health hazards and problems, and the program involves a *substantial range* and depth of occupational health activities;

(2) Responsibility for planning and directing an occupational health program for a *medium-sized* work population when the work environment presents a low degree of health hazards and problems, but the program involves a *substantial to exceptional* range and depth of occupational health activities.

(3) Responsibility for planning and directing an occupational health program for a *small* work population when the work environment presents a *low* degree of health hazards and problems, but the program involves an *exceptional range* and depth of occupational health activities.

Staff-type positions at this level are relatively uncommon. When they occur, they typically involve responsibility for applying a highly specialized knowledge in the more complex areas of occupational health. Such positions may occur, for example, in programs involving an environment which presents an *extremely high degree* of health hazards and problems and a *substantial to exceptional* range and depth of occupational health program activities. In such cases, the incumbent would be required to apply a highly specialized knowledge in evaluating hazards which are novel, and not fully understood; in determining exposure limits, appropriate controls, and proper protection against such hazards; and in detecting early signs of pathology resulting from such hazards.

Level 3

Positions at this level typically involve responsibility for planning and administering an occupational health program. The combinations of responsibility characteristic of this level are illustrated by the following:

(1) Responsibility for planning and directing an occupational health program for a *small* work population when the work environment presents an *extremely high degree* of health hazards and problems, and the program involves a *substantial to exceptional* range and depth of occupational health activities;

(2) Responsibility for planning and directing an occupational health program for a *medium sized* work population when the work environment presents a *medium to high* degree of health hazards and problems, and the program involves a *substantial to exceptional* range and depth of occupational health activities;

(3) Responsibility for planning and directing an occupational health program for a *large* work population when the work environment presents a *low* degree of health hazards and problems, but the program involves a *substantial to exceptional* range and depth of occupational health activities.

Level 4

Positions at this level typically involve responsibility for planning and administering an occupational health program. The combinations of responsibility characteristic of this level are illustrated by the following:

(1) A program involving a *large* population in a situation where the work environment presents a *medium to high* degree of health hazards and problems, and the program involves an *exceptional* range and depth of occupational health activities;

(2) A program involving a *medium* population in a situation where the work environment presents an *extremely high* degree of health hazards and problems, and the program involves an *exceptional* range and depth of occupational health activities;

(3) A program involving a large population in a situation where the work environment presents an extremely high degree of health hazards and problems, and the program involves a substantial range and depth of occupational health activities.

Diagram of Evaluation Plan of Positions in Occupational Medicine

The diagram is to be used in conjunction with the narrative discussion of the evaluation plan.

It illustrates the basic evaluation plan and highlights the various ways in which combinations of the two factors are recognized. It points up the interdependence of difficulty and responsibility of the assignment and the professional knowledge and insights applied to assignments. It shows how various combinations of the two factors result in grade progression.

Because Occupational Medicine is, by its nature, a field of medical specialization which requires some specialty training or experience, the plan of evaluation starts at GS-12. (The introduction to the standard for Occupational Medicine discusses positions which may involve work in occupational health programs, but not represent specialization in Occupational Medicine.)

Level of Assignment (Factor One)[9]		*Level of Professional development (Factor Two)*[3]
Level 1 --Less difficult and responsible	GS-12	Level 1 --Average Typically 1 or 2 years of residency training -- or experience equivalent in breadth and intensity.
	GS-12/13[2] GS-13	
Level 2 -- Average difficulty and responsibility	GS-13	Level 2--Specialist Typically completion of full formal residency training (at least three years) required by specialty board or progressive experience equivalent in breadth and intensity[4].
	GS-14 GS-14	
Level 3 -- Very difficult and responsible	GS-14	Level 3--Senior Specialist Typically Level 2 above plus 1-2 years of experience beyond the residency training (Board eligible) -- or progressive experience equivalent in breadth and intensity. Quality resident Completion 3-4 year residency training.
	GS-15 GS-15	
	GS-15	Level 4--Expert
Level 4 -- Extremely difficult and responsible		

[9] Definitions and examples of each level are given in the preceding pages.

[2] This situation is considered to be borderline and requires particular care in determining the appropriate classification of the job. Level 1 in Level of Professional Development may often include continued training. Therefore, when there is a combination of Level 2 assignments and Level 1 Professional Development, there may be quite close supervision, which provides an inherent limitation in the scope of difficulty and responsibility of the job. Such a limitation would indicate allocation to GS-12. However, if the nature and quality of the incumbent's background is such as to allow him to perform Level 2 assignments with a normal minimum of supervision, allocation to GS-13 would be justified.

[3] Appropriate for consideration under professional development is any residency training or professional experience in medicine which is appropriate for the field of occupational medicine. This would include training or experience which has provided the applicant with knowledges, skills, & abilities that contribute significantly to the overall knowledges, skills and abilities required in occupational medicine. For example, residency training or experience in aviation medicine, dermatology, radiology, physical medicine and rehabilitation, etc., would be appropriate. In all cases, however, candidates must have had the minimum of training or experience specifically in Occupational Medicine as required by the qualification standard.

[4] Quality refers to those residents who have demonstrated superior achievement during their training. Such evaluations are based on the judgments given by the officials of the institution in which training is given. (For further discussion of "quality" see the discussion on pg. 17, Part I.)

Discussion of Evaluation Diagram

The levels in each of the factors are quite broad and cover a considerable range of difficulty and responsibility in each one. Each of the resulting grades also covers a broad range of difficulty and responsibility. This is due in part to the relatively high entrance level for the occupation (based on the length of education and training required as a minimum for medical practice) and the relatively few grades available from that point up to the top of the available grade scale. The standards provide as logical a progression of grade levels as possible consistent with the grade definitions in the Classification Act, within this fore-shortened range. (Where the level of assignment and level of professional development, either singly or in combination, appear to warrant allocation above grade GS-15, they are not included in the standards.)

The evaluation pattern is based on the fact that Level 1 in the Level of Professional Development coincides generally with Level 1 in the Level of Assignment; Level 2 with Level 2; etc. This has formed the initial basis for the grade progression. However, a certain flexibility has been built into the standards in order to recognize variations in the combinations of the two factors. As stated in the section titled Background, the current state of the art is such that the opportunity or ingenuity and the need for intuitiveness on the part of the physician is almost boundless and differences in jobs can be manifest by either the application of more advanced knowledges or by special abilities which give medical management sufficient confidence in the physician to assign him or permit him to undertake work of a higher level of difficulty.

Therefore, in recognizing the value of the combination of factors, it has been determined that those which fall in the in-between areas (e.g., as shown by the diagonal lines on the diagram) should be recognized at the higher grade. This provides that a one-degree increment in either factor will generally result in an increase in grade.[i] It also provides that recognition to appreciable increases in strengths in jobs are provided at the first point in the continuum at which one of the strengthening elements is operative. However, this does not mean that jobs which superficially meet the criteria will be automatically placed in higher grades, since the same forces which tend to give them strength, may also operate negatively if there is a lack of evidence of certain degrees of knowledge, skill or talent.

Generally, however an increase in a Level of Professional Development will typically change the total dimensions of the job sufficiently to change the grade level.

A grade increase may result from an increase in a Level of Assignment when an individual demonstrated sufficient ability and competence to permit medical management to give him assignments of greater difficulty and responsibility, notwithstanding the fact that he does not meet, in terms of the specific training or experience requirements, the degree of professional development usually characteristic of a particular level. This increment in level of assignment is tied-in directly with demonstration or expectation of a high level of professional competence and can result in an increase in grade level when the individual meets the minimum qualification requirements stipulated in the qualification standards.

APPENDIX

Definitions of Subject-Matter Specializations

Definitions of subject-matter specializations, with particular emphasis in most instances on application to the clinical functional specialization, are given below:

Anesthesiology. Determination of anesthetics to be used, considering such factors as patient's condition and operation to be performed; administration of general and local anesthetics (with coordination of administration with surgeons during operations).

Coroner. Performance of medical work in the conduct of autopsies and inquests in cases coming under the jurisdiction of a coroner.

Dermatology. Examination, diagnosis, and treatment of diseases of the skin; and/or management of dermatological services.

Family practice. Includes medical officer positions that require specialized training in the provision of comprehensive and continuing health and medical care services, e.g., diagnosis, prevention, therapy, maintenance and rehabilitation, to members of a family or comparable social unit. Medical officers in these positions provide such services and utilize and coordinate the services of other health care professionals in the management of the family's medical, psychological, and social problems. Positions in this specialization emphasize comprehensive continuing family-oriented health and medical care services. By comparison, positions in general practice emphasize episodic, remedial services. "Family practice refers to the function of the practitioner while general practice refers to the content of his practice."[ii]

General Practice. Includes medical officers performing "general practice" work or performing work requiring a knowledge of general practice. Such positions may involve performance of minor surgical procedures. To be classifiable to other specialties a position must clearly require a substantial degree of knowledge and skill obtained by specialized training or education of at least one year at the residency level or equivalent postgraduate level. Without this basic specialized training, even those positions which involve participation under supervision and control of another specialist, in the more limited phases of a specialty would retain the designation of general practice.

Internal medicine

> *General internal medicine*. Examination, diagnosis, and treatment of internal diseases; and/or management of internal medicine services.
>
> *Allergy*. Examination, diagnosis, and treatment of disorders of allergic origin; and/or management of allergy services.

Cardiovascular disease. Examination, diagnosis, and treatment of diseases and injuries of the cardiovascular system; and/or management of cardiovascular services.

Gastroenterology. Examination, diagnosis, and treatment of diseases and injuries of the gastrointestinal tract; and/or management of gastroenteriological services.

Hematology. Examination, diagnosis, and treatment of diseases of the blood and blood-forming tissues; and/or management of hematology services.

Pulmonary diseases. Examination, diagnosis, and treatment of pulmonary tuberculosis and other diseases of the chest; and/or management of pulmonary disease services.

Maternal and child health. Includes medical officer positions concerned with investigation and reporting of health and medical care needs of mothers and children; development, improvement and coordination of programs and services in maternal and child health and crippled children's fields; promotion of effective health services and standards of medical care for mothers and children; development of policies and standards for professional services; administration of health and medical care programs to meet the needs of mothers and children or administration and operation of grant-in-aid health and medical care programs.

Obstetrics and gynecology

Obstetrics. Prescribing prenatal and postnatal care; performance of deliveries in maternity cases; and/or management of obstetrical services.

Gynecology. Examination, diagnosis, and treatment of diseases and injuries of female reproductive system by surgical and) conservative means; and/or management of gynecological services.

Obstetrics and gynecology. Combination of the two fields.

Ophthalmology. Examination, diagnosis, and treatment by surgical and conservative means, diseases and injuries of the eye; and/or management of ophthalmological services.

Otolaryngology. Examination, diagnosis, and treatment by surgical and conservative means, injuries and disorders of ear, nose, and throat; and/or management of otolaryngological services.

Pathology

Anatomical pathology. Diagnosis of diseases by performance of such anatomical pathological examinations as biopsies and necropsies.

Clinical pathology. Management and evaluation of clinical laboratory functions in such subjects as hematology, bacteriology, serology, chemistry, parasitology, blood transfusion, diagnostic radioisotopes, and therapeutic chemical radioisotopes.

Anatomical Pathology and Clinical Pathology. -- Combination of the two fields.

Neuropathology. -- The diagnosis of diseases of the central and peripheral nervous system by the performance of such anatomical examinations as biopsies and necropsies.

Pediatrics. -- Examination, diagnosis, and treatment of diseases and injuries of children and/or management of pediatric services.

Physical Medicine and Rehabilitation. -- Examination, diagnosis, and treatment of disabilities requiring physical and occupational therapy and/or management of physical medicine and rehabilitation services.

Preventive Medicine

Aviation Medicine. -- Involves work in relation to medical examinations, diagnosis, and treatment of civilian flying crews and the prevention of those disorders peculiar to the flight environment.

Occupational Medicine. -- (Definition is included in Part II which covers positions in this specialization as well as those in general practice in occupational health programs.)

Public Health. -- Includes positions of an administrative nature engaged in the direct administration of a total program in public health or positions of a consultative nature in public health.

Positions in public health programs confined to a particular specialization are classifiable to that specialization.

Psychiatry and Neurology

Psychiatry. -- Examination, diagnosis, and treatment of people who are mentally or emotionally ill or suffering from personality disturbances, and/or management of psychiatric services.

Neurology. -- Examination, diagnosis, and treatment of organic diseases and disorders of the nervous system; and/or management of neurological services.

Psychiatry and Neurology. -- Combination of the two fields.

Radiology

General Radiology. -- Interpretation of diagnostic X-ray films and fluoroscopic examinations, treatment of pathological conditions with X-ray, radium, and radioactive isotopes, and/or management of radiological services.

Diagnostic Roentgenology. -- Interpretation of diagnostic X-ray films and fluoroscopic examinations; and/or management of such services.

Therapeutic Radiology. -- Treatment of diseases by application of roentgen rays, radium, and radioactive isotopes; and/or management of such services.

Surgery

General Surgery. -- Examination, diagnosis, and treatment by surgical means of diseases and injuries, and, on occasion, assistance to specialists in performing specialized surgery including thoracic, plastic, orthopedic, etc.; and/or management of surgery services.

Cardiovascular Surgery. -- Examination, diagnosis, and treatment by surgical means of diseases and injuries of the cardiovascular system; and/or management of cardiovascular surgical services.

Colon and Rectal Surgery (formerly Proctology). -- Examination, diagnosis, and treatment of diseases of the colon or rectum by surgical and conservative means and/or management of such services.

Neurological Surgery. -- Examination, diagnosis, and treatment by surgical and conservative means of diseases and injuries of the nervous system; and/or management of neurological surgery services.

Orthopedic Surgery. -- Examination, diagnosis, and treatment of diseases and injuries of musculi-skeletal system by surgical and conservative means; and/or management of orthopedic surgery services.

Plastic Surgery. -- Examination, diagnosis, and treatment by surgical and conservative means, of injuries requiring plastic surgery (surgical procedures to restore lost parts and to repair defects by grafting or transferring tissues from various parts of the body); and/or management of plastic surgery services.

Thoracic Surgery. -- Examination, diagnosis, and treatment by surgical and conservative means, of diseases and injuries of the thorax; and/or management of thoracic surgery services.

Urology. -- Examination, diagnosis, and treatment by surgical and conservative means, of injuries and disorders of the genit.-urinary tract; and/or management of urological services.

PART III, MEDICAL OFFICER POSITIONS IN THE SPECIALIZATION OF DISABILITY EVALUATIONS[10]

The definition for this specialization is as follows:

Disability Evaluation. -- This specialization includes medical officer positions the primary duties of which are to plan, organize, administer, advise on, or perform work involved in: determining, evaluating, and rating claims of physical or mental disability for compensation or other benefit purposes; reviewing decisions on such claims; and developing standards and guides to be used in making decisions on such claims. Incumbents of some positions in this specialization may occasionally conduct a physical examination of the claimant when a hearing is held in connection with his claim. However, the work is primarily accomplished through review and evaluation of medical evidence and information reported by clinical medical officers.

INCLUSIONS

Positions involving evaluations of, and determinations and decisions on, medical matters involved in claims for disability compensation are classifiable to the Medical Officer Series, GS-0602, and to this functional specialization, when the nature of the duties and responsibilities is such that the degree of doctor of medicine or doctor of osteopathy is a fundamental requirement for performance of the work.

INTRODUCTION

Claims involving questions of physical or mental disability arise under various Federal laws. The agencies administering such laws utilize the services of medical officers in reviewing these claims and in establishing medical standards and guides for making decisions on them. Programs involving evaluation of disability claims include:

1. The program of veterans benefits of the Veterans Administration, which includes primarily claims for disability and death compensation benefits and disability and death pension benefits for veterans and their dependents.

2. The disability insurance program of the Veterans Administration.

3. The program of the Board of Veterans' Appeals which primarily is concerned with making final decisions on appeals for benefits under laws administered by the Veterans Administration.

[10] This Part III defines the functional specialization of Disability Evaluation, furnishes introductory material for the specialization, and provides grade-level criteria for positions in the specialization. This standard revises and supersedes the material issued in the May 1947 Medical Officer standard for the "Rating" work situation.

4. The disability insurance system program under the Social Security Act which provides for compensation on account of disability resulting in inability to engage in substantial gainful activity.

5. The program for compensation of employees of railroads on account of disability, occupational disability, or death, and

6. The program for disability retirement of Federal employees.

NOTES ON APPLICATION OF THE STANDARD

The preponderance of disability evaluation positions are within the Veterans Administration. Within the Veterans Administration, positions are located in the compensation and pension program of the Department of Veterans Benefits and in the Board of Veterans' Appeals. Grade-level criteria have been tailored particularly to these Veterans Administration positions. However, the criteria can be used as guides in the classification of any medical officer position performing work in the disability evaluation function.

The standard provides grade-level criteria for grades GS-12, GS-14, and GS-15. It does not provide a grade-level description for GS-13 because positions at this level are few in number and are either atypical or transitional in nature.

The absence of a grade-level standard for GS-13 does not preclude classification of positions in that grade which substantially exceed the criteria for GS-12 but which do not measure up to the criteria for GS-14. Such disability evaluation positions are to be evaluated by extension of criteria and considerations discussed in this standard and by application of general classification principles.

OCCUPATIONAL INFORMATION ON POSITIONS IN THE VETERANS BENEFITS PROGRAM OF THE VETERANS ADMINISTRATION

Organizational and Functional Information

The majority of positions are located in field offices (Adjudication Division of a regional office) that have original adjudicative jurisdiction over claims matters. The positions involve responsibility for initially examining the claims, making evaluations and determinations (involving medical, legal and other matters) as to whether the claims should be denied or granted, evaluating the degree of disability, and taking signatory action as a member of the Rating Board.

At some stations the rating functions are so organized that the original examination, as well as the rating decision on all claims, is made by the Board members. These decisions involve the full range of cases.

At other stations the rating functions are so organized that cases are first screened to select those which require detailed documentation. These are referred to a formally constituted Board for consideration and decision. This screening process is based on established category criteria and not analysis of the difficulty of the cases. The remaining cases are referred to a staff of rating specialists (including Medical Officers) for decision. In this situation both the claims processed by the rating specialists and those referred to the Board represent the full range of cases. This latter work situation involves a much larger volume of claims. The cases referred to the formally constituted Boards require members to devote most of their time to deliberation and documentation of such cases. Cases processed by the staff of rating specialists are handled in the same manner as other Board decisions (i.e., requiring three-man decision); however, the nature of the majority of claims requires less deliberation and documentation than those processed by the formally constituted Boards.

At the headquarters or Central Office level, medical officers serve on the Board of Veterans Appeals, in administrative review activities and on the Disability Policy Board.

A Rating Board's membership is comprised of a medical officer and two other members who are not medical officers. As a member, the Medical Officer of the Rating Board is jointly responsible for all the conclusions reached in Rating Board decisions. Generally, a nonmedical member is designated as the chairman and has responsibility for the administrative activities of the Board without impairing the concept of equal voice of all three members in voting and deciding matters before the Board. The decision of two members of the Board constitutes the decision of the Board. If a member dissents from the majority decision, he prepares a dissenting opinion. The Adjudicating Officer or Manager may approve the majority conclusion or take an administrative appeal to the Board of Veterans Appeals.

A decision of a board at the local level can be reserved by the Central Office supervisory levels or by the Board of Veterans Appeals the decisions of which are not subject to suit in Federal or State courts, except for insurance contract claims.

At the national level, the decisions of the Board of Veterans Appeals concerning veterans benefits compensation and pension claims cases are final.

Nature of Claims

Major types of claims typical of the program are discussed below.

1. *Service-connection -- Denial or Grant*. -- In issue where the disability or injury is claimed to have been incurred in or aggravated by service in the Armed Forces, consideration must be given to (a) type and nature of disability or injury, (b) evidence as to when and the circumstances under which the disability first manifested itself or the injury occurred, (c) laws, regulations and other controlling issues or precedents applicable to the question at issue, (d) whether misconduct or line-of-duty factors are involved, (e) length and type of service rendered by the veterans, hardships incurred, stress and strain suffered, whether there was combat or hazardous service, and (f) etiological relationship of disease entities and result

of special therapies (e.g., corticosteroids), as well as gestation and incubation periods of disability and disease entities.

In issues where disability or injury is claimed or has been established as due to service and it is contended such condition is the direct or contributory cause of the veteran's death, consideration must be given to such factors as: (a) the primary cause of death, (b) the conditions previously established as of service origin, (c) any identified contributory cause or causes of death.

2. *Evaluation of disability*. -- Where service-connection is being or has been previously established, a determination of the percentage of disability to be assigned must be made. The Schedule of Rating Disabilities is used as a guide. Factors such as the following are considered: effect of the service-connected disability or injury on earning power; adjustment to the disabling impairment; disabling factors caused by nonservice-connected conditions; disabling conditions that should be separately evaluated when there is symptomatology of such a nature that it can be medically related to different conditions; and effect of treatment or hospitalization.

   The Schedule of Rating Disabilities is a comprehensive and technical guide for evaluating disabilities resulting from all types of disease and injury encountered as a result of, or incident to, military service. The percentage ratings (0% to 100%) represent, as far as can practicably be determined, the average impairment in earning capacity resulting from such diseases and injuries and their residual conditions in civil occupations. As the rating schedule prescribes ratings for broad disability areas and as symptoms will often be found falling within more than one percentage area, considerable judgment must be exercised in determining the evaluation that is equitable in the individual case.

3. *Special compensation entitlement*. -- Where service-connection is being or has been established for a disability or injury, consideration must be given to the claimant's eligibility for a special compensation entitlement authorized by law or regulation. This requires full recognition of the possibility that there may be an entitlement because of disabling impairment, particularly where borderline situations may exist such as in determining (a) loss of use, (b) need for regular aid or attendance, or (c) housebound entitlement.

4. *Pension (Nonservice-connected disabilities)*. -- In issues where pension for disability impairment of nonservice origin is claimed by reason of total disability, appropriate consideration must be given to such factors as (a) type and nature of physical or mental impairment, (b) age, (c) educational background, (d) employability, and (e) permanency of condition.

   Where pension for disability impairment of nonservice origin is being or has been established, consideration must be given to eligibility for a special pension entitlement authorized by law or regulation. This requires full recognition of the possibility that there may be an entitlement for disability impairment because the veteran is helpless or blind or so nearly helpless or blind as to require regular aid or attendance.

5. *Special determinations as precedent to entitlement*. -- In certain situations before decisions as to final entitlement can be in order, it is necessary to determine whether factors are involved relating to line-of-duty, or willful misconduct. In death claims by widowers of deceased female veterans, or claims on behalf of children over 18 years of age of living or dead veterans, permanent incapacity for self-support is a condition precedent to entitlement. This will require determination as to the physical or mental condition of the widower or the children.

6. *Special determinations subsequent to basic entitlement*. -- Special determinations which may be necessary include: Determination of testamentary capacity to execute designation of beneficiary; determination of permanent incapacity for self-support of children or of husbands of female veterans; incompetency and combat determinations; and, in cases where pension or compensation benefits are granted or changed, determination of the need for a future physical or mental examination and the time at which such examination is to be conducted, after considering the likelihood of improvement for each disability for which benefits are authorized.

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Incumbents of Medical Officer (Disability Evaluation) positions in the Veterans Administration must individually make evaluations and determinations on the legal, as well as all medical aspects of cases. However, their responsibilities for medical judgments and determinations are grade controlling. They advise nonmedical employees on the medical issues arising in cases. Incumbents apply their knowledge of medicine to the resolution of such medical issues as etiology, etiological relationships among diseases, incubation periods, endemic areas, prognosis, premonitory signs of disease, and symptomology of disease. They are required to interpret and evaluate all medical evidence, including pre-enlistment medical evidence, examinations at enlistment, medical records of diseases or injuries for which veteran was treated during service, medical examinations at separation from military service, and all post-service medical evidence. They must recognize the significance of clinical and laboratory findings in relation to diagnoses and advise nonmedical employees on such matters.

At the GS-12 level, performance of the work requires a degree of medical knowledge represented by completion of medical school or osteopathy college, internship training, and some further training or practice, to arrive at evaluations and determinations on, and provide professional advice to the nonmedical case reviewers or board members concerning, the medical aspects of cases. At the higher levels, a greater range and depth of medical knowledge and skills, acquired through further training and experience, are required in performing the work.

SPECIALIZATIONS AND TITLING

Most positions are of a generalist nature which involve work covering substantially all fields of medicine, and are titled Medical Officer (Disability Evaluation), without a subject-matter specialization modifier. The requirements for these positions are significantly different from those in the clinical "general practice" specialization. Such positions may be filled by medical officers who have a background of training or experience in one of the significant areas of work

within the broad assignment (e.g., internal medicine, general surgery, psychiatry) as well as by medical officers whose training or experience has been in general practice.

For positions not of a generalist nature, subject-matter specializations listed in the introductory portion of the basic standard for this series are to be used with functional specialization title, "Disability Evaluation." For a listing and discussion of subject-matter specializations, see the introductory portion pages 2 through 4 and the appendix following Part II, pages 53 through 57. The subject-matter specializations most commonly found in the disability evaluation function are Internal Medicine, Psychiatry, Neurology, Psychiatry and Neurology, and General Surgery. However, other recognized subject-matter specializations may be used when appropriate.

Positions involving consideration of claims at the headquarters level and positions that require development of medical guides and standards, are typically specialists in a field of medicine (this may include specialization in general practice). A disability rating schedule covers the entire field of medicine, and work on it, or on a disability rating policy, may involve one or all of these specialties.

The parenthetical modifiers reflecting the subject-matter specialization, if any, should be added to the basic title of "Medical Officer" with the functional specialization appearing second in the parenthetical modifier. For example:

Medical Officer (Disability Evaluation), see discussion above.

Medical Officer (General Surgery -- Disability Evaluation)

Medical Officer (Internal Medicine -- Disability Evaluation)

Medical Officer (Psychiatry -- Disability Evaluation)

Few disability evaluation positions are of a supervisory or administrative nature. However, where positions of this type occur, the titling guides given in the introductory portion of the basic standard (p. 4) should be followed.

GRADE - DISTINGUISHING CRITERIA

Grades of positions in this functional specialization are based on: (1) the nature, range and complexity of work, and (2) the level of responsibility (in which the concept of level of professional development is implicit).

Nature, Range, and Complexity of Work

Considered under this element are the following:

(1) The nature, range, and complexity of medical evaluations and determinations made.

(2) Person-to-person contacts.

Level of Responsibility

Considered under this element are the following:

(1) The extent and purpose of review of completed work.

(2) The scope and effect of evaluations and determinations:

-- Determinations on individual claim cases.

-- Review of determinations and making decisions.

-- Review of decisions.

-- Development of standards and guides for program as a whole.

-- Final appellate action, which is not subject to review.

The above factors are defined in the standard in terms of the organizational and work situations which are characteristic of the great majority of positions covered. However, other positions exist, or may exist, to which the described work situations do not directly apply. Or positions may exist at the National level which, while not actually members of the Board of Veterans Appeals, have a comparable level of responsibility. Such positions should be evaluated by a comparison with the characteristics of positions described by the standard at the various grade levels. In such instances, consideration may properly be given to a comparison with the level of professional development which is implicit in the responsibilities described in the standards at the various grades.

MEDICAL OFFICER (APPROPRIATE SPECIALIZATION - DISABILITY EVALUATION), GS-0602-12

Nature, range, and complexity of work

Medical Officers GS-12 are normally at the local adjudication program level. They are typically characterized by responsibility for applying professional medical knowledge in the examination and evaluation of disability claims cases representing the full range of types of claims and of types of medical and other problems. They serve as signatory medical members of a formally constituted Board and/or rating staff and are jointly responsible with other nonmedical members for conclusions reached in the rating decisions. They develop cases, worksheets, analytical discussions and make decisions in terms of issues and facts involved, and make logical application of regulations, precedents, and other instructions.

In making decisions, a medical officer at this level resolves the medical and legal questions at issue, and either signs the decisions, issues instructions concerning further development, or writes a dissenting opinion.

In a very few instances, the Rating members may recommend referral of cases to Headquarters for advisory opinions concerning the granting of benefits sought. These might, for example, include cases where members consider an evaluation under the schedule to be inadequate or excessive, or monthly compensation cases involving severe disability which the board considers total, but for which current procedure does not authorize a total rating. When the members in examining a case previously rated by a different board jurisdiction determine that a clear and unmistakable error exists in the rating previously assigned, the case must be reviewed and approved by the head or assistant head of the local adjudication program.

Contacts of Medical Officers GS-12 are primarily with others engaged in individually analyzing and developing claims cases and making rating decisions. As requested, they advise other rating specialists (who are not medical officers) on medical questions. Advice may cover such matters as: interpretations of medical evidence in the light of VA regulations, policies, and precedents; the type of medical examinations needed to develop the evidence under the particular facts of the case in question; questions on impairment of functions of the mind or of parts of the human body; and questions as to whether disabilities involved are shown to be static, or are likely to improve. As necessary, medical officers request advice from nonmedical rating specialists on the nonmedical matters involved in claims.

Medical officers may occasionally contact agency clinical medical personnel at the local program level to discuss cases with them. Such discussion or consultation is essentially a discussion between medical peers. In addition, medical members at this level may participate in hearings on cases by interrogating claimants and their witnesses on the medical aspects of the cases. Over a period of time, the work will involve contacts with physicians who have specialized in all of the various fields of medicine, some of whom are widely renowned in their field.

Medical officers, whether serving on a constituted Board or as a member of rating staff, apply their medical knowledge and experience in making determinations concerning a wide variety of medical issues which may be involved in cases. They must also, in making their determinations, apply a wide variety of laws, regulations, and issuances, and, in some cases, consider the occupational aspects of cases. Evaluations are made within a framework of guides which include a wide variety of laws, regulations, instructions, etc., (including the Schedule for Rating Disabilities) relating to claims.

Level of responsibility

Signatory responsibility is characteristic of medical officers whether they serve as a member of a constituted Board or in a rating staff. Their decisions are generally accepted as conclusive and are made in accordance with established medical knowledge and agency guidelines and precedents. Where incumbents of positions at this level are regularly assigned to a constituted

Board, the major part of their time is devoted to the deliberative aspects and extensive documentation of cases.

The head of the local adjudication program conducts staff meetings to discuss new laws, regulations, and instructions, and also to discuss controversial problems in connection with application of regulations, policies, and procedures to assure consistency of thinking in their interpretation and application.

A random sample selection of rating actions from all the various rating boards are reviewed under recognized statistical quality control principles to determine the probable quality level existing as to substantive errors affecting entitlement, judgment deficiencies in the application of laws and regulations, etc., and procedural discrepancies in decision.

MEDICAL OFFICER (APPROPRIATE SPECIALIZATION - DISABILITY EVALUATION), GS-0602-14

Medical Officer (Disability Evaluation) GS-14 positions are typically located at the national level, and are characterized by responsibility for examining and evaluating disability claims which have been referred from field Rating Boards for advice or rulings or which have reached the ultimate level of appeal. In either situation the disability claims cases require a high degree of medical knowledge and sound professional judgment. The recommendations and the medical judgments made may materially affect agency-wide medical policy concerning the adjudication of veterans benefits claims.

Nature, range, and complexity of work

Some positions involve responsibility for examining cases referred from field Rating Boards, either: (1) for advice on exceptionally complex medical issues; (2) because the case involves a potential reversal of a previous decision of another Rating Board concerning service-connection of the disability; or (3) because the Rating Board believes the case warrants a departure from established benefit schedules.

Other positions involve thoroughly examining and evaluating disability claims cases which have reached the ultimate level of appeal.

In either case, incumbents must analyze cases involving highly complex or controversial medical issues, determine the sufficiency of medical evidence, evaluate its significance in terms of applicable provisions of law and policy relating to claims, and develop a recommended decision or ruling. Also, in either case, the disability claims cases involve medical issues and theories which are similar (in nature, complexity and significance to agency policy) to those described at the GS-15 level.

Medical officers who examine cases referred from field Rating Boards must deal with the gamut of medical claims that may arise under the laws and programs pertaining to veterans benefits.

Positions which are concerned with the analysis of appeals involve a broad range of cases in a highly specialized medical field, since they are usually identified with the work of one Board Section, and the Board Sections tend to specialize by medical specialty or by type of claim. However, such specialization is offset by the complexity inherent in claims which are controversial and/or which involve complex issues that they have reached the ultimate appellate level. (See discussion in grade-level description for GS-15.)

Significant person-to-person contacts may be involved in representing the headquarters office in dealing with field offices, representatives of veterans organizations, and sometimes with members of Congress.

Level of responsibility

Positions at this level require a very high degree of medical knowledge in order to render sound professional judgments on cases of the complexity dealt with. In addition, while recommendations of incumbents do not represent final agency decisions, they are accorded very substantial weight in final rulings or decisions which commonly represent policy determinations. For example, recommendations may serve to affect agency-wide policy concerning the schedules of disability compensation to be applied to various types of physical disabilities, or they may involve policy as to the acceptance of new theories of relationships between disease entities, or concerning the symptomology of diseases.

MEDICAL OFFICER (APPROPRIATE SPECIALIZATION - DISABILITY EVALUATION), GS-0602-15

GS-15 Medical Officers (Disability Evaluation) typically serve as full members of boards which have final responsibility for decisions on disability claim appeals, or responsibility for establishing appellate or agency-wide medical policy concerning the adjudication of veterans benefits claims. Consequently, the advice and decisions of incumbents of positions at this level have great significance within the total disability evaluation program of the agency, and serve as guides and precedents for the adjudication of claims in the Board of Veterans Appeals or by regional offices throughout the nation.

GS-15 incumbents are expected to have authoritative knowledge of their specialty area of medicine, general practice or other specialization, and of the disability evaluation program of the agency. They are recognized for, and exercise a high degree of professional leadership in their specialty area (characterized by a penetrating understanding of medicine in other specialties). Such leadership includes the application of expert medical knowledge to decisions or to formulate abstractions as medical adaptations necessary under Veterans Administration law on matter which establish program precedents or which become standards, policies and guides in disability evaluation matters.

Typical examples of assignments at the GS-15 level include the following:

A. Serving as a physician member of a Board Section of the Board of Veterans Appeals.

(*Note*: The Board of Veterans Appeals is organized into a number of "Board Sections," each of which is responsible for claims which fall within a certain specialty area. With respect to claims under its purview, the Board Section's decision represents final Board action.)

Nature, range, and complexity of work

Incumbents of these positions examine and analyze cases developed by the staff of the Board Section, with a major portion of their time being devoted to consideration of, and broad deliberation on, cases presenting novel and exceptionally difficult medical aspects. Then, in conjunction with two other members who are not physicians, they reach final decisions on issues and motions involved in appeals to the Administrator from adverse decisions of offices of original adjudicative jurisdiction.

The physician member serves as a consultant to other members in evaluating and correlating conflicting medical evidence for the purpose of arriving at a sound medical conclusion on novel and exceptionally difficult cases. For example, there may be new theories of the relationship between disease entities hitherto considered entirely separate and unrelated. These theories, when and if proved and accepted by the medical profession as a whole, may have the affect of altering the basis for determining service-connection of medical conditions. Since service-connection is a basic requisite for many benefits, such changes in accepted theories may have a vital impact on thousands of veterans. The physician member of the board is responsible, on the basis of his authoritative and intensive knowledge of a specialty area, for advising the Board as to when such theories have been accepted as medical facts and when such theories have not been so accepted. To make such determinations the physician member must keep abreast of the latest developments reported in medical literature and be able to apply an authoritative, critical judgment to developments reported.

Guides include a variety of laws, regulations, and instructions (including the Schedule for Rating Disabilities) relating to claims.

The Board may conduct hearings on appeals, involving important contacts with the veteran and witnesses for the veteran including national representatives of the various veteran's organizations, nationally recognized medical specialists, and others. In such hearings, the physician member has a particular responsibility for eliciting complete information concerning medical aspects of the case, and for interpreting this information to other Board members.

Level of responsibility

The three members of the Board Section have equal voice in decisions on the appeals before the Section. Most appeals pertain to veterans benefits claims, concerning which the Board Section's decision cannot be set aside by Federal or State Courts. Claims in relation to disability insurance arise out of the policyholder's right under his individual contract, and are, therefore, subject to

suit in the Federal courts. However, the Board Section's decisions on such claims are final within the agency.

Decisions by the Board on individual cases do not establish precedents as such for the total program but often have a profound effect on future field adjudications involving similar factual situations.

B. Serving as a signatory member of the Disability Policy Board of the Veterans Administration.

Nature, range, and complexity of work

Such a position involves serving as a full member in all of the Disability Policy Board functions. These functions include: (1) preparation of inclusions, changes, and readjustments to the Schedule for Rating Disabilities; (2) conduct of study projects which may have a significant impact on the future scope of the compensation and pension program (e.g., intensive studies on a national scale to provide a schedule of supplementary awards for social unadaptability, loss of physical integrity, and shortened life expectancy resulting from a service-connected disability); (3) development of administrative issuances controlling the application of the rating schedule and fundamental rating policy; (4) formulation of rating decisions in cases where deviations are made from the schedule (extra-scheduler cases); (5) review, on request of program officials, of decisions on cases involving highly controversial questions of policy or fact and law; and (6) consultative service on medical questions to program officials, members of the Board of Veterans Appeals, the General Counsel, and others.

Recommendations for revisions to the Schedule involve considering the medical advances in specialized fields of medicine, reviewing recommendations made by outstanding medical specialists employed as consultants by the Veterans Administration, and weighing such information in the light of incumbent's knowledge of the broad reaches of medicine and the disability evaluation program. Such recommendations must be medically sound and administratively feasible. To validate such recommendations, the medical member must (a) analyze medical theories and established concepts in relation to medical adaptations necessary under Veterans Administration law and policy, or (b) analyze reports on numerous cases of the types of diseases to establish the relationships of medical factors, such as categories, symptoms, residuals, effects on social and industrial adaptability, resulting impairments of earning abilities, etc. The professional recommendation by a medical officer at this level carries great weight with the Board in making the final policy decisions as to its acceptance, and the incumbent himself is a full voting member of the Board in the final decision.

Person-to-person work contacts are primarily for the purpose of securing viewpoints and general or specialized consultation in connection with program projects or proposed changes in the Schedule from other medical officers who are employed within the agency or on a consultant basis, or from outside government and private agencies (such as insurance companies, etc.). Medical Officers GS-15 also furnish guidance within the agency and to the Department of Defense on interpretation of the Rating Schedule. The Rating Schedule is not only used by the

Veterans Administration but also by the Department of Defense in connection with disability retirements from all branches of the Armed Services.

Incumbents may also on occasion give information concerning the Schedule and the program to interested representatives of State Commissions and foreign governments.

Level of responsibility

Members of the Disability Policy Board function under the administrative direction of the Board Chairman who is responsible for providing leadership and assigning or authorizing the undertaking of projects by Board members. The medical knowledge and experience brought to bear by the medical officer member has a significant effect on the decisions made by the Board. By reason of the stature acquired by the Board in the field of rating and related matters, its opinions and determinations are generally accepted within the agency as authoritative.

Study projects undertaken by Disability Policy Board members have major impact on the future scope of the compensation and pension program. Projects in relation to changes in the Schedule for Rating Disabilities have a major impact, not only within the agency where the Schedule governs the determinations of all original and appellate rating jurisdictions, but also throughout the military services where the Schedule is also applied by disability retirement boards for military personnel.

The Board's "extra-scheduler" decisions are made on delegation of authority from the Administrator.

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i. The diagram does not provide specifically for variations in the pattern of levels of more than one increment. Judgment would have to be used in the classification of positions which would combine, for instance, Level 2 in Level of Assignment and Level 4 in Level of Professional Development. Typically, a spread of this type would come out no more than GS-14 because the level of assignment is not of the type to permit the total utilization of the knowledges, abilities and skills typical of Level 4 of the Level of Professional Development. A combination, such as Level 4 in Level of Assignment and Level 2 in Level of Professional Development, would actually be precluded by the minimum qualification requirements.

ii. Meeting the challenge of Family Practice, the Report of the ad hoc Committee on Education for Family Practice of the Council on Medical Education, American Medical Association, September 1966.