Position Classification Standard for Pharmacist, GS-0660

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SERIES DEFINITION

This series includes all positions which involve professional and scientific work in the field of pharmacy. The work typically involves the compounding of prescriptions of physicians, dentists, and other licensed practitioners; the formulation, preparation, bulk compounding, selection, dispensing and preservation of drugs, medicines, and chemicals; research and investigation in developing special vehicles or variations of standard formulas to meet the needs of individual patients and in developing original techniques of compounding and making available for use new investigational drugs; advising on drug therapy and usage; or performing administrative, consultive, or staff advisory work concerning the administration of a pharmacy program for hospital, clinic, or other medical care facility. Some positions involve the evaluation of drug proposals submitted by private industry and the surveillance of marketed drugs for safety and efficacy.

This standard supersedes the standard for the Pharmacist Series, GS-0660, issued in February 1959 and amended in June 1962 and the supplemental appendix issued in June 1962.

EXCLUSIONS FROM THE SERIES

1. Positions involving the performance of subordinate work, largely of a manual or mechanical nature in a pharmacy, are classifiable in the Pharmacy Technician Series, GS-0661.

2. Positions involving professional and scientific work in the field of pharmacology, including investigations to determine the physical and chemical properties of drugs or toxic substances and their physiological effects, are classified in the Pharmacology Series, GS-0405.

3. Positions, other than those of pharmacists, involving professional and scientific work in inspectional, investigational, and related activities in connection with Federal laws relating to the nature, adulteration, and misbranding of foods, drugs, and cosmetics are classified in the Consumer Safety Series, GS-0696. (Those positions which specifically require the application of professional knowledge of pharmacy are classified in the Pharmacy Series.)

TITLING

The authorized title for nonsupervisory positions within this series is "Pharmacist."

Supervisory positions are titled by prefixing the work "Supervisory" to the above title, as appropriate.

COVERAGE OF THE STANDARD

The kinds of positions covered by this series include those which involve professional pharmacy work relating to: (a) The operations or administration of the pharmacy services provided through Government medical care facilities; and (b) the review of manufacturers' drug proposals and surveillance of marketed drugs for safety and efficacy.

This standard specifically deals with only that group of positions which is most representative of the series and comprises the bulk of its population, namely, licensed pharmacists in the field operations of agencies which provide pharmacy services for their medical care facilities. The kinds of positions which comprise this group are:

1. Staff Pharmacist -- Nonsupervisory positions involving performance of pharmacy work.

2. Pharmacist-in-Charge -- Positions which involve responsibility for an operational segment, section, or unit of a pharmacy service in a hospital, clinic, or other medical care facility.

3. Chief Pharmacist -- Positions which involve responsibility for a complete pharmacy service at a hospital, clinic, or other medical care facility.

Note: These are not official titles. Official titles are established in the section on Titling, above.

This standard provides grade-level criteria for the typical positions in the above categories in grades GS-7 through GS-13.

Positions of assistant chief pharmacist are not specifically covered under the grade-level criteria because the criteria shown for the chief pharmacist positions may be used as a point of reference in classifying the assistant positions. An assistant chief position which involves acting for the chief and sharing his full range of responsibilities is normally one grade lower than the chief pharmacist's position.

Positions concerned with the review of drug proposals and surveillance of drugs marketed by private industry have not been described in this standard because they are relatively few in number and occur in one agency only. Still other kinds and levels of pharmacist positions are currently so few in number and tend to be so atypical, that it is not practical to write general criteria which would be sufficiently definitive to include in this standard. Such positions, including those which are in grade levels not specifically covered in this standard, may be evaluated by comparison with the criteria and considerations discussed in the standard and by the application of general classification principles.

EXPLANATION OF THE WORK

The major functional areas which comprise the total range of pharmacy work in positions covered by this standard are: clinical; consultive; teaching; research; and administrative. The clinical and consultive functions characterize the basic professional mission of a pharmacy service in a hospital, clinic, or other medical care facility. Teaching and/or research are special functions which may be included in some pharmacy positions. Administrative functions are involved in the operation and management of the pharmacy service.

1. *Clinical functions*

These basically include the selection, compounding, dispensing, and preservation of drugs, medicines, and other therapeutic agents.

a. *Selection and compounding*.-- The pharmacist is required to identify fine differences between drugs as they relate to the therapeutic efficacy of the product. Pharmacists must possess and apply a knowledge of the physical and chemical properties and characteristics of computing dosages, weighing and measuring drugs, and mixing and compounding drugs and chemicals. Pharmacists apply a knowledge of solubility behavior of substances, stability of drugs, usages of drugs, and limitations on modes of administering drugs. They also apply a knowledge of therapeutic, physical, and chemical incompatibilities in evaluating dosages and permissible concentrations of drugs, and in anticipating, preventing, and treating undesirable chemical reactions resulting in insolubility, inactivation, or precipitations.

In compounding prescriptions, pharmacists may follow established techniques or develop techniques adaptable to new and complex drugs. For example, some prescriptions which require special treatment and procedures are those calling for volatile, efflorescent, and deliquescent substances, substances reacting chemically in water, substances containing oxidizing agents, immiscible substances, and concentrations of potent substances. This may involve adding liquids to moisten mixtures; adding diluents, solubilizing and stabilizing agents; replacing liquids with an equivalent amount of the corresponding extract; and selecting proper bases and vehicles for drugs. Adding these substances when they are chemically and pharmacologically inert is part of the art of compounding.

Many requests for medications which cannot be anticipated necessitate original action on the part of the pharmacist, involving investigation, development, or extemporaneous compounding. Consequently, some assignments include responsibility for compounding work of an unusual and nonstandardized nature. For example, physicians may find standard preparations unsuitable for particular patients. Pharmacists are then asked to develop special vehicles or variations of standard formulas to meet the needs of individual patients (e.g., providing a suitable ointment base for a patient allergic to standard bases). These requests may involve problems in stability, palatability, patient tolerance, and therapeutic

effects. Pharmacists consult reference materials and formulate judgments as to suitable and effective adaptations of standard preparations. Pharmacists also may develop formulas or manufacturing processes for preparations similar to products already available commercially, but which would represent a saving or convenience to the hospital if compounded in bulk or in different form in the pharmacy.

b. *Dispensing*.-- Pharmacists are legally responsible for proper interpretation of prescriptions and the dispensing of products as prescribed. The potency of newer drugs particularly requires accuracy in dosage and identification of therapeutic incompatibilities to avoid serious injury or death to the patient. Prior to dispensing, the pharmacist must call the physician's attention to any synergistic, antagonistic, and cumulative effects, as well as questionable overdoses or incompatibilities. Even though mistakes in prescription writing may not occur frequently, prescription review must be an integral part of dispensing. If pharmacists fill prescriptions exactly as written and such prescriptions contain harmful or lethal doses, the pharmacist has a legal responsibility in addition to his professional responsibility.

Dispensing drugs also requires careful attention to labeling needs, including specifying directions for use and precautions as necessary, to assure proper protection of the contents and to the patient. Special labeling, recording, and security procedures are required when preparing such drugs as those in clinical stages of development, narcotics, antibiotics, stimulant and depressant drugs.

c. *Preservation*.-- Pharmacists specify the proper techniques and special protection needed for storage. This is particularly necessary in the storage and preservation of those therapeutic agents which may be subject to change in their chemical properties because of such external influences as light, temperature, humidity, or interaction with the container itself (as in the case of some plastics). Pharmacists must be alert to avoid any possible changes which may result in deterioration of the product, in loss of its potency, in formation of toxic products, or other undesirable results. In addition to adverse effect on patient care, deterioration of drugs results in financial loss to the hospital.

In carrying out the above clinical functions, pharmacists use the United States Pharmacopoeia (U.S.P.) and the National Formulary (N.F.) as their legal standards. Other reliable works such as New Drugs and the United States Dispensatory are available for reference purposes. Hospital formularies provide additional guidelines. Professional publications and journals, textbooks, and manufacturers' bulletins provide instructions with respect to dispensing of drugs controlled by Federal laws. These various references provide guidelines for solving ordinary problems of compounding, dispensing, and storage. However, problems usually arise in nonstandard situations, such as drugs involving clinical investigation, development, or extemporaneous compounding, which necessitate the formulation of original judgments and adaptations.

2. *Advisory and consultive functions*

The pharmacist is generally recognized by physicians and other members of the medical staff as the specialist in drug science. He/she is relied on to provide a wide range of drug information to the hospital medical staff, as well as to fee physicians and private physicians in some situations. This requires him/her to keep abreast of the latest developments affecting his field, through intensive and continual study of the professional journals, frequent attendance at professional meetings and seminars, and maintenance of continuing professional contacts in the pharmaceutical field.

His/her advice to the medical staff concerns such matters as the chemical differences between compounds, proper dosages, general administration of the drugs and medicines, toxicity, precautions, alternative medications, contra-indications, side reactions, synergistic actions, and forms of current new drugs, experimental drugs, new usages for current drugs, and comparative cost of drugs with the same or similar properties. This advice may result in changing the prescribing habits of practicing physicians.

An increasingly important advisory function concerns adverse drug reactions. Growing hazards in connection with adverse drug reactions stem particularly from: (a) Rapidly increasing development and introduction of new or relatively new drugs for which long-term experience has not yet been established; and (b) iatrogenesis, or the creation of additional treatment problems due to multiplicity of drug therapy for a patient -- particularly characteristic in treating multiple disabilities of the aged.

Through his knowledge and understanding of adverse drug reactions, and by maintaining and using appropriate control information, the pharmacist provides added checks and balances for patient safety. Pharmacies usually maintain an adverse drug reaction reporting system, by which certain drugs are identified as to manufacturer, control number, and patient using them. Many hospitals additionally require that the pharmacist maintain, and review before filling each prescription, a prescription history of each patient. From the study of such records the pharmacist is able to ascertain the individual patient's drug idiosyncracies and hypersensitivities, and to advise and assist the physician regarding interpretation of undesirable reactions to drug therapy.

The pharmacy also serves as a drug information center for the facility. Pharmacists select and disseminate to the medical staff information regarding significant new drugs and developments in the pharmaceutical, chemical, and medical fields. They may prepare bulletins, abstracts or briefs for such purposes. They also contribute to the establishment and maintenance of a working library of pharmaceutical references for the use of the medical and nursing staff as well as the pharmacy staff.

Pharmacists may also participate, as consultants on pharmacy matters, on professional committees of a hospital staff, such as committees concerned with research planning, policy formulation, and drug selection.

3. *Special functions*

a. Teaching.-- Pharmacists may contribute to the hospital's accredited teaching programs, and to indoctrination and refresher training courses. Pharmacists prepare lectures and demonstrations for the nursing staff, covering such topics as storage of drugs, drug usage, dosage forms, pharmacology, and pharmaceutical mathematics involving conversions, percentage solutions, and calculating doses. Topics such as prescription writing, biopharmaceutics, drug usage, posology, and incompatibilities are prepared for presentation at training sessions for the medical staff. At teaching hospitals, i.e., hospitals with residence and intern programs, pharmacists prepare and present lectures as part of the formal training course for those who are residents or interns in the various medical specialties as well as in pharmacy.

b. Research.-- Pharmacists may participate as pharmaceutical team members in a hospital medical research project and/or may perform pharmaceutical research. In either role, the pharmacist must have a basic understanding of the scientific method so that he/she can properly evaluate research data and design experiments that will provide data from which valid conclusions may be drawn.

As a participant in medical research, the pharmacist collaborates with the principal investigator or serves as co-investigator in planning and conducting research activities involving the use of drugs. He/she provides guidance and counsel regarding the implications and potential of certain drugs and medications and their influence on the subject of the study. During the progress of the study he may make suggestions and provide information regarding new or special compounds, formulate new dosage forms of medication, procure special supplies, maintain and coordinate information on such aspects as drug usage and costs in relation to the study.

New and investigational drugs require the pharmacist to extensively search medical and pharmacy journals for information, to interpret the information for application and to communicate it to the medical staff. The participating pharmacist maintains and provides information on the chemistry, pharmacology, posology, and toxicology of the compounds involved. He/she establishes special procedures for the controlled use of drugs in clinical investigations. His/her responsibility also embraces control of the storage, preservation, records on and distribution of these drugs. In double-blind studies, the pharmacist may have the only key to the identity of the drug being used.

The pharmacist may perform *pharmaceutical research* related to improving usefulness of preparations, developing methods for preserving medicines, improving vehicles and bases; improving taste; adjusting isotonicity, alkalinity, and acidity of solutions; and increasing therapeutic effects. When a new drug is first developed or is being initially evaluated, the pharmacist may develop new dosage forms to meet varied demands of the clinical investigator or to serve a

particular purpose. For example, drugs issued for oral or injectable use may be developed for use as ointments, drops, or other dosage forms.

Also, new drugs may be studied relative to the efficacy of similar drugs, advantages of various types of bases and vehicles, absorption of different types of internal preparations, and ease of administration of the drugs in various dosage forms. Working with new drugs often requires formulation of judgments as to their reactions and compatibilities under conditions other than those detailed in available literature.

Research activities are not confined only to drug products. Efforts are also directed to research leading to the development and utilization of operational systems, equipment, or techniques to improve pharmacy operations (e.g., the development of a new drug distribution system; increased utilization of ADP equipment and techniques for patient drug orders and stock control).

4. *Administrative functions*

The basic administrative operations of a pharmacy involve records and reports and stock control, budget analysis and forecasting, and general management functions.

a. *Records and reports and stock control*.-- Various usage and inventory control records are established and continuously maintained to aid in stock control and for pharmacy management planning and budget forecasting. Separate inventory control records are also maintained to satisfy certain legal and administrative requirements for such drugs as narcotics, alcohols, stimulants, depressants, and other drugs which are subject to abuse in use, for which special security measures are employed in storing and issuing. Similar controls and records are maintained for drugs in clinical stages of investigation.

Pharmacists use these records in compiling and analyzing data. They prepare various periodic and special reports concerning, for example, quantity and cost of expired drugs, and selected high cost drugs; and may make recommendations concerning purchasing practices, inspections, improvements in operations.

In addition to use of records in maintaining stock control, pharmacists are expected to employ all useful means to insure that adequate and evenly balanced drug stock levels are maintained to meet demands. For example, in filling ward and clinic orders, pharmacists check and, if necessary, adjust amounts of items called for in order to avoid exhausting drug stocks and to conserve expensive and scarce items. In some cases, they advise the use of alternative items. Pharmacists periodically inspect drugs in wards, clinics, and storerooms for adequacy, overstocking, arrangement, storage, proper rotation of stock, and evidence of deterioration.

b. *Budget analysis and forecasting*.-- The determination of future drug needs and of future drug expenditures involves analysis and interpretation of prescribing trends

(including prescribing habits of staff physicians and consultants) and the economic impact of new drug developments. It further involves conducting cost studies of comparable drugs used, of similar type drugs, and of costs of staff prescriptions filled; studying the comparative effectiveness and potency of various pharmaceuticals and reports concerning cost, trends, and irregularities; considering the current stock levels and usage rates (since unused stock is expensive and affects the hospital budget); anticipating future requirements for those drugs which are still in the research and introductory stages; and estimating the rate at which present drugs will become obsolete as a result of the rapid rate of introduction of new drug.

c. *General management*.-- Managerial pharmacist positions typically include such management functions as planning and integrating pharmacy policies, program planning and direction, staff supervision and development, and coordination with related services, in carrying out the pharmacy functions described in the foregoing.

CLASSIFICATION FACTORS

Part I of the Classification Factors applies to all pharmacist positions. It discusses the factors which differentiate their grade levels. These factors are: (1) The scope and complexity of the assignment; (2) the nature and extent of person-to-person work relationships; (3) and the scope and level of responsibility.

Part II discusses environment in relation to chief pharmacist positions. It is actually an integral element of the above factors. Environment is treated separately because it involves a number of considerations having a direct impact on chief pharmacist positions but only indirectly affecting the majority of other pharmacist positions.

PART I

1. *Scope and complexity of the assignment*

This factor takes into account the range (breadth, variety) and intensity of the professional technical[1] and administrative problems which characterize the work assignment as a whole. Key elements to be considered in measuring relative difficulty and complexity of the problems encountered are: the technical complexity and administrative complexity of the assignment, and the nature and extent of the pharmacist's participation in special hospital programs.

a. *Technical complexity*.-- This considers such aspects as: the range and relative complexity of the therapeutic agents typically involved in the work assignment, particularly as reflected by the diversity of medical conditions for which patients receive

[1] For editorial convenience, the term "technical" as used throughout this standard means "professional technical."

drug therapy; and the relative frequency with which complex, new, special or unusual drugs and compounds may be involved. Of key consideration is the extent to which the work involves the use of established guidelines or requires the exercise of advanced knowledge, extensive experience, or original judgment and ingenuity to resolve professional problems of a difficult or unusual nature.

b. *Administrative complexity*.-- This considers the nature and scope of the workload, and resultant scope and complexity of the administrative problems involved in the operation and management of a pharmacy or of an assigned area of a total pharmacy service. It considers the extent to which the work requires originality and ingenuity in resolving administrative problems to attain an efficient and economical pharmacy service. Of key consideration is the extent to which the work involves the use of available guidelines or requires the pharmacist to adapt, modify, or develop new guidelines or procedures.

> NOTE: This factor element only begins to emerge as a significant grade-level consideration for positions with management responsibility above GS-9. It becomes more significant as the grade levels advance. It relates particularly closely to the factors of Scope and Level of Responsibility, and Environment, below.

c. *Participation in teaching and research activities*.-- This considers the nature and scope of the individual pharmacist's assigned responsibility in teaching and research program activities of the facility. It considers the kind and relative variety and amount of programs to which he contributes (if at all), the intensity or breadth of knowledge required, the extent of his responsibilities and coordination with others, the nature of his contribution, etc. (For example: Planning the pharmacy contribution for a teaching program is more significant than lecture presentation alone. Program participation in accredited teaching programs is usually more demanding and more significant than participation in typical orientation or refresher training sessions.)

2. *Person-to-person work relationships*

Pharmacists have frequent work contacts with others. The nature, variety, and purpose of their person-to-person work relationships are affected by factors such as the type and size of the facility, special programs and services, and staff duties. This factor takes into consideration the scope of the pharmacist's contacts within the hospital with the medical and other hospital staff, with consultants, and with patients; and his professional contacts in the community as a result of certain kinds of outpatient clinic programs. It includes consideration of the nature, range, and purpose of the information and consultive services he provides.

3. Scope and level of responsibility

This factor is an integral part of the foregoing factors. It is treated as a separate factor in order to focus on elements which have not been specifically treated under the other factors but which have an important effect on grade level. These elements are: nature of the supervisory controls exercised over the position; professional authority exercised by the incumbent; and managerial and supervisory responsibilities exercised by him. These elements are spelled out under the grade-level criteria.

PART II, ENVIRONMENT

The dimensions of a chief pharmacist position are particularly affected by a combination of conditions inherent in the particular environment in which the position is located. Therefore, in evaluating such positions, *all the factors discussed above are to be considered in conjunction with the element of environment.*

As used here, environment refers to the nature and scale of medical activity of the particular medical care facility served by the pharmacy, insofar as such activity affects the pharmacy workload and operation. Typically, the medical care facility is a hospital, clinic, or both. Basic pharmacy work is similar in each. However, there may be differences in the opportunities and limitations imposed upon the pharmacy. The pharmacy workload, and the scope and type of the pharmacy services rendered in or out of the hospital proper, and the resultant technical and administrative problems to be dealt with, are a reflection of the scope of medical activity of the facility.

In evaluating the impact of environment, the primary elements to consider are the basic characteristics of the facility, expressed in terms of (a) relative size of the facility, (b) diversity of patient care, and (c) special hospital programs. These elements are included in the grade-level criteria. Added impact may result from possible additional facility characteristics. These are not specifically included as such in the grade-level criteria but are discussed further below.

A. *Basic characteristics of the medical care facility*

(Note to users:
-- The differentiations and terms used below are intended for application only with this standard. They are used here because they represent meaningful differences having particular impact on pharmacy operations.
-- The distinctions and terms reflect significant and substantial differences rather than differences of a few patients one way or another.
-- The figures shown are useful only as one indicator of the dimensions of the total responsibility of a chief pharmacist position. Therefore, no one of the facility characteristics shown below is to be used alone as an automatic indicator of the grade of the position. It is the characteristics of the work of the total position, and not the characteristics of the facility per se, which is the ultimate determinant of the grade.)

1. *Size of facility*.-- When applied to hospitals, the descriptive terms used below mean the number of operating beds and implicitly include the normal hospital-outpatient services for a hospital of the size specified. When applied to outpatient clinics, the descriptive terms refer to the approximate number of prescriptions dispensed annually.

Faculty Size	**Hospital Beds[2] or**	**Outpatient Clinic Prescriptions**
Small =	25-200	10,000-70,000
Medium-to-large =	250-400	80,000-150,000
Larger =	[3]500-800	200,000 or more

2. *Diversity of patient care*.-- The extent of diversity is reflected in the range of recognized specialty or sub-specialty fields of medicine represented on the staff, for which pharmacy service is provided. Some examples of such specialty fields are cardiopulmonary, allergy, hematology, radioisotopes, mental hygiene.[4]

-- Limited diversity is represented by the smaller G.M.& S. hospitals and some of the specialty hospitals, which generally have 5 specialty fields of medicine or less represented on the staff.

-- Moderate diversity is represented by some of the larger specialty hospitals and the medium-sized G.M.& S. hospitals, which generally have about 7 to 10 specialty fields of medicine represented on the staff.

-- High diversity is represented by some of the larger G.M.& S. hospitals which generally have about 12 to 20 specialty fields of medicine represented on the staff. These hospitals provide a highly complex and intensive type of care to patients with a wide variety of ailments.

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[2] For hospitals which also have domiciliary beds, exclude such beds from the total hospital bed count. The domiciliary beds may then be considered as a possible additional facility characteristic, under B.

[3] Include in this category those facilities in a substantially higher range but which require no more than a limited diversity of medical activity. Some neuropsychiatric hospitals have these characteristics.

[4] If further reference is needed, see Appendix to the position classification standard for the Hospital Administration Series, GS-0670.

3. *Special hospital programs.—*

a. *Teaching programs*. -- This refers to those hospitals with active, accredited programs of teaching in the various specialty fields (which may also include the field of pharmacy), involving residencies, internships, and other comparable programs such as university-affiliated student training programs. The scope of pharmacy participation tends to parallel the scope of the particular hospital's teaching activities (e.g., the large teaching hospitals have the most highly active and diversified teaching programs). However, in gauging scope, consider only those teaching programs to which the pharmacy would be expected to actively contribute.

b. Medical research programs. -- This takes into account the extent and variety of those kinds of formally approved ongoing medical research projects and programs in which the pharmacy is expected to have an active participative role.

Evaluating basic facility characteristics

The grade-level criteria specify the particular combination of basic facility characteristics which typify the different grades of chief pharmacist positions. Each grade is based on the full presence of the combination of basic facility characteristics described, as well as other factors; otherwise, there must be compensating features making for a combination of fully equivalent weight.

When a position has a combination of facility characteristics not specifically described at a grade level, it is especially important to consider the strong and weak aspects in the total position to determine the extent to which these may add to or subtract from the weight of the position. The position is evaluated in that grade which the position as a whole most nearly resembles. (The further discussion on evaluating additional facility characteristics, below, may provide help in resolving borderline cases.)

B. *Additional facility characteristics*

The medical care facility may have certain other characteristics not specifically included in the grade-level description but which may have an added impact on the pharmacy operation, significant enough to be taken into account in determining grade. It is emphasized that the presence of any one or combination of such additional facility features, as described further below, does not per se affect the grade determination. *To warrant evaluation considerations, its impact must be such as to magnify significantly the scope, complexity and variety of the work of the chief pharmacist; it must be demonstrated that the additional feature(s) appreciably affects the dimensions of the pharmacy operation and requires substantial pharmacy programming specifically to accommodate it.*

Further, to warrant evaluation consideration for a particular grade level, the additional feature must be truly additional and not already implicit in the basic characteristics set forth in the grade-level guide for that grade. Double-crediting is to be avoided.

The following points up the specific uses of this "add-on" provision in the grade evaluation:

(1) In most cases, the presence of additional features will help strengthen and confirm rather than affect the grade of a position which meets the basic criteria set forth in the grade-level guide. (For example, some of the facility features cited in the list below are inherent in rather than unique to the type of facility which characterizes the GS-13 level position.)

(2) In other cases, the use of this "add-on" provision may be helpful in resolving grade-level questions concerning (a) positions which have mixed grade-level characteristics, or (b) positions the basic facility characteristics of which fall between the benchmarks shown above.

(3) The presence of additional features may, in some situations, so substantially increase the level of difficulty and responsibility of some chief pharmacist positions which otherwise clearly and in strong degree meet the grade-level criteria for GS-11 or GS-12, that classification in the next higher grade may be warranted. This may occur when: (a) the work requires additional specific and substantial pharmacy program planning and operations to accommodate the additional features; and (b) the extent of such additional responsibility is such that, when combined with the basic characteristics and other factors of the position as a whole, the level of difficulty and responsibility of the total position is clearly equivalent to that described under the grade-level criteria for the next higher grade.

In making grade-level determinations in these situations, good judgment must be exercised. Few positions meet the grade-level criteria of standards precisely in mid-grade -- they tend, rather, to range variously from low to high within a grade. (This is particularly so for chief pharmacist positions because of the numerous variables in their environments.) Still less definitive for grade-level purposes are those positions the basic characteristics of which are of mixed grade level or borderline nature.

Before gauging the effect of the additional facility characteristic(s) on an individual position, the strengths and weaknesses of the basic characteristics and other factors in the position should be taken into account, balanced against each other, and measured against the grade-level guides. In determining the effect of the additional facility characteristics, questions such as the following need to be explored: What is the particular impact, if any, of an additional characteristic which is present in only moderate degree? In high degree? Does the presence of the additional feature(s) serve only to compensate for weak basic features? Or does this presence add appreciably to existing basic strengths -- with an impact significant enough to move the position higher within the grade range, but not

enough to move it significantly beyond? Or is the impact so significant as to result in a total position which clearly equates to the criteria for the next higher grade?

Some examples of additional facility characteristics are discussed below:

1. *Outpatient clinic service*.-- (This is distinct from the pre-admission, post-admission type of outpatient service within the hospital environment.)

a. *Combined responsibilities*.-- This refers to those positions of chief pharmacist whose responsibilities include an outpatient clinic service in addition to responsibility for the pharmacy service for the hospital proper. It warrants additional evaluation consideration only if the outpatient load involves a significant and substantial volume and scope of added pharmacy service. It meets this requirement in moderate degree when the clinic load at least meets the criteria specified earlier above for clinics of "medium-to-large" size. It is of a considerably higher degree of significance when it meets the criteria for "larger" clinics.

b. *Additive services*.-- This refers to selectively developed programs of patient care, which may be added to the outpatient clinic service. (Examples are fee-basis programs involving outside doctors and pharmacists participating in the program; aid-and-attendance; community home nursing care.) Diversity of such additional services, if in full range and substantial enough, complicate the overall clinic operation.

2. *Hospital patient turnover*.-- A rapidly changing patient population results in a greater utilization of pharmacy services. Patient turnover has a moderately significant impact on pharmacy operations in those hospitals where the majority of patients stay only for a short term (i.e., days or a few weeks rather than months or longer), although there is still a substantial group of long-term or chronic patients. The turnover impact has a high degree of significance for pharmacy operations in those hospitals which have few, if any, long-term or chronic patients.

3. *Hospital-outpatient service*.-- (This refers to non-hospitalized patients of the hospital proper, as distinct from clinic outpatients; e.g., those cases involving pre-bed and post-hospitalized care, trial visits, halfway house, etc.) This characteristic may complicate the pharmacy work-load if the hospital care provided these patients extends significantly beyond the range and amount of care normally associated with a hospital of that particular size and kind, and if it results in an added, large, well-established program of patient care.

4. *Special diagnostic and treatment facilities*.-- This refers to the presence of special hospital facilities or clinics to render special diagnostic and treatment services to groups of hospitals, and/or centralized services, such as Tumor Center, Allergy Center, Burn Center, etc. These generally expand the pharmacy contribution to institutions other than the one in which the position is located. Evaluation consideration of added impact is warranted if it is demonstrated that pharmacy servicing of the special medical activity has

been so substantial as to require the pharmacy to add a specific planned, continuing program of service for such activity.

5. *Organizational structure*.-- Facilities which present problems significantly complicating pharmacy management, such as two geographically-separated hospital and treatment centers, warrant further evaluation consideration.

QUALIFICATIONS REQUIRED

All pharmacists must possess a degree in pharmacy, have 1 year of internship in pharmacy, and be licensed by a Board of Pharmacy to practice pharmacy. In addition, pharmacists must keep continually abreast of new developments in the fast-moving drug field and be aware of emerging patterns, systems, and techniques in pharmacy practice which may be applied to their hospital pharmacy practice. Pharmacists in positions covered by this standard must also be able to communicate effectively with others and exercise a high degree of tact in coordinating with and advising other members of the hospital staff, and in their various other professional contacts and in dealing with patients.

The knowledges, skills and abilities required for performance in the specific functional areas have been indicated in the functional statements earlier above. The differences in the extent to which these skills, knowledges and abilities are required are reflected in the classification factors at the various grade levels.

GRADE LEVEL CRITERIA

Note to users of this standard:

A wide variety of possible combinations of factor characteristics exists for pharmacist positions, particularly in grades above GS-9. Because it is not feasible to cover all of them, the grade-level criteria in this standard represent only those combinations of characteristics which reflect the more typical situations and can best serve as benchmarks. For other situations, the use of these criteria, aided by good classification judgment, should guide the users in determining such questions as whether the strong features of one or more elements in a position sufficiently compensate for any of the weak features, etc.

PHARMACIST, GS-0660-07

This is a level which involves professional work of a limited range of difficulty and complexity. Typically, it serves as the entry and development level for licensed pharmacists whose professional training and experience is less extensive than that required for appointment to the GS-9 level.

Scope and complexity of the assignment

As part of his preparation for higher level work, the pharmacist in GS-7 independently performs clinical pharmacy functions limited to those drugs and other therapeutic agents which typically are of an established, standardized, or relatively uncomplicated nature, and for which available guidelines and references are readily applicable. The functions typically include drug selection, compounding, and dispensing. He/she receives guidance in the performance of advisory functions, and of clinical functions when they pertain to the more complicated drugs

The pharmacist at this level participates on occasion as trainee in various intra- and extra-service training programs. The training he receives is geared to the needs and special requirements of the hospital pharmacy (e.g., prepackaging, bulk compounding, outpatient dispensing). On occasion he participates as a lecturer in training sessions which typically are for the paramedical staff; and the subjects he presents are those involving well-established techniques and principles (e.g., sterile techniques). He/she may also assist in the development of higher level training programs by reviewing the professional journals, evaluating and abstracting pertinent information to provide supportive background material.

He may receive training and guidance in the conduct of research and clinical investigational studies, and in product formulation and development.

He also receives orientation in budget projection, inventory control, and cost analysis.

As directed, he compiles drug information and maintains appropriate references.

Person-to-person work relationships

At this level, the pharmacist's personal work contacts are primarily within the hospital or other treatment facility. Contacts include, to a limited extent, physicians, nurses, other hospital staff, and patients. The pharmacist deals with them when responding to requests for information and when dispensing drugs. The pharmacist at this level does not personally resolve any questions involving complex or critical matters.

Scope and level of responsibility

Supervisory control over the work is exercised by a pharmacist of higher grade. The supervisor provides general instructions in the administration of the clinical functions, and detailed supervision on all matters outside the range of incumbent's area of independent performance. He/she receives orientation and training in duties pertaining to administration, education and research.

Legal responsibility for the clinical work performed independently is present at this level. The pharmacist in GS-7 is expected to exercise good professional judgment in interpreting prescriptions and compounding medicines in accordance with established guidelines. Such work is periodically evaluated for conformance with professional standards.

As the pharmacist satisfactorily progresses in those aspects of the work for which he/she receives guidance and training, supervision is gradually lessened until the pharmacist is ready to function at the next higher level.

PHARMACIST, GS-0660-09

Scope and complexity of the assignment

This is the level for independent performance, by a licensed pharmacist, of a normal range of clinical assignments, i.e., those of moderate scope and complexity. Also included is responsibility for the independent development and preparation of special formulas for prescription-dispensing. Some positions at this level may also have immediate responsibility for a facet of a program of limited scope (e.g., serving as prepackaging requirements coordinator for inpatient dispensing programs). However, when they occur, administrative problems at this level are of very limited range.

The Pharmacist GS-9 independently carries out clinical pharmacy functions of drug selection, compounding and dispensing which, at this level, involve a relatively varied range of therapeutic agents. They pose problems which are sufficiently complex and occur with sufficient frequency to require the application of a comprehensive knowledge of a wide range of drugs, as well as knowledge of hospital procedures and the techniques employed in the hospital pharmacy. Some of the problems stem from the vast number of new therapeutic agents being developed. Other problems are related to the clinical, chemical and therapeutic applications of the drugs. The pharmacist has to resolve many problems in the area of biopharmaceutic effectiveness. Problems concern solubility, stability, incompatibility, etc. The drugs to be dispensed may also present problems in dosages because numerous conditions are treated with varying dosages, and the condition of the individual patient is a factor as well. Special formulas for prescription-dispensing involve problems introduced by the complexity of compounding, the potency of the drugs, and the costs involved.

Incumbent provides information and consultive advice to the prescribing doctor on contra-indications and side effects. He/she suggests alternative medications to avoid incompatibilities, alleviate side effects, overcome potentiating drug combinations and prevent antagonistic reactions. He/she may also suggest and develop ways to improve the palatability of a drug.

The GS-9 pharmacist may participate to a limited extent in hospital programs involving applied research. For example, he/she may dispense investigational drugs in accordance with the protocol established for the study of the particular drug; may also participate in basic intra-service research projects, such as the development of medication forms.

The Pharmacist GS-9 actively participates in inter- and intra-departmental hospital training programs for such groups as medical and dental interns, nurses, and pharmacists; may prepare and deliver the pharmacy presentations on topics requiring more generalized professional

knowledge (e.g., toxicology, pharmacology, drug metabolism, drug excretion), and involving interpretation of hospital pharmacy policies and procedures.

Person-to-person work relationships

Personal work contacts of the GS-9 pharmacist within the medical care facility are for the purpose of providing information and consultive advice to the medical and allied professional staff, regarding the chemical, biological or comparative therapeutic properties of those drugs within his wider range of responsibility. Contacts also include the facility's administrative staff, usually concerning matters of pharmacy procedure. Contacts may also extend to the community, as in the case of fee-basis and aid-and-attendance programs which involve dealing with doctors and pharmacists in private practice in the community; the Pharmacist GS-9 advises them regarding such matters as the particular program requirements and dispensing procedures peculiar to the hospital pharmacy.

Scope and level of responsibility

General supervision is exercised over the position by a pharmacist in a higher grade. Except in very complex or unusual cases, the pharmacist in GS-9 is expected to perform his professional work independently. Legal responsibility for the clinical work performed independently is present at this level, as at all successive levels. The work is evaluated periodically as to quality and productivity.

The pharmacist may receive training in the total operational activities of the pharmacy. As part of this training, he/she may carry out specific phases of assignments relating to such staff activities as budget forecasting and educational program planning.

In some positions, supervision over the work of a pharmacist in a lower grade or a pharmacy assistant may be present, however, this is not normally a significant factor at this level.

PHARMACIST, GS-0660-11

SUPERVISORY PHARMACIST, GS-0660-11

This level is represented by three types of pharmacist positions, as follows:

(a) The Staff Pharmacist who is a recognized professional authority and whose assignments predominately involve complex problems of broad scope or highly specialized nature.

(b) The Pharmacist-in-Charge of a complete segment of a relatively large pharmacy service, involving problems ranging from a moderate to high degree of complexity.

(c) The Chief Pharmacist for a pharmacy serving a small medical care facility with a limited diversity of patient care.

These three types of positions are discussed under their respective headings below.

STAFF PHARMACIST, GS-0660-11

Scope and complexity of the assignment

Typically, the staff pharmacist in GS-11 serves as either:

(a) A specialist whose assignments require the application of advanced, intensive knowledge of his field of specialty, characteristically gained through advanced education or specialized training in a complex area of specialization (an example is hemodialysis, or a centralized intravenous additive program, or a comparable patient-care program);

or

(b) A generalist whose assignments require extensive experience in and the application of broad knowledge of the manifold aspects of the total pharmacy operation. General, across-the-board knowledge rather than intensive specialty knowledge characterizes this type of position.

In either case, the continuing functions of a staff pharmacist at this level involve providing authoritative professional guidance on problems of difficult, complex, or unusual nature. What is described in the following paragraph is illustrative of the level of problems which characterizes both kinds of staff pharmacist positions.

The range of drugs and other therapeutic agents involved at this level of staff pharmacist is broader and the related clinical functions considerably more complex than at GS-9. The GS-11 level includes responsibility for the development of special formulas, extemporaneous compoundings and special preparations, which are not a normal continuing responsibility of the GS-9 level because they require special knowledge in a specific area, or lack precedent or official guidelines, or involve special requirements and procedures. (Examples are the development and preparation of sterile products such as allergenic extracts, injectable parenteral solutions, irrigating solutions, ophthalmic and otic solutions; preparation of investigational drugs for dispensing; extemporaneous compounding of other pharmaceutics.) The staff pharmacist in GS-11 also provides authoritative advice to other pharmacists and to the medical staff on any aspects of such special preparations. He/she also serves as the authoritative consultant and advisor on known and potential effects concerning the use of new drugs, those drugs in an investigational and/or clinical evaluation status, or other drugs which do not yet have approval for general use.

GS-11 pharmacists may also serve in a pharmacist-consultant capacity on treatment and diagnostic teams, including visiting with team members to the patient's bedside.

Staff pharmacists in GS-11 may also actively participate in ongoing medical research and/or teaching programs of the hospital. The work of the specialist in particular tends to involve active teaching and/or research in the specialty area with which the incumbent is associated. The overall nature of the work of the generalist usually involves more operational responsibility so that he may be less actively engaged than the specialist in such special programs. In either case, however, when such program participation occurs, the incumbent has an active role in planning and implementing such programs, as follows:

a. *Research*.-- Program participation in medical research particularly requires that the incumbent be thoroughly conversant with and serve as an authoritative consultant on the latest developments concerning therapeutic and diagnostic agents under clinical evaluation and investigation. Incumbent shares with the supervisor the responsibility for, and may represent him in, advising hospital planning committees in the programming and conduct of research studies on drugs; may recommend items or subjects for research study; provides pertinent drug information on the subject under study; and advises on the implication of the drugs and medications involved.

Frequently, the pharmacist assumes the immediate responsibility for conducting and supervising the pharmacy contribution to the clinical investigation of a new drug, including establishing and maintaining the necessary controls; for improving the drug's therapeutic acceptability; and for developing new and improved dosage forms for it.

b. *Teaching*.-- Participation in teaching programs at this level involves the incumbent in the active planning, coordination, and presentation of the pharmacy contribution to the teaching situation at the hospital.

The pharmacist plans and conducts lectures and demonstrations as part of the formal training courses for residents and interns in the various medical fields, as well as for preceptorships in pharmacy. The subjects which may personally cover usually require that the incumbent have considerable experience in the operation of the hospital pharmacy and/or advanced knowledge about newer problem areas. For example, the incumbent may cover such topics as hospital procedures of the pharmacy; biopharmaceutics; toxicology pertinent to the newer drug concepts; iatrogenesis. He/she may also develop orientation and refresher type training sessions on pharmacy subjects.

The staff pharmacist in GS-11, and particularly the generalist, is frequently given special assignments such as special reports, special projects, special problem-solving on any matters which may require an overall or specialized knowledge of the trends, problems and other matters affecting pharmacy operations.

Person-to-person work relationships

In addition to the kind and scope of work contacts indicated for the GS-9 staff pharmacist, work contacts at GS-11 involve, as a significant and recurring responsibility, active participation with hospital planning committees, particularly in connection with research and teaching programs.

Incumbent serves as the pharmacy consultant to, and advises and engages in cooperative planning with, key personnel in these programs; may also serve as pharmacy consultant and participant on medical diagnostic teams. Contacts also usually include residents and interns in the training programs.

Scope and level of responsibility

The GS-11 staff pharmacist works under the general supervision of a pharmacist in a higher grade. The supervisor is available for discussion, if considered desirable or necessary, as in matters affecting policy or other services. Incumbent performs technical work independently. He/she has final technical authority on all professional pharmacy matters with which he/she individually deals, except those which affect pharmacy policies and programs or are outside of the pharmacy's domain. The pharmacist is relied upon to apprise the supervisor of current trends affecting any or all aspects of the activities with which he/she is concerned, for use in forecasting and budget planning. Incumbent is relied upon to be alert to and recognize need for changes in policy and procedures and to make recommendations accordingly.

PHARMACIST-IN-CHARGE, GS-0660-11

Scope and complexity of the assignment

The pharmacist-in-charge in GS-11 has immediate responsibility for (a) the professional and administrative management of an assigned area representing a complete segment, unit, or section of a relatively large pharmacy service, or (b) a unit of a pharmacy service at a site geographically removed from the supervisor. Typically, the assigned area represents an integral support function of the pharmacy (e.g., a department in bulk compounding, quality control, or product formulation; an outpatient pharmacy section).

Incumbent supervises and/or individually performs the work of the assigned area. He/she establishes procedures, schedules the workload, and integrates the work of his area with the overall pharmacy program and with other services at the station. He/she is responsible for planning and controlling such stock levels as may be needed for his area, and for a qualitative review of his drug stocks. The incumbent is responsible for resolving the various questions and problems arising which affect his designated area. (For example, may have to resolve questions relating to interpretation of policy for new pharmacy services in his area, such as may result from a new program of increased outpatient service.)

Overall responsibility for the assigned area includes application of the same knowledge involved in the full range of clinical functions which characterizes the GS-9 level of pharmacy. However, the pharmacist he additionally has to be knowledgeable about and able to resolve the more complex problems which arise and affect his particular area of concern. Such problems characteristically require adaptations, deviations from standards or original judgments. (For example, bulk compounding involves problems of formula development and of stability, and frequently requires basic pharmaceutical research for new dosages forms to satisfy the economic and therapeutic objectives.)

Participation in special hospital program activities of education and research frequently occurs in positions of pharmacist-in-charge and is similar in kind to that indicated for the staff pharmacist in GS-11. However, it is not generally extensive in this position because of the incumbent's heavier management responsibilities.

Person-to-person work relationships

Work contacts of the pharmacist-in-charge in GS-11 are similar to those indicated for the staff pharmacist in GS-11, but generally in this position they involve continuous association with management and professional personnel of the hospital to determine the scope and nature of the pharmacy services required of his assigned area. He/she may serve as a special pharmacy consultant and advisor to such groups as the therapeutic agents committee, the hospital research committee, and the infections committee.

Scope and level of responsibility

Incumbent is under the direct supervision of the chief pharmacist or the assistant chief. Typically, the incumbent receives supervision in the form of information on desired objectives and review of program results. The incumbent performs this work independently and is relied upon generally to resolve problems and questions pertaining to his area of responsibility, except for matters requiring higher level decisions.

Positions of pharmacist-in-charge in GS-11 involve administrative judgment and commitment authority. The incumbent is assigned immediate responsibility for the economy and effectiveness of the operations in the delegated area. He/she uses records on drug usage and compoundings to determine need for supplies and stock control in his area, and to present information on usage rates and prescribing trends. The incumbent submits to the supervisor recommendations as to forecasts and budget requirements for his area, and he makes recommendations for policy, procedural and method changes and for space allocations for new equipment. Recommendations are generally accepted as authoritative for the assigned area of responsibility.

Positions of pharmacist-in-charge in GS-11 usually include supervision of several pharmacists and assistants at lower grades. However, the absence of supervision does not remove a position from this level if the program duties are comparable in difficulty and responsibility to that shown for the position of a chief pharmacist in GS-11 (e.g., responsibility for the pharmacy program at a site geographically removed from the supervisor). When present, supervisory responsibility

includes scheduling and coordinating the workload, training and supervising subordinates regarding assignments, approval of leave, discipline, etc.

CHIEF PHARMACIST, GS-0660-11

Scope and complexity of the assignment

The GS-11 chief pharmacist has overall professional and administrative responsibility for the entire pharmacy service for a small medical care facility having a limited diversity of patient care (as described in the Introduction, Classification Factors, Part II) or for a facility requiring a scope of pharmacy service which, as a whole, involves work of an equivalent level of difficulty. The facility's medical activity is of an established type and does not normally include continuing teaching and applied medical research programs. Because the pharmacy is characteristically in a fairly stabilized situation posing relatively uncomplicated problems, existing guidelines can be used without considerable variation and modification.

The basic management responsibilities of the chief pharmacist include supervising, and establishing the policies, procedures, and work schedules for, the pharmacy operations; establishing and maintaining the necessary records control systems; the purchase or requisitioning of supplies and equipment; supervising the storage and preservation of drug stocks and equipment; maintaining balanced stock controls; developing cost analyses, and forecasting and preparing budget estimates and requests.

Overall responsibility for all of the major functions indicated for the staff pharmacist in GS-9 is present in chief pharmacist positions; personal performance of any of them by the incumbent does not remove the position from this level. When more complicated action is required, such as in responding to requests for special preparations, these are usually carried out by him personally or under his close supervision.

The chief pharmacist serves as the top drug authority for the facility. Consultive, advisory, and educational responsibilities are particularly important features of a chief pharmacist position. He/she has responsibility for serving as top consultant on pharmaceutics to professional committees of the hospital. This includes responsibility for serving as secretary to the committee on therapeutic agents and providing key guidance to members of the committee in the determination of drug policy for the facility. He/she advises the medical staff on various prescribing practices which will facilitate coordinating the operation of the pharmacy with other services. He/she maintains adequate technical references and keeps the medical staff informed on new developments in drug therapy.

Since the kind of facility served by a chief pharmacist in GS-11 has few or no continuing accredited teaching programs, his educational activities are more or less limited to orientation or refresher training sessions for the medical staff. He/she plans the pharmacy contribution to and participates in the preparation of the presentations of these sessions. His research activity is

fairly limited, generally occurring in response to an individual physician's need, which may result in pharmaceutical research to meet the particular need.

Person-to-person work relationships

In addition to the kind and scope of work contacts indicated for the GS-9 pharmacist, the chief pharmacist in GS-11 has continuous association with management and professional personnel to determine the scope and nature of the pharmacy service needed. He/she works very closely with key personnel and administrative staff in planning and coordinating the total pharmacy contribution to the facility's patient care program.

Scope and level of responsibility

The chief pharmacist operates under the general direction of the chief of staff. Incumbent has complete technical and administrative responsibility for his pharmacy operation. He/she submits periodic reports to the supervisor regarding the pharmacy's activities and the needs and budget estimates for the pharmacy operation. Supervision over him consists of issuances of hospital staff instructions and procedures, and periodic inspections and reviews to ascertain program results and effectiveness of coordination with the other services of the hospital.

As chief pharmacist, incumbent is responsible for providing a balanced and efficient pharmacy service. This includes responsibility for establishing and maintaining standards of service, and maintaining maximum efficiency and economy of operations through proper organization, management and coordination. He/she makes all final decisions and commitments for the pharmacy operation, except those that are outside the framework of established agency, department, and station policies and procedures. He/she helps shape agencywide pharmacy policies and procedures by making recommendations for revision or improvements as appropriate.

The scope and nature of the pharmacy operation, rather than the presence or absence of supervision over others, are the significant characteristics of chief pharmacist positions. Therefore, the GS-11 chief pharmacist may supervise the work of one or more other pharmacists and one or more full-time pharmacist assistants and clerks, or the incumbent may be the only employee working in the pharmacy. When present, his supervisory responsibility is similar to that described for the position of pharmacist-in-charge in GS-11.

SUPERVISORY PHARMACIST, GS-0660-12

This is the level for a chief pharmacist who is responsible for a total pharmacy operation involving technical and administrative problems of considerably greater scope and complexity than that in the GS-11 chief pharmacist position. The problems stem from the relatively larger scale of operations of the medical care facility and/or the higher diversity of patient care, as well as from special program activities of the facility.

The scope and nature of the pharmacy services is representative of, or equivalent in difficulty to, that provided for a medical care facility which (as described in the Introduction, Classification Factors, Part II) is (a) medium-to-large in size, with moderate diversity of patient care; or (b) small in size, with high diversity of patient care. Also, the facility has ongoing special programs involving a moderate degree of activity in medical research and/or teaching, typically in the variety and amount associated with a facility of the scale specified. The type and scope of facility program results in the professional pharmacy operation including a moderate to high degree of frequency of clinical work of the complexity described for the GS-11 staff pharmacist position.

Pharmacy participation in the special program activities of the facility is characteristic at this level. It includes positive contribution at the program planning stages and responsibility for the pharmacy implementation. The nature of the pharmacy contribution to such programs is similar to that described for the staff pharmacist in GS-11.

Personal work contacts are similar to those in GS-11 but at this level they are increased in frequency and scope, and the problems dealt with are more complicated, frequently involving questions of policy, coordination, and similar administrative problems.

The nature of the managerial responsibilities and authority exercised at this level are basically similar to that of the chief pharmacist in GS-11. However, the work at this level is made more difficult by the frequent need for deviation from existing guidelines to cover new problems arising from the increased volume and diversity of patient care, and from the need to plan for, contribute to, and coordinate with additional programs and special services. A greater degree of originality is needed in solving a larger volume and greater variety of administrative and management problems involved in integrating the pharmacy operations with other activities of the facility, and in maintaining a balanced program.

Supervision exercised over the position is the same as in the chief pharmacist position in GS-11. Incumbent exercises supervisory control over the work of the pharmacy staff, including pharmacists, assistants and clerks, as well as over residents and interns who may be detailed to the pharmacy.

SUPERVISORY PHARMACIST, GS-0660-13

The chief pharmacist in GS-13 is responsible for large-scale pharmacy operations involving a great volume and variety of new and complex administrative problems which stem from the hospital's larger size and its broad scope of highly diversified medical activity (as described in the Introduction, under the heading Classification Factors). Characteristically, these problems require the development of new guidelines and extensive program planning to provide the needed broad pharmacy services.

The pharmacy service under a chief pharmacist in GS-13 is representative of that needed in a larger hospital having a high diversity of specializations, a highly active and diversified teaching program, and continuing research activities of considerable scope, depth, and variety (as

described in the Introduction, Classification Factors, Part II). The pharmacy service reflects full participation in the various hospital programs wherever a pharmacy contribution is appropriate.

This type and scope of hospital program results in the professional operations of the pharmacy including a very high degree of frequency of clinical work of the complexity described for the GS-11 staff pharmacist.

The basic managerial responsibilities at this level are similar to those in the chief pharmacist positions described at the previous levels; but the work at this level is a great deal more complicated than at GS-12 because of the increased volume, breadth, and diversity of problems inherent in a large-scale, diversified hospital operation. Consequently, problems of forecasting, planning, and estimating pharmacy needs, and of organizing, planning and managing a pharmacy operation are considerably greater. (For example, new consolidation efforts to combine geographically separated inpatient and outpatient programs is likely to involve changing the entire pharmacy operations, developing new budgeting approaches and new procedures, etc.)

The very high volume and diversity of needs by the facility and the scope of its special program activities necessitate that the incumbent plan for, develop and employ new ways, and develop effective shortcuts without sacrifice to quality, to render the services needed as economically and efficiently as possible.

Person-to-person work contacts with key officials, supervisory responsibilities of the incumbent, and the controls exercised over the position are similar in general nature to that in the preceding level. However, pharmacy management by a GS-13 chief pharmacist involves more complex and extensive operations than that which characterize lower levels, requiring the incumbent to operate frequently and freely with regard to a wider range of developmental, planning and coordinating activities.