**Department of Veterans Affairs**
**Washington, DC 20420**

**VA DIRECTIVE 5005**
**Transmittal Sheet**
**April 15, 2002**

# STAFFING

**1. REASON FOR ISSUE:** To issue Department of Veterans Affairs (VA) policy regarding staffing and recruitment.

**2. SUMMARY OF CONTENTS/MAJOR CHANGES:** This directive sets forth policies previously contained in numerous other issuances. No substantive changes have been made.

**3. RESPONSIBLE OFFICE:** The Human Resources Management Recruitment and Placement Policy Service (059), Office of the Deputy Assistant Secretary for Human Resources Management and Labor Relations.

**4. RELATED HANDBOOK:** VA Handbook 5005, "Staffing."

**5. RESCISSIONS:** Refer to the Transmittal Sheet for VA Directive 5001, "General Introduction and Administration."

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# STAFFING

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# PART I. RECRUITMENT/GENERAL EMPLOYMENT

## CHAPTER 1. GENERAL

**1. THE RECRUITMENT PROCESS.** Recruitment, or more specifically, *positive recruitment,* is the proper application of the elements that comprise the planned process of identifying general and specific staffing needs and of locating, attracting, and employing the best qualified available individuals. This is achieved by properly identifying and publicizing VA needs and opportunities, by developing and cultivating general and specific sources of candidate supply, and by identifying individual prospects and accomplishing the preliminaries necessary to appoint appropriate individuals. The process requires a continuous awareness of current and projected employment market conditions in order to capitalize on the availability of persons who are best qualified to perform the work of VA. It is the proper blending of publicity; employment market contacts, including schools, colleges, universities, minority group organizations and professional placement associations; knowledge of applicant supply; and aggressive efforts to seek out the best possible applicants that characterize the positive effort, rather than the routine recruitment procedure. It also requires determining and applying the proper mix of these elements in direct response to the staffing needs of VA. Some of the more common sources of candidates, and available recruitment aids, are discussed in paragraphs 4 and 5.

**2. COORDINATION OF RECRUITMENT ACTIVITIES**

a. **Recruitment Activities within VA.** For recruitment purposes, there are no clear-cut boundaries between field facilities and recruitment efforts overlap in areas where two or more field facilities are each conducting recruitment activities. Coordinated efforts, therefore, should be a common goal to facilitate certain recruitment relationships among VA field facilities in proximity to each other, as well as with educational institutions and other organizations. For example, Veterans Health Administration field facilities should coordinate their efforts within the Veterans Integrated Service Network (VISN) so that a cohesive, unified and economical recruitment effort is maintained.

b. **Recruitment Activities Sponsored by Non-VA Organizations.** VA Human Resources Management (HRM) and other officials will participate, as appropriate, in recruitment activities sponsored by such organizations as the U.S. Office of Personnel Management (OPM), Federal Executive Boards, chambers of commerce, educational institutions, and professional organizations. This participation should normally be in proportion to expected benefits to VA. VA officials who are in a position to influence the content of such efforts should ensure that VA recruitment needs are adequately represented.

**3. RECRUITMENT PLANNING**

a. **General.** An important responsibility of the HRM Officer is to anticipate the staffing needs of the installation and, in conjunction with other field facility officials, to develop plans for meeting those needs. This requires:

(1) Understanding the nature of the work done in each segment of the installation and of its relationship to the work of other segments;

(2) Understanding the knowledges, skills, abilities, and personal attributes required to do the work of the segment most effectively;

(3) Awareness of situations, conditions, and developments which indicate future personnel needs in each program; and

(4) Active participation in committees whose actions affect staffing decisions, e.g., budget, position management, equal employment opportunity, and employment of disabled veterans and handicapped individuals.

b. **Prior Determinations.** Before recruiting for a specific position, the HRM staff must determine:

(1) That an authorized position vacancy exists, or will exist, and that appropriate approval for filling the position has been given;

(2) For title 5 positions, that the position is properly classified and if any limitation exists as to the number of employees that can be supported at a given grade level;

(3) For title 38 positions, that the functional statement and credential requirements are reviewed and are current;

(4) The type of appointment and any special conditions of employment such as hours of duty, shift arrangements, time limitations, and alternate grade levels;

(5) The appropriate qualification standard and any selective certification or quality ranking factors which may be appropriate;

(6) The appropriate recruitment sources and techniques to use and whether to use them singularly or in combination. In this regard a determination must be made as to whether there exists any applicable negotiated agreement provisions which would govern the sources and techniques to be used or the sequence of their use; and

(7) That all requirements under the VA Career Transition Assistance Program (CTAP), Interagency Career Transition Assistance Program (ICTAP), and other priority consideration programs have been met. See parts III and IV of this handbook.

c. **Selection and Training of Recruitment Officials.** An important part of the recruitment planning process is the selection and training of recruitment officials. VA personnel who contact candidates for employment or officials of recruitment sources should be those best qualified for this purpose. A favorable image presented by the recruiter can be the first step in bridging the gap between interest and employment. The selection and training of recruitment officials is, therefore, of paramount importance.

d. **Recruitment Strategies**

(1) Intensive cultivation of newspaper, radio, and television outlets for news about VA job opportunities. This includes public service announcements, cable television advertising, advertisement in professional journals and on organizational and professional web sites.

(2) Use of mailing lists of professionals in the community, schools, vocational counseling offices, and particularly of professional or other occupational associations. Such organizations may be willing to circulate information to their members about VA career opportunities.

(3) Inviting students and others to indicate their vocational interests for possible future employment. When vacancies occur, facility officials will have a ready list of candidates to contact about VA employment.

(4) Careful development of institutional relationships with teachers, editors, influential professionals, etc.

(5) Preparation and strategic distribution of well-illustrated pamphlets on specific occupations or professions, medical center fact sheets, and local Chamber of Commerce brochures, etc.

(6) Periodic visits and programs directed to college/university campuses to interest students in working for VA.

(7) Maintaining impressive and informative exhibits of VA careers at conventions, state fairs, and similar events where large numbers of persons are in attendance.

(8) Sponsoring an “open house” or “job fair.”

(9) Personalized letters to applicants who are interested in employment instead of patterned or photocopied letters.

(10) Telephone contacts, particularly by officials from those facilities actively seeking candidates, demonstrate a genuine interest in the prospect and provide for an expeditious exchange of pertinent information.

(11) Paying travel expenses for pre-employment interviews and for reporting to the first duty facility, if such actions may be authorized.

(12) Maintaining contacts with branches of the military that may be discharging persons with needed skills.

(13) Regularly informing veterans service organizations about VA staffing needs and career opportunities.

(14) Encouraging follow-up contacts when recruiting for VHA mission critical positions by using promotional items of nominal value, in accordance with the provisions of paragraph 5b(1)(h) of this chapter, and MP-4, pt. V, chap. 3, paragraph 3A.13.1a.

## 4. RECRUITMENT SOURCES

a. **General.** Recruitment sources are varied and numerous. The extent to which the sources will be utilized will depend on local recruiting needs and resources. The sources described below, plus any developed locally, may be used singularly or in combination as circumstances indicate.

b. **Standard Sources.** When labor market conditions are favorable, the following recruitment sources will normally produce a sufficient number of highly qualified candidates.

(1) **Vacancy Databases**

(a) Under 5 CFR 330.707, facilities must post on OPM's USAJOBS vacancy database all VA title 5 competitive service vacancies for positions which last over 120 days and for which applicants outside VA will be accepted, unless the position is filled by an ICTAP eligible. The USAJOBS posting requirement does not apply to appointments under title 5 excepted service authorities (e.g., 5 CFR, parts 213 and 307), but does cover positions of 121 days and up filled under 5 CFR, part 316 time-limited hiring authorities, even if based on excepted appointment eligibility such as VRA under 5 CFR, part 307. Facilities have the option of posting other vacancies on USAJOBS such as those in the excepted service of title 5 or any in the title 38 excepted service.

(b) VHA's [Healthcare Retention and Recruitment Office (HRRO/10A2D) operates the VACareers Web site which links interested applicants to USAJOBS postings of VHA title 38 and title 5 vacancies, as well as other VA vacancies.]

(2) **Civil Service Certificates of Eligibles.** [Along with consideration of candidates identified through in-service placement activities] the primary recruitment sources for filling competitive service positions are certificates of eligibles obtained from a VA or other Federal delegated examining unit or an OPM services office. (Ref: 5 U.S.C. § 1104 and VA-OPM Interagency Agreement # [D]VA-1 on delegated examining) [See Appendix B of this part.]

(3) **Reemployment Priority List.** Former VA employees on the facility's reemployment priority list will be given consideration as required by 5 CFR 330.201 – 330.209 and 5 CFR 351.803 and part IV of this handbook.

(4) **Surplus and Displaced Employees.** Surplus and [d]isplaced employees of VA and other Federal agencies will be given employment consideration as required by 5 CFR, part 330 [subparts F and G] and part IV of this handbook.

[(5)] **Applicant Supply System.** An applicant supply system may also be used to maintain applications from persons having eligibility for excepted or noncompetitive appointment. Any applicable vacancy announcement requirements must be met.

c. **Other Sources.** When the above recruitment sources fail to supply a sufficient number of well-qualified candidates, other sources such as the following should be explored. Candidates identified through outside recruiting sources, such as the following, must be considered for Federal employment in accordance with applicable VA and civil service regulations, requirements and procedures, including veteran preference.

(1) **Colleges and Universities.** Through its close ties with medical and other schools, VA is associated on a day-to-day basis with these potentially productive recruitment sources. From a recruitment standpoint, professional contacts by line and staff officials with their academic counterparts are invaluable and should be cultivated and maintained. Such contacts, however, do not assure that these recruitment sources are being fully utilized. Therefore, VA field facilities will conduct a long range, general VA employment information program at local colleges and universities. Positive recruitment efforts are necessary to fully capitalize on these sources. HRM Officers should assume a leadership role in coordinating these efforts. Central Office staff officials who develop similar programs for specific positions pertinent to their functions will attempt to maintain the same alignment of local schools and field facilities. General instructions to field facilities concerning such separate programs will be coordinated with the Deputy Assistant Secretary for HRM[&LR] prior to issuance. Similarly, VA field facility officials participating in local, State, or regional college recruitment programs will, if feasible, do so in affiliation with the local schools.

(2) **Other Educational Institutions.** Appropriate efforts should be conducted at educational institutions below the bachelor's degree level. Junior colleges, trade and technical schools, and high schools may prove to be productive sources of candidates for specific local recruitment needs. To some extent, the value of these efforts must be judged in terms of long-range objectives attained through career orientation and motivation of students.

(3) **VA Employees.** One of the most productive recruitment sources for a field facility is its own employees. To capitalize on this source, responsible officials need to keep employees informed about VA recruitment needs. This may be accomplished by the use of e-mail and other electronic communication systems such as the internet and/or VA intranet (e.g., the VA Vacancy Database referred to in paragraph 4b(1)(b) of this chapter; conspicuous posting of local and VA-wide employment opportunities on employee bulletin boards; publicity in facility newsletters; and staff meeting announcements). For positions which are included in exclusively recognized units, facility management may consider seeking the assistance of the labor organization which holds exclusive recognition for that unit in the facility's recruiting effort. Employee assistance in recruitment can be encouraged by granting appropriate incentive awards, including cash awards, to those employees whose efforts result in the appointment of a candidate to a hard-to-fill position. (See VA Handbook 5017, Employee Recognition and Awards.)

(4) State Employment Services. Local offices of the various State employment services are equipped to give advice regarding labor market conditions, publicize position vacancies, and screen and refer applicants. Many of these offices are organized to provide recruitment assistance for professional occupations, as well as for skilled and unskilled workers.

(5) Outside Recruiting Assistance from Commercial Recruiting Firms and Non-profit Employment Services. Profit-making commercial recruiting firms and professionally sponsored non-profit employment services are legitimate sources in recruiting for hard-to-fill positions. The services are provided via written contract and typically include publicizing an employer's vacancies and referring resumes of any interested applicants who appear to meet the basic qualification requirements. See 5 CFR 300.401 – 300.408 and Appendix I-A for applicable regulatory and procedural requirements. Participation in professional associations' conventions and meetings, many of which feature on-site placement operations, also often pays recruitment dividends. In addition to these formal approaches, informal contacts with professional associations at the national, regional, State, and local levels are often productive. Line and staff officials can play an important role in recruitment activities of this type.

(6) Competing Organizations. Contacts with other Federal, State, county and municipal agencies and private institutions employing the same types of personnel as VA are sometimes productive  not to recruit their staff but to invite referrals of personnel who may have declined their offers or are surplus to their staffing needs.

(7) Career Days. Career days, job fairs, and other similar events can serve as productive sources. Such events are sponsored by educational institutions, chambers of commerce, civic groups, and other organizations.

(8) [Pathways Programs for Students and Recent Graduates]. This source yields [employees] who tend to be more immediately productive as they are already familiar with the working environment of VA or another Federal agency [, as applicable]. (See 5 CFR 213.[3402] (a) and (b) and section C of chapter 2, this part.)

(9) Allied Health Training. This source includes VA-funded allied health trainees, such as those established in social work, dietetic and psychology disciplines.

(10) Normally Unemployed Persons. Workers in seasonal industries within the local area may be available for off-season work in VA. Also, the possibility may be explored of obtaining services from members of the local population who normally are not employed, such as students, homemakers, and retired persons. Appropriate consideration should be given to establishing part-time positions to capitalize on the skills and motivation of such individuals.

(11) State Licensing Bodies. State licensing organizations will often furnish names and addresses of newly licensed individuals who may consider employment with VA.

(12) Special Interest Groups. Community action groups, women's organizations, fraternal societies, welfare groups, rehabilitation organizations concerned with training and placement of persons with disabilities, and similar organizations will often provide placement assistance.

(13) **Organizations Representing Minorities or Applicants With Disabling Conditions**

(a) **Minority Applicants.** A program to recruit minority applicants should include ongoing relationships with historically black colleges and universities, the Hispanic Association of Colleges and Universities, alumni associations, and other organizations involved in the placement of minority applicants [(HACU)].

(b) **Applicants With Disabling Conditions.** Efforts to recruit applicants with disabling conditions should include contacts with the local Equal Employment Opportunity specialists; rehabilitation agencies connected with State, county, municipal or private health care facilities; local, State or national offices of professional, veterans or other associations furthering employment opportunities for people with disabilities; and colleges, universities and other schools with candidates for employment in occupations found in VA.

(14) **Veterans Organizations and U.S. Military Services.** In addition to other sources listed, to reach the work-ready veteran population, including disabled veterans, information about vacancies may be communicated to Veterans Benefit[s] Administration vocational rehabilitation counselors, VA Vet Centers and veterans organizations. When feasible, recruitment contacts may also be made with military separation centers.

(15) **VA Placement Service.** [VHA's] Health Care Staff Development and Retention Office (HCSDRO/10A2D), 1555 Poydras Street, Suite 1971, New Orleans, LA 70112, maintains placement and referral services for [Title 38 full excepted service occupations and Title 38 hybrid occupations]. Those filing application forms with the VA Placement Service are referred, based on their geographic preference and specialty, to medical centers requesting lists of candidates. Applicants may obtain registration materials or additional information by calling the HCSDRO toll-free on 1-800-949-0002. VA facilities may request Placement Service referrals for a vacancy via the same toll-free number.

(16) **VA Central Office Program Officials.** When health care facilities have been unsuccessful in recruiting for vacancies, they may request informal advice and assistance from the appropriate Service Director or other appropriate program official on VA Central Office staff. Contacts should reference all pertinent information on the assignment involved. For physicians, the contact should identify the specialty, required qualifications, and intended assignment.

(17) **Supplemental Sources.** Potentially productive sources also include the public interest programs for such individuals as enrollees of Federally funded economic opportunity programs, people with disabilities, rehabilitated public offenders, and others.

(18) **VA Central Office Assistance.** The Office of Human Resources Management and Labor Relations (057) and the Office of Diversity Management and Equal Employment Opportunity (06) are available to assist in the development of recruitment programs.

## 5. AIDS TO RECRUITMENT

a. **Recruitment Incentives.** Several incentives are available for use in enhancing VA's ability to recruit, particularly for hard-to-fill positions. Plans for recruitment should capitalize on these provisions to the maximum extent necessary. Among these incentives are:

(1) **Higher Salary Rates**

(a) **Special Salary Rates for Recruitment and Retention.** Special salary rates and ranges are established under the provisions of 5 U.S.C. 5305 for certain occupations and grade levels for which there are significant recruitment or retention hindrances. (See 5 CFR 530.301 – 530.307, and VA Handbook 5007, Pay Administration.) Recruitment officials must be aware of these rates in order to conduct effective recruitment and be alert to situations which might justify requesting approval of these rates for other occupations on either a local or nationwide basis.

(b) **Above Minimum Rates for Candidates With Superior Qualifications.** Under the provisions of 5 U.S.C. 5333, certain persons may be appointed to positions at a salary rate above the minimum rate for the particular grade level on the basis of the candidate's superior qualifications. (See 5 CFR 531.203(b) and part II, chapter 3, paragraph 4 of VA Handbook 5007, Pay Administration.)

(c) Above Minimum Rates for Occupations Involving Direct Patient-Care Services. Under the provisions of 38 U.S.C. 7408(b), individual appointments above the minimum rate of the grade may be made in General Schedule and title 38 occupations which provide direct patient-care services or services incident to patient-care services. (See part II, chapter 3, paragraph 3 of VA Handbook 5007, Pay Administration.)

(2) **Travel and Transportation to First Post of Duty.** Authority exists for the payment of travel and transportation expenses for appointees to report to their first post of duty. (See 5 CFR, part 572 and MP-1, pt. II, ch. 2.) Where such expenses may be paid, this possibility should be communicated to prospective employees so that it will have the maximum favorable effect on recruitment.

**NOTE:** *Travel expenses that can be paid for new employees are limited in scope. Refer to MP-1, part II, chapter 2 before informing prospective employees. (There is a related service obligation agreement requirement.)*

(3) **Travel Expenses for Visits of College Officials.** VA field facilities may pay travel expenses of educational institution officials for the purposes of consulting with them on VA employment opportunities and on recruitment problems and techniques. VA officials should consider capitalizing on these provisions in instances where they sponsor or participate in career day programs, host open house events, or host student groups for tours of field facilities for long-range recruitment purposes. (See MP-1, pt. II, ch. 2.)

(4) **Travel Expenses for Pre-employment Interviews.** Payment of travel expenses for pre-employment interviews may be a useful and necessary approach for ascertaining an applicant's qualifications for a position. (See 5 CFR, part 572, and MP-1, pt. II, ch. 2.)

(5) **Recruitment Bonuses.** Authority exists for the payment of a recruitment bonus as a lump-sum payment of up to 25% of basic pay to an employee newly appointed to a position that would otherwise be difficult to fill. In return, the employee must sign an agreement to fulfill a period of service with VA. (See 5 CFR, part 575, subpart A and VA Handbook 5007.) Where such a bonus may be paid, this possibility should be communicated to prospective employees so that it will have the maximum favorable effect on recruitment.

(6) **Relocation Bonuses.** Authority exists for the payment of a relocation bonus as a lump-sum payment of up to 25% of basic pay to a current employee who must relocate to a position in a different commuting area that would otherwise be difficult to fill. In return, the employee must sign an agreement to fulfill a period of service with VA. (See 5 CFR, part 575, subpart B, and VA Handbook 5007.) Where such a bonus may be paid, this possibility should be communicated to prospective employees so that it will have the maximum favorable effect on recruitment.

**NOTE:** *Information on retention allowances can be found in 5 CFR, part 575, subpart C and VA Handbook 5007.*

b. **Recruitment Techniques**

(1) **Publicizing VA Recruitment Needs.** Publicizing VA recruitment needs will normally be initiated by HRM officials in collaboration with line and staff officials. When non-HRM officials take such initiative, their activities will have the prior concurrence of the HRM Officer for the field facility or of the Deputy Assistant Secretary for HRM in Central Office, as appropriate. To supplement the vacancy databases covered in paragraph 4b(1) of this chapter, there are several added means of making VA employment opportunities known to recruitment sources. Among these are:

(a) **Advertising**

1. VA regulation in 38 CFR 2.4 delegates authority to the following officials to order paid advertising for recruitment purposes: Administration Heads; Assistant Secretaries; Other Key Officials (the General Counsel, the Inspector General, the Chairman, Board of Veterans' Appeals, the Chairman, Board of Contract Appeals, and the Director, Office of Small and Disadvantaged Business Utilization); Deputy Assistant Secretaries; the Deputies of such Officials; the Deputy Assistant Secretary for HRM; Associate Deputy Assistant Secretary for HRM; and field facility directors.

2. Prior Central Office approval is not required in placing recruitment advertisements having a local or State-wide audience or for advertising regarding title 38 positions; and there are no restrictions on the type of advertising media used, e.g., newspapers, periodicals, radio, or television. Paid advertisements for positions in the competitive service having a nation-wide audience or area of publicity will require the prior approval of the Deputy Assistant Secretary for HRM (05). When a number of field facilities request approval to advertise nationwide for a particular position, consideration will be given to utilizing a larger VA-wide advertisement placed by the Office of HRM or other central office component in lieu of the smaller advertisements requested by the field facilities. All advertisements should be in good taste and appear in media that are appropriate in terms of the type and location of the positions involved.

3. A file for each advertisement will be established and maintained for 2 years. The file will include such pertinent information as a copy of the advertisement, media used, cost, and a concise assessment of the results achieved. This information will be evaluated to determine the effectiveness of advertisements and to plan any needed improvements in future advertising efforts. Upon request, this information will be forwarded through channels to the Deputy Assistant Secretary for HRM[&LR] (05) for review and analysis.

[ ]

[(b)] **Recruitment of Minorities and Women.** Recruitment activities will be designed to reach and attract job candidates from all segments of society. Where appropriate, these activities should be tailored to improve their effectiveness among members of special groups. The following techniques may be helpful in this respect:

1. Participation in recruitment activities and outreach contacts of program coordinators for employment of Hispanics, women, disabled veterans and other people with disabilities, and students/graduates of the {HACU] and of Historically Black Colleges and Universities, or other EEO representatives;

2. Spanish translation of job announcements, fact sheets, pamphlets, and other recruitment literature;

3. Use of the Spanish language to reach the Hispanic public via the various media (radio, television, newspapers, and magazines);

4. Pictures of Hispanic and other minority employees and women in recruitment literature and exhibits; and

5. Identification of specific positions in which the employment of bilingual, bicultural persons would enhance VA's responsiveness to the unique needs of a large segment of the population which it serves.

[(c)] **Recruitment Literature.** Recruitment literature developed by VA Central Office or by OPM is usually designed to support recruitment efforts on a VA-wide basis. This literature may be supplemented by additional material identified or developed by field facilities.

[(d)] **Recruitment Exhibits.** Several professionally prepared recruitment exhibits are available from Central Office for use by field facilities on special occasions. Requests for these exhibits should be made through channels to the [Director, Office of Administration] or [ ] for some [health care] occupation portable exhibits, to the Under Secretary for Health, HCSDRO (10A2D). These exhibits may be supplemented by ones developed locally.

[(e)] **VA Fact Sheets.** These are descriptive summaries of VA field facilities, their mission and special programs, and the community and surrounding areas, which are used to inform and interest prospective applicants in employment. Photographs are used to show facility features and activities, as well as historical and recreational items of interest. Fact Sheets are developed by the field facility with the advice and assistance of the Deputy Assistant Secretary for HRM&LR (059).

[(f)] **Open House Activities.** An effective means of publicizing VA recruitment needs is through local open house activities. Such activities are usually held in conjunction with Veterans Day, National Hospital Week, or similar observances; and they present excellent opportunities to publicize local, as well as VA-wide employment possibilities. Presentation of exhibits, distribution of recruitment literature, showing of film and similar recruitment messages can often be used effectively during activities of this type.

[(g)] **Promotional Items of Nominal Value in Recruiting for VHA Positions.** Under 38 U.S.C. 7423(f), VA organizations and facilities may expend appropriated funds to purchase items of nominal value for use in recruiting individuals for employment in positions filled under 38 U.S.C. chapter 74 in the Veterans Health Administration (VHA). Promotional item use will be limited to recruitment for occupation(s) considered mission critical based on the need to interest qualified applicants given current and anticipated job market conditions. (The companion Finance policy is in MP-4, pt. V, chap. 3, paragraph 3A.13.1a, dated June 18, 1993.)

1. An item whose total cost (including any taxes and related fees) amounts to no more than $5.00 per individual recipient is considered to be of nominal value. Note that suitable items are usually available for a small fraction of the $5.00 maximum. Purchase requests for such items will document the justification for the expenditure level in keeping with the criticality of the recruitment need.

2. The item's purpose of serving as a recruitment aid must be evident on the item itself. To serve as a recruitment aid, the item will include a permanent display of:

a. The Department's VA logo and/or the name of either the Department of Veterans Affairs or the VHA facility purchasing the item.

b. A telephone number and/or address (e-mail, mailing, and/or [W]eb site) to provide potential applicants with a VA point of contact for recruitment follow-up.

c. Space permitting, a recruitment slogan or message.

3. The entire item's design is to be professional and tasteful, and to reflect favorably on VA as a preferred employer.

(2) **Recruitment on an Individual Basis.** The approach to be used in recruiting for a specific position should be tailored to fit local needs and circumstances existing at the time. There are some fundamental principles, however, that apply across-the-board in all recruitment activities. Some of these principles are discussed below.

(a) **Communicating With Prospects.** One of the most important stages in the recruitment process is the initial contact with a potential applicant. Whether by telephone, written communication, or otherwise, the initial contact represents the point in the recruitment process at which an individual either loses interest in VA employment or becomes an interested candidate.

(b) **Interviews.** An equally important stage in the recruitment process is the employment interview, whether at the initial contact stage or at the selection consideration stage. Officials with responsibilities in this area should be thoroughly trained in the techniques of conducting successful interviews. In tight labor market situations, consideration should be given to publicizing and conducting interviews after normal working hours and during weekends, either on-site or at locations more convenient to prospective candidates. Other field facilities located closer to an applicant's home should be utilized to the maximum extent possible to conduct personal interviews.

(c) **Administrative Requirements.** Application procedures and subsequent processing requirements should be accomplished with the prospect's convenience in mind at all times. The objective should be to make it as easy as possible for a prospect to make application, be interviewed, have a physical examination conducted if required, and be appointed.

**6. EVALUATING THE RECRUITMENT PROGRAM.** The effectiveness of the recruitment program must be reviewed and evaluated on a continuous basis. The objectives and evaluation standards and procedures outlined in VA Handbook 5001 will be followed.

# CHAPTER 2. SPECIAL RECRUITMENT PROGRAMS

## SECTION A. VETERANS EMPLOYMENT PROGRAMS

**1. EMPLOYMENT OF DISABLED VETERANS, VIETNAM ERA VETERANS AND OTHER QUALIFIED VETERANS.** Field facilities are to make on-going efforts to employ and advance disabled veterans and Vietnam era veterans. All facilities should use these key techniques:

a. Demonstrated support from each facility's top management.

b. Productive recruitment outreach activities, including liaison with VA Counseling Psychologists and/or Vocational Rehabilitation Counselors, State employment service offices, State rehabilitation agencies, OPM service[s office]s, veterans organization representatives, etc.

c. Effective use of available special appointing and training authorities.

d. Full implementation of the field facility affirmative action program plans for employment of disabled veterans and other persons with disabilities.

e. Assurance that these veterans have full access along with other employees to promotion, training, and advancement opportunities.

f. Periodic evaluation of facility progress. A report which should provide some basis for these internal reviews is the quarterly statistical Disabled Veteran and Vietnam Era Veteran Employment Report (computer-generated COIN PAI 204 Report).

**2. SPECIAL APPOINTING AND TRAINING AUTHORITIES**

a. **Authorities for Appointment and Training of Veterans.** There are a number of title 5 authorities specifically covering appointment and training of veterans and/or preference eligibles. These authorities cover: appointment under the amended Veterans Employment Opportunities Act (VEOA); Veterans [Recruitment] Appointments (VRAs); time-limited appointment of VRA eligibles; noncompetitive appointment of disabled veterans with a service-connected disability of 30 percent or more; unpaid training/work experience and possible subsequent noncompetitive appointment of service-disabled veterans (see subparagraph b [ ]); and appointment of Congressional Medal of Honor recipients. Additional details on these authorities are located in part II, chapter 2 of this handbook.

b. **Unpaid Training/Work Experience for Service-Disabled Veterans.** VA policy is to promote maximum use of authority granted by 38 U.S.C., chapter 31 to provide unpaid training for certain service-disabled veterans and by 5 CFR 3.1 and 315.604 to noncompetitively appoint such veterans to continuing positions and then convert them to career-conditional (or career). Facility heads will assess areas appropriate for chapter 31 training and advise the rehabilitation and employments staffs of servicing VA regional offices of these opportunities so that trainees may be referred.

(1) **Utilization and Training.** There are two means through which Federal agencies may provide on-the-job training for disabled Veterans under Chapter 31 authority—as paid employees via a regular appointment and as Chapter 31 unpaid trainees. Chapter 31 unpaid trainees will not replace or be used in lieu of regular employees for whom funds and ceiling have been provided. This training is to be provided on a host-enrollee basis for which an agreement, VA Form 22-1904, Agreement to Train On-the-Job Disabled Veterans, is required. WOC (without compensation) appointments are inappropriate.

(2) [**Noncompetitive] Appointments.** Special emphasis will be directed toward full utilization of the 5 CFR 315.604 [noncompetitive] appointment authority to enhance employment opportunities for disabled Veterans who complete training. Every effort will be made to place Chapter 31 unpaid trainees who successfully complete training. This should include close coordination with Veterans Benefits Administration (VBA) rehabilitation and education staffs, referral for employment consideration to other VA facilities, and referral to other Federal agencies if employment opportunities are not available within VA.

c. **General.** Authorities specifically covering appointment and training of Veterans are referred to above. Numerous other hiring or training authorities, while not specifically aimed at the Veteran population, also often prove useful for those Veterans who meet the applicable eligibility requirements. Examples include: the various authorities for appointing persons with disabilities (see 5 CFR, part 213 and part II, chapter 2, section C, this handbook); the time-limited appointment authorities (see 5 CFR, part 316), and part II, chapter 2, section B, this handbook); and such programs as [Pathways Programs] (see 5 CFR, part 213 and part II, chapter 2, section C, this handbook) and VA Alcohol and Drug Abuse Rehabilitation Counseling (see part II, chapter 2, section C, this handbook). See also 5 CFR, part 330, subpart D for information on positions restricted to preference eligibles (custodian; guard; messenger; and elevator operator). In addition, 38 U.S.C. 4214(g) authorizes the Secretary to accord preference for employment in VA of qualified Vietnam era Veterans and certain disabled Veterans as Veterans benefits and psychological readjustment counselors, Veterans claims examiners, outreach personnel, and Veterans' representatives at educational institutions. See also, paragraph 5 of part II, chapter 2.

## 3. EMPLOYMENT OF VETERANS WITH MEDICAL MILITARY OCCUPATION SPECIALTIES

a. **Statutory Basis.** Section 201 of the Veterans Health Care Expansion Act of 1973 (Public Law 93-82) amended section 7302 of title 38, United States Code, which now requires VA to ". . .carry out a major program for the recruitment, training, and employment of Veterans with medical military occupation specialties as (A) physician assistants; (B) expanded-function dental auxiliaries; and (C) other medical technicians . . . [including] measures to advise all such qualified Veterans . . . and members of the armed forces about to be discharged or released from active duty . . . of employment opportunities with the Veterans Health Administration . . ." The phrase "other medical technicians" includes all the positions associated with the direct [healthcare] of patients, as well as research and other medical related professional, technical, and assistant or aid type career fields.

b. **Employment Information.** Recruiting materials for specific occupations are sent to U.S. military discharge centers as part of the initial distribution process, and are also available upon request.

c. **Field Facility Actions**

(1) VA HRM offices and veterans assistance offices will use [VA recruitment information] with veterans having medical military occupation specialties. Veterans who request information as a result of computer generated letters (FL 20-680) will be provided the [ ] appropriate recruitment literature.

(2) When outside recruitment is appropriate, the recruitment process will include notification of the vacancy, with a summary of the qualifications needed, to be furnished to the appropriate VA Vet Center and State Employment Service office. Positive efforts will be made to employ applicants referred by these offices.

(3) VA HRM officers will review the monthly Specialty Discharge Listing furnished by the VA Automation Center, Austin, Texas. Those veterans identified as possible applicants for present and anticipated vacancies will be contacted promptly to explore their interests in VA employment.

(4) Chiefs, HRM at VHA facilities will maintain liaison with appropriate offices of military installations to the extent feasible in meeting the objectives of the law.

d. **Reports.** Periodic reports are generated through the PAID system to provide information to Central Office officials on VA progress in employing veterans with medical military occupation specialties. To identify such employees for reporting purposes through the PAID system, the Special Identifier Code "1" for Medical MOS must be entered on OLDE screens A120/A220, as indicated on page 6D-141 of MP-6, Part V, Supplement No. 1.5.

## SECTION B. SELECTIVE PLACEMENT PROGRAMS

### 1. AFFIRMATIVE EMPLOYMENT PROGRAM PLANS

[a.] Affirmative employment program plans for people with disabilities and disabled Veterans are required by section 501 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974. These plans are developed in accordance with instructions issued by the Equal Employment Opportunity Commission (EEOC) and the Office of Personnel Management. Internal VA instructions for plan preparation and submission are issued by the Office of Diversity [and Inclusion.

b. VA committed to establishing Selective Placement Coordinators at all VA field facilities in its FY2006 EEO Report/FY2007 EEO Plan submitted to the EEOC under EEO Management Directive 715. Specific roles and responsibilities of Selective Placement Coordinators are outline in VA Directive 5975, "Diversity Management and Equal Employment Opportunity," dated March 6, 2007.]

### 2. PLACEMENT REQUIREMENTS

a. **General**

[(1)] In many instances, a specific disability bears no relationship to the actual abilities, skills, and knowledges required for successful performance of a specific job. It is essential[,] therefore, that each appointing officer and selecting official consider the individual capabilities of each disabled Veteran or other person with [a] disability[ ] in relation to the actual physical [and other] requirements of the position. Particular attention will be given to the degree to which the applicant or employee with [a disability can perform the essential job functions of the position with appropriate reasonable accommodation.] In addition, sound job redesign techniques should be employed to facilitate the placement[,] retention[, and advancement] of [ ] qualified people with disabilities. Reasonable accommodation [ ] will often enable people with disabilities to function effectively in positions for which they otherwise might appear to be unsuitable.

[(2)] Appointing officers and selecting officials should [familiarize themselves with diversity management and EEO policies contained in VA Directive 5975 maintained on the Office of Diversity and Inclusion Web site. Additionally, they should] explore the full range of placement flexibilities available in efforts to make effective placements of disabled Veterans and people with disabilities. This should include seeking professional advice and assistance from appropriate resources, including [Selective Placement Coordinators and other VA experts, such as Human Resources staff], when necessary in making sound placement decisions. In particular,[and as needed,] the guidance of counseling and rehabilitation specialists at VA regional offices and medical care facilities should be fully considered.

[(3)] People with [intellectual disabilities, severe physical disabilities, and psychiatric disabilities] appointed under 5 CFR 213.3102(u) in Schedule A may be afforded concurrent consideration with competitive service employees under merit promotion procedures. Such an approach may significantly improve upward progression opportunities for employees with [intellectual disabilities, severe physical disabilities, and psychiatric disabilities]. (See paragraph 12 of part III, chapter 3, this handbook.)

b. **Physical Examinations.** Physical standards for title 5 positions are covered in part II, chapter 2, section D, this handbook. For title 38 positions, see part II, chapter 3, section A, this handbook. [Pre-placement physical examinations to determine fitness for employment are required for all full-time, part-time, and intermittent employees in designated positions (see VA Handbook 5019, Occupational Health Services). Fitness determinations for initial assignments and position changes to designated positions will be documented using Optional Form 178 (OF 178), Certificate of Medical Examination.] Only those functional requirements and environmental factors applicable to the specific job are to be [listed on the OF 178]. The Occupational Health Physician/Occupational Health Care Provider (VA Handbook 5019, Occupational Health Services) will review the health qualification findings [and recommend] employment where the abilities of the individual are predictive of successful performance in the position without hazard to the individual or others.

[c. **Proof of Disability.** Proof of an applicant's disability is required prior to making an appointment under Schedule A. Acceptable proof of an individual's intellectual disability, severe physical disability, or psychiatric disability includes records, statements, or other appropriate information issued from a licensed medical professional (e.g., a physician or other medical professional duly certified by a State, the District of Columbia, or a U.S. territory, to practice medicine); a licensed vocational rehabilitation specialist (*i.e.*, State or private); or any Federal agency, State agency, or an agency of the District of Columbia or a U.S. territory that issues or provides disability benefits.]

[d.] **Written Tests.** Where written tests are required by the Office of Personnel Management or approved for use by the Deputy Assistant Secretary for HRM[(05)] appropriate arrangements will be made for applicants with physical impairments to demonstrate pertinent knowledges, skills, and abilities by testing methods adapted to their special needs and circumstances. This includes those who are blind, deaf, and all others who may have difficulties in taking an examination in the normal manner.

[e.] **Placement Evaluations.** Special attention will be given to the 90-day placement follow-up and the probationary (trial) period certification as one means of ensuring that [an] employee with [a] disability[ ] is properly placed and has full opportunity to succeed. Should another assignment be indicated or if termination cannot be justifiably avoided, appropriate personnel action will be taken. (Title 5 references: In this handbook, part II, chapter 2, see requirements in section A, paragraph 10 on placement follow-up, and in section C, paragraph 5h on trial period. In VA Handbook 5021, Employee/Management Relations, see part III, chapter 2 for separations during trial period.)

**3. SPECIAL TITLE 5 APPOINTING AUTHORITIES.** In addition to the special appointing authorities specifically for disabled Veterans listed in paragraph 2, section A, this chapter, there are a number of title 5 excepted appointment authorities which may be used to facilitate employment of either disabled Veterans or [ ] persons with disabilities. These authorities cover appointment of: [people with intellectual disabilities;] people with severe physical disabilities; people with psychiatric disabilities; [ ] readers for employees who are blind; interpreters for employees who are deaf; and personal assistants for employees with disabilities. Details on these authorities are located in part II, chapter 2 of this handbook.

**4. [DISABILITY] SELF-IDENTIFICATION PROCEDURE.** HRM Officers will ensure that new appointees have the opportunity to [privately] self-identify any [disability] they may have by completing an SF 256, Self-Identification of [Disability, during new employee orientation. Completion of an SF 256 is voluntary for all employees except those appointed under Schedule A, 5 CFR 213.3102(u). Employees appointed under 5 CFR 213.3102(u) will be requested to identify their disability staus and, if they decline to do so, their disability code will be obtained from medical documentation used to support their appointment]. Since an employee's [disability] status may change, facilities will annually encourage employees to keep their [disability] identification code current [electronically by accessing https://secure.vssc.med.va.gov/SF256 or manually] by visiting [their local] HRM office [ ]. Appointees and employees alike should be assured that the privacy of their [disability] identification will be preserved. [Disability data codes do] not appear on [ ] personnel records [within an employee's Official Personnel Folder.] VA's affirmative employment program for people with disabilities [uses the resulting data only for statistical reports to reflect the level of program support and effectiveness].

## SECTION C. [STUDENT EMPLOYMENT AND HEALTHCARE ADMINISTRATIVE RESIDENTS, INTERNS AND TRAINEES]

### 1. POLICY

a. All VA establishments are encouraged to participate in the employment of students under the title 5 [Pathways Programs] and under title 38 authorities, especially when such participation will contribute to VA-wide employment objectives or facilitate recruitment for shortage category positions at individual field facilities. Facility use of such student employment features as the title 5 [Pathways Internship Program], which allows [noncompetitive] conversion to competitive positions, is an effective means of furthering equal employment opportunity objectives. Particular attention will be given to providing opportunities for Vietnam era Veterans, disabled Veterans, and students with disabilities. Details on student employment authorities are in part II of this handbook in chapter 2 for title 5 and chapter 3 for title 38.

b. Healthcare facilities will take full advantage of the staffing flexibility offered by VA training programs in healthcare administration by appointing trainees in such programs under the [Pathways Internship Program]. Upon successful completion of the Internship Program, these trainees may be converted to [term,] career-conditional or career appointments, as appropriate.

### 2. REFERENCES

a. [5 CFR 213.3402(a)]

b. 38 U.S.C. 7405(a)(1)(D)

c. [5 CFR, part 362]

# CHAPTER 3. GENERAL EMPLOYMENT

## SECTION A. APPLICATION FORMS

### 1. TITLE 5 EMPLOYMENT APPLICATIONS

a. **General**

(1) Individuals not currently employed by VA may choose the written format for presenting their qualification and general eligibility data when applying for VA title 5 positions. Applicants will provide information needed to make suitability determinations separately on a form for that purpose. For positions whose qualification standard requires a credential (i.e., certification, licensure or registration (CLR)), the Federal Government-wide suitability questions may be supplemented by additional VA questions regarding required credential(s). [For USA Staffing recruitments, applicants should submit a résumé. Applicants are responsible for providing the information needed to determine their qualifications for the vacancy. This includes information such as: the vacancy announcement number, position title and grade; how to contact the applicant; descriptions of jobs held, including the name and address of employer, job title, description of duties, beginning and ending date (month/year) of employment, average hours worked per week, and supervisor's name and phone number; education, including name and location of college, dates attended, and type and date of any degree earned; and other information, such as possession of licenses, certificates, etc. Descriptions of duties must be sufficiently detailed to document the applicant's level of experience. Although not mandatory, if the position is (was) with the Federal government (military or civilian), applicants should state the series and grade or pay grade (rank) and the date of last promotion.]

(2) To facilitate compliance with Veterans Health Administration (VHA) credentialing and privileging and other similar requirements, applicants for CLR occupations and other positions in VHA for which clinical privileges may be granted, will be required to respond to related supplementary questions.

(3) VA employees will apply for VA positions using specified application forms.

b. **Employment Applications From Outside Applicants**

(1) **Employment Applications.** The Standard Form 171, Application for Federal Employment, [and the Optional Form 612 , Optional Application for Federal Employment, no longer serve as Federal Government-wide standard employment application forms]. Applicants from outside VA may provide their qualifications and general eligibility background data for title 5 VA positions in a written format of their choosing. Among the acceptable formats are resumes and existing copies of the expired SF 171 [and OF 612. For USA Staffing recruitments, a résumé is preferred. Applicants for USA Staffing recruitments apply online or fax their applications to the USA Staffing Processing Center. Exceptions may be provided for applicants with disabilities and applicants for title 38 and hybrid-title 38 vacancies, when applying outside the system.]

(2) **Federal Employment Declarations.** In developing new application procedures for Federal employment, the Office of Personnel Management has separated qualification information from

suitability data. Suitability and various other questions previously on the SF 171 are now contained on the Optional Form 306 [(OF 306)], Declaration for Federal Employment. In VA, the following time frames have been established for an applicant's submission of the OF 306:

(a) Applicants for the following occupations/positions will submit a completed OF 306 with their initial application, except as provided in paragraph 1b(2)(c) below. (An occupation/position may be covered in multiple categories.)

1. All current Testing Designated Positions in VA (see VA Handbook 5021).

2. All positions whose qualification standard requires a credential, i.e., certification, licensure, or registration (CLR). (See also paragraph 1b(2)(d).) Current CLR positions as of this handbook's issuance are:

Chaplain, GS-060 Diagnostic Radiologic Technician/Technologist, GS-647
Psychologist, GS-180 (VHA only) Therapeutic Radiologic Technician/Technologist, GS-648
Social Worker, GS-185 Dental Assistant, GS-681
Nuclear Medicine Technologist, GS-601 Dental Hygienist, GS-682
Dietitian and Nutritionist, GS-630 General Attorney, GS-905
Motor Vehicle Operator, WG –5703 Air Conditioning Equipment Mechanic, WG -5306

3. Veterans Health Administration (VHA) positions for which clinical privileges may be granted consistent with medical facility by-laws, such as Audiologist/Speech Pathologist, GS-665, and Orthotist/ Prosthetist, GS-667. (See also paragraph 1b(2)(d).)

4. All positions filled by VA delegated examining units.

5. Additional occupations/positions which local officials determine control significant VA funds and/or materiel resources, e.g., Accountant, GS-510; Agent Cashier, GS-530; and positions in other General Schedule series such as 1101, 1102, and 2001.

6. Positions determined to warrant initial receipt of the OF 306 for early review at the documented discretion of a Central Office Administration/Staff Office Head or designee, or the local facility Director or designee, for those positions within their respective jurisdictions.

(b) Other outside applicants are to submit a completed OF 306 in time to allow for review of the OF 306 and final eligibility determinations prior to referral of a list of candidates to the selecting official.

(c) Exception to early OF 306 Declaration submission as provided in paragraph 1b(2)(a): At the discretion of a Central Office administration/staff office head or designee, or the facility Director or designee, for those positions within their respective jurisdictions, the OF 306 submission can be required from all applicants for a given position vacancy or occupation **subsequent** to the initial application, if determined beneficial to attracting sufficient applicants and provided the requirements of paragraph 1b(2)(b) are met.

(d) A supplemental credentials questionnaire will be submitted with the OF 306 by applicants for CLR positions in VHA and any other VHA positions for which clinical privileges may be granted.

c. **Employment Applications From Internal Applicants**

(1) **Employment Applications.** [The SF 171 and the OF 612 no longer serve as Federal Government-wide standard employment application forms. Instead of using these application forms, applicants from outside VA may provide their qualifications and general eligibility background data for title 5 VA positions in a written format of their choosing] to the VA Human Resources Management Office responsible for staffing the specific vacancy. [Among the acceptable formats are resumes and

existing copies of the expired SF 171 and OF 612. For USA Staffing recruitments, a résumé is preferred. Applicants for USA Staffing recruitments apply online or fax their applications to the USA Staffing Processing Center. Exceptions may be provided for applicants with disabilities and applicants for title 38 and hybrid-title 38 vacancies, when applying outside the system.] This policy is modified by the following exceptions:

(a) An SF 171 [or OF 612] may [also be submitted] if the employee so chooses.

(b) VAF 4078, Application for Promotion or Reassignment, may be substituted by local facility employees when acceptable at that VA facility. [This form is not required for USA Staffing recruitments.]

(c) Until national union contracts citing the SF 171 are amended, those contract provisions continue in effect for positions of the appropriate bargaining unit(s).

(2) **Federal Employment Declarations.** Upon applying for initial entry into positions covered by paragraph 2, employees will be required to submit the OF 306 and the supplemental VHA credentials questionnaire, as applicable.

d. **References**

(1) ***Federal Register*** Vol. 59, No. 241, dated December 16, 1994.

(2) 5 CFR, chapter 1, parts 110, 210-4, 250, 293-4, 297, and all 300's.

(3) 5 U.S.C. 1104, 1302, 3301, 3304, 3320, 3361, 3393, 3394 and 8716.

(4) 38 U.S.C., chapters 73 and 74.

## 2. TITLE 38 EMPLOYMENT APPLICATIONS

a. **Application Forms.** Candidates seeking employment under 38 U.S.C., chapter 73 or 74, must complete one of the following application forms:

(1) VA Form 10-2850, Application for Physicians, Dentists, Podiatrists, Optometrists, and Chiropractors;

(2) VA Form 10-2850a, Application for Nurses and Nurse Anesthetists;

(3) VA Form 10-2850b, Application for Residency;

(4) VA Form 10-2850c, Application for Associated Health Occupations;

(5) Standard Form 171 and 171A, Application for Federal Employment, or Optional Form 612, Optional Application for Federal Employment, and Optional Form 306, Declaration for Federal Employment. These forms are to be used by applicants for whom [ ] the above forms [are not] appropriate; primarily, this includes applicants for medical support or nonmedical consultant appointments. [The SF 171, 171A, and OF 612 forms are not required for USA Staffing recruitments. In USA Staffing, a résumé is preferred. Applicants for USA Staffing recruitments apply online or fax their applications to the USA Staffing Processing Center. However, exceptions may be provided for applicants with disabilities and applicants for title 38 and hybrid-title 38 vacancies, when applying outside the system.]

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b. **Application Review**

(1) The HRM Officer or designee will thoroughly review each employment application to assure that all questions are answered and that additional information is provided where required. Applicants are to be asked to account for any gaps in their work history. This information shall be documented on the employment application, and, along with reference checks and other information obtained in the credentialing process, considered in the selection process. Incomplete applications are to be returned and applicants notified that they will not be considered for employment until their application has been fully completed. The HRMO will review applications for compliance with administrative and regulatory requirements. Applicants who do not meet appointment requirements should be so notified.

(2) For designated occupations, the appropriate officials at VHA's Health Care Staff Development and Retention Office (HCSD&RO/10A2D) will review each employment application to assure all questions are answered and that additional information is provided where required. This does not abrogate the HRMO's responsibility for review of the applicant's application prior to appointment as indicated in subparagraph 2b(1).

## SECTION B. PART-TIME CAREER EMPLOYMENT PROGRAM

**1. GENERAL.** The Federal Employees Part-Time Career Employment Act of 1978 (PL 95-437, approved October 10, 1978) requires each agency to establish by regulation a program of part-time career employment. The Act expanded on the President's memorandum of September 16, 1977, which called for an increase of permanent part-time employment opportunities in the Federal Government. 38 CFR 1.891 through 1.897 form the basis for this program and provide the general guidelines for operating a part-time career program in VA.

**2. PROGRAM DESCRIPTION**

a. The Act defines part-time career employment as permanent employment with a scheduled tour of duty of between 16 and 32 hours per week. The Office of Personnel Management (OPM) regulations further define this type of part-time employment as that performed by individuals in tenure groups I and II. Thus, this program covers employees who have permanent-type appointments, in either title 5 competitive or excepted service, whose regularly scheduled tour of duty is between 16 and 32 hours per week.

b. The Act permits each agency head to make certain exceptions as necessary to carry out the agency's mission. OPM has determined that this exception permits an agency to employ individuals for 1 to 15 hours per week, but does not permit such employment in excess of 32 hours per week.

c. OPM regulations prohibit an agency from employing someone under a permanent-type appointment on a regularly scheduled tour of more than 32 hours per week. Consequently, anyone employed on a part-time basis under title 5 authority for more than 32 hours per week can be given only a nonpermanent, time-limited appointment (such as temporary, NTE 1 year), or be utilized on an intermittent basis.

d. A part-time employee on the rolls prior to April 8, 1979, may continue to work the same regular tour of duty, regardless of length. A part-time employee on the rolls prior to April 8, 1979, may also have a tour of duty adjusted, including adjustments to tours in excess of 32 hours per week. On or after April 8, 1979, however, no one can be appointed under title 5 authority on a permanent part-time basis, nor can an employee change from full to part-time, if, in either case, the employee's tour of duty will exceed 32 hours per week.

e. Individuals employed under the authority of 38 U.S.C., ch. 74 are not subject to the 32 hour per week OPM regulatory limitation described above. According to the Veterans Canteen Service Policy Letter #94-25 (HR) regarding VCS-1, Pt. III, Chapter 522.02, paragraph 03, an intermittent appointment is to be used for 38 U.S.C., ch. 78 positions of less than 16 hours per week.

f. The Act did not change appointment authorities or procedures for filling part-time positions. Except as otherwise restricted by the provisions of this chapter, existing appointment and placement policies and procedures continue to apply.

g. 38 CFR 1.897 permits the Secretary, or designees, to except positions from inclusion in this program as necessary to accomplish the Department's mission. Accordingly, field facility heads may except any position, or group of positions, over which they have appointment authority. Centralized positions may be excepted by the appropriate administration or staff office head. They will also exercise this authority for central office positions, except for positions centralized to the Secretary. This exception provision may also be used in a similar manner to appoint individuals for less than 16 hours per week.

h. An employee's hours may be extended beyond the 32-hour limitation for short periods of time to accommodate unexpected workloads or to provide necessary training. Generally, an employee should not be assigned extra hours for more than 4 pay periods. If it appears necessary to provide full-time coverage for an extended period, management should consider establishing a temporary or permanent full-time position.

## 3. REVIEWING POSITIONS

a. VA regulation 38 CFR 1.892 requires that full-time positions be reviewed when they become vacant to determine whether they can be converted to part-time. Along with considering whether a vacant position should be filled at all and its proper classification, and reviewing appropriate methods by which to fill it, management should also consider whether the duties of a position could be performed on a less-than-full-time basis. If the duties of a position require full-time coverage, consideration should also be given to restructuring the job. Job restructuring techniques include:

(1) **Dividing the Duties of a Position Into Distinct Parts When the Duties Are at the Same Grade Level.** Part-time workers would be responsible for only those duties that are assigned to their part. For example, a mail and file clerk job could become two part-time jobs: a mail clerk and a file clerk. If a job is divided in this manner, separate position descriptions are required, and each position must be separately classified according to the appropriate classification standard.

(2) **Dividing the Workload of a Position.** Part-time workers would perform all the duties of a position, but only for that portion of the time they actually worked. This technique is more commonly known as job-sharing.

(3) **Dividing the Duties of a Job Into Different Levels.** One part-time employee would handle that portion of a job which covers the more technical or difficult duties, while another would handle the less difficult duties. As with jobs that are split as described in paragraph 3a(1) above, separate position descriptions are required. The duties must also be appropriately classified.

b. In addition to reviewing them when they become vacant, positions should also be reviewed for possible conversion to part-time as part of the normal position management review. Positions need not be reviewed, however, if:

(1) A position or group of similar positions has been reviewed for any reason within the previous 6 months.

(2) A determination has been made that the present mix of full-time and part-time positions within a group of positions is most appropriate for accomplishing the facility's mission.

c. The following should be considered when reviewing positions:

(1) The duties of a supervisory position are generally more difficult to perform effectively on a part-time basis.

(2) Reduced staffing levels may inhibit establishing additional part-time positions. On the other hand, reduced employment ceilings may increase the need for additional part-time workers to make the most effective use of available resources.

(3) There may or may not be an adequate supply of qualified candidates willing to work part-time.

(4) Jobs with routine duties are often easier to fill on a part-time basis. However, some higher level professional, technical, and administrative positions at entry, middle, and upper grades can be effectively utilized as part-time as well.

(5) Part-time employees can be used effectively to cover peak work periods during the day.

(6) Part-time employees may enable a facility to extend its hours of service to beneficiaries who may be unavailable during normal duty hours. Part-time staff, for example, might be used to keep an activity open 1 to 2 nights per week and on Saturday mornings where there is a demonstrated need for such extended services.

d. The grade level of a position should not be the principal determinant of whether it can be converted to part-time. Its relationship to the organization, the actual workload of the position, and the availability of interested candidates are more important considerations.

## 4. PUBLICIZING VACANCIES

a. Part-time vacancies should be publicized in the same manner as full-time vacancies.

b. One objective of the program is to increase employment opportunities for older people, students, parents, and individuals with disabilities. Organizations which serve or represent these groups should be provided information on part-time vacancies when the need is indicated. Information on part-time vacancies should also be provided to groups representing or serving disabled and other veterans, women, and minorities, as appropriate.

c. Hard-to-fill part-time vacancies, particularly for technical, professional or administrative positions, should be included in the VA Recruitment Bulletin. (See paragraph 5b(1)(b) of chapter 1, this part.)

## SECTION C. TEMPORARY ASSIGNMENT OF EMPLOYEES UNDER THE INTERGOVERNMENTAL PERSONNEL ACT (IPA)

### 1. GENERAL

a. This section contains VA policies to be followed in implementing the Intergovernmental Personnel Act (IPA) Mobility Program. Office of Personnel Management (OPM) regulations and instructions are contained in title 5 Code of Federal Regulations (CFR), part 334, "Temporary Assignment of Employees Between Federal Agencies and State, Local, and Indian Tribal Governments, Institutions of Higher Education, and other Eligible Organizations." Additional information and guidance on interpretation may be found in OPM's A Handbook on the Intergovernmental Personnel Act Mobility Program.

b. Only permanent, full-time title 5 and title 38 employees will be considered for temporary assignments. Employees serving on time-limited, temporary or term, non-career (SES), excepted service, or noncompetitive appointments are excluded from participation in the IPA Mobility Program. Additionally, students employed in research, graduate, or teaching assistant positions are not eligible to participate in the IPA Mobility Program.

c. IPA assignments are intended to strengthen Federal, State, and local government management capabilities and should involve issues of mutual concern and benefit. The goal of the IPA Mobility Program is best served when employees with unique skills and knowledge participate. In general, the IPA Mobility Program is intended for persons holding appointments without limitations. Therefore, it is inappropriate to consider VA employees serving on Schedule C appointments, non-career executive assignments, or time-limited appointments (e.g., term appointments). In order to appoint to a limited term non-VA IPA-assignee to a career SES position, VA Central Office must first obtain authority from OPM.

d. No individual or organization may participate in the IPA program if they are listed on the Department of Health and Human Services (HHS) Inspector General's Exclusionary List. This restriction ensures compliance with the Balanced Budget Act of 1997 (Public Law 105-33) which specifies that no excluded individual or entity may receive payments from any Federal health care program for services furnished. (For additional information on the HHS Exclusionary List, see part II, chapter 1, section B of this handbook.)

### 2. POLICY

a. VA will cooperate with State and local governments, institutions of higher education, Indian tribal governments, and other outside organizations in carrying out the provisions of the Act. Indian tribal governments and organizations are included in the term "State and local governments" when used in this directive. Before a VA or State/local government employee enters into a temporary assignment, a determination must be made that such action will contribute to more effective intergovernmental relations and programs. There must also be assurance that such assignments are filled by highly qualified employees. The temporary assignment of a VA employee must not impair VA services to veterans and their beneficiaries.

b. Assignments may be made on an intermittent, part-time, or full-time basis. No assignment should be made for more than 2 years initially. A single assignment may not exceed 4 years. An employee may not participate in additional assignments without a 12-month break in service. VA employees would return to their respective VA position and non-VA employees would return to their non-Federal organization. Successive assignments without a break of at least 60 calendar days are regarded as continuous service. Federal employees may not serve more than 6 years on IPA assignments during their career. This limitation does not apply to private sector employees.

c. Within VA, the majority of IPA agreements are approved to support VHA research projects through the use of affiliated university staff. Under no circumstances should IPA agreements be used as a mechanism for hiring clinical staff or as a substitute for scarce medical specialist, sharing, commercial item, or other clinical services contracts. Nor is it appropriate to use IPA agreements for administrative and support positions. In general, IPA agreements should not be used to circumvent restrictions on hiring due to budget constraints, reductions-in-force, freezes on grade levels, or ceiling allocations. Temporary assignment agreements for employees of State and local governments, institutions of higher education, and other outside organizations, who are detailed or appointed to VA, will be made in accordance with guidance provided in 5 CFR 334.106. Non-VA employees may exercise supervision over VA employees. Non-VA employees must be employed in a permanent position by their organization for at least 90 days to be eligible for an IPA assignment. Details of these employees may be made on a reimbursable, nonreimbursable, or a shared cost basis. VA employees may be detailed or placed in leave without pay status, to a State or local government or institution of higher education. In either case, non-VA and VA employees remain employed by their original organization and retain the rights, benefits, and obligations associated with their original appointment.

**NOTE:** *A non-VA employee assigned by detail to a CLASSIFIED position in VA is entitled to earn the basic rate of pay, including any locality payment, which the duties of the assignment position would warrant under the applicable classification and pay provisions of VA. If the assignee's non-Federal salary is less than the minimum rate of pay for the VA position, VA must supplement the salary to make up the difference. Supplemental pay may vary because of changes in the rate of pay of the VA position. Supplemental pay cannot be paid in advance or in a lump sum and is not conditional on the completion of the full period of the assignment. Supplemental pay may be paid directly to the employee or reimbursed to the non-Federal organization.*

d. If an agreement involves nonprofit organizations, certification must be obtained before the assignment agreement can be approved. Authority for certification of VA nonprofit research corporations, who are members of the National Association of Veterans' Research and Education Foundations (NAVREF), has been delegated to the Chief Research and Development Officer (12). All other requests for certification must be approved by the Secretary (see appendix I-C for submitting requests for Secretarial approval). A centralized list of Federally-approved certifications of nonprofit organizations is maintained by the Office of the Deputy Assistant Secretary for Human Resources Management [and Labor Relations], Human Resources Management [Recruitment and Placement Policy] Service (05[9]). If an organization has been certified by another Federal agency, that certification may be accepted or the VA facility requesting the agreement can choose to recertify through VA's certification process.

**NOTE:** *This policy does not change any relationships that VA has or may establish with medical, professional, and other schools affiliated with VA for training purposes.*

e. Cost-sharing arrangements for mobility assignments are negotiated between participating organizations. Normally, the larger share of the costs should be absorbed by the organization benefiting most from the assignment. Exceptions might occur if an organization's resources do not permit costs to be shared on a relative benefit basis.

f. A VA employee given a temporary assignment of 90 days or less may be placed on leave without pay status or detailed, with the assignment being made on a reimbursable, or shared-cost basis. (However, because of the VA Appropriation Act limitations, any detail of VHA employees involved in the examination of other than VA beneficiaries, must be on a reimbursable basis.) For a temporary assignment over 90 days, an employee may be placed on a leave without pay status or he/she may be detailed. Any VA expenditures for assignments over 90 days may be fully reimbursable and credited to the VA appropriation from which payment is made. Exceptions to this policy may be approved by the person having approval authority for filling the position.

g. A non-VA employee may be detailed or appointed on a reimbursable, nonreimbursable, or shared-cost basis. If appointed for more than 1 year on a continuing appointment, the appointee is eligible for within-grade increases. Usually, an IPA-assignee is appointed at the minimum rate of the grade. However, if desired and properly negotiated, an advanced step rate for a position at GS-1 through GS-15 may be conferred, based upon superior qualifications.

h. Non-VA detailees are not eligible to enroll in the Federal Employees Health Benefits program, group life insurance, or the Federal Employee Retirement System. Non-VA appointees are not covered by any Federal retirement system or by the Federal Employees Group Life Insurance Program. They are not eligible for enrollment in the Federal Employees Health Benefits program unless their appointment with VA results in loss of health coverage from their non-Federal health benefits system.

i. Costs associated with an IPA assignment must include pay provisions with specific salary rate(s), any provisions for cost-of-living adjustments (COLA), fringe benefits, travel and relocation expenses, and income derived from certain private consulting work (usually considered as part of the pay of university employees).

j. The hours of duty must be cited, along with any additional requirements for additional work hours anticipated. Non-Federal detailees usually have the same workweek and hours of duty as other employees of the organization assigned. If the detailee is a non-Federal employee, they are eligible to participate in alternative work schedule arrangements. It is important to note which organization will be responsible for maintaining time and attendance records. All deviations from the standard tour of duty must be reported. It is important to maintain accurate timekeeping records for audit and review purposes.

k. Details are covered under the policy of the permanent employer's leave system. The assignment agreement should specify which organization will be responsible for approving and reporting leave. The agreement should also spell out what holidays will be observed by the assignee.

l. Indirect administrative costs associated with preparing and maintaining payroll records, developing reports, negotiating the IPA agreement, office space, furnishings, supplies, staff support, and computer time are prohibited.

m. If a VA employee fails to fulfill an agreement before the expiration of the agreement or fails to complete one year of service under the agreement, whichever is less, applicable travel and transportation expenses are recoverable from the employee unless the assignment is terminated for reasons which are beyond the employee's control and are acceptable to VA. Recoveries will be returned to the paying office where VA was initially reimbursed for such expenses. The approving authority will be guided by the criteria for waiving such recovery as described in MP-1, Part II, Chapter 2, Appendix H, Employee's Agreement To Remain In The Government Service for Twenty-Four (24) Months Or To Repay The Costs Of Travel And/Or Transportation Advanced.

n. If a non-VA employee terminates an assignment before the entire period or 1 year, whichever is shorter, he/she is liable for paid travel, relocation, and per diem expenses.

o. If an organization terminates the assignment, a 30-day notice to all parties involved is advised. This notification should be in writing and include the reasons for termination. Mobility assignments must be terminated immediately whenever an assignee is no longer employed by his/her original employer.

p. VA facilities are encouraged to admit State and local government employees to training programs established for facility employees. In many instances, the training can be provided with little or no additional cost. In such cases, reimbursement from the State or local government will not be requested. As a general guide, reimbursement will usually be required only in instances where the additional costs involved in providing the training exceed $100.

q. Training shall be provided only upon written request of a State or local government. The request shall normally be made by the chief executive or other responsible official of these entities. The appropriate level of the requesting official will depend on the training requested. For example, a request from the top official of a State office in the same locality as a VA installation to add one person or a few persons to a particular course would meet the requirement. Adding a number of persons over a period of time might require a higher requesting level. In any event, appropriateness of the level of the requesting official is left to facility determination.

r. Annual reports may be required by OPM at the beginning of each calendar year. As the reporting requirements may differ from year to year, facilities will receive instructions on what information must be submitted and by what mechanism (e.g., electronic, etc.) the information should be transmitted. Generally, information on both VA and non-VA IPA-assignees will be requested.

## 3. RESPONSIBILITIES

a. **Facility IPA Mobility Program Coordinators.** Human Resources Management Officers will serve as IPA mobility program coordinators for their respective facilities. They will be the principal points of contact for mobility assignment matters.

b. **VA IPA Mobility Program Coordinator.** The Director, Human Resources Management [Recruitment and Placement Policy] Service (05[9]), Office of Human Resources Management [and Labor Relations], is the VA IPA Mobility Program Coordinator, and is the principal agency point of contact for matters relating to mobility assignments. Any inquiries or requests, which cannot be promptly acted on at the local level, should be expeditiously referred through channels to this coordinator and staff.

**4. PROCEDURES**

a. Initial IPA mobility assignments are requested by the facility program official with responsibility for the IPA-related project/program or affected VA employee. The following steps should be followed to secure approvals of IPA assignments.

(1) The Optional Form 69, Assignment Agreement, issued by OPM, should be completed by the requesting official and signed by the employee. All information pertinent to the agreement including such issues as special pay conditions, who will administer leave requests and other benefits outside of the standard package should be included on the form. Cost-sharing arrangements should be negotiated between both involved organizations (lending and receiving). Reimbursement may include salary and income derived from any job-related outside consulting work and should be specified on the form.

(2) Authorizing Officials from both the lending and receiving organizations should sign the form before referring to the facility HR office (HRO) for final administrative review. The HRO will review all IPA agreements for administrative accuracy (e.g., do they meet legal requirements such as purpose, timeframes, etc.). The VA approving official may wish to designate a management representative to review and concur on the technical aspects of the request (e.g., is this a bona fide research assignment).

(3) Authority is delegated to Administration Heads, Assistant Secretaries, and Other Key Officials to initiate and approve IPA assignments under their jurisdiction. Approval authority covers the start date of the initial assignment through a period exactly 2 years later (e.g., 01-01-00 through 12-31-02). The official approving any extension beyond 2 years must be at a level higher than the official who approved the original IPA agreement. Extensions may be requested for any period of time not to exceed 2 years. No agreement may be approved for more than a total of 4 years.

(4) Once an initial or extension of assignment agreement has been approved, copies should be provided to the facility HRO, facility fiscal office, the employee, and the office that generated the request.

(5) Modifications to either the original or extended agreements should be recorded and approved in the same manner as mentioned in subparagraphs a, b, and c. Modifications include significant changes in an employee's duties, responsibilities, salary, work assignment location or schedule (e.g., part-time to full-time) or supervisory relationships.

b. Most research assignments are filled by employees of the National Association of Veterans' Research and Education Foundations. These Foundations have been previously approved by the Chief,

Research and Development Officer (12). Assignment requests involving these approved organizations should be processed as noted in subparagraphs 4a(1)-(3).

c. If an assignment request involves "other" nonprofit organizations (e.g., national, regional, statewide, area-wide, or metropolitan organizations representing State or local governments; or a nonprofit organization whose primary function is to offer professional advisory, research, education, or development services to governments or universities), such organizations must be certified by the Secretary. This certification process **must** be completed before any assignment agreements can be approved.

(1) The Office of Human Resources Management [and Labor Relations] (OHRM[&LR]), Human Resources Management [Recruitment and Placement Policy] Service (05[9]), serves as coordinator and clearinghouse on behalf of the Secretary for requests for IPA certifications submitted by non-Federal organizations who are not members of the National Association of Veterans' Research and Education Foundations (NAVREF).

(2) The procedures for requesting certification are as follows:

(a) All requests for certification packages must contain a cover letter describing why the organization wishes to participate with VA in the IPA Mobility Program and how its participation would benefit VA, copies of the organization's Articles of Incorporation, Bylaws, Internal Revenue Service Nonprofit Statement, and any other information which describes the organizations function (such as offering professional advisory, research, educational or developmental services, or related services to governments or universities concerned with the public management). All requests for certification should be sent to VACO Human Resources Management [Recruitment and Placement Policy] Service (05[9]).

(b) OHRM[&LR] will review certification requests and route the packages to the appropriate program office for further review and concurrence. If the program office concurs, they will route the package to the Office of General Counsel (OGC) for legal review and concurrence. Once OGC concurs, the package is returned to OHRM for action. OHRM[&LR] will then prepare the final package for the Secretary's approval.

(c) Upon receipt of the Secretary's approval, OHRM[&LR] will implement the Secretary's decision by notifying OGC, the program office, and the requesting office. If the Secretary disapproves the request, OHRM[&LR] will notify the organization directly.

## [SECTION D. VETERANS' PREFERENCE

**1. GENERAL.** Veterans' preference is administered in accordance with applicable laws and regulations under 5 CFR, part 211 and 5 U.S.C. 2108. Veterans who are disabled or served on active duty for specific time periods or who have received a campaign badge or medal are entitled to preference over others in the hiring process. Veterans may be considered for competitive appointments as well as special non-competitive appointments as described in Part II, Chapter 2 , Section B of this handbook. In accordance with 5 U.S.C. 3309, preference eligibles other than those who received a sole survivorship discharge are entitled to have 5 or 10 points added to their passing score on a civil service examination under traditional ranking and selection procedures. In accordance with 5 U.S.C. 3319, preference eligibles are listed ahead of non-preference eligibles within each quality category under alternative ranking and selection procedures, i.e., category rating. Although a sole survivorship preference (SSP) Veteran does not receive preference points, he/she is listed ahead of non-preference eligibles with the same score on an examination, or ahead of non-preference eligibles under category rating procedures, and is entitled to a higher retention standing in a reduction in force (RIF).

**2. DEFINITIONS**

a. **Active Duty or Active Military Duty**

(1) Active duty or active military duty for Veterans defined in paragraphs 2(i)(1) through (3) below and disabled Veterans defined in paragraph 2d below means active duty with military pay and allowances in the armed forces, *including* training or for determining physical fitness and *including* service in the Reserves or National Guard.

(2) Active duty or active military duty for Veterans defined in paragraph 2(i)(4) through (6) below means fulltime duty with military pay and allowances in the armed forces, *except* for training or for determining physical fitness and *except* for service in the Reserves or National Guard.

b. **Armed Forces.** The United States Army, Navy, Air Force, Marine Corps, and Coast Guard.

c. **Certification.** Any written document from the armed forces that certifies the individual will separate from active duty service under honorable conditions no later than 120 days after the certification is submittted for consideration in the hiring process, at the time and in the manner prescribed in the applicable job opportunity announcement.

d. **Disabled Veteran.** A person who has been discharged or released from active duty in the armed forces under honorable conditions performed at any time, or who has a certification as defined in 5 CFR 211.102 (also referenced in para 2c and 4) and who has established the present existence of a service-connected disability or is receiving compensation, disability retirement benefits, or a pension because of a statute administered by the Department of Veterans Affairs (VA) or a military department.

e. **Discharged or Released from Active Duty.** Formal separation from active duty in the armed forces under honorable or general conditions. The Department of Defense is responsible for administering and defining military discharges.

f. **Preference Eligible.** A SSP Veteran, spouse, widow, widower, mother, disabled Veteran, or Veteran as defined in paragraph 2i of this section. For the purposes of this section, "preference eligible" does not include a retired member of the armed forces unless the individual is a disabled Veteran or the individual retired below the rank of major (or equivalent).

g. **Retired Member of the Armed Forces.** A member or former member of the armed forces who is entitled to, under statute, retired, retirement, or retainer pay due to service as a member.

h. **Sole Survivorship Discharge.** The early separation of a member from the armed forces (granted after August 29, 2008), at the request of the member, who is the only surviving child in a family in which the father or mother or one or more siblings:

(1) Served in the armed forces;

(2) Was killed, died as a result of wounds, accident, or disease, is in a captured or missing in action status, or is permanently 100 percent disabled or hospitalized on a continuing basis (and is not gainfully employed because of the disability or hospitalization); and

(3) The death or disability did not result from the intentional misconduct or willful neglect of the parent or sibling and was not incurred during a period of unauthorized absence.

**NOTE:** *An individual released after August 29, 2008, who does not meet the minimum continuous 181 day active duty service requirement under 5 U.S.C. 2108(1)(D ) and paragraph 2i(6) below, but meets remaining preference eligibility criteria, is still entitled to preference eligibility though active duty service which was cut short by a sole survivorship discharge.*

i. **Veteran.** A person who has been discharged or released from active duty in the armed forces under honorable conditions, or who has certification as defined in paragraph 5 CFR 211.102 (also referenced in par 2c and 4) of this section, if active duty service was performed:

(1) In a war; or

(2) In a campaign or expedition for which a badge has been authorized; or
(3) During the period beginning April 28, 1952, and ending July 1, 1955; or

(4) For more than 180 consecutive days, other than for training, any part of which occurred during the period beginning February 1, 1955, and ending October 14, 1976; or

(5) During the period beginning August 2, 1990, and ending January 2, 1992; or

(6) For more than 180 consecutive days, other than for training, any part of which occurred during the period beginning September 11, 2001, and ending on August 31, 2010, the last day of Operation Iraqi Freedom.

**NOTE:** Campaign medal holders and/or Gulf War Veterans (specifically 5 point preference eligibles) who originally enlisted (regular Armed Forces) after September 7, 1980 or began active duty on or after

October 14, 1982, must have served continuously for 24 months or the full period called or ordered to active duty. The 24 month service requirement does not apply to 10 point preference eligibles separated for disability aggravated or incurred in the line of duty, or to Veterans separated for hardship or other reasons under 10 U.S.C 1171 or 1173.

**3. TYPES OF PREFERENCE.** The preference categories and points listed below are based on 5 U.S.C. 2108 and 3309. In order to receive preference, the Veteran must have been discharged or released from active duty under honorable conditions.

a. **5 Point Preference (TP).** Five points are added to the passing examination score or rating of a Veteran as defined under paragraph 2i above.

b. **10 Point Compensable Disability Preference (CP).** Ten points are added to the passing examination score or rating of a disabled Veteran who served at any time and has a compensable service-connected disability rating of at least 10 percent but less than 30 percent.

c. **10 Point 30 Percent Compensable Disability Preference (CPS).** Ten points are added to the passing examination score or rating of a disabled Veteran who served at any time and has a compensable service-connected disability rating of 30 percent or more.

d. **10 Point Disability Preference (XP).** Ten points are added to the passing examination score or rating of a disabled Veteran serving at any time who has established the present existence of a service-connected disability or is receiving compensation, disability retirement benefits, or a pension from the VA or the military but does not qualify for CP or CPS preference; or a Veteran who received a Purple Heart.

e. **10 Point Derived Preference (XP Other).** Ten points are added to the passing examination score or rating of spouses, widows, widowers, or mothers of disabled or deceased Veterans. Both a mother and a spouse (including widow or widower) may be entitled to preference on the basis of the same Veteran's service if they both meet the requirements. However, neither may receive preference if the Veteran is living and is qualified for Federal employment.

(1) **Spouse.** Ten points are added to the passing examination score or rating of the spouse of a disabled Veteran who is unable to qualify for a Federal position along the general lines of his or her usual occupation because of a service-connected disability. Such a disqualification may be presumed when the Veteran is unemployed; and

(a) Is rated by appropriate military or VA authorities to be 100 percent disabled and/or unemployable; or

(b) Has retired, been separated, or resigned from a civil service position on the basis of a disability that is service-connected in origin; or

(c) Has attempted to obtain a civil service position or other position along the lines of his or her usual occupation and has failed to qualify because of a service-connected disability.

(2) **Widow/Widower.** Ten points are added to the passing examination score or rating of the widow or widower of a Veteran who was not divorced from the Veteran, has not remarried, or the remarriage was annulled, and the Veteran either served during a war or during the period April 28, 1952, through July 1, 1955, or in a campaign or expedition for which a campaign medal has been authorized; or died while on active duty that included service described immediately above under conditions that would not have been the basis for other than an honorable or general discharge.

(3) **Mother of a Deceased Veteran.** Ten points are added to the passing examination score or rating of the mother of a Veteran who died under honorable conditions while on active duty during a war or during the period April 28, 1952, through July 1, 1955, or in a campaign or expedition for which a campaign medal has been authorized; and

(a) She is or was married to the father of the Veteran; and

(b) She lives with her totally and permanently disabled husband (either the Veteran's father or her husband through remarriage); or

(c) She is widowed, divorced, or separated from the Veteran's father and has not remarried; or

(d) She remarried but is widowed, divorced, or legally separated from her husband when she claims preference.

(4) **Mother of a Disabled Veteran.** Ten points are added to the passing examination score or rating of a mother of a living disabled Veteran if the Veteran was separated with an honorable or general discharge from active duty, including training service in the Reserves or National Guard, performed at any time and is permanently and totally disabled from a service-connected injury or illness; and

(a) She is or was married to the father of the Veteran; and

(b) She lives with her totally and permanently disabled husband (either the Veteran's father or her husband through remarriage); or

(c) She is widowed, divorced, or separated from the Veteran's father and has not remarried; or

(d) She remarried but is widowed, divorced, or legally separated from her husband when she claims preference.

**4. DOCUMENTATION.** The following documents are required to adjudicate Veterans' preference.

a. **Certificate of Release or Discharge from Active Duty (DD Form 214).** VA accepts the Member 4 or the Service 2 copy of the DD form 214 to adjudicate Veterans' preference. The copy must show the character of service and the dates of service.

b. **Certification.** In lieu of a DD Form 214, a service member may submit a letter on official letterhead from his/her respective branch of service which provides the military service dates including the date of expected discharge or release from active duty and character of service. The anticipated

discharge or release date must be within 120 days after the certification is submitted and must also be under honorable conditions. If the Veteran submits a certification, his/her preference must be verified before the effective date of the appointment unless the service member is appointed under the provisions of 5 U.S.C. 5534a regarding dual employment and pay during terminal leave from the uniformed service.

c. **Application for 10-Point Veterans' Preference (SF 15).** In order to receive 10-point preference, the Veteran or Veteran's family member must provide a completed SF 15 and any supporting documentation listed on page 2 of the SF 15. Disabled Veterans who have not been discharged or released from active duty can submit any documentation listed in sections B or C of page 2 of the SF 15 to establish 10-point preference when applying to Federal positions.

**5. RESTRICTIONS.** Veterans preference may not apply in every scenario and may be subject to certain restrictions.

a. **Hiring**. Veterans preference does not apply to inservice placements such as promotion, reassignment, change to lower grade, transfer or reinstatement actions. Military retirees at the rank of major (or equivalent) or above are not entitled to preference unless they are disabled. However, Veterans who meet eligibility criteria in 5 CFR 307 may still be appointed under Veterans Recruitment Authority (VRA). VRA is a separate and distinct non-competitive appointment authority that is not always subject to this limitation, since certainVRA eligibles may or may not be preference eligibles. VRA appointments provisions are covered in 5 CFR 307 and Part II, Chapter 2 of this handbook.

b. **Application of Preference Points**. Preference points described in paragraph 3, are not assigned under merit promotion procedures. Preference points also do not apply when the category rating selection process is applied under delegated examining procedures.

c. **Veterans Preference in RIF**. Preference eligibles are entitled to a higher retention standing in the event of a RIF. Veterans Opportunity to Work Act (VOW) requires that certain Veterans be treated as preference eligibles for appointment purposes, but does not afford preference to those Veterans who are not yet released from active duty in the event of a RIF.]

# [CHAPTER 4. PREFERENCE TO VETERANS IN MAKING HYBRID TITLE 38 APPOINTMENTS

**1. GENERAL.** This chapter contains administrative requirements and procedures relating to the application of Veterans preference in making new appointments to hybrid title 38 occupations identified in 38 U.S.C. § 7401(3) or approved for hybrid status by the Assistant Secretary for Human Resources and Administration. This section applies both to full-time permanent appointments under 38 U.S.C. § 7401(3) and part-time, intermittent or time-limited appointments under 38 U.S.C. § 7405. *This does not apply to the application of Veterans preference in making appointments to full title 38 positions under 38 U.S.C. § 7401(1).*

## 2. BACKGROUND

a. It is Department of Veterans Affairs (VA) policy that qualified preference eligibles and other Veterans receive appropriate VA employment preference. In April 2012, the Merit Systems Protection Board (MSPB) affirmed its earlier 2010 opinion that held that VA is required to follow title 5 Veterans' preference rules when hiring individuals for hybrid title 38 positions (Graves v. VA, 117 M.S.P.R. 697 (2012)). In its 2010 ruling, MSPB clarified that VA is required to "comply with the competitive service Veterans' preference requirements set forth in title 5 of the United States Code in filling positions under 38 U.S.C. § 7401(3)". Graves v. VA, 2010 MSPB 118, at 6 (June 22, 2010); Graves v. VA, 2010 MSPB 123, at 9 (June 30, 2010).

b. MSPB's ruling is based upon its interpretation of 38 U.S.C. § 7403(f)(2) and f(3). Section 7403(f)(2) states that when VA appoints individuals to hybrid positions, it "shall apply the principles of preference for the hiring of Veterans and other persons established in subchapter I of chapter 33 of title 5". Section 7403(f)(3) states that the "applicability of the principles of preference referred to in paragraph (2) . . . shall be resolved under the provisions of title 5 as though such individuals had been appointed under that title." MSPB interpreted these provisions to require VA to follow title 5 Veterans preference requirements when hiring individuals into hybrid occupations.

## 3. DEFINITIONS

a. **Appointing Official.** The Human Resources Officer (HRO)/Manager.

b. **External Applicants.** All United States Citizens who are not Federal employees.
**NOTE:** Federal employees who apply to an external announcement with an area of consideration of U.S Citizens only will be considered an external applicant and Veterans preference will apply.

c. **Federal Applicants.** All current permanent Federal employees who apply for a vacant position.

d. **Internal Applicants.** VA applicants located at the facility and/or Community Based Outpatient Clinic (CBOC) where the vacant position exists.

e. **VA Nationwide Applicants.** All other VA applicants employed by VA, Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), or National Cemetery Administration (NCA) but not located at the facility and/or CBOC where the vacant position exists.

f. **Objection.** A request to remove an eligible applicant from consideration on a particular referral list. An objection may only be sustained if it is based on proper and adequate reasons (see Appendix E).

g. **Pass Over.** A request to pass over a preference eligible that results in the selection of a non-preference eligible.

h. **Referral List.** A list of eligible, qualified applicants for a hybrid title 38 vacancy.

i. **Selecting Official.** The supervisor/manager who is responsible for making selections of employees in subordinate positions.

j. **Unranked Order.** When numerical scores are not assigned to hybrid title 38 applicants as part of the referral process, all qualified applicants will be referred in preference order.

k. **VA Residents/Trainee Candidates.** Any candidate that has successfully completed or is expected to successfully complete a formal VA sponsored training program specific to hybrid title 38 occupations identified in 38 U.S.C. § 7401(3).

l. **Functional Statements (FS).** An official statement of the major duties and responsibilities of a position that are in alignment with the qualification standards. Functional statements should be in alignment with the qualification standards of the position and include the specialty area where work is performed and the specialized experience that is required for the assignment.

m. **Basic Requirements.** Basic requirements are defined as: citizenship, English language proficiency, experience and/or education, licensure/certification, and physical requirements as described in VA qualification standard for the occupation. **Note:** Basic requirements could also include, specialized experience, which should be reflected in the qualification standards for the position, and may include the following: one year of specialized experience for assignments at the next lower grade level for those assignments above the entry level, and any specialized experience required for the specific assignment.

## 4. FUNCTIONAL STATEMENTS

FS must be established and utilized for the purpose of recruitment, evaluation, and organizational design for all covered hybrid title 38 positions and employees. A FS must be in writing and prepared before a position can be recruited and filled. Management is responsible for creating a FS for each position with the assistance of HR. The duties reflected in the FS must be the actual duties performed. For a position that will be recruited or filled at grade levels below the full performance level (FPL), FS must be developed for each grade level up to and including the FPL. Managers and HR are responsible for ensuring the duties reflected in the FS are in alignment with those defined in the qualification standards for the assignment and grade level and resolving any issues before the position is recruited and filled.

The FS must include: general description of assigned duties; functions or scope of assigned duties to include specialized duties as defined in the assignment within the qualification standard consistent with the definition of basic qualifications outlined in paragraph 3m above; supervisor controls; citation of qualification requirements; customer service requirements; age, development and cultural needs of patient's requirements; and computer security. Functional statements are required to include specialty areas where work is performed and the specialized experience that is required for the assignment in alignment with the qualification standards (i.e. LPN for ICU).

## 5. HIRING VA RESIDENTS/TRAINEE CANDIDATES

a. VA residency and trainee programs are a critical part of VA's succession plan and a key source of candidates for critical hybrid title 38 occupations.

b. Similar to other external hybrid title 38 hiring practices, external announcements are not required in order to recruit upcoming graduates and/or to appoint a candidate that has completed a VA residency/trainee program. Pools of upcoming or current graduates may be targeted for recruitment either locally or nationwide prior to graduation and subsequent to graduation, and individuals selected for these positions may be appointed into the occupation without further competition. Facilities may establish local procedures for referral of and selection of candidates from VA residency/trainee programs. These procedures should take into account any internal recruitment and/or bargaining unit agreements which must be satisfied prior to consideration of VA residency/trainee program candidates.

c. Qualified preference eligible candidates who have completed a VA residency/trainee program for a hybrid title 38 occupation who are being considered along with other qualified VA residency/trainee candidates must receive consideration in accordance with the provisions set forth in this chapter for external hiring practices and Veterans' preference.

## 6. JOB OPPORTUNITY ANNOUNCEMENTS (JOA)

a. Facilities must consult and follow local and national bargaining agreements to determine the area of consideration.

b. Hybrid title 38 vacancies can be filled without posting a JOA. If there are Veterans' preference eligible applications on file that were not solicited via an external JOA, the qualified Veterans' preference eligible applicants must be considered before an external non-preference eligible applicant may be selected.

c. JOA processes are at the discretion of the servicing HR Officer and selecting official who may choose to utilize USA JOBS or other avenues of recruitment such as local newspaper advertisements, journal advertisements, etc. To announce on USA JOBS, hybrid title 38 vacancies must be posted using the USA Staffing system.

d. JOAs must include the duties reflected in the FS and any requirements of specialized experience consistent with the definition of basic requirements outlined in paragraph 3m above.

e. JOAs may be posted internally, externally or both. The area of consideration should be considered before posting a JOA in order to attract a sufficient number of well-qualified applicants. The following guidance should be followed when posting announcements on USA Staffing:

(1) **Internal Announcement Requirements**

(a) Announcement of hybrid title 38 vacancies is not required by law or VA policy; however, hiring facilities must abide by the terms of their local/national labor master agreements.

(b) Area of consideration includes internal facility employees and/or all VA nationwide applicants and **may** include current permanent Federal applicants of other agencies. Veterans' preference does not apply to promotions, reassignment, a change to lower grade or transfer for internal announcements.

(c) Hybrid title 38 internal announcements must be announced at all grade levels up to the full performance level.

(d) When hybrid title 38 positions above the full performance level are filled, the position can only be established for that specific grade level and may not be targeted to a higher grade. Additionally, the selectee MUST qualify for that specific grade level and cannot be placed in the position at a lower grade level and then targeted to higher grade.

(2) **External Announcement Requirements**

(a) Area of Consideration includes all U.S. Citizens or all U.S. Citizens and other current permanent Federal employees of other agencies. If the area of consideration is all U.S. Citizens, Veterans' preference applies and should be specified in the JOA. Veterans' preference does not apply for other current permanent Federal agency employees as long as they are listed as part of the area of consideration.

(b) External Announcements for positions at or below the full performance level may be announced on USA JOBS using the USA Staffing system at all grades from the entry level to the full performance level (if this option is used, all grades **must** be listed on the JOA) or only at the full performance level.

(c) When hybrid title 38 positions above the full performance level are filled, the position can only be established for that specific grade level and may not be targeted to a higher grade. Additionally, the selectee MUST qualify for that specific grade level and cannot be placed in the position at a lower grade level and then targeted to higher grade.

## 7. APPLICATION REVIEW AND QUALIFICATION DETERMINATIONS

HR is responsible for performing a review of the basic requirements consistent with paragraph 3m above on each application submitted for the position. The review of basic requirements must be completed prior to applying veteran's preference and referral to the selecting official. The basic requirements include citizenship, English language proficiency, experience and/or education, licensure/certification, and physical requirements. **Note:** Basic requirements could also include specialized experience, which

should be reflected in the qualification standards for the position, and may include the following: one year of specialized experience for assignments at the next lower grade level for those assignments above the entry level, and any specialized experience required for the specific assignment.

## 8. REFERRAL LIST

a. **Internal Referral List**

(1) When hybrid title 38 vacancies up to the full performance level are announced, all applicants must be evaluated by the servicing Human Resources (HR) office for basic requirements consistent with paragraph 3m above; HR is responsible for ensuring that applicants meet all the qualification requirements in the VA qualification standard for the occupation/assignment. The review of basic requirements must be completed prior to referral to the selecting official.

(2) For positions above the full performance level of the occupation, applicants must meet the basic requirements consistent with paragraph 3m above; HR is responsible for ensuring that applicants meet all the qualification requirements in the VA qualification standard for the occupation/assignment. The review of basic requirements must be completed prior to referral to the selecting official.

(3) Once all eligible and qualified applicants have been determined, internal applicants must be referred to the selecting official/hiring manager in the following order without regard to Veterans' preference.

(a) Internal applicants

(b) VA Nationwide applicants

(c) Other permanent Federal agency applicants (if applicable)

b. **External Referral List**

(1) For positions at the full performance level or below, applicants must meet the basic requirements, consistent with paragraph 3m above; HR is responsible for ensuring that applicants meet all the qualification requirements in the VA qualification standard for the occupation/assignment. The review of basic requirements must be completed prior to applying veteran's preference and referral to the selecting official.

(a) If announced below the full performance level all external qualified applicants will be referred by grade levels up to and including the full performance level. HR will identify qualified candidates that meet the basic requirements for the occupation as well as the requirements for each individual grade level.

(b) If announced only at the full performance level all external qualified applicants will be referred at that grade level. HR will identify candidates that meet the requirements for the occupation as well as requirements for the full performance level.

(2) For positions above the full performance level of the occupation, applicants must meet the basic requirements consistent with paragraph 3m above; HR is responsible for ensuring that applicants meet all the qualification requirements in the VA qualification standard for the occupation/assignment. HR will identify candidates that meet the requirements for the occupation as well as requirements for the specific grade level. The review of basic requirements must be completed prior to applying veteran's preference and referral to the selecting official.

(3) Other current permanent Federal agency applicants must be referred on a separate referral list as long as they are listed as part of the area of consideration. Veterans' preference does not apply to promotions, reassignment, change to lower grade or transfer if the external area of consideration includes other current permanent Federal agency employees.

(4) When making appointments to any hybrid title 38 occupations identified in 38 U.S.C § 7401(3) or approved for hybrid status by the Assistant Secretary for Human Resources and Administration, under the authority of 38 U.S.C. § 7401(3) or 7405, external applicants for new appointments must be referred in accordance with the provisions of 5 CFR 302.304(b)(4) and/or 5 CFR 302.304(b)(5) as listed below:

(a) In accordance with 5 CFR 302.304(b)(4), professional and scientific positions at the GS-9 level and above, or equivalent, must be referred with no numerical scores (unranked order). All preference eligibles will be considered together, regardless of the type of preference, followed by all other applicants. (See Appendix F)

(b) In accordance with 5 CFR 302.304(b)(5) unranked order should be used when no numerical scores are assigned to external applicants. Applicants who have received eligible ratings for positions (other than professional and scientific positions at the GS-9 level and above addressed in subparagraph (a)) will be considered in the following order:

1. CPS/CP. Preference eligible having a compensable service-connected disability of 10 percent or more.

2. XP. A Veteran who served at any time and has a present service-connected disability or is receiving compensation, disability retirement benefits, or pension from the military or the VA but does not qualify as a CP or CPS; or a Veteran who received a Purple Heart. Both a mother and a spouse (including widow or widower) may be entitled to preference on the basis of the same Veteran's service if they both meet the requirements. However, neither may receive preference if the Veteran is living and is qualified for Federal employment. This is called "derived preference" because it is based on service of a Veteran who is not able to use the preference.

3. TP. 5-point preference

4. SSP (Sole Survivorship Preference, Public Law 110-317). Under SSP the individual does not receive Veterans' preference points. The individual is listed ahead of non-preference eligibles. SSPs are entitled to receive the same pass over rights as other preference eligibles and are entitled to credit experience in the armed forces to meet the qualification requirements for Federal jobs. The SSP is a

preference eligible category for Veterans released or discharged from a period of active duty from the armed forces, after August 29, 2008, by reason of a "sole survivorship discharge." A sole survivorship discharge is a separation of a member from the armed forces, at the request of the member, pursuant to Department of Defense policy permitting the early separation of a member who is the only surviving child in a family in which the father or mother or one or more siblings (1) served in the armed forces and (2) was killed, died as a result of wounds, accident, or disease, is in a captured or missing in action status, or is permanently 100 percent disabled or hospitalized on a continuing basis (and is not employed gainfully because of the disability or hospitalization) where (3) the death, status, or disability did not result from the intentional misconduct or willful neglect of the parent or sibling and was not incurred during a period of unauthorized absence.

5. All Other Applicants

## 9. SELECTIONS

a. Qualified preference eligibles are an important source of external applicants and must receive full consideration when making external hiring decisions. Whether or not the vacancy was announced externally, when qualified preference eligible Veterans are referred for vacancies, the provisions of this chapter must be followed and documented.

(1) Selecting officials may make a selection from any referral list at any grade level.

(2) Veterans' preference applies at the grade level from which the selection is made.

b. According to provisions contained in 5 CFR 302.401, when making a selection from a list of applicants in unranked order a selection must be made from the highest available preference category (as long as at least three (3) applicants remain in that group). When fewer than 3 applicants remain in the highest category, consideration may be expanded to include the next category. Professional and scientific positions at the GS-9 level and above are considered to be a single category as all preference eligibles are considered together regardless of the type of preference.

c. 5 CFR 302.401(a)(2) states that an agency is not required to consider an applicant that has been previously considered three times. The following criteria pertain to three considerations: excepted service employees must be considered three times for the same announcement; and if three selections are made from the same announcement, then the applicant has been considered three times. An objection or pass over request must be submitted for thirty (30) percent or more preference eligibles.

d. 5 CFR 302.401(a)(2) also states that a preference eligible that has been discontinued for a position based on an objection to or pass over request being sustained does not have to be considered.

e. When making an external selection, a non-preference eligible applicant may not be selected over a qualified preference eligible applicant without first receiving approval to object to or pass over the preference eligible.

f. Recruitment case files must be retained and available as proof that preference eligibles have been afforded the opportunity to apply for and receive consideration for any appropriate hybrid title 38 vacancy for which facilities conduct external recruitment.

g. When unfavorable information is received during the pre-employment process (i.e., VetPro, background, physicals, etc.), an objection to or pass over request must be submitted in order to select from the next preference category or a non-preference eligible.

## 10. OBJECTION OR PASS OVER REQUESTS FOR HYBRID TITLE 38 POSITIONS

a. A request to object to or pass over a preference eligible with a compensable service-connected disability of 30 percent or more must be adjudicated by OPM. A request to object to or pass over a preference eligible with a compensable service-connected disability of less than 30 percent must be adjudicated by the servicing Human Resources Officer. **NOTE:** *See paragraph 11 to object to or pass over a preference eligible based on physical/medical conditions and paragraph 12 to object to or pass over a preference eligible based on suitability.*

b. The due date of the referral list must be extended if the request to object to or pass over is pending adjudication. When a JOA contains multiple vacancies, other selections may be made; however, one vacancy must be held for the Veteran while the request to object to or pass over is pending adjudication approval/disapproval. If the JOA only has one vacancy, then no selection can be made until a decision has been made.

c. The procedures listed below must be used to request OPM approval to object to or pass over a preference eligible with a compensable service-connected disability of 30 percent or more.

(1) If the preference eligible applicant has a compensable service connected disability of 30 percent or more, an objection to or pass over request, signed by the facility Director, must be sent by the servicing HRO to the address below for review. Upon completing a review of the request, OHRM will forward the request to OPM for adjudication or return the objection to or pass over request to the facility HRO without approval.

Director, Recruitment and Placement Policy Service (RPPS/059)
Office of Human Resources Management (OHRM)
810 Vermont Avenue, N.W., Washington, DC 20420

(2) The objection to or pass over request must include written justification from the selecting official that fully documents the reason(s) for the objection to or pass over request. Appropriate documentation may include interview notes, questions, reference checks, police reports, qualification standard, etc. (**NOTE:** *See appendix E for adequate reasons to sustain an objection to or pass over request and SF62, Agency Request to Pass Over a Preference Eligible or Object to an Eligible.*)

(3) If the pass over request directly related to patient care, an assessment related to the clinical competencies of the preference eligible applicant and the applicant selected should be included. The

selecting official must include written justification on how the Veteran does not have the skills, knowledge or clinical requirements for the position.

(4) Submit the OHRM/VACO objection to or pass over checklist (see appendix G) along with all of the completed documents listed on the checklist. **NOTE:** *See appendix H for the sample letter of notification to the Veteran referenced on the checklist.*

(5) OPM will issue a decision letter that states whether the request is approved or denied. If OPM denies the objection to or pass over, the facility has the following options:

1. Challenge OPM's decision by submitting additional information to support a favorable decision within 30 days from the date of the OPM letter.

2. Consider/select the preference eligible for the position.

d. The procedures listed below must be used to object to or pass over a preference eligible rated less than 30 percent. Such requests must be adjudicated by the HRO.

(1) The selecting official must fully document and submit the reason(s) for the objection to or pass over request. It is important to treat every request as if it is going to be adjudicated by OPM. Appropriate documentation may include interview notes, questions, reference checks, police reports, qualification standard, etc. **NOTE:** *See appendix E for criteria to sustain an objection to or pass over request.*

(2) If the objection to or pass over is directly related to patient care, a clinical assessment of the competencies of the preference eligible applicant and the applicant selected must be included.

(3) The HRO is required to document a decision in a formal memorandum for the record that states whether the request is approved or denied and the basis for the approval or denial. The justification documentation should be the same as the documentation submitted for a 30 percent disabled Veteran objection to or pass over request and maintained in the facility case file. (See Appendix G).

## 11. OBJECTION OR PASS OVER REQUEST FOR PHYSICAL OR MEDICAL CONDITIONS

a. Requests to object to or pass over any preference eligible based on a physical or medical condition must be adjudicated by OPM. A selecting official may submit a request to object to or pass over a preference eligible when it is believed the applicant may have a physical or medical (including mental) condition that will prevent him or her from performing the full range of essential duties and responsibilities of the position safely and efficiently.

b. The selecting official must assess whether reasonable accommodation can be provided to permit performance of the job despite the condition when considering whether a physical or medical condition will have an impact on an eligible's capacity to perform the job efficiently and safely. The servicing HRO must submit the request, signed by the facility Director, along with thorough supporting documentation to OPM at the following address:

Office of Personnel Management
Human Capital Leadership and Merit System Accountability Division
Employment Division – Medical Passovers
1900 E. Street NW, Room 6500
Washington, D C 20415-0001

c. If OPM sustains the objection to or pass over request, the preference eligible must be removed from consideration for the vacant position and the selecting official may select the next available certified preference or non-preference eligible on the referral.

d. If OPM does not sustain the objection to or pass over request, the selecting official may challenge the decision by submitting additional information to support a favorable decision; or consider/select the preference eligible for a job.

**12. OBJECTION OR PASS OVER OF A PREFERENCE ELIGIBLE BASED ON SUITABILITY**

a. The servicing HR Office must consult with the VA Office of Operations, Personnel Security and Suitability Service (07C) to determine if an objection to or pass over is warranted locally for a preference eligible rated less than 30 percent, based on potentially disqualifying suitability information.

b. A request to object to or pass over a preference eligible with a compensable service-connected disability of 30 percent or more based on suitability must be adjudicated by OPM. The servicing HRO must submit the request, signed by the facility Director, along with thorough supporting documentation to the VA Office of Operations, Security and Preparedness; Personnel Security and Suitability Service (07C). VA Office of Operations, Security and Preparedness; Personnel Security and Suitability Service (07C) will forward the request to OPM for adjudication or return the request to the facility HRO without action. Requests for suitability based actions must be sent to:

Department of Veterans Affairs
Director, Personnel Security and Suitability Service (07C)
810 Vermont Avenue, N.W.
Washington, D.C. 20420

**13. OVERSIGHT.** The local facility Director and HRO must make selecting officials aware of their responsibilities and hold them accountable for supporting the hiring of qualified preference eligibles and other Veterans. Training and advisory services should be available to supervisors and managers through means such as HR:

a. Providing individual advice and assistance to recommending/selecting officials;

b. Providing recommending/selecting officials with checklists, guidelines, and instructions along with a listing of eligibles (as applicable);

c. Conducting periodic supervisory training as well as new supervisor training; and

d. Providing guidance via the facility's web site, supervisor's manual, internal guidance, newsletter, senior management meetings, etc.]

# APPENDIX A.
# OUTSIDE RECRUITING ASSISTANCE FROM COMMERCIAL RECRUITING FIRMS AND NONPROFIT EMPLOYMENT SERVICES

**1. PURPOSE.** This appendix provides policy and guidance on contracting with commercial recruiting firms and nonprofit employment services to locate an additional source of applicants.

**2. BACKGROUND.** The Government use of commercial and nonprofit employment services is authorized in 5 CFR, part 300, subpart D. Use of commercial recruiting firms is a supplement to, not a substitute for, a VA organization's own recruiting efforts. Candidates identified through outside recruiting sources must be evaluated, considered and appointed through regular VA and Federal civil service rules and employment procedures including veteran preference.

## 3. POLICY

a. VA will comply with the requirements in subpart D of 5 CFR, part 300, the Federal Acquisition Regulation (FAR), and the Veterans Affairs Acquisition Regulation (VAAR) when contracting for outside recruiting assistance.

b. These regulations apply to filling positions: in the title 5 competitive service; in the title 5 excepted service under Schedules A, B, and C; in the title 5 Senior Executive Service; and in the title 38 excepted service of the Veterans Health Administration (VHA).

c. Equal Employment Opportunity (EEO) principles will be observed in the administration of this authority.

## 4. DELEGATIONS OF AUTHORITY

a. The authority to determine the need to contract for outside recruiting assistance is delegated to Administration Heads, Assistant Secretaries, Other Key Officials, and Deputy Assistant Secretaries. This authority is further delegated as the following indicates and shall not be delegated below the facility Director.

b. In accordance with 38 U.S.C. 8110, contracting authority in VHA is delegated to the field facility Director.

c. In VA Central Office, the authority to determine the need to contract is delegated to Administration Heads, Assistant Secretaries, Other Key Officials, and Deputy Assistant Secretaries with the concurrence of the Director, Central Office Human Resources Service (035).

d. The authority to determine the need to contract is delegated to all other facility directors.

**5. PROCUREMENT.** Contracts for use of outside recruiting assistance must be acquired in accordance with contract types and procedures stipulated in FAR. In order to expedite the urgent requirement for such services, establishing indefinite delivery/indefinite quantity contracts may be appropriate. Contracting activities may elect to submit solicitations to Acquisition Program Management (95A) in VA Central Office for technical/legal review if the estimated value is less than the threshold specified in VAAR 801.602-70.

**6. RECORDS MAINTENANCE INSTRUCTIONS.** In all instances of contracting for use of outside recruiting assistance, the basis for the determination of the need for recruiting assistance shall be documented and records pertaining to the procurement action maintained by the Human Resources Management (HRM) office in an auditable form. The records to be maintained are those necessary to determine that using commercial recruiting firms or nonprofit employment services is cost effective and has not resulted in the violation of merit system principles or the commission of any prohibited personnel practice. Upon request from the Office of Personnel Management (OPM) or VA Central Office, facilities will provide reports on the use of outside recruiting assistance.

**7. RESPONSIBILITIES**

a. The Deputy Assistant Secretary for Human Resources Management [and Labor Relations], Human Resources Management [Recruitment and Placement Policy] Service (05[9]) is responsible for providing assistance to VA HRM officials to ensure that the use of the authority is consistent with OPM regulations, and is also responsible for providing any Department-level reports to OPM.

b. The Deputy Assistant Secretary for Acquisition and Materiel Management (90) is responsible for providing assistance to VA officials concerning the procurement and contract administration processes.

# [APPENDIX B. DELEGATED EXAMINING (DE)

**1. PURPOSE.** This appendix provides VA procedures and guidance on the filling of competitive service positions under case examining from certificates of eligibles obtained from a VA delegated examining unit (DEU) or other DEU or Office of Personnel Management (OPM) services office. It ensures proper use of VA's authority to examine for title 5 competitive service positions as authorized by the Interagency Delegated Examining Agreement between VA and OPM. This guidance should be used in conjunction with OPM's Delegated Examining Operations Handbook (DEOH), specific authorities cited in the Department's delegation agreement and applicable laws in title 5 of the United States Code, and regulations published in the Code of Federal Regulations. While the information in this appendix is current as of the date of issue, any changes in regulation or law will supersede the information in this appendix or the DEOH.

## 2. BACKGROUND

a. Historically, VA DEUs have: examined for selected occupations on a nationwide basis; provided facility-specific, regional, or organizational coverage; provided examining services to some VA facilities on a reimbursable basis; and/or provided examining services to another Federal agency.

b. The Interagency Delegated Examining Agreement between VA and OPM authorizes VA to examine for all title 5 occupational series and grade levels nationwide except Administrative Law Judge positions.

**3. RESPONSIBILITIES.** All VA officials engaging in actions concerning delegated examining will do so in full compliance with the requirements of the merit system principles in the 5 U.S.C 2301 and the prohibited personnel practices in 5 U.S.C. § 2302.

a. **Deputy Assistant Secretary for Human Resources Management.** Approves the establishment of a DEU.

b. **Recruitment and Placement Policy Service (059), Office of Human Resources Management (OHRM)**

(1) Makes recommendation to the Deputy Assistant Secretary for Human Resources Management on the establishment of a DEU.

(2) Prepares all requests to OPM to request Delegated Examining (DE) authority for additional VA components, notification of termination of VA components and changes of DE programs.

(3) Monitors DEU's submission of completed quarterly workload reports to OPM in the Delegated Examining Information System (DEIS).

(4) Monitors training and certification of individuals responsible for conducting DE activities and audits.

(5) Provides guidance and review for variation requests due to erroneous appointments.

(6) Prepares annual reports to Congress and OPM after each of the first 3 years of category rating use.

c. **Oversight and Effectiveness Service (054), OHRM**

(1) Coordinates and conducts annual VA DEU evaluations.

(2) Evaluates DEUs for adherence to merit systems principles.

d. **Human Resources Officers (HROs)**

(1) Ensure the locally established Reemployment Priority List (RPL) and the Career Transition Assistance Plan (CTAP) listing have been cleared before requesting DEU certificates of eligibles for vacancies.

(2) Submit complete requests for delegated examining to include job analysis and proposed crediting plan. See Appendix G of the DEOH for procedures on conducting job analysis and developing a crediting plan.

(3) Collaborate with the selecting official to determine the adequacy of the justification for any requested pass over or objection and to develop and submit any warranted request to OPM.

(4) Perform initial audit of used DEU certificate of eligibles before it is returned to DEU.

e. **Delegated Examining Units (DEUs)**

(1) Ensure VA's selecting officials have a sufficient pool of well-qualified eligibles from which to fill vacant competitive service positions.

(2) Uphold the laws, regulations and policies of merit system principles.

(3) Prepare and publish accurate, clear and concise recruitment announcements and public notices.

(4) Develop assessment instruments.

(5) Acquire and maintain adequate supplies of needed standard and optional forms.

(6) Screen applications for minimum qualifications.

(7) Rate applications.

(8) Rank eligibles based on their ratings.

(9) Apply/adjudicate Veterans preference in accordance with Chapter 4, Section B of the DEOH.

(10) Notify applicants of the status of their applications in a timely fashion beginning with the receipt of the application, eligibility results, notice of rating and/or referral or non-referral, and finally the selection or non selection. Record the date of each of the four applicant notifications in the automated systems: USA Staffing and/or USAJOBS.

(11) Administer and score written tests, if applicable.

(12) Approve selective and quality ranking factors identified and documented through the job analysis process.

(13) Screen applications for potential suitability concerns.

(14) Determine that applicants have met time-after-competitive-appointment requirements.

(15) Recruit, examine and refer eligibles in compliance with VA's Career Transition Assistance Plan (CTAP) and the Interagency Career Transition Assistance Plan (ICTAP).

(16) Implement VA's procedures through which applicants may request reconsideration of their ratings. (Administrative grievance or ADR procedures)

(17) Issue certificates of eligibles, audit certificates, and implement objection/pass over procedures.

(18) Ensure certification of individuals responsible for conducting delegated examining activities.

(19) Comply with reporting and record-keeping requirements by thoroughly documenting all methods and processes used for each case in the event reconstruction is necessary.

(20) Submit information into the Delegated Examining Information System (DEIS) on a timely basis.

## 4. DEFINITIONS

a. **Amended Certificate.** A modification of the original certificate with additional name(s) which were not on the original.

b. **Appointing Official.** The person having the authority, by law, or by duly delegated authority, to appoint, employ, or promote individuals to positions in an agency. The human resources officer/manager holds this authority.

c. **Category Rating.** An alternative rating, ranking and selection method which has a minimum of two quality categories.

d. **Certified Eligible.** An applicant whose application package is assessed as qualified and meeting eligibility requirements whose name is placed on the certificate of eligibles.

e. **Objection.** A request to remove an eligible from consideration on a particular certificate.

f. **Pass Over Request.** An objection filed against a certified preference eligible which may result in the selection of a certified non-preference eligible.

g. **Priority Consideration.** A special order of consideration for placement given to an eligible who was previously denied consideration due to an administrative error, law or regulatory violation.

h. **Selecting Official.** The supervisor/manager who is responsible for making selections of employees in subordinate positions.

**5. ESTABLISHMENT OF A DEU.** A VA organization interested in requesting approval to establish a DEU should submit a written request through the channels appropriate to that organization to the Recruitment and Placement Policy Service (059), OHRM. For example, all three VA administrations have existing DEUs and the respective head of the Administration-level human resources organization is the appropriate official to initiate a request for additional DEUs. Similarly, the executive in charge of the human resources issues for a VA Staff Office would initiate a request to establish a DEU for the respective Staff Office. The request to establish a DEU must include the following:

a. Name of the Federal organizational entities, VA or non VA, for which competitive examining will be provided;

b. The geographic area to be covered;

c. The classification and organizational titles, pay plans, series, and grades for the positions for which the DEU will examine;

d. The address, room number and mailing address, of the proposed DEU;

e. The name, title, phone number, fax number, and email address of the proposed DEU Manager. The DEU Manager must be a human resources (HR) specialist possessing a thorough knowledge of title 5 staffing, at no less than a GS-11 level or equivalent;

f. The names and titles of all HR specialists that will be performing competitive examining work, including administrative assistance. HR specialists assigned to a DEU must have acquired demonstrated and necessary work experience and skill in staffing and placement using title 5 procedures at a functional level of competency prior to taking the required OPM DEU certification training;

g. The number of USA Staffing system licenses needed for competitive examining work, as well as the number of licenses that are already in place, if any; and

h. If the DEU plans to conduct OPM written tests, the names and phone numbers of the DEU staff members who will serve as the Test Administrator and the Test Security Control Officer.

**6. BEGINNING THE COMPETITIVE EXAMINING PROCESS.** The HRO must submit a complete recruitment package to the designated servicing DEU to fill a position using competitive examining procedures. The recruitment package includes the position description, job analysis and crediting plan, copy of the completed SF-52 Request for Personnel Action, and a copy of the merit promotion announcement, if applicable.

a. The DEU is responsible for assuring a suitable number of well-qualified candidates are available for consideration on the certificate of eligibles. The process begins when the DEU receives the recruitment package.

b. All DEU announcements must be posted on USAJOBS. USAJOBS is the official jobsite for the Federal government. The DEU must use the USA Staffing recruitment system to accept and assess applications.

c. The DEU job opportunity announcement must include the following content in accordance with 5 CFR 330.707:

(1) Title, series, pay plan, and grade (or pay rate);

(2) Duty location;

(3) Open and closing dates, plus any other information dealing with how the receipt of applications will be controlled, such as the use of early cut-off dates;

(4) Name of issuing agency and announcement number;

(5) Qualification requirements, including knowledge, skills, and abilities, and a specialized experience definition;

(6) Entrance pay;

(7) Brief description of duties;

(8) Basis of rating;

(9) What to file;

(10) Instructions on how to apply;

(11) Information on how to claim Veterans' preference, if applicable;

(12) The agency's definition of well-qualified;

(13) Information on how CTAP and/or ICTAP candidates may apply, including proof of eligibility required;

(14) Equal employment opportunity statement; and

(15) Reasonable accommodation statement.

d. Assessment tools must be job related and used in accordance with 5 CFR, part 300. Examples of assessment tools are: job knowledge tests, rating schedules, ability tests, work samples, situational judgment tests, and structured interviews.

e. The DEU HR specialist must review the applications for: age, citizenship, selective service requirements, and minimum qualifications. Next, the DEU HR specialist adjudicates Veterans preference, rates and ranks the applications. The DEU HR specialist must assess applicant's suitability before appointment into the position for which selected.

**7. TYPES OF RATING PROCEDURES.** Numerical rating and category rating are the two types of rating procedures available to DEU HR specialists to assess applicants and develop the list of eligible candidates.

a. **Numerical Rating.** Under numerical rating procedures, a maximum score of 100 points is produced or 110 points for some certified Veterans preference eligibles. There are three procedures used to attain the numerical scores:

(1) Rank and select using numerical test scores. When using this procedure the test assesses the applicant's job-related KSAs/competencies;

(2) Rank and select using quality level rating (A-C-E). When using this procedure the applicant's total qualifying experience is combined with the education/training into a single quality level rating. It also provides for assigning additional points, on the basis of an evaluation of the applicant in terms of specific competencies/knowledge, skills and abilities (KSAs) that are important for successful performance of the duties of the position. This procedure uses three quality levels; and

(3) Rank and select using a generic rating (education/training and experience). When using this procedure a position has the same basic minimum qualifications and general competency/KSA requirements but the specialty or specialized experience required varies by series, e.g., Electronic Engineering or Mechanical Engineering.

b. **Category Rating.** Under the category rating procedure, applicants who meet basic minimum qualification requirements established for the position and whose job-related competencies or KSAs have been assessed are ranked by being placed in one of two or more quality categories, e.g., Highly Qualified and Qualified; Best Qualified, Well Qualified, and Qualified; or Excellent, Highly Satisfactory, and Satisfactory, etc., instead of being ranked in numeric score order. Quality categories should be written to reflect the requirements to perform the job successfully and to distinguish differences in the quality of candidates' job-related competencies/KSAs. Test scores may be used as part of the job-related criteria to place eligible candidates into quality categories, as long as the test assesses job-related competencies/KSAs. The selecting official and servicing HRO must establish and define the quality categories in the job analysis prior to issuing the job opportunity announcement. Preference eligibles are listed ahead of non-preference eligibles within each quality category. Veterans' preference is absolute within each quality category. Information on how to establish quality categories can be found in Chapter 5 of the DEOH

**8. ORDER OF SELECTION ON THE CERTIFICATE OF ELIGIBLES.** After completing the rating procedure process, each eligible must be ranked by score in his or her entitlement group to establish the "order of selection". Within each entitlement group, eligibles must be ranked in the order of their numerical rating, including Veterans' preference points (under numerical rating). If there is a tie in the numerical scores between eligibles in different preference categories, the order of ranking is: 30 % Compensable Disability Preference (CPS)/Compensable Disability Preference (CP), Disability Preference (XP), tentative preference (TP) and then non preference (NV). In the 3rd category listed below (subparagraph a(1)(c)), CPS and CP go to the top of the certificate of eligibles, regardless of numerical rating. If there is more than one CPS or CP eligible, they are listed in score order. For this purpose there is no difference between CPS and CP Veterans. If tied scores occur, one of the tie-breaking procedures identified in paragraph 10 must be applied.

a. **Numerical Rating.** The order of selection for numerical rating procedures is as follows:

(1) **Order of Selection for Most Positions and Grade Levels Under Numerical Rating Procedures.** The order of selection on a certificate of eligibles for most positions and grade levels (excluding Professional and Scientific positions at the GS-9 grade level and above and positions restricted to preference eligibles) is as follows:

(a) Interagency Career Transition Assistance Program (ICTAP) Eligibles;

(b) Eligibles that lost consideration due to erroneous certification;

(c) All 10-point preference eligibles with a service-connected disability of 10 percent or more (CPS and CP); and

(d) All remaining eligibles in score order.

(2) **Order of Selection for Positions Restricted to Preference Eligibles Under Numerical Rating Procedures.** Non preference eligibles may only be certified if the supply of preference eligibles has been exhausted. When non preference eligibles are certified, they are listed below the last preference eligible. The order of selection on a certificate of eligibles for positions restricted to preference eligibles is as follows:

(a) ICTAP eligibles entitled to Veterans' preference;

(b) Preference eligibles that lost consideration due to erroneous certification;

(c) All 10-point preference eligibles with a service-connected disability of 10 percent or more;

(d) All remaining preference eligibles;

(e) Non-preference ICTAP eligibles;

(f) Non-preference eligibles that lost consideration due to erroneous certification; and

(g) All remaining eligibles (if non-Veterans were allowed to compete).

[**NOTE:** *See part II, chapter 2, paragraph 5 for procedures regarding appointment to positions restricted to preference eligibles*.]

(3) **Order of Selection for Professional and Scientific Positions at the GS-9 Grade Level and Above Under Numerical Rating Procedures.** Within each entitlement group, eligibles must be ranked in the order of their numerical rating, including Veterans' preference points. Professional and scientific positions are identified in the OPM publication *Handbook of Occupational groups and Families*.
It is very important to verify whether the series is in a professional occupation, since a misidentification could lead to a violation of veterans' preference law and the invalidation of an appointment. The order of selection on a certificate of eligibles for Professional and Scientific positions at the GS-9 grade level and above is as follows:

(a) ICTAP eligibles;

(b) Eligibles that lost consideration due to erroneous certification; and

(c) All other eligibles in score order.

b. **Category Rating.** The order of selection for category rating procedures is as follows:

(1) **Order of Selection for Most Positions and Grade Levels Under Category Rating Procedures.** The certificate of eligibles list certified eligibles in the following order:

(a) ICTAP eligibles;

(b) Eligibles who lost consideration due to erroneous certification;

(c) Eligibles in highest quality category; and

(d) Eligibles in the next lower quality categories, as needed.

(2) **Order of Selection for Professional and Scientific Positions at the GS-9 Grade Level and Above Under Category Rating Procedures.** Within each of the groups, eligibles are ranked in the order of their numerical ratings. Compensable disabled preference eligibles (CPS/CP) are not automatically placed at the top of the certificate of eligibles. Professional and scientific positions are identified in the OPM publication. *Handbook of Occupational Groups and Families.*. It is very important to verify whether the series is in a professional occupation, since a misidentification could lead to a violation of veterans' preference law and the invalidation of an appointment. The certificate of eligibles list certified eligibles in the following order:

(a) ICTAP eligibles;

(b) Eligible candidates who lost consideration due to erroneous certification (eligibles entitled to priority consideration); then

(c) Eligible candidates in numerical order, highest numbers first (under traditional numerical rating) or eligibles in the highest quality category (under category rating).

## 9. PLACEMENT OF QUALIFIED ELIGIBLES ON THE CERTIFICATE OF ELIGIBLES

a. **Application of the "Rule of Three" Using Traditional Numeric Rating Procedures.** When selecting from a certificate of eligibles under the "rule of three" procedures, each eligible is afforded his or her right to receive a bona fide employment consideration. This can only occur if a valid selection is made. An eligible who is among the top three eligibles does not receive a "consideration" if no one is selected. Additionally, the "rule of three" allows a selecting official to eliminate an eligible that has been considered for three separate appointments from the same or different certificates for the same position. After arranging all the eligibles in score order by their entitlement, the number of names of certified eligibles referred to the selecting official for consideration is determined. The general rule for referring the appropriate number of eligibles per vacancy is that there must be enough names certified from the highest ranking eligibles to permit the selecting official to consider at least three names for appointment to each vacancy in the competitive service. This means the appointing official is entitled to consider three eligibles for each vacancy. There may not always be three eligible names to refer to the selecting official. If there are less than three eligibles for a particular position on a certificate of eligibles, you may refer the names to the selecting official or readvertise the position to attract additional candidates for consideration. At the discretion of the appointing official, additional names may be certified to compensate for eligibles that are within reach for consideration but will decline or fail to respond to an inquiry of availability or interview.

(1) When using traditional numerical rating procedures for most positions and grade levels, if there are less than three eligibles and they are either all preference eligibles or all non preference eligibles, the eligibles do not need to be rated and ranked. The eligibles may be simply listed randomly on the certificate with a notation "Eligible" in lieu of a rating and referred to the selecting official or the

position may be re-advertised to attract additional candidates for consideration. However, if there are three or more eligibles or if the group of eligibles is a mix of preference eligibles and non-preference eligibles, you must assign a numerical score and place the eligibles on the certificate in descending score order, including Veterans preference points, with ties broken within their entitlement category, e.g., 30% or more compensable disabled Veteran (CPS), tentative Veterans preference (TP), non-Veteran (NV), etc. On the certificate, the preference eligible Veterans rise to the top, with the exceptions of ICTAP eligibles and eligibles that lost consideration due to erroneous certification. The certificate of eligibles must be documented and annotated for any action taken on a certified eligible.

(a) **Filling One Vacancy.** The selecting official may select from any of the first three available certified eligibles if all available certified eligibles are preference Veterans or all the available certified eligibles are non-preference eligibles. The selecting official may only select the certified preference eligible at the top of the certificate if the other available certified eligibles are non-preference eligibles.

(b) **Filling Multiple Vacancies.** The selecting official may select from all available certified Veterans preference eligibles at the top of the certificate. If there are still vacant positions to be filled after the top certified Veterans preference eligibles have been selected, the selecting official may select from any of the next three available certified eligibles**.**

(c) **Three Considerations.** An appointing officer is not required to consider an eligible who has been considered by the appointing officer for three separate appointments from the same or different certificates for the same position.

(2) When using traditional numerical rating procedures for Professional and Scientific positions at the GS-9 grade level and above, the eligibles must be placed on the certificate of eligibles in rank order according to his or her numerical rating in descending order, including Veterans preference points, with ties broken. On these types of certificates the preference eligible does not rise to the top. All certified eligibles stay in rank order. The selecting official is entitled to consider a minimum of three certified eligibles for each vacant position and the action taken for each certified eligible must be documented and annotated on the certificate of eligibles.

(a) **Filling One Vacancy.** The selecting official may select from the first three available certified eligibles when using a professional/scientific certificate at the GS-9 grade level or above. However, if the first available certified eligible is a preference eligible, the selecting official may only select the certified preference eligible.

(b) **Filling Multiple Vacancies.** The selecting official may select from the first three available certified eligibles when using a professional/scientific certificate at the GS-9 grade level or above. For each additional vacancy, the selecting official may select from any of the next three available certified eligibles available.

b**. Application of Category Rating Using Alternative Rating Procedure.** When selecting from a certificate of eligibles under category rating procedures, a selecting official makes a selection from among all of the eligibles in the highest quality category. A selecting official may not select a non-

preference eligible over a preference eligible. A selection must be made from within the highest quality category regardless of the number of candidates (i.e., the rule of three does not apply). Preference eligibles receive absolute preference within each category. If a preference eligible is in the category, you may not select a non-preference eligible unless a request to pass over the preference eligible in accordance with 5 U.S.C. § 3318, is submitted and the request is approved.

(1) When using category rating procedures for most positions and grade levels, the certified eligible must be placed in his/her appropriate quality categories. Certified compensable service-connected eligibles of at least 10% are placed ahead of all the other certified eligibles in the highest quality category. All other certified eligibles are kept within their appropriate quality categories in any order e.g., alphabetical order (by first or last name). There must be a sufficient pool of candidates from which to select. Therefore, if there are less than three certified eligibles in the highest quality category, the DEU HR specialist in conjunction with the selecting official may decide to merge the top two quality categories. The newly merged category becomes the new highest quality category. The certified compensable service-connected preference eligibles must be kept above the non-preference eligibles in the newly merged category.

(a) **Filling One Vacancy.** The selecting official must make selections from the certified available eligibles in the highest quality category. Veterans receive absolute preference within each category; therefore, the selecting official may not select a certified non-preference eligible unless the DEU obtains approval to pass over the certified preference eligible from OPM. To fill one vacancy, the selecting official selects from any of the certified preference eligibles in the highest quality category. If there are no certified preference eligibles, the selecting official may select from any of the certified eligibles in that quality category.

(b) **Filling Multiple Vacancies.** The selecting official must select from any of the certified preference eligibles in the highest quality category until there are only two candidates left in the highest quality category. If there are still vacant positions to be filled, the DEU HR specialist in conjunction with the selecting official may decide to merge the top two quality categories; thereby making the newly merged category the new highest quality category. After merging the categories, the DEU HR specialist must place the certified preference eligibles above the non-preference eligibles in the newly merged highest quality category. The selecting official may continue to make selections in the new highest quality category, selecting first from among the certified preference eligibles. A non preference eligible may only be selected after the certified preference eligibles have been exhausted.

(2) When using category rating procedures for Professional and Scientific positions at the GS-9 grade level and above, the certified eligibles are placed in the appropriate quality categories in alphabetical order (by first or last name)or some other random number order with the applicant's Veterans preference noted.

(a) **Filling One Vacancy.** The selecting official may select from the first three available certified eligibles when using a professional/scientific certificate at the GS-9 grade level or above. For each additional vacancy, the selecting official may select from any of the next three available certified eligibles.

(b) **Filling Multiple Vacancies.** The selecting official must first select from among the certified preference eligible Veterans in the highest quality category. A non-preference eligible may only be selected after the certified preference eligibles have been exhausted. If there are less than three certified available eligibles in the highest quality category, the DEU HR specialist in conjunction with the selecting official may decide to merge the top two quality categories; thereby making the newly merged category the new highest quality category. After merging the categories, the DEU HR specialist must place the certified preference eligibles above the non-preference eligibles in the newly merged highest quality category. The selecting official may continue to make selections in the new highest quality category, selecting from among the certified preference eligibles.

**NOTE:** *The three valid considerations rule for each certified eligible does not apply when using category rating.*

**10. METHODS OF BREAKING TIED RATINGS.** You may use any of the following types of tie breaking methods. Listing eligibles alphabetically when breaking a tie is not acceptable. Whichever tie-breaking procedure is used must be recorded and kept with the certificate of eligibles documentation records.

a. **Job-Related Factor.** A job-related factor may be used to break tied scores provided that you did not use these factors in the ranking process;

b. **Name Request.** The selecting official may submit a name request within the tied range; you may place the name request ahead of other eligibles with the same rating within the sub-group;

c. **Name Request Based on Job-Related Factor.** A name request may also be identified after a certificate of eligibles is issued to the selecting official. If a certificate of eligibles includes eligibles with tied scores and the selecting official determines that he or she would like to identify an eligible as a name request from among the eligibles with tied scores, you must apply the tied score procedures identified for name requests when the certificate is returned to the DEU. The identification of the eligible should be based on a job related factor; or

d. **Random Number or Random Referral.** The random referral procedure is used when all job-related methods for breaking ties have been exhausted. It is used to rank tied eligibles by matching the last digit of the identification number such as the Social Security Number, against a randomly chosen number sequence from a table of random numbers which is changed daily.

**11. REQUIRED SELECTION AND PRIORITY CONSIDERATION**

a. The special selection priority of a well-qualified eligible in the Interagency Career Transition Assistance Plan (ICTAP) is the only situation where an eligible must be selected.

b. Priority consideration is provided to an eligible that was previously denied consideration due to an administrative error, law or regulatory violation.

## 12. IMPROPER SELECTION DURING THE SELECTION PROCESS

a. If an improper selection is discovered during the audit of a certificate but before the selectee has entered on duty, the selecting official and the appointing officer must be notified immediately. Any further selections from the certificate of eligibles for which the selectee was selected must be placed "on hold" until after a correction is made (before the selectee enters on duty, if possible).

b. If improper selection is discovered during an audit of a certificate and the selectee that was erroneously selected has entered on duty, the DEU must notify the servicing HR office immediately. The servicing HR office in consultation with the selecting official must immediately pursue regularization of the appointment of the individual erroneously appointed. The individual who should have been selected will be notified by the DEU and the DEU will advise the individual of her or his eligibility for priority consideration for the next vacant position in the same occupational series, grade and geographical location. The case file must be thoroughly documented with all facts of the case and follow-up actions must be taken to preclude any recurrence of the error.

c. If the erroneous appointment is regularized, the servicing HRO must submit a variation request [for service credit for the period of time the employee served in the position erroneously]. If the erroneous appointment is not regularized, the servicing HRO must submit a variation request to retain the employee as a result of an administrative error [and for service credit for the period of time the employee served in the position erroneously]. Both types of variation requests must be submitted to OPM via the Recruitment and Placement Policy Service (059), OHRM. The request should include:

(1) A cover memo that includes the name(s) of the affected employee(s); the name of the HR specialist that posted the job opportunity announcement, evaluated the applicants, and certified the certificate of eligibles; explains how and when the erroneous appointment was made; explains how the erroneous appointment was regularized; and explains what steps have been taken to ensure no recurrence of such error; and

(2) All documentation used to support the erroneous appointment and used to regularize the appointment, i.e., application, job opportunity announcement, certificate of eligibles, DD 214, SF 15, SF 50, transcript, passport, driver's license, required letters of eligibility, PCS orders, licenses, certifications, etc.

[**NOTE:** *For additional guidance on regularizing erroneous appointments and submitting staffing variation requests, see VA Handbook 5005, Part I, Appendices C and D.*]

## 13. OBJECTIONS AND PASS OVERS

a. **Objection of a Non Preference Eligible.** Occasionally, an appointing official may have adequate and proper reasons to remove one or more of the highest ranking eligibles from consideration and may wish to select a certified eligible who is not among the highest ranking eligibles.

(1) The appointing official must evaluate each objection on its own merit and may sustain the objection if it is based on proper and adequate reasons, some examples are: age, education, intentional

fraudulent statements discovered upon examination, habitual use of alcohol or narcotics, unsatisfactory performance rating, etc.

(2) The selecting official must submit an objection using the SF 62 form, *Agency Request to Pass Over a Preference Eligible or Object to an Eligible,* along with thorough supporting documentation justifying the objection to the servicing Human Resources Office (HRO). The servicing HRO must review the package for completeness before forwarding it to the originating DEU.

(3) The DEU must review the content of the objection package and make a decision.

(4) The DEU must notify the selecting official of its decision in writing through the servicing HRO. If the DEU sustains the objection, the DEU HR specialist must remove the certified eligible's name from the certificate of eligibles.

(5) If the DEU does not sustain the objection, the DEU must notify the selecting official of its decision in writing through the servicing HRO and the certified eligible's name must remain on the certificate of eligibles for consideration.

(6) When an objection is not sustained, the selecting official may select the eligible candidate for the vacancy or challenge the decision by submitting additional information to support a favorable decision from the DEU. The additional information must not be frivolous and must give weight to the non selection.

b. **Pass Over of a Preference Eligible.** Requests to pass over certified preference eligible Veterans are not acceptable without proper and thorough documentation to warrant approval. The procedures used to pass over a preference eligible under category rating are the same as those used in the traditional numerical "rule of three" process.

(1) **Pass Over of a Preference Eligible Based on a Proper and Adequate Reason.** A selecting official may submit a request to pass over any certified preference eligible Veteran (except a 30% or more compensable service-connected disabled Veteran) on the SF 62 form, *Agency Request to Pass Over a Preference Eligible or Object to an Eligible,* along with thorough documentation to the designated DEU via the servicing HRO.

(a) A pass over request may be sustained by the DEU only if the request is based on a proper and adequate reason. If the DEU sustains the pass over request, the certified preference eligible Veteran is removed from consideration. The servicing HR specialist must document the SF 39 form, *Request for Referral of Eligibles,* with the appropriate action code. The servicing HR specialist must attach all documentation and applications to the SF 39 form and return the certificate of eligibles to the DEU.

(b) If the DEU does not sustain the pass over request, the certified preference eligible may be selected.

(2) **Pass Over of a 30% or More Compensable Service-Connected Disabled Veteran.** A selecting official may submit a request to pass over a certified 30% or more compensable service-connected disabled Veteran. The selecting official must submit the request on the SF 62 form, *Agency Request to Pass Over a Preference Eligible or Object to an Eligible,* along with supporting documentation that justifies the pass over to the servicing HRO. The servicing HRO must send a notice to the certified 30% or more compensable service-connected disabled Veteran of a proposed pass over explaining the reasons. The notice must include the OPM address and must inform the Veteran of his or her right to respond to the reasons identified in the notice within 15 days of the postmark. At the same time, the servicing HRO must submit the SF 62 form, *Agency Request to Pass Over a Preference Eligible or Object to an Eligible,* and the supporting documentation sent from the selecting official to OPM for adjudication. In addition, the servicing HRO must provide evidence to OPM that the notice was sent to the disabled Veteran's last known address no more than a period of 1-2 days prior to submitting the package to OPM for adjudication.

(a) If OPM sustains the pass over request, the servicing HRO must remove the certified 30% or more compensable service-connected disabled Veteran from consideration by annotating the certificate of eligibles appropriately. The selecting official may select the next available certified eligible on the certificate of eligibles.

(b) If OPM does not sustain the pass over request, the selecting official may select the certified 30% or more compensable service-connected disabled Veteran or challenge the decision by submitting more information to support a favorable adjudication.

(3) **Pass Over of a Preference Eligible Based on a Physical or Medical Condition.** A selecting official may submit a request to disqualify or pass over a preference eligible when it is believed the applicant may have a physical or medical (including mental) condition that will prevent him or her from performing the full range of essential duties and responsibilities of the position safely and efficiently. The selecting official must assess whether reasonable accommodation can be provided to permit performance of the job despite the condition when considering whether a physical or medical condition will have an impact on an eligible's capacity to perform the job efficiently and safely. The servicing HRO must submit the request along with thorough supporting documentation to OPM.

(a) If OPM sustains the pass over request, the DEU must remove the preference eligible from consideration for the vacant position and the selecting official may select the next available certified preference or non preference on the certificate.

(b) If OPM does not sustain the pass over request, the selecting official may challenge the decision by submitting additional information to support a favorable decision; or consider/select the preference eligible for a job.

(4) **Pass Over of a Preference Eligible Based on Suitability.** A selecting official may submit a request to pass over a preference eligible based on possible adverse suitability for the position. The selecting official must submit the request in writing along with thorough supporting documentation via

the servicing HRO to the VA Office of Operations, Security and Preparedness (007) for final determination.

**14. RECONSIDERATION OF RATINGS.** A reconsideration of a rating may be provided upon reasonable demonstration that a review is necessary. Applicants who believe their rating is in error and warrants review must make their request for reconsideration in writing to the DEU that made the original rating decision and indicate why they believe the original rating was not proper.

a. The reconsideration procedures for applicants that are non VA employees are as follows:

(1) Upon the DEU receiving the applicant's request for reconsideration, a VA DEU HR specialist who did not make the original rating decision must conduct the review in consultation with the team lead or first line supervisor;

(2) The DEU's response to the reconsideration of the original rating decision must contain a full explanation of the reasons for the decision without unduly compromising the rating schedule;

(3) If the reconsideration prompts a rating change, the applicant's record and the certificate of eligibles, providing it has not been issued, must reflect the change. If the certificate of eligibles has been issued, it should not be amended unless:

(a) The new rating is "ineligible";

(b) Veterans preference points were improperly awarded; or

(c) The rating error was erroneous certification.

(4) If an applicant submits an appeal of the 1st reconsideration decision, a second level review must be conducted by the Director of the DEU. The 2nd reconsideration decision is final and there is no further appeal to OPM.

b. VA employees who are applicants and who are in a bargaining unit and dissatisfied with their rating from a VA DEU may follow either:

(1) Administrative grievance procedures in VA Handbook 5021; or

(2) The negotiated grievance procedure that applies to their bargaining unit e.g., AFGE, SEIU, NAGE, etc.

c. VA employees who are applicants who are not in a bargaining unit and are dissatisfied with their rating from a VA DEU may follow the administrative grievance procedures in VA Handbook 5021.

**15. EXTENSIONS OF CERTIFICATE OF ELIGIBLES AND LATE APPLICATIONS**

a. **Extensions Certificate of Eligibles.** Issued certificates of eligibles expire on the 30th day after the date of issuance. A selecting official may request the DEU to extend a certificate of eligibles. Extensions may be made in 30 day increments up to a total of 90 days from the first date of issuance.

b. **Late applications.** As a general rule, applications received after the closing date are late and should not be considered. However, late applications from persons who are entitled to file late must be accepted and processed until the time that a certificate is issued. Once a certificate of eligibles is issued, it should not be amended to include late applications unless you are requested to do so by the selecting official. If you amend the certificate based on the selecting official's request, then you must refer the applications of all qualified applicants received on the same date and earlier. Individuals with entitlement to file late applications are:

(1) Applicants who are preference eligibles that applied within 90 days after resignation without delinquency or misconduct from a career or career-conditional appointment;

(2) Applicants that are 10-point preference eligible applying to a position for which a non-temporary appointment has been made in the preceding three years; list of eligibles currently exists but is closed to new applicants; or list of eligibles is about to be established;

(3) Applicants unable to file for an open competitive examination or to appear for a test due to service in the armed forces or hospitalization continuing for up to one year following discharge from the armed services;

(4) Applicants unable to file an application or to appear for a written test due to overseas service with a Federal agency or international organization in which the U.S. Government participates (e.g., Peace Corps);

(5) Applicants on an inventory of eligibles but who lost eligibility for appointment due to active duty in the Armed Forces; and

(6) Applicants who are Federal employees and who are unable to file for an open competitive examination or to appear for a test due to active Reserve duty continuing beyond 15 days.

**16. RETENTION MATERIALS FOR DOCUMENTING THE CASE FILE.** All records documenting the job opportunity announcement should be kept in an examination file. The examination file must show that the 10-point point preference eligible file was checked for any eligible candidates and include the names of any 10-point preference eligibles whose applications were pulled from the file and to whom additional material was sent. In addition, the file should include the following information:

a. Position descriptions or any other material gathered to identify the task and competency requirements of the position

b. The job analysis results (i.e., tasks, competencies/KSAs, and task-competency linkages), the quality level definitions, any selective factors identified, and other criteria used to distinguish qualifications through the assessment process. If any other rating, ranking, or weighting of competencies/KSAs is made, you should maintain this information and its basis;

c. A copy of the actual rating procedure;

d. The reference to the OPM occupational qualification standard applied or a copy of the OPM-approved standard if it is different from the OPM qualification standard. Raters' initials and dates of qualification determinations for each applicant;

e. A copy of the supplemental application form, if developed. (OMB must approve supplemental forms and the forms must contain Privacy Act Information if the information is being collected from the general public;

f. The tie-breaking method developed from job-related criteria, if used; and

g. The identification of the subject matter experts and human resource professionals who participated in the development and application of the examining plan (i.e., name, title, series, and grade).

## 17. SPECIAL HANDLING OF APPLICATIONS FOR 10-POINT PREFERENCE ELIGIBLES

a. A 10-point preference eligible is entitled to file an application at anytime for an examination for any position to which an appointment was made within the preceding three years.

b. When a 10-point preference eligible's application is received, the DEU should review the DEUs records to identify if any non-temporary appointments were made in the preceding three years; and compare the 10-point preference eligible's application against the title, series, grade, and duty location of the position identified. If the records are inconclusive as to the similarity of the positions, the 10-point preference eligible must be given the benefit of the doubt, and the application must be accepted.

c. If the 10-point preference eligible applies for a specific position, meets the qualifications of the position, and is within reach for referral for the position, the DEU must ensure that the preference eligible is referred on the certificate as soon as possible.

d. If no job announcement is open and a 10-point preference eligible's application is received, the DEU must retain the 10-point preference eligible's application in a special file for referral on certificates for future vacancies for up to three years.

e. The 10-point preference eligible should be informed in writing of these procedures, as well as the status of his or her application.

**18. MATERIAL TO BE MADE AVAILABLE BY AUTHORITY OF THE PRIVACY ACT.** An applicant has the right under the Freedom of Information Act (FOIA) and Privacy Act (PA) to request certain materials for review or photocopying.

a. The following materials must be made available for review or photocopying by applicants who are the subject of the materials, or to their designated representative, when requested under the Privacy Act. In addition, this information may be made available to a third party only with written authorization from the person who is the subject of the information requested.

(1) Application materials submitted by the requesting individual. Notations made by raters or reviewers showing earned rating, Veterans' preference, and final rating may remain, as well as notations on experience blocks showing qualifying experience or quality level;

(2) Inventory (register) cards or other documentation;

(3) Certification history – identification of dates, jobs, and organization for which the eligible's name was certified;

(4) Certificates of eligibles, with the names, addresses, social security numbers, phone numbers and any other personal information pertaining to all other eligibles marked out. **NOTE:** *The names of appointed individuals - but not other personal information about them - are matters of public record, and therefore may remain unmasked on the certificate. However, care should be taken to determine that the individual shown as selected actually entered on duty. The names of applicants selected for law enforcement related positions may be withheld;*

(5) Availability inquiry responses and position descriptions in the certification file; and

(6) Reasons, submitted by the appointing authority, in support of a proposed pass over of a preference eligible must be furnished to the preference eligible, or his or her representative, upon request (Reference 5 U.S.C. § 3318(b)).

b. The following material is exempt and should not be made available or disclosed to members of the public, including the applicant:

(1) Answer keys;

(2) Rating schedules or crediting plans;

(3) Rating sheets;

(4) Test booklets or items;

(5) Transmutation tables; and

(6) Names of raters or reviewers.

c. Confidential disclosure of exempt and privacy materials should only be made on a need-to-know basis.

(1) Equal employment opportunity (EEO) counselors, investigators and other individuals often request to see confidential information, while observing agency rules and procedures, for such things as applications and rating schedules/crediting plans. Discretion should be used in deciding what information to disclose and under what conditions.

(2) EEO officials are usually allowed to review all documentation, the DEU and the servicing HRO should control that review. The DEU or the servicing HRO must arrange for the review to take place in the presence of a DE office representative or servicing HRO representative and prohibit photocopying of documents.

## 19. IMPROPER PARTICPATION IN DELEGATED EXAMINING PROCEDURES

a. If any DEU HR specialist intends to apply for a vacancy or knows that a relative or member of his or her household intends to apply for a vacancy which is handled by the DEU section in which he or she is employed, the DEU HR specialist must notify the supervisor in writing of his or her intent to apply and must not participate in the development and administration of the vacancy announcement or the assessment of candidates for the vacancy. Also, similar notice must be given if any DEU staff member intends or knows a relative or household member intends to apply for such a vacancy.

b. Subject matter experts who participate in assessments or ranking of applicants must notify the selecting official and their supervisor in writing if they know a relative or household member intends to apply for a vacancy for which they are assessing applicants. A person that has been asked to serve as a subject matter expert in the assessment or ranking of applicants of a job opportunity announcement must remove himself/herself from the assessment process.

c. Cases of alleged misconduct in a DEU should be forwarded to the Office of Special Counsel to determine if a prohibited personnel practice has been committed.

## 20. REPORTING AND ACCOUNTABILITY REQUIREMENTS

a. Each DEU must conduct annual internal audits of their delegated examining operations; submit to periodic reviews by OPM's Human Capital Leadership and Merit System Accountability Division (HCLMSA) and annual audits by the Oversight and Effectiveness Service, OHRM; and submit quarterly workload data using the OPM Delegated Examining Information System (DEIS). The quarterly workload data must be entered into DEIS by the 1st day of the month following the end of the reporting quarter (i.e., January 1, April 1, July 1, and October 1). Required data includes the following information:

(1) Number of applications processed;

(2) Number of selections made;

(3) Number of preference eligibles selected;

(4) Number of certificates audited;

(5) Number of audited certificates that had preference eligibles at the top;

(6) Number of audited certificates that did not have preference eligibles at the top;

(7) Number of audited certificates that were used;

(8) Number of audited certificates that were unused;

(9) Number of certificates that were unused due to CTAP/ICTAP referral;

(10) Certification that the annual self-review required in paragraph 20 has been completed; and

(11) Other certification as required by a specific delegation agreement.

b. Each DEU is responsible for supplying the following information related to the use of category rating to the Recruitment and Placement Policy Service (059), OHRM. OHRM will use this data to prepare a report to Congress and to OPM annually for the 3 years following the establishment of policy and procedures beginning in 2011. The DEUs must submit the information no later than January 30th of each year through 2013.

(1) Number of employees hired under category rating;

(2) Impact category rating has had on the hiring of Veterans and minorities, including those who are Native Americans or Alaska Natives, Asian, Black or African American, and native Hawaiian or other Pacific Islanders; and

(3) An explanation of methods used to train managers in the administration of category rating.

## 21. ANNUAL SELF-AUDITS

a. A DEU must conduct annual "self-audits" of its delegated examining operations as prescribed by the Interagency Agreement for Delegated Examining Authority. The DEU must use VA staff not involved in the delegated examining activities of the office being audited to conduct the annual self-audit. These self-audits may only be conducted by persons who have received delegated examining training and are currently certified.

b. The DEU may substitute its annual self-audit review when OPM's Human Capital Leadership and Merit System Accountability Division (HCLMSA), Merit Systems Compliance Group conducts a review of the delegated examining operation.

c. The DEU must certify annually that the required self-audit has been completed and submit the certification to the local OPM Services Branch as specified on the Delegated Examining Quarterly Workload Report Form.

**22. TERMINATION, SUSPENSION OR REVOCATION OF A DEU.** A DEU's delegated examining authority may be terminated by either OPM or the Deputy Assistant Secretary for Human Resources Management with 90 days advance notice. OPM may suspend or revoke certification of a delegated examining office at any time, with or without advance notice. Termination, suspension, or revocation may be as a result of negligence or non compliance of a DEU's responsibility as identified in the Interagency Delegated Examining Agreement. In such cases, the DEU is not able to fill positions using competitive examining procedures. DEU's that wish to terminate its delegated examining authority must submit a written explanation to the Recruitment and Placement Policy Service, OHRM and must include the following:

a. The address, room number and mailing address, if different than the DEU; and

b. The reason for termination of the DEU.

**23. REFERENCES**

a. 5 CFR, part 294

b. 5 CFR, part 297

c. 5 CFR, part 300

d. 5 CFR, part 310

e. 5 CFR, part 315

f. 5 CFR, part 330

g. 5 CFR, part 332

h. 5 CFR, part 337

i. 5 CFR, part 339

j. 5 CFR, part 731

k. 5 CFR, part 1320

l. 5 U.S.C. § 302

m. 5 U.S.C. § 552

n. 5 U.S.C. § 1104

o. 5 U.S.C. § 1302

p. 5 U.S.C. § 2301

q. 5 U.S.C. § 2302

r. 5 U.S.C. § 3110

s. 5 U.S.C. Chapter 33, subchapter I

t. 29 CFR, part 1607

u. Delegated Examining Operations Handbook: *A Guide for Federal Agency Examining Offices*

v. *Guide to Processing Personnel Actions* ]

# [APPENDIX C. REGULARIZING ERRONEOUS TITLE 5 APPOINTMENTS

In accordance with Appendix B, paragraph 12 of this part, if an illegal appointment of an employee (e.g., reinstated improperly; appointed noncompetitively when ineligible for noncompetitive appointment, etc.) is discovered, the servicing Human Resources (HR) office must attempt to place the erroneously appointed employee on a legal appointment. To regularize (correct/legalize) an erroneous appointment, follow the steps below:

**Step 1 –** If the employee is in a bargaining unit, notify the union and employee, in writing, of the erroneous appointment. The notice must include: (1) a summarized description of the erroneous appointment; (2) what steps the servicing HR office will take to regularize the appointment; (3) what the ramifications are if the servicing HR office is unable to regularize the appointment; and (4) MSPB rights.

**Step 2 –** HR officer/manager should meet with the employee to explain: (1) that her/his placement into the position was erroneous; (2) what steps the servicing HR office will take to regularize the appointment; and (3) what role the employee will play in regularizing the appointment. The servicing HR office should also advise the employee that if the servicing HR office cannot regularize the appointment and OPM does not grant a variation to retain the employee, the servicing HR office must then terminate the employee.

**Step 3 –** The HR officer/manager should discuss with the employee and research all the employee's documents (in eOPF) to determine whether the employee has any special noncompetitive appointment eligibilities, such as VRA, 30% service-connected disabled veteran, Schedule A - 5 CFR 213.3102(u), etc.

**Step 4 –** If the employee had special noncompetitive appointment eligibility at the time of the erroneous appointment, the servicing HR office may place the employee in the position using the appropriate appointment authority. If so, the servicing HR office must correct the appointment SF 50 to reflect the appropriate appointment authority along with the appropriate remarks.

**Step 5 –** If the employee does not have special noncompetitive appointment eligibility, the HR officer/manager must make further efforts to give the employee a legal appointment via competitive examining through a Delegated Examining Unit (DEU).

**Step 6 –** The HR officer/manager should ask its designated DEU if any certificates existed from the date of the erroneous appointment to the present that mirror the occupational series and grade of the position to which the employee was erroneously appointed. If any have existed, the DEU may be able to reconstruct the certificate and amend it to add the employee.

**Step 7 –** If the employee is within reach on the reconstructed DEU certificate of eligibles, the facility should select the employee and use that action to regularize the appointment.

**Step 8 –** If the employee is not within reach on the *RECONSTRUCTED* Delegated Examining (DE) certificate of eligibles, the DEU should publish a new vacancy announcement to allow the employee to apply. The HR officer/manager should notify the employee of the vacancy announcement, its opening and closing dates, and qualification requirements. The HR officer/manager should also consult with the employee to answer any questions regarding the vacancy announcement and/or the application process.

This would be the *FIRST ATTEMPT* to regularize the erroneous appointment by publishing a competitive examining vacancy announcement.

**NOTE:** *The servicing HR office is strongly encouraged to make only two attempts to reach the employee on a DE certificate of eligibles.*

**Step 9 –** If the *FIRST ATTEMPT* results in the employee being within reach on the DE certificate of eligibles, the facility should select the employee and use that action to regularize the appointment. After regularizing the appointment, the HR officer/manager must prepare a staffing variation request for service credit for the period of time the employee served in the position erroneously. Follow the steps in Appendix D, *Title 5 Staffing Variation Requests*, to submit a staffing variation request.

**Step 10 –** If the employee is not within reach on the DE certificate of eligibles after the *FIRST ATTEMPT*, the servicing HR officer/manager should have the DEU advertise a vacancy announcement a second time after the required amount of time has passed (confer with your designated DEU). If the employee is within reach on the certificate of eligible after the *SECOND ATTEMPT*, the facility should select the employee and use that action to regularize the appointment. Then, the servicing HR office should follow the steps in Appendix D, *Title 5 Staffing Variation Requests*, to submit a staffing variation request.

**Step 11 –** If the employee is not within reach on the DE certificate of eligibles after the *SECOND ATTEMPT*, the servicing HR office should prepare a staffing variation request to retain the employee and for service credit for the period of time the employee served in the position erroneously. The servicing HR office should follow the steps in Appendix D, *Title 5 Staffing Variation Requests*, to submit a staffing variation request.]

# [APPENDIX D. TITLE 5 STAFFING VARIATION REQUESTS

The Office of Personnel Management (OPM) has authority under 5 CFR 5.1 to permit variation (i.e., an exception) from the strict letter of the regulations whenever precise compliance with them would impose practical difficulties and unnecessary hardship and when no other remedy exists within the regulations.

OPM may grant a variation if it is within the spirit of the regulations and adequately meets the objectives of and accomplishes the purpose of the regulation as far as the Government and the competitive service are concerned. Staffing variation requests **may only** be submitted to OPM through the Office of Human Resources Management (OHRM) Recruitment & Placement Policy Service (R&PPS) (059). R&PPS will submit appropriately documented requests to OPM and communicate outcomes to facility officials.

OPM may approve Title 5 staffing variations (1) to alleviate hardship to individuals resulting from department/agency errors in effecting personnel actions, e.g., erroneous appointments; or, (2) to permit a department/agency to take action in unusual situations which the letter of the regulation cannot accommodate, e.g., extension of term appointments, beyond 4 years.

While 5 CFR 5.1 authorizes variations that affect requirements established by personnel regulations, OPM has no legal authority to modify requirements established by law, Executive order, or court decision, e.g., citizenship or Veterans Recruitment Appointment (VRA). A variation cannot regularize an action that violated such requirements (e.g., appointment of a noncitizen in the competitive service and the employee is still a noncitizen or a VRA appointment of someone who did not meet the eligibility requirements). In these cases, if the servicing HR office cannot identify a proper appointment authority, termination is the only recourse. For such an OPM-instructed termination, per Rule 55, Table 31-B, Chapter 31, *Guide to Processing Personnel Actions*, use NOAC 357, Termination, with Authority Code A3M, CS Rule V.

To prepare a staffing variation request for submission and consideration, follow the steps below:

**Step 1** - Gather copies of documents that confirm events (i.e., SF 50s showing error and corrections, vacancy announcements, Merit Promotion referral certificates, Delegated Examining Certificates of Eligibles, Defense Department 214s, transcripts, licenses/certifications, etc.). If a promotion, change in position, transfer, etc., has occurred since the initial error, include the documentation for that personnel action, too.

**Step 2** - Prepare a memorandum to the Director, R&PPS (059) from the facility Director which explains the chain of events, in chronological order, that relate to the specific request. Be sure to include the name of the impacted employee; the title, series, and grade of the impacted position; and, an explanation of corrective action management has taken to ensure such an error does not occur in the future.

**Step 3** - Packages should be assembled and labeled to correlate with the chronological order of events. Once assembled, the package (i.e., memorandum and supporting documents) must be forwarded from the facility through its respective Administration/Staff Office-level Human Resources program office to confirm proper package construction (i.e., completeness and appropriate documentation) before forwarding to: Director, Recruitment and Placement Policy Service (R&PPS) (059), OHRM, VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420.

## TITLE 5 STAFFING VARIATION REQUEST PACKAGE CHECKLIST

| ITEM NEEDED | ITEM DESCRIPTION |
|---|---|
| Memo requesting variation (1 memo per case) | Memo must:<br>1. Clearly state what is being requested, i.e., service credit, retention, or both.<br>2. Explain chain of events from erroneous appointment to present, in chronological order.<br>3. Include what steps have been taken to ensure that errors in making appointments do not occur again. |
| Erroneous Appointment Documents | 1. Vacancy announcement used in the initial erroneous appointment.<br>2. Certificate(s) that resulted from the initial announcement.<br>**NOTE:** *Certificates should be complete with the documented action taken on each of the eligibles as well as the printed name, signature, address, and phone number of the selecting and appointing officials.*<br>3. SF 50 for erroneous appointment. |
| Documents for Other Actions | If a promotion, change in position, transfer, etc., has occurred since the initial error, include the documentation for that personnel action also.<br>*1. Vacancy announcement used, if applicable.*<br>2. Certificate(s) that resulted, if applicable.<br>**NOTE:** *Certificates should be complete with the documented action taken on each of the eligibles as well as the printed name, signature, address, and phone number of the selecting and appointing officials.*<br>3. SF 50 for any change. |
| Documentation for Regularization Attempts<br>**NOTE:** *Include documents for EACH attempt made to regularize the appointment via competitive examining for which the employee was blocked or not within reach.* | 1. Vacancy announcement(s) used in attempt to regularize the erroneous appointment.<br>2. Certificate(s) that resulted from announcement(s) used in attempt to regularize the erroneous appointment.<br>**NOTE:** *Certificates should be complete with the documented action taken on each of the eligibles as well as the printed name, signature, address, and phone number of the selecting and appointing officials.* |
| Regularized Appointment Documents | 1. Vacancy announcement(s) used to regularize the erroneous appointment.<br>2. Certificate(s) that resulted from announcement(s) used to regularize the erroneous appointment.<br>**NOTE:** *Certificates should be complete with the documented action taken on each of the eligibles as well as the printed name, signature, address, and phone number of the selecting and appointing officials.*<br>3. SF 50 for the regularized appointment. |

| | |
|---|---|
| Bargaining Unit Status | If employee(s) included in bargaining unit, you must:<br>1. Notify union official(s); and,<br>2. Include copy of such notification with request. |
| **ITEM NEEDED** | **ITEM DESCRIPTION** |
| Discovery of Erroneous Appointment | Include copy of the written notice given to each affected employee at initial stage of discovery, informing each employee of:<br>1. The identified error;<br>2. Steps to be taken to regularize the appointment, and request a variation to waive the error;<br>3. Implications of not being able to regularize the appointment or acquire a variation waiver; and,<br>4. MSPB rights. |
| **NOTE:** *OPM is not able to grant a variation to waive compensation/salary received by the employee while in the position erroneously; therefore, you will need to work with your finance office to submit a bill of collection to the employee on behalf of the Department. So that the employee is not adversely impacted, it is recommended that the servicing HR office submit a request to the finance office stating that the error(s) were caused by the servicing HR office and asking for a waiver of the debt.*] | |

## APPENDIX E. GROUNDS FOR OBJECTION OR PASS OVER REQUESTS

The following specific reasons for objections are provided for guidance on how to proceed with an objection. There may also be other grounds on which an objection may be based. This guidance expresses the principles to follow, but, unless specifically indicated to the contrary, each case must be adjudicated on its own merits. In all cases, the written record used to support such decisions must be complete and maintained for review.

**1. Affiliations.** Any affiliations the applicant may have which could clearly be expected to present a conflict of interest may constitute a valid objection. The need to consider the applicant's affiliations must be demonstrated in writing and concurred by the appointing office. Ordinarily, objections of this type may not be sustained.

**2. Availability**

a. The employing office must determine the applicant's availability for a specific position, at a certain salary and at a specific duty location. Objections will not be sustained on the basis of a presumption that an applicant is unavailable, e.g., does not indicate availability, geographic location etc.

b. Objections on the basis of unavailability and the effect on patient care to Veterans will be sustained *only* if there is evidence that the selecting official was unable to communicate with the applicant.

c. Objections based on unavailability for positions with specialized or unusual requirements must show what the requirements are and that they were made known to all applicants. They should, therefore, be included in the announcement. Such requirements include, but are not limited to, frequent travel, geographic location, and drug testing.

**3. Experience.** Objections based on lack of experience (minimum qualifying experience, either general or specialized) may be sustained only when that experience is part of the minimum requirements for the position. Experience requirements for grade levels should be evident in the Job Opportunity Announcement (JOA) and/or functional statements for a particular specialty and/or assignment in accordance with the VA Qualification Standard requirements for the occupation. (NOTE: Generic functional statements which do not clearly identify specialized experience requirements for the grade level in question will not be sufficient evidence to support or sustain an objection based on lack of experience.)

**4. Fraud or False Statements.** A selecting official may object to an eligible on the basis of material, intentional false statements or deception or fraud on appointment.

**5. Gender.** Consideration may be restricted to one gender only in unusual circumstances and only upon specific approval of OPM. The determination as to whether a position should be restricted in this way should always be made **before** an announcement is issued and included in the announcement.

**6. Habitual Use of Alcohol.** A selecting official may object to an eligible on the basis of alcohol abuse of a nature and duration which suggests that the applicant would be prevented from performing the duties of the position or would constitute a direct threat to the property or safety of others.

**7. Illegal use of Narcotics.** A selecting official may object to an eligible on the basis of illegal use of narcotics, drugs, or other controlled substances, without evidence of substantial rehabilitation.

**8. Medical.** An applicant may be medically disqualified when he/she has a physical or medical (including mental health) condition that will prevent him/her from performing the full range of essential duties and responsibilities of the position safely and efficiently.

**9. Performance Rating.** An objection can be based on an unsatisfactory performance rating assigned in some previous period of Federal employment. The service resulting in the performance rating is the significant factor as it relates to the position to be filled, not the rating itself.

**10. Personal Characteristics**

a. Personal characteristics are the most difficult requirements to measure and evaluate in the referral process. They are usually identified and assessed during a pre-selection interview or reference check. An objection may be based on the absence of desirable or the presence of undesirable, personal qualities (i.e., mature judgment, tact, objectivity, flexibility, temperament, lack of initiative, unreliability, etc.), if they are essential for satisfactory job performance.

b. In objecting to an applicant based on personality traits, the selecting official should:

(1) Identify which elements of a position require the possession of certain personal characteristics, and

(2) Demonstrate, through specific examples, how a particular eligible lacks these desired traits or exhibits undesirable trait.

**11. Previous Service.** A selecting official may object to an eligible on the basis of negligence or misconduct in previous service/employment with the same or another agency/employer.

**12. Religion.** A selecting official may object to an eligible whose religion prevents working on a day included in the regular tour of duty.

**13. Security Clearance.** An objection may be based on the inability to grant a security clearance to an applicant for any reason.]

## APPENDIX F. PROFESSIONAL AND SCIENTIFIC POSITIONS WITH POSITIVE EDUCATION REQUIREMENTS

Candidates for the following professional and scientific positions at the GS-9 and above, or equivalent, should be referred in unranked order. This list is not inclusive.

| Series | Position Titles |
|---|---|
| 0183 | Licensed Professional Mental Health Counselor (LPMHC) |
| 0182 | Marriage and Family Therapist (MFT) |
| 0180 | Psychologist |
| 0185 | Social Worker |
| 0601 | Blind Rehabilitation Specialist (BRS) |
| 0601 | Blind Rehabilitation Outpatient Specialist (BROS) |
| | |
| 0630 | Dietitian |
| 0631 | Occupational Therapist (OT) |
| 0633 | Physical Therapist (PT) |
| 0635 | Kinesiotherapist |
| 0644 | Medical Technologist (MT) |
| 0660 | Pharmacist |
| 0665 | Speech Pathologist |
| 0665 | Audiologist |
| 0665 | Audiologist/Speech Pathologist |
| 0858 | Biomedical Engineering |

]

## APPENDIX G. OHRM/VACO OBJECTION OR PASS OVER CHECKLIST 30 PERCENT OR MORE VETERANS PREFERENCE

**FACILITY NAME:** _____

**FACILITY ADDRESS:** _____

**NAME OF VETERAN:**_____

**POSITION TITLE/SERIES/GRADE:** _____

**VACANCY ANNOUNCEMENT NUMBER:** _____

***Please note that you must retain a vacancy in the event that the objection or pass over request is not approved in order to place the Veteran.***

☐SF62, *Agency Request to Pass Over a Preference Eligible or Object to an eligible* (5 U.S.C. 3318); signed by the Human Resource Officer (HRO) as the agency appointing official.
http://www.opm.gov/forms/pdf_fill/sf62.pdf

☐Memo from the selecting official to HRO indicating the reasons or justification for objecting to or passing over the preference eligible. The objection to or pass over justification should be detailed, clear, and supportable.

☐ Signed memo from the HRO recommending the objection to or pass over to include the facility Director's signature approving the request to be forwarded to OHRM for review prior to submission to OPM for adjudication.

☐A copy of the proposed objection to or pass over notification letter sent to the preference eligible with a compensable service-connected disability of 30 percent or more (CPS) (5 U.S.C. 3318(b)(2)). The notification letter must include:

- ☐the facility name and address, title/series/grade of the job, duty location, and referral list number;
- ☐an explanation of the reasons for the proposed objection to or pass over; and
- ☐the right to respond to those reasons to the appropriate office within 15 calendar days of the notice.

☐A copy of the CPS preference eligible's response to the agency notification, if any.

☐Referral list of eligibles.

☐Resume or an application for Federal employment claiming Veterans preference.

☐College transcripts, if used to qualify based on education.

☐Functional statement(s) (FS) and position risk and sensitivity level designation.

☐ Qualification standard used for this position.

☐Vacancy announcement for the position.

☐SF15, *Application for 10-Point Veteran Preference* and other preference supporting documents; i.e., service connected disability letter and DD214.

☐ Any other documentation to include reference checks or emails pertaining to the selection process.

☐ Interview: If the objection to or pass over is based on an interview, a copy of the interview questions with panel comments and final outcomes must be submitted.

☐Selectee's application package.

**NOTE:** *OHRM/VACO will review the entire package to ensure that the information supports an objection to or pass over request prior to forwarding the request to OPM. If the package does not support an objection to or pass over request, OHRM/VACO will return the package to the medical center director with no action taken.*

**HR POC/Phone Number**: _____

**Additional Comments**:
_____
_____
_____
_____
_____
_____
_____

]

## APPENDIX H. SAMPLE NOTIFICATION LETTER

Mr. John A. Doe
123 Main Street
Nashville, Tennessee 73695

Dear Mr. Doe:

Your name was referred for consideration for the position of (title, pay plan, series, and grade of position) located in (organization and duty location). This is to notify you that the selecting official has submitted a request to object to or pass over your name to select a non-preference eligible. The basis for this objection to or pass over is (cite reason for pass over). This objection or pass over request will be submitted to the Recruitment and Placement Policy Service (RPPS/059), Office of Human Resources (OHRM) for review and submission to OPM for adjudication.

You have 15 days from the date of this notice to respond to the reasons listed above for the objection to or pass over request. The response should be sent to the Office of Personnel Management (OPM) at the address below:

U.S. Office of Personnel Management
Employee Services
1900 E Street, NW, Room 6500
Washington, DC 20415

You will be notified of the adjudication results as soon as possible.

Sincerely,

Name
Title]

# STAFFING

## PART II. APPOINTMENTS

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# PART II. APPOINTMENTS

## CHAPTER 1. GENERAL APPOINTMENT PROVISIONS

## SECTION A. GENERAL

### 1. SCOPE

a. This chapter contains appointment provisions and requirements that apply to appointments made under both title 5 and title 38.

b. The contents of this chapter are to be used in conjunction with the policies and procedures contained in chapters 2 and 3 of this part.

### 2. EMPLOYEE ORIENTATION

a. All newly appointed employees must be oriented to the mission, policies, and functions of VA and their particular facility. They are also to receive information concerning human resources policies, employment benefits, performance expectations, customer service standards, conduct requirements, and, where appropriate, a copy of their collective bargaining agreement.

b. Facilities are to establish systems for orienting employees that meet the requirements of the Joint Commission on the Accreditation of Health Care Organizations (JCAHO).

## SECTION B. APPOINTMENT REQUIREMENTS AND DETERMINATIONS

### 1. VA DRUG-FREE WORKPLACE PROGRAM

a. Certain position titles and categories have been designated as jobs that will be subject to random drug testing under the VA Drug-Free Workplace Program. Additional individual positions may also be designated for drug testing based upon the specific duties assigned.

b. Applicants tentatively selected for employment in a testing designated position may be subject to testing prior to appointment. Applicants with a verified positive test result, and those who refuse to be tested, will be denied employment with VA and may not reapply to VA for employment for a period of six months.

c. The policies and procedures for the VA's Drug-Free Workplace, including the list of jobs designated for testing, are contained in VA Directive 5383, VA Handbook 5383.1 and VA Handbook 5383.2

### 2. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) EXCLUSIONARY LIST

a. Section 4331(c) of the Balanced Budget Act of 1997, Public Law 105-33, amended sections 1128(a) and (b) of the Social Security Act to significantly expand the authority of the HHS Office of Inspector General (OIG) to exclude certain individuals and entities from all Federal healthcare programs. The law requires that all Federal healthcare programs ensure that no excluded individual or entity is receiving payments (including salary and wages) from any Federal healthcare program for services furnished on or after the date of the OIG exclusion.

b. In accordance with the requirements in paragraph a above, VA's healthcare program funds may not be used to make payments to excluded individuals and entities. Relevant funding sources for VA's healthcare programs include those funds provided in the Medical Care and Medical Administration and Miscellaneous Operating Expenses (MAMOE) appropriations, and any other fund programs, such as Medical Facilities Revolving Fund, General Post Fund, Supply Fund, Construction (Major and Minor) and the Parking Revolving Fund.

c. Persons and entities affected include all persons appointed to title 5 and title 38 positions and contracts that will be funded with Federal healthcare program funds. This includes all accessions to VHA, including competitive transfers or assignments between VHA facilities. It includes, but is not limited to appointments to positions as full time, part time, intermittent, permanent, temporary, term and fee basis. However, it does not apply to individuals appointed on a without compensation basis or other employment situations where there will be no payment to the individual from VHA funds. All individuals with appointing authority such as Human Resource Management Officers will be responsible for assuring that excluded individuals are not appointed.

d. Every transaction as indicated above will require that the appointment authority screen the HHS OIG List of Excluded Individuals/Entities before obligating the Agency in any binding agreement. This HHS exclusionary list can be accessed electronically at the http://oig.hhs.gov/fraud/exclusions.html. Information can be retrieved by searching the database on an individual's or an entity's name.

e. Where a reviewer can determine with certainty that a match exists, then no query to HHS is required. However, in the event that the individual or entity in question appears to be listed on the exclusionary list, but there is inadequate information to certify a match, the apparent match must be verified with HHS OIG prior to proceeding with the appointment/accession.

f. The validation inquiry may be forwarded to HHS OIG by e-mail to SANCTION @OS.DHHS.GOV. This query requires the individual/entity name, specialty, DOB, SSN, tax ID number (if different from SSN), and address. The reply from the HHS OIG will become a part of the appropriate recruitment/merit promotion file and will be maintained as long as the file itself is maintained.

g. In the event that the individual or entity withdraws their application, a report of contact documenting the apparent match and any subsequent conversation will be entered into the file for that transaction and maintained as a part of the file as long as the file itself is maintained.

h. It is prohibited to hire or contract with individuals or entities during the validation process. If a match is confirmed, the applicant may not be paid from Federal healthcare program funds.

i. Regulatory information is contained in 42 CFR, parts 1000, 1001, 1002, 1003, and 1005.

**3. SUITABILITY**

a. Suitability determinations will be made in accordance with the provisions of 5 CFR, part 731, and applicable instructions in chapters 2 and 3, this part.

b. If there is any question about an applicant's suitability, no appointment action will be taken, nor will an employment commitment be made, until the matter has been resolved.

c. Questions concerning the use of adverse information in making suitability determinations should be directed to the Regional Counsel or to the Office of Human Resources Management [ ] (05), as appropriate. Questions concerning the legality of adverse determinations and personal liability involvement will also be referred to the Regional Counsel.

[**4. STATUTORY BAR TO APPOINTMENT OF PERSONS WHO FAIL TO REGISTER WITH SELECTIVE SERVICE SYSTEM (SSS).** VA facilities must comply with Selective Service requirements and procedures in 5 CFR 300, subpart G with respect to title 5 applicants and employees. VA facilities must also comply with VA Handbook 5005, Part II, Appendix R, which provides policies and procedures appropriate to title 5 and title 38 (full/hybrid) applicants and employees.]

## SECTION C. EMPLOYMENT OUTSIDE THE CONTINENTAL UNITED STATES

### 1. GENERAL

a. This section contains the policies and procedures governing the employment of U.S. citizens at VA facilities in Manila, Republic of the Philippines; the States of Alaska and Hawaii; and the Commonwealth of Puerto Rico. It applies to all employees in the competitive and excepted civil service, including employees in the Veterans Health Administration employed under 38 U.S.C. chs. 73 and 74, (except as provided below) and also to employees in the Senior Executive Service. It does not apply to the appointment of non-U.S. citizens at the VA Regional Office Outpatient Clinic in Manila, Republic of the Philippines under 38 U.S.C. ch. 74 (see chapter 3, section G, paragraph 8, this part). It also does not apply to Veterans Canteen Service employees whose employment is authorized by 38 U.S.C. ch. 78.

b. For the purpose of this section, "continental United States" means the [48 contiguous] States and the District of Columbia, but does not include Alaska or Hawaii. The term "tours of duty" as used in this section encompasses and is synonymous with the term "period of service" as used interchangeably in 5 U.S.C. 5728(a) and in FPMR 302-1 in 41 CFR ch. 302. The term "vacation leave" as used in this section refers to annual leave granted to eligible employees in Alaska and Honolulu, between tours of duty, in connection with a Government authorized round trip back to their actual place of residence and return to Alaska or Honolulu. To be approved for an additional tour of duty and home leave or vacation leave, an employee must sign a transportation agreement (MP-1, pt. II, ch. 2) to remain in the service of VA at the present facility for the required additional tour. The term "home leave" has the meaning given in 5 U.S.C. 6305(a) and 5 CFR 630, subpart F. The place of "actual residence" as used in this section means the employee's actual residence at the time of appointment or transfer to the post of duty outside the continental United States (Unpublished Comp. Gen. B136029, June 24, 1958; 5 U.S.C. 5728(a) and FPMR 302-1, paragraph 302-1.12(c)(3)(ii)). In connection with the same appointment, FPMR 302-1, paragraph 302-1.12(c)(3)(iii) states, "After an employee has been transferred or appointed to a post of duty outside the continental United States, the location of the place of actual residence incorporated in the official records of such employment shall be changed only to correct an error in the designation of residence."

c. This section also applies to any VA facilities that may be established in the future in foreign countries or in areas controlled by the United States that are outside the continental United States.

### 2. POLICY

a. All positions at Manila which are filled by U.S. citizens are centralized to the Secretary or Administration Head, as appropriate.

b. The selection of employees for positions centralized to the Secretary or to an Administration Head will be approved in accordance with the Department delegations of authority described in VA Handbook 5001, General Introduction and Administration, part II, chapter 2, paragraph 8 for title 5 and title 38 positions. For title 38 positions, also see chapter 3, this part.

c. Whenever possible, highly qualified VA employees will be selected for key positions outside the continental United States to be filled by U.S. citizens. Consideration of candidates may be limited, however, to those who apply when vacancies are announced or those who have officially indicated a willingness to accept these assignments.

d. Key positions at VA facilities outside the continental United States may be filled by appointment, or by the promotion, reassignment, or demotion of highly qualified VA employees. Appointments to these key positions from outside the Department, however, will be rare.

e. Merit principles will be followed in filling positions in the competitive service and the excepted service. Promotion actions in the competitive service will be taken under appropriate promotion plans, i.e., promotion plans for positions centralized to the Secretary or the Administration Head, or facility promotion plans.

## 3. RESPONSIBILITIES

a. Appointments and other employment actions involving positions centralized to the Secretary will be approved by the Secretary. Exceptions to established policies determined to be in the best interest of the service will also be approved by the Secretary or an appropriate designee.

b. Administration or staff office heads approve appointments and other employment actions for positions centralized to them; make recommendations on actions requiring the Secretary's approval; and, as appropriate, authorize additional tours of duty and extensions of tours of duty which are determined to be in the best interest of VA (see paragraph 4 [ ].)

c. Facility directors recommend second tours of duty or extensions thereof at Manila (see paragraph 4a and d); approve additional tours of duty in Alaska, Honolulu, and San Juan (see paragraph 4b [ ]); grant home leave or vacation leave (see paragraphs 5 and 6 [ ]); and separate employees who do not exercise their administrative reassignment rights, in accordance with the provisions of VA Directive and Handbook 5021, Employee/Management Relations.

d. For personnel actions involving centralized positions, the Deputy Assistant Secretary for Human Resources Management and Labor Relations advises on and assists with the recruitment of personnel for assignment to such positions; coordinates movements between releasing and receiving facilities; initiates requests for security clearance, when applicable; and takes other actions necessary for assignment to, or return of the employee from, facilities outside the continental United States.

e. The Director, Office of Human Resources in the Veterans Benefits Administration, or designee, and appropriate Central Office program officials are responsible for providing necessary orientation to employees selected for assignment outside the continental United States.

## 4. TOURS OF DUTY

a. Assignment of VA employees recruited from the continental United States to Manila will be for a minimum of one initial 2- or 3-year tour of duty, as determined in advance by the Administration Head, and for a second tour of duty of an additional 2 or 3 years, when recommended by the facility Director

and approved by the Administration Head, not to exceed two consecutive tours of duty and a maximum of 5 years. Administration Heads are delegated authority to make exceptions to this policy concerning tours of duty except for positions centralized to the Secretary. Exceptions, however, will be approved only when clearly justified as being in the best interest of VA.

(1) Approximately 5 to 6 months prior to completion of the first tour of duty at Manila, and subject to satisfactory completion of a physical examination of the employee and family members residing with the employee, a request for an additional tour of duty may be initiated by the employee in accordance with the provisions of paragraph 4a above. If the facility Director concurs, the recommendation will be forwarded to the appropriate Administration Head for approval.

(2) Employees at Manila will not be permitted to remain beyond two consecutive tours of duty unless an exception is granted in accordance with paragraph 4a above. Employees at Manila who elect not to exercise their administrative reassignment rights will be separated in accordance with the provisions of VA Directive and Handbook 5021.

b. Assignment of VA employees recruited from the continental United States to Alaska, Honolulu, or San Juan will be for an initial tour of 3 years with subsequent tours of 2 years duration when approved by the facility Director for noncentralized positions or by the Administration Head, staff office head, or Secretary, as appropriate, for centralized positions. Administration or staff office heads are delegated authority to make exceptions to this policy concerning tours of duty except for positions centralized to the Secretary. Exceptions, however, will be approved only when clearly justified as being in the best interest of VA.

c. Employees eligible for reassignment rights (see paragraph 10) assigned to a VA facility outside the continental United States are required to complete VA Form 8207, Agreement for Assignment After Tour(s) of Duty Outside Continental United States, prior to departure from the continental United States for their post of duty.

d. Time spent in the continental United States on leave and time spent in travel to and from the United States are excluded in computing the maximum period of service outside the continental United States. Any extension after completion of the first tour of duty and the beginning of travel for home leave, vacation leave, or for reassignment, which is administratively determined to be necessary, is also excluded. Such extensions will not exceed 6 months and must be approved by the Administration Head for Manila and by the facility Director for Alaska, Honolulu, or San Juan.

## 5. HOME LEAVE

a. Employees assigned outside the continental United States who meet the criteria of Office of Personnel Management regulations issued pursuant to 5 U.S.C. 6305 earn home leave as a matter of law. This right to earn home leave vests even in employees transferred to Puerto Rico from the continental United States for their own convenience and at their own expense.

b. In accordance with the provisions of VA Directive and Handbook 5011, Hours of Duty and Leave, home leave is granted under the circumstances cited in 5 CFR 630, subpart F.

c. The right to earn home leave under 5 U.S.C. 6305 is separate and distinct from the right to Government paid round trip travel for the purpose of taking home leave under the provisions of 5 U.S.C. 5728(a) (see paragraph 6 below).

d. Employees transferred to Alaska or Hawaii from the continental United States are not entitled to earn home leave.

e. Employees who are residents of Puerto Rico who transfer to VA facilities in the continental United States do not earn home leave.

f. Employees serving under overseas limited appointments are not eligible for home leave or vacation leave. They are, however, eligible for regular annual leave.

g. Certain employees appointed under 38 U.S.C. ch. 73 and 74 earn and are granted leave on the same basis as employees subject to the provisions of 5 U.S.C. ch 63. (See VA Directive and Handbook 5011, Hours of Duty and Leave.)

## 6. TRAVEL AND TRANSPORTATION EXPENSES FOR PURPOSE OF TAKING HOME LEAVE AND VACATION (ANNUAL) LEAVE

a. Under the authority of 5 U.S.C. 5728(a), round trip travel and transportation expenses from the post of duty outside the continental United States to the place of actual residence and return, for the purpose of taking home leave or vacation leave, are payable only in those cases where transfer outside the continental United States was for the convenience of the Government, moving expenses were paid by the Government under 5 U.S.C. 5724(a), there has been an actual completion of the initial or any subsequent agreed period of service and the employee agrees to serve an additional tour of duty at the same or another post of duty outside the continental United States under a new written agreement completed before departing from the post of duty to take leave.

b. Round trip travel and transportation expenses for eligible employees covered by 5 U.S.C. ch. 63, in connection with the granting of home leave or vacation leave for the purpose of returning to their place of actual residence in the continental United States, will be approved by authorizing officials, subject to the determination that the employee's services are to be continued for an additional tour of duty in accordance with the provisions of paragraph 4a or b, as appropriate. Prior to departure for home leave or vacation leave, employees must complete a new written agreement to remain in the service of VA at the assigned facility for an additional tour of duty as prescribed in paragraph 6a above. Employees and their dependents at Manila must satisfactorily complete the required medical examination (see paragraph 4a (1)) prior to departure for home leave purpose. (See 5 U.S.C. 6305; 5 CFR 630 subpart F, for regulations pertaining to home leave; also see 5 U.S.C. 5728(a) and MP-1, pt. II, ch. 2, for regulations governing round trip travel for home leave or vacation leave purposes.)

c. Employees who are residents of Alaska, Hawaii, or Puerto Rico who transfer to VA facilities in the continental United States are not entitled to Government paid travel expenses for the purpose of returning to their place of residence on leave.

## 7. REQUIREMENTS AND SELECTION FACTORS

a. **Qualification Standards.** The same qualification standards used for assignment to positions in the United States will be used to determine basic eligibility for employment at facilities outside the continental United States.

b. **Personal Characteristics.** U.S. citizens assigned to Manila are considered to be representatives of the United States Government. Employees who are well regarded for competence, stability, and decorum should be encouraged to apply when vacancies are announced.

c. **Medical Requirements.** U.S. citizen employees and their dependents who will accompany them to Manila must undergo an appropriate medical examination as specified below:

(1) Dependents, for this purpose, are the employee's spouse and children, including stepchildren and adopted children who are unmarried and under 21 years of age, or regardless of age if incapable of self-support and such incapacity existed on the 21st birthday of the child.

(2) Medical examinations are mandatory upon initial assignment to Manila. Such examinations will normally be conducted by medical facilities of VA for the employee and dependents age 12 and over. Children under 12 years of age will normally be examined by the family's physician. In accordance with Department of State regulations (DOS Foreign Affairs Manual FAM 3), for each eligible person examined by a private physician, the employee is entitled to be reimbursed a reasonable cost for the examination based upon presentation of the receipted bill from the examining physician.

(3) Employees and their dependents may be required to undergo medical examinations and tests as ordered by appropriate officials at the Manila regional office when such examinations are considered pertinent to questions concerning the employee's retention in a position, eligibility for retirement, or return to duty after absence due to illness or injury. Dependents may, based on religious convictions, refuse to take medical examinations at these times, but if they do not take them they will not be eligible for the medical care provided at Government expense under the medical and health program administered by the Department of State.

d. **Security Clearance.** Certain positions at Manila filled by U.S. citizens are designated "critical-sensitive" and thus require full security clearance; the remaining positions are deemed to be "noncritical-sensitive."

**NOTE:** *See appendix II-A for additional instructions related to employment procedures for positions in Manila.*

## 8. ORIENTATION

a. Before departing from the United States for assignment to Manila, an employee will be given orientation by VA Central Office concerning employment and living conditions in that area. Further orientation may be given by the Department of State. Additional orientation will be provided for each employee upon arrival at Manila.

b. As deemed necessary, employees selected for assignment to other VA facilities outside the continental United States may be given orientation by the appropriate Administration Head and program officials.

## 9. U.S. CITIZENS RECRUITED IN MANILA

a. **Positions in the Competitive Service**

(1) **Authority to Appoint.** U.S. citizens recruited in Manila will be given overseas limited term appointments. The facility Director will appoint the employee after the Administration Head has approved the selection. The initial overseas limited term appointment will be for a period not to exceed 3 years and may be extended, upon approval of the Administration Head, for an additional 2 years, for a maximum period of 5 years.

(2) **Qualifications.** Each applicant must meet the qualification requirements for the position to which appointed.

(3) **Medical Requirements.** Medical requirements for those employees and their dependents are the same as those required for employees recruited in the United States (see paragraph 7 above).

(4) **Security Clearance.** These employees are subject to the same security requirements as employees recruited in the continental United States, except appointment may be authorized on the basis of an interim security clearance subject to completion of satisfactory field investigation.

b. **Positions Excepted Under 38 U.S.C. Chs. 73 and 74.** The requirements and procedures in chapter 3 of this part apply when filling these positions.

## 10. ADMINISTRATIVE REASSIGNMENT RIGHTS

a. **General.** The term "administrative reassignment rights," as used in this chapter, means an employee's entitlement to another continuing assignment in VA following a period of employment outside the continental United States. This right differs from statutory reemployment rights in that it is granted administratively by VA. The placement of the employee may involve promotion or demotion, as well as reassignment.

b. **Eligibility Requirements.** Administrative reassignment rights are applicable to VA employees recruited in the continental United States for employment outside the continental United States and who were transferred outside the continental United States under the conditions stated in paragraph 6a above. The employee must have completed at least one tour of duty unless ill health of the employee or a family member makes it necessary for the employee to return to the United States, or unless it is determined by VA that the employee's return would be in the best interest of VA.

c. **Competitive Service Employees.** An employee eligible for administrative reassignment will be given placement consideration as indicated in subparagraphs (1) through (4) below, as appropriate. Placement consideration will be accorded on a step-by-step priority sequence as set forth in these subparagraphs (e.g., all efforts for placement under subparagraph (1) must be exhausted before initiating

procedures under subparagraph (2); subparagraph (2) procedures completed before initiating procedures under subparagraph (3)).

(1) The returning employee will be placed in their former position if vacant, unless the employee requests another available assignment. VA approval for such an alternative assignment is required. (Every effort, however, will be made to place the employee in a vacant position, if one exists at any VA facility at the grade presently held, or with a minimum grade reduction, if the employee's present grade is higher than the one relinquished when the employee accepted employment outside the continental United States.)

(2) If the returning employee's former position is not vacant or no longer exists, the employee will be assigned to a position (existing or otherwise available) at any VA facility where there is an appropriate assignment available, at a grade not lower than the one relinquished when the employee accepted employment outside the continental United States.

(3) When management determines that there is no position available in which the returning employee can be placed, then as a last resort, if the employee is at the same or a higher grade than that held at the time of assignment outside the continental United States, the employee will be returned to the facility and position formerly held, provided the position is occupied by an employee who can be displaced under reduction-in-force regulations by the returning employee. If the incumbent of such a position formerly held by the returning employee cannot be displaced in this manner, the returning employee will be considered to be assigned to this former position for the purpose of making the "best offer" possible under reduction-in-force regulations.

(4) If the employee presently occupies a position at a lower grade than that relinquished at the time of assignment outside the continental United States, efforts consistent with appropriate merit promotion requirements will be made to place the employee in a vacant position at any VA facility at the grade level formerly held. If this is not possible, efforts will be made to place the employee in a vacant position at any VA facility at the grade level currently held. When management determines that there are no appropriate positions available, then, as a last resort, the employee will be considered to be returned to the facility to which formerly assigned in the continental United States at the grade currently held for the purpose of making the "best offer" possible under reduction-in-force regulations.

d. **Excepted Service Employees (Other Than Title 38).** Excepted service employees (other than those employed under 38 U.S.C. ch. 73 or 74) will have the same administrative reassignment rights given to competitive service employees as explained above except for assignment through reduction in force. When reduction in force is necessary, the assignment rights for the excepted service employee will be those described in part IV of this handbook.

e. **Title 38, United States Code, chapter 73 or 74 Employees.** U.S. citizen employees recruited in the United States and serving under 38 U.S.C. ch. 73 or 74 authority are entitled to return to an assignment at the same grade level currently held. The position may be at the facility from which recruited or at another VA facility.

f. **SES (Senior Executive Service) Employees.** After satisfactorily completing their agreed tour(s) of duty outside the continental United States, employees in the Senior Executive Service will be reassigned to another Senior Executive Service position in VA.

g. **Employees Recruited in Manila.** Employees recruited in Manila do not have administrative reassignment rights to positions in the United States. U.S. citizen employees serving under overseas limited term appointments may, however, be considered for such assignments. To be considered, they must be eligible for competitive appointment and the facility Director must certify that their work and conduct have been satisfactory. These employees will be considered only for vacant positions, and, where possible, should be considered for positions equivalent in grade to that held under the overseas limited term appointment.

h. **Employees Recruited in Alaska, Honolulu, and San Juan.** Local residents hired by these facilities do not have administrative reassignment rights to positions in the continental United States. They may, however, apply for employment consideration to other VA facilities under the same procedures that apply to employees within the continental United States (part III of this handbook).

i. **Limitation on Reassignment Rights.** An employee who has exercised administrative assignment rights is not eligible for another assignment outside the continental United States with such rights for a period of 2 years after such rights were last exercised. Exceptions to this policy may be approved by the appropriate administration or staff office head, except for positions centralized to the Secretary. Such exceptions must be clearly justified as being in the best interest of VA.

## 11. APPLICATION FOR RETURN TO THE CONTINENTAL UNITED STATES

a. At the request of an employee who is eligible for administrative reassignment, the facility Director will forward the employee's completed application (OF 612, Optional Application for Federal Employment or authorized equivalent form) in duplicate, reduction-in-force data (except for title 38 employees), supervisory evaluations, and information needed to prepare SF 50-B, Notification of Personnel Action. This information will be forwarded to the appropriate administration or staff office head at least 120 days before the employee's intended departure. The administration or staff office head, with the advice and assistance of the Deputy Assistant Secretary for Human Resources Management [and Labor Relations], is responsible for making the necessary administrative arrangements with the releasing and receiving facilities for the employee's return. Employees and their dependents at Manila must also take the prescribed medical examination prior to returning to the United States for assignment or separation.

b. Similar action will be taken for employees serving under overseas limited term appointments who desire a VA position in the United States, except that reduction-in-force data are not required.

c. If an employee eligible for administrative reassignment rights elects not to exercise those rights and resigns or retires, the resignation or retirement is processed by the Human Resources Management Officer for the employee's current duty facility. In establishing the effective date, travel time (actual or constructive) will be allowed to the employee's place of residence in the United States without charge to leave. If the employee remains in the facility area, travel time is not considered in establishing the effective date.

# PART II. APPOINTMENTS

## CHAPTER 2. TITLE 5 APPOINTMENTS

## SECTION A. GENERAL

**1. SCOPE.** This chapter contains the policies and requirements which apply to employment actions in the competitive and excepted civil service under title 5, U.S. Code. It does not apply to excepted service positions in the Veterans Health Administration filled under 38 U.S.C. ch. 73 and 74 or to excepted positions in the Veterans Canteen Service filled under 38 U.S.C. ch. 78. The scope of this chapter is expanded for "Priority Placement Program for Employees in Retained Grade or Pay Status," appendix III-F of part III, this handbook only, to include Nonappropriated Fund employees in the Veterans Canteen Service who are subject to the Federal Wage System.

**2. EMPLOYMENT PROGRAM MANAGEMENT**

a. To the maximum extent possible, employment will be accomplished in accordance with a planned program, rather than resorting to emergency measures to fill vacancies as they occur. Employment requirements and estimates will be based on projected staffing needs, including such considerations as employee turnover, workload and budgetary forecasts, work technology, and organization and functional changes. The complexity of such plans depends upon the scope and nature of projected needs. This will involve planning and coordinating such functions as job analysis, equal employment opportunity, position management, recruitment, internal placement, cost considerations, and training and development to assure the availability of new and replacement staff in the number and quality required to meet current and future needs.

b. VA positions will be filled by selection from among those well-qualified individuals available through the recruitment method(s) used. Such persons will be placed in positions where their education, experience, training, aptitudes, abilities, interests, and personal traits best fit them for successful performance.

c. It is VA policy to provide maximum opportunities for career advancement of VA employees and optimum utilization of their skills. To this end, VA employees will be fully considered for vacancies for which they qualify, especially those which offer advancement opportunities. This policy, however, does not preclude the selection of a qualified candidate from outside VA whenever in the judgment of the selecting official, such selection would be in the best interest of VA. Outside sources of candidates may include employees of other Federal facilities who wish to transfer, former Federal employees who are eligible for reinstatement, eligibles on civil service certificates, and those eligible for excepted appointments. VA employees and applicants from outside sources may be considered concurrently for a vacant position; or, at the option of the selecting official, consideration may be given first to applicants from one source and then to those from another. One source may also be used exclusively. The decision as to which source of candidates or combination thereof will be used may be made at the time it is decided to fill a position, or at any point during the action to fill it, or it may be made as a part of the overall staffing plan for groups or categories of positions.

d. Standards for selection will be applied systematically, equitably, and impartially to all interested candidates who meet the requirements for consideration. Employment actions will be taken without discrimination for such reasons as race, color, religion, national origin, sex, lawful political affiliation, marital status, physical or mental disability when the individual with disability(ies) is qualified to do the work, age, or membership or nonmembership in a labor organization.

e. The principle of broad areas of consideration will be applied to the maximum practicable extent in order to recruit an adequate number of qualified candidates and to enhance the diversity of the candidate pool.

f. In relating employment actions to other personnel considerations, attention will be given to providing assignments which will permit the development of employees and full utilization of their potential for advancement through realigning duties, establishing trainee and understudy positions, conducting special training programs, and detailing employees, as appropriate.

g. A special effort will be made to retain qualified employees who become disabled or whose positions are surplus to current needs, and to minimize the adverse effect of management decisions on employees, by assignment to other continuing positions.

h. Employment actions will conform to the requirements governing the employment of relatives (5 CFR, part 310 and paragraph 5o below).

i. Periodic studies will, to the extent necessary and feasible, be made by the facility and by Central Office to evaluate the effectiveness of the various employment practices in achieving management objectives.

## 3. FILLING POSITIONS

a. **Responsibilities of Selecting Officials.** Officials authorized to recommend or to approve the selection of a person for a position are responsible for being familiar with and following the policies and principles expressed in this chapter.

b. **Priority Consideration.** Priority in selection for assignment to a position must be given to persons with statutory entitlement. This includes employees applying for restoration after active military service or after recovery from a compensable work-related injury (5 CFR, part 353, and chapter 6 of part III, this handbook), and others entitled to a position under law. Then, priority consideration will be given to other persons having rights under civil service regulations or specific VA policy, as appropriate. Priority placement under VA's Priority Placement Program will be in accordance with OPM and VA policies.

c. **Basis for Selection.** Selections for positions will be based on the objective evaluation of the candidates' total qualifications for the position. "Qualifications" means the combination of experience, training, education, skills, knowledges, abilities, personal characteristics, and merit factors deemed to be pertinent to successful performance.

## 4. TYPES OF APPOINTMENTS

a. **Competitive Service Appointments (5 CFR 315 and 316).** Subject to meeting the requirements of law, Office of Personnel Management (OPM) regulations, and VA policies, appointing officers may use any applicable civil service authority to make competitive and noncompetitive appointments in the competitive service. Also see 5 CFR, parts 300, 330, and 332, and section B, this chapter for related information.

b. **Excepted Service Appointments.** For information on these appointments, see section C of this chapter and 5 CFR, parts 213, 300, 302, 304, 307 and 308. Other relevant statutory references may be found in 5 U.S.C. chapter 31, subchapter I.

c. **WOC (Without Compensation) Appointments [5 U.S.C. 3111, 38 U.S.C. 513, 5 CFR 213.3102(k) and] 5 CFR 304.102(h)**

(1) As a general rule, voluntary or gratuitous services furnished on the initiative of a person, without a written agreement with VA, will not be accepted, neither will such services be used in lieu of the regular employment of employees under the competitive or excepted service procedures. When such services are used[,] they must be supplementary to the employment of essential personnel.

(2) Voluntary or gratuitous services may be accepted under an agreement (See 7 Comp. Gen. 810. Also see VHA [Handbook 1620.1], for information on the VA Voluntary Service program, and chapter 3, this part, for information on WOC appointments made under 38 U.S.C. ch 74. See 5 CFR, part 308, for information concerning voluntary performance by students in connection with educational programs under authority of 5 U.S.C. 3111.) VA is specifically authorized by 38 U.S.C. 513 to accept uncompensated services for the purpose of carrying out all laws administered by VA. To perform such services the person must meet legal and regulatory requirements and enter into a written agreement containing the following points as a minimum:

(a) The identity of the person.

(b) The identity of the VA establishment, the organizational segment where the service is to be performed, and the nature of the service.

(c) The inclusive dates of the agreement[;] or in lieu of a terminal date[,] a statement such as “for an indefinite period.”

(d) A waiver of all claims to monetary remuneration.

(e) A provision to cancel the agreement by either party upon written notification.

(f) Authority under which the agreement is made (38 U.S.C. 513).

(g) Signature of the person and the VA appointing official. [(Reference: VA Handbook 5001, Part II, paragraph 8c.)]

**NOTE:** *Unpaid work experience may be provided for service-disabled veterans who are participating in training programs under chapter 31, title 38, U.S.C. and for clients of State vocational rehabilitation facilities. These trainees are not WOC employees. They receive on-the-job training through written agreements between the employing Federal facility and the Counseling and Rehabilitation Section at the appropriate VA regional office or the State vocational rehabilitation facility. (See 5 CFR 213.3102(k) for additional information.)*

**5. EMPLOYMENT REQUIREMENTS AND DETERMINATIONS.** Detailed information on the legal and regulatory requirements for employment in VA is contained in OPM's Guide to Processing Personnel Actions and this chapter. In addition, appointing officers will observe the following:

a. **Effective Date of Personnel Actions**

(1) **General.** Unless specifically authorized by law or regulation based on law, personnel actions filling positions through any method cannot be effective before the date the approving authority determines that requirements have been met and approves the action. In those rare instances, however, where the required administrative approval was inadvertently overlooked, the approving official may subsequently confirm the action and allow the original effective date to stand. Requirements include determinations that a position has been established and that appropriate legal, regulatory, and administrative approvals have been obtained.

(2) **Appointments (OPM Guide to Processing Personnel Actions).** Appointments must be approved by the appointing authority on or before the date the employee enters on duty. When an employee is to enter on duty on the first Monday of a pay period, the effective date of the appointment will be the first day of the pay period (Sunday). When an employee enters on duty on any day other than the first Monday of the pay period, the effective date of appointment will be the date of entrance on duty unless an earlier date is required to satisfy statutory or regulatory provisions, e.g., restoration after military service. When the first Monday of the pay period is a holiday, the appointment will be effective on the entrance on duty day.

b. **Security Requirements.** See VA [Directive &] Handbook 0710 [Personnel Suitability & Security Program] for VA instructions concerning position sensitivity designations [Section A, Paragraph 2 and Appendix A] and other security requirements.

c. **Qualifications Requirements.** Prior to appointment, a determination will be made that the candidate meets established minimum qualification standards requirements. Procedures and policies relating to the use of qualifications standards, as well as the standards for specific occupations, are found in the OPM Operating Manual – Qualification Standards for General Schedule Positions, OPM's X-118C Handbook, section D of this chapter, and appendix II-F [ ] of this handbook.

d. **Verification of Qualifications and Suitability Data (5 CFR, part 731)**

(1) **General.** In the case of appointments from civil service certificates, qualification and suitability requirements can reasonably be assumed to have been met where the examination included "vouchering" or other verification of the information in the application. This does not necessarily apply to the examination of applicants for VA police officer positions (see subparagraph [5d](5) [ ]). In all other

appointments, human resources management officials will review the application and reconcile any discrepancies or incomplete entries.

(2) **Verification of Federal Employment.** In all appointments where the applicant has been or is now employed in the Federal Government, appointing officials will obtain verification of employment and satisfy themselves that employment of the applicant is consistent with VA requirements. Whenever necessary and available, an applicant's personnel folder should also be obtained and all actions reviewed. In reemployment actions, current eligibility for reinstatement must be verified and appointing officials should not be misled by terminology which may be similar in both the competitive and excepted service.

(3) **Methods of Verification (OPM Guide to Processing Personnel Actions).** Verification of employment and suitability can be made by FL 5-127, Inquiry Concerning Applicant for Employment, letter, telephone, or personal visit. Documents generated will become a part of the employment investigation records with telephone calls and personal visits summarized for the record. Upon employment, such records will accompany the SF 85, Questionnaire for Non-Sensitive Positions (or SF 86, Questionnaire for National Security Positions) and SF 87, OPM Fingerprinting Chart, when they are submitted to OPM.

(4) **Timing of Verification.** Normally verification will be accomplished prior to employment of the applicant. Where local conditions in individual cases prevent completion prior to appointment, the verification may (except for inquiry to last Federal employer) be accomplished on a post-appointment basis. Preemployment inquiries will not be sent to persons or firms who have previously replied to similar inquiries where the replies are available for review. Neither should they be sent where an appointment must be made promptly without regard to the reply. OPM will, however, voucher such sources after appointment as a part of the investigative program covered in 5 CFR, part 736. In any event, the data on any inquiries and the application will be compared with OF 306, Declaration for Federal Employment, on the date of appointment.

(5) **Preemployment Screening Procedures for VA Police Officer Candidates**

(a) **Screening Process.** All applicants being considered for appointment to VA police officer positions will be vouchered to the extent possible prior to entrance on duty. This will include, as a minimum, conducting telephonic interviews of former employers and former supervisors to verify listed qualifying experiences and work habits of tentatively selected applicants, and will include contacts with police officials in the applicant's State or former State(s) of residence. For each applicant the Human Resources Management (HRM) office should review experience and education against the qualification standard and appropriate knowledges, skills, abilities, and other characteristics. Applicants must provide official supporting documentation as needed to verify military service or other experience. The HRM Officer will refer each qualified applicant under definite consideration to the supervisory police officer for interview. For tentatively selected candidates, supervisory police officers will: complete SF 87, Fingerprint Charts; conduct arrest record checks through Federal and state agencies; complete parts I and II of VA Form 0120, VA Police Officer Pre-Employment Screening Checklist; and otherwise comply with the pre-employment screening requirements in VA Directive 0730, Security and Law Enforcement, and VA Handbook 0730's paragraph 3a(2). If no adverse information is received from the arrest record checks, supervisory police officers will return the VA Form 0120 to the HRM office for vouchering of the

applicant's qualifying experience and most recent 5 years of experience and completion of parts III and IV of VA Form 0120[, VA Police Officer Pre-employment Screening Checklist]. The HRM office is responsible for scheduling medical examination[s for] selected applicants. See [VA] Handbook 0730 [Secuirty and Law Enforcement,] appendix A, Specific Medical Standards for VA Police Officer Applicants and Incumbents.

(b) **Use of Adverse Information as Basis for Nonselection.** When facility officials become aware of adverse information during pre-employment screening, it should be reviewed against suitability and/or security criteria and adjudicated or referred to OPM, as appropriate, in accordance with 5 CFR, parts 731 and 732. When facility officials determine that, based on adverse information obtained in the above screening process, an objection to an eligible on a civil service certificate is warranted or when a preliminary decision is made to nonselect an individual based on information obtained in this pre-employment screening process, the Regional Counsel and [Deputy Assistant Secretary (DAS) for] Human Resources Management [ ] and [Labor Relations (OHRM&LR)] (05[ ]) should be contacted for advice and assistance related to the use and disposition of such adverse information. Questions concerning the legality of adverse determinations and personal liability involvement will also be referred to the Regional Counsel.

(c) **Disposition of Documents and Records.** After a police officer applicant has accepted an offer of employment, Human Resources Management (HRM) officials should promptly contact the Security Officer (07C), VA Office of Security and Law Enforcement, about initiating the required Minimum Background Investigation, using the SF 86, Questionnaire for National Security Positions. HRM officials will tell police officer applicants that the investigation is a requirement of employment and that the completed investigation must be favorably adjudicated. The applicant will be told that the investigation will be conducted after appointment. To provide a record of satisfactory vouchering, Copy 1 of the VA Form 0120 is filed in the locked and restricted access VA Police Investigative Records File in the facility Director's office. This file shall be subject to the provisions of the Privacy Act system of records titled "OPM/CENTRAL 9." Facility copies of VA Form 0120 on hired police applicants will be kept on file until the employees have been separated or reassigned from serving in a Police Officer position. Copy 2 is mailed or faxed directly to the Director, VA Law Enforcement Training Center, Building 101, 2200 Ft. Roots Drive, North Little Rock, AR 72114. Documents obtained during the pre-employment screening process for those applicants not selected for VA police officer positions will be destroyed.

e. **Appointment Documents SF 61 and OF 306**

(1) All appointees in competitive and excepted service including WOC employees will complete the appointment documents as described in OPM's Guide to Processing Personnel Actions. In addition to appointment actions, the OF 306, Declaration for Federal Employment, must be executed for certain conversion actions in the competitive service (OPM Guide to Processing Personnel Actions).

(2) The SF 61 Oath of Office (part A) should be administered in a dignified manner to impress the appointee with the seriousness of taking an oath and the significance of entering Federal employment.

(3) The Oath of Office will normally be administered on or before the date of entrance on duty. When an appointee enters on duty on a day, e.g., Sunday, when the authorized person is not available to

administer the oath, taking of the oath may be delayed and administered at the earliest opportunity. No right to compensation accrues until the oath is taken (OPM Guide to Processing Personnel Actions).

f. **Physical Requirements and Examinations.** See VA Directive and Handbook 5019, Occupational Health Services, for policy and procedures on determining physical fitness for appointment and placement actions.

g. **Pay Determinations.** For determination concerning applicable pay rates in appointment and placement actions, see Directive and Handbook 5007, Pay Administration.

h. **Citizenship**

(1) General appropriation acts permit the employment by VA of noncitizens of the United States under certain conditions. For example, a Treasury and General Government Appropriation Act providing funds for VA in a recent fiscal year stated that: "Unless otherwise specified during the current fiscal year, no part of any appropriation contained in this or any other Act shall be used to pay the compensation of any officer or employee of the Government of the United States (including any agency the majority of the stock of which is owned by the Government of the United States) whose post of duty is in the continental United States unless such person: (1) is a citizen of the United States; (2) is a person in the service of the United States on the date of the enactment of this Act who, being eligible for citizenship, has filed a declaration of intention to become a citizen of the United States prior to such date and is actually residing in the United States; (3) is a person who owes allegiance to the United States; (4) is an alien from Cuba, Poland, South Vietnam, the countries of the former Soviet Union, or the Baltic countries lawfully admitted to the United States for permanent residence; (5) is a South Vietnamese, Cambodian, or Laotian refugee paroled in the United States after January 1, 1975; or (6) is a national of the People's Republic of China who qualifies for adjustment of status pursuant to the Chinese Student Protection Act of 1992 . . . This section shall not apply to citizens of Ireland, Israel, or the Republic of the Philippines, or to nationals of those countries allied with the United States in a current defense effort, or to international broadcasters employed by the United States Information Agency, or to temporary employment of translators, or to temporary employment in the field service (not to exceed 60 days) as a result of emergencies."

(2) Generally, all positions in VA are subject to the citizenship requirement outlined in subparagraph [h](1) [ ]. Citizenship requirements for certain positions in the Veterans Health Administration are contained in sections 7402(c) and 7407 to title 38, U.S.C. For competitive service positions under title 5, U.S.C., citizenship requirements are contained in 5 CFR 338.101.

(3) Noncitizens who have been accorded permanent resident alien status in the United States may be considered for appointment to certain positions in the excepted service of title 5, U.S.C. (e.g., Attorney, Chaplain, Rehabilitation Technician, etc.) unless otherwise precluded by law, Executive Order, or regulation. Generally, however, certain excepted service positions, of a policymaking or confidential nature, such as division/service chief or equivalent or higher at field facilities and equivalent positions in Central Office, or sensitive positions (as defined in MP-1, pt. I, ch. 5, paragraph 5) will be filled by United States citizens. Prior approval by the appropriate administration or staff office head is required before noncitizens can be appointed to these positions. Requests should be forwarded through channels to Central Office (ATTN: [DAS for OHRM&LR] 05[ ]).

**NOTE:** *Any questions on employing noncitizens, e.g., nationals of those countries allied with the United States in the current defense effort, may be referred by telephone, e-mail or letter to the DAS for OHRM (05).*

i. **Age Limits**

(1) **General.** Age limits for both competitive and excepted service positions will be consistent with the requirements contained in 5 CFR 338.601 unless specified otherwise in a qualification standard. In addition, field facility directors will conform to any State or local laws relating to employment of minors and women.

(2) **Firefighters.** Maximum entry age for firefighters is established as provided for in section 3307(d) of title 5, United States Code.

(a) For initial appointments, applicants can not have reached their 37th birthday by the day of appointment.

(b) Applicants who have passed the designated entry age limit noted, but who have previously served in a covered position may be eligible to re-enter the fire service provided that they:

1. Meet all applicable qualifications for the position; and

2. Will be able to complete a total of 20 years of covered and creditable Federal firefighter service by the time the Federal firefighter reaches the age of 57. Prior service in covered positions and creditable towards retirement may be subtracted from the applicant's age to determine if the Federal firefighter meets the maximum entry age.

j. **Licensure, Registration, or Bar Membership**

(1) The qualification standards for certain occupations require that applicants have current State licenses, registration or certification to be considered for employment. Likewise, attorneys must have bar membership. It follows that these employees must maintain their licensure, registration, certification, or bar membership on a current basis to continue their employment in such positions.

(2) Appointing officers will [verify] Licensure, Registration, or Bar Membership [by primary source verification from State Licensing Boards (SLB). Information obtained through the verification process must be documented in writing, either by letter, memo, report of contact, or appropriate web verification. Documentation of verification will be filed on the right side of the employee's personnel folder. For VHA health care professionals, the documentation will also be maintained in the VHA credentialing file.] Thereafter, an expiration date follow-up will be coded as provided for on page App C - 8 of VA Manual MP-6, part V, supplement No. 1.5 (PAID). The facility Director will designate the official(s) who will be responsible for the follow-up verification of the employee's current license, registration, [certification] or bar membership. [ ]

(3) Employees who do not maintain their current license, registration, or bar membership, must be removed from their positions and assigned to other positions for which they qualify or be separated under appropriate procedures.

k. **Applicant Drug Testing.** See VA Directive 5383 and VA Handbooks 5383, 5383.1 and 5383.2.

l. **HHS Exclusionary List.** See chapter 1 of this part.

m. **National Practitioner Data Bank Screening.** See VHA Handbook 1100.19, Credentialing and Privileging.

n. **Employment of Retired Military Officers.** Effective October 1, 1999, PL 106-65 repealed 5 U.S.C. 5532, titled "Employment of retired members of the uniformed services; reduction in retired or retainer pay."

o. **Dual Pay.** Section 5533 of title 5, U.S.C., authorizes the appointment of persons to more than one civilian office under certain conditions. Appointment officers wishing to use this authority will be guided by the regulations and requirements in 5 CFR 550.501, and VA Handbook 5007, Pay Administration, part II.

p. **Restrictions on the Employment and Placement of Relatives.** See part VII, Employment of Relatives, in VA Directive 5025, Legal.

[ ]

**6. CONTROL OF VA EMPLOYEE-VETERAN RECORDS.** HRM offices for facilities listed in M21-1, part II, chapter 4, para. 4.07, must complete and forward VA Form 20-0344, Annual Certification of Veteran Status and Veteran-Relatives, formerly VA Form 4535, Notice of Employment, Transfer, or Separation of Veteran, as provided in the M21-1 manual, whenever they appoint or take an action which results in a change of appointing authority of an employee who is a veteran. The M21-1 citation is available on the VA Intranet at http://vaww.va.gov.

**7. PART-TIME AND INTERMITTENT EMPLOYMENT.** Employment on a part-time and/or intermittent basis may be appropriate when: the position to be filled requires less than full-time service; it is the only way the services of a well-qualified employee can be obtained; or circumstances are such that the part-time or intermittent appointment would be in the best interest of management and/or the employee. Provisions of the Federal Employees Part-Time Career Employment Act of 1978 (PL 95-437) are contained in 5 CFR, part 340 and part I, chapter 3, section B, this handbook.

**8. FILLING A POSITION OCCUPIED BY AN EMPLOYEE ON LEAVE.** If a replacement is required while the incumbent employee is on extended leave, an interim position may be established. Generally, interim positions will be terminated within 1 year or less, and may be extended only under extenuating circumstances. If an interim position is filled from outside VA, the appointment will be limited to the period of time the interim position will be required unless it can be expected that another position of like status, grade, and pay will be available for the appointee when the interim position ends. (See part III, this handbook for provisions related to placement of an employee in an interim position.)

## 9. PROBATIONARY PERIOD/TRIAL PERIOD

a. Employees [appointed] in [ ] the competitive service will serve a 1-year probationary period as explained in 5 CFR, part 315, subpart H, and part III, this handbook. An employee given a career-conditional or career appointment by selection from a certificate of eligibles is required to serve a probationary period. This applies not only to the first appointment of this kind, but to any subsequent career-conditional or career appointment by selection from a certificate of eligibles, regardless of whether the appointee had previously completed a probationay period.

b. Employees who are placed in a supervisory or managerial position in the competitive service are required to serve a 1-year probationary period subject to the exemptions and exceptions contained in 5 CFR, part 315, subpart I, and appendix III-A of part III, this handbook.

c. Employees in excepted service positions will serve a 1-year trial period as explained in paragraph 6h of section C, this chapter.

[d. Employees appointed to Hybrid occupations on either a permanent full-time (38 U.S.C. 7401(3)) or part-time (38 U.S.C. 7405 (a)(1)(B)) basis must also serve a 1-year probationary period.]

**10. PLACEMENT FOLLOW-UP.** A placement follow-up will be used to evaluate the employee's progress and adjustment during the probationary or trial period. The placement follow-up will also be used, as appropriate, following position changes for employees who have completed the probationary or trial period. Follow-ups will be made for all initial appointments and significant position changes. After the employee has completed at least 90 days in the assignment, a human resources management office staff member will interview the supervisor to obtain information about the employee's performance and adjustment to the job, and any training or other needs or outstanding work that warrants attention for further placement consideration. Where deficiencies are reported, the employee should also be interviewed to further explore the courses of action that may be taken to overcome them. The follow-up form, VA Form 5-97, Notice of Pending Personnel Action, will be annotated to show that the follow-up was made, and only significant results will be recorded. These procedures are minimum requirements and where possible, extension of the follow-up interview for all placement actions is encouraged. For example, a follow-up of all promotions can be a valuable aid in assessing the results of the facility's promotion plan and the validity of the evaluation and selection process. Also, separate placement follow-ups with employees can be a valuable source of placement information as well as being an effective employee relations technique. (See MP-6, pt. V, supp. No. 1.5, Appx. C, sec. II.)

## 11. ECONOMIC OPPORTUNITY AND EDUCATIONAL ASSISTANCE PROGRAMS

a. The special economic opportunity and educational assistance programs described in 42 U.S.C. 2751-2756a, 3056 et seq., 5001; 20 U.S.C. 2301; and part I of this handbook are designed to help those who are unemployed or underemployed and those in need of educational assistance to develop the skills necessary for regular employment. To the extent feasible, VA will participate in these programs as an employer, or most often, as a host, by providing work training and experience opportunities.

b. Since a frequent objective of these programs is the employment of enrollees in permanent full-time positions upon completion of their work-training and experience status, facility management will look at the host-enrollee relationship as an important initial step which may lead to regular employment. Enrollees will be encouraged to compete in entrance level and other Federal civil service examinations so that they may share in the greater opportunities for permanent employment in or outside VA.

c. An agreement between VA and the sponsoring organization will usually be made for each group to be assigned for work-training and experience purposes. Generally, such agreements have a standard format developed by the parent organization of the sponsor which describes the relationships and responsibilities of the organizations involved as well as those relating to the participants. If necessary, such agreements will be modified to meet VA needs and requirements at the time they are negotiated.

d. As new programs develop or changes are made in existing ones, any additional VA instructions needed to implement the OPM issuance will be issued.

**12. USE OF PRIVATE SECTOR TEMPORARIES.** VA will comply with the requirements identified in 5 CFR, part 300, subpart E on Use of Private Sector Temporaries, Federal Acquisition Regulation (FAR) and Veterans Affairs Acquisition Regulation (VAAR) when contracting for private sector temporaries. See appendix II-B for specific instructions on use of temporary help services in VA.

## SECTION B. EMPLOYMENT IN THE COMPETITIVE SERVICE

**1. GENERAL.** Employment in the competitive service in the Department of Veterans Affairs will be administered in accordance with applicable laws and regulations, including title 5 of the U.S. Code and the Code of Federal Regulations.

a. **Job Announcement Posting Requirements.** To meet VA's Interagency Career Transition Assistance Plan (ICTAP) obligations, all title 5 competitive service vacancies lasting over 120 days must be posted on OPM's USAJOBS system when applicants from outside VA are accepted. This includes jobs being filled under most direct appointment authorities. (See 5 CFR 330.102(a) and (b); 5 CFR 330.707.)

b. **Employment from Federal Civil Service Certificates Under 5 CFR, Part 332.** Under Interagency Agreement # VA-1 between VA and the Office of Personnel Management (OPM), Federal civil service certificates can be obtained from a VA delegated examining unit (DEU), another Federal agency DEU, or an OPM examining office. OPM publishes its Employment Service Pricing Guide on a fiscal year basis. VA and other Federal DEUs each have their own procedures and requirements for providing services. Some may issue certificates for VA facilities, but charge a fee or require other forms of resource exchange for doing so. A VA organization interested in requesting approval to establish or disband a DEU should contact OHRM&LR's [ ] Recruitment and Placement Policy Service (059). The DEU Chief should also notify (059) of changes in the roster of OPM-trained staff as they occur. Information on the Federal delegated examining process is available on OPM's [W]eb site [at www.opm.gov/deu/index.asp].

[c. **Nonselection of Eligibles from Federal Civil Service Certificates.** Selections from competitive Federal civil service certificates should be made from among the best qualified candidates. If VA wishes not to appoint an individual on a certificate, there are two options from which to choose. First, VA may object or request to pass over a candidate pursuant to 5 CFR 332.406. Alternatively, VA may make a suitability determination under 5 CFR 731.202. While either route is permissible, the standards applicable to the chosen procedure must be satisfied.

(1) **Objection and Pass Over**

(a) If there is a nonselection of an eligible candidate, an objection request is required. An objection request is a request to remove a candidate from consideration on a particular certificate. Objections are based on factors such as lack of required experience, fraud or false statements, misconduct in previous employment, and other suitability issues (see 5 CFR Part 731 and OPM's Delegated Examining Operations Handbook).

(b) If there is a nonselection of a preference eligible, then a pass over request is required. A pass over request is an objection filed against a preference eligible that results in the selection of a nonpreference eligible. Pass over objections are based on factors such as physical or medical conditions that would prevent performance of the full range of essential duties of the position or suitability issues to select a non-preference eligible (see 5 CFR Part 339).

(c) VA DEUs have delegated examining authority from OPM to adjudicate most objection and pass over requests. However, OPM retains exclusive authority to make medical qualification determinations pertaining to preference eligibles or disabled veterans in certain circumstances (see 5 CFR, part 339), and grant or deny pass over requests of preference eligibles who are 30% or more compensably disabled. VA must refer any objection, including pass over request, that is based on material, intentional false statement or deception in examination or appointment to OPM for a suitability action where warranted under 5 CFR, part 731.

(d) Objection and pass over requests described in 5 CFR, part 332 are processed through OPM using the form SF-62, Agency Request to Pass Over a Preference Eligible or Object to an Eligible. For DEU-adjudicated objection and pass over requests, the HR Officer must submit a written justification with a reason(s) for the objection or pass over of an individual to the DEU that issued the certificate. For OPM-adjudicated pass over requests of a preference eligible or disabled veteran, the request must be submitted directly to OPM. Passover requests should include the following documentation: vacancy announcement, certificate of eligibles, application of the selectee, application of the preference eligible or disabled veteran not selected, and written justification supporting the reason(s) for non-selection. DEU or OPM- sustained objections and pass overs are not appealable to MSPB.

(2) **Suitability.** Suitability refers to a person's identifiable character traits and conduct sufficient to decide whether an individual's employment or continued employment would or would not protect the integrity or promote the efficiency of the service. Guidance on the process of non-selection of a candidate based on suitability can be found at 5 CFR, part 731 subpart D, in the OPM Delegated Examining Operations Handbook, and in VA Directive and Handbook 0710.

(a) **Definitions**

1. **Suitability Determination.** A decision by OPM or an agency with delegated authority that states a person's suitability for employment in covered positions in the Federal Government or a specific Federal agency.

2. **Suitability Action.** An action described in 5 CFR 731.203 (cancellation of eligibility, removal, cancellation of reinstatement eligibility, debarment) that may be taken by OPM or an agency with delegated authority under the procedures in 5 CFR, part 731, subparts C and D after a person is determined to be unsuitable. These actions are appealable to MSPB.

(b) **Procedural Options.** The procedure used to take an action determines the standards applicable and whether that action may be appealed**.** Non-selection, or cancelation of eligibility for a specific position based on an objection to an eligible under 5 CFR 332.406, is not a suitability action even if it is based on reasons set forth in 5 CFR 731.202. An individual has no right of appeal to MSPB from an OPM or VA DEU decision to sustain an objection or grant a pass over request, regardless of the reason for the decision.]

## 2. CAREER-CONDITIONAL AND CAREER EMPLOYMENT

a. **Purpose.** Permanent employment in the competitive service is governed by the career-conditional employment system. The system is designed to permit adjustment of the career service to necessary fluctuations in Federal employment, and to provide equitable and orderly principles and practices for stabilizing the Federal workforce.

b. **Basic Elements.** Under the career-conditional employment system, employees are generally brought into the service under a career-conditional appointment. A career-conditional employee must prove an interest in a career in the Federal service by completing three years of substantially continuous service before becoming a full career employee. It is during this same 3-year period that the ability and desire of the Government to retain the employee is demonstrated. Career employees have superior tenure to that of career-conditional employees. Certain employees are appointed directly as career employees or are otherwise exempt from the 3-year length of service requirement for career tenure. (See 5 CFR, part 315, subpart B.)

[c. **Career-Conditional or Career Appointment of Persons Eligible Under the Veterans Affairs Choice and Quality Employment Act of 2017.**
Under Public Law 115–46, § 204, VA may appoint, via transfer or reinstatement, a qualified former VA career or career conditional employee to any position within the competitive service without regard to Veteran's preference or competitive examining rating and ranking procedures. The appointment may be up to one grade (or equivalent) higher than the grade (or equivalent) of the VA position previously occupied by the employee. When filling positions under this authority, facilities must adhere to agency Career Transition Assistance Plan (CTAP) and Interagency Career Transition Assistance Plan (ICTAP) provisions in 5 CFR, part 330, subparts F-G.

(1) Qualified former employees must have:

(a) formerly occupied any career or career conditional position at the VA within two years before applying for reemployment at VA;

(b) voluntarily departed such position, or was subject to a reduction in force, and had a satisfactory performance record while occupying such position; and

(c) since departing VA has maintained licensing requirements, related to the position, if any, and gained skills, knowledge, or other factors related to the position.

(2) Additionally, the former employee must have at least one year of specialized experience equivalent to the next lower grade level.]

[d]. **Career-Conditional (or Career) Appointment of Persons Eligible Under the Amended Veterans Employment Opportunities Act (VEOA).** Under 5 CFR 315.611, (a) preference eligibles, or (b) Veterans whose most recent military separation was under honorable conditions after substantially completing at least 3 years of continuous active military service: may receive a career-conditional (or, if appropriate, career) appointment if selected from among the best qualified under a merit promotion competition that was announced to candidates outside VA's workforce. As it is customary for the military to release individuals a few days before completing 3-year tours "for the convenience of the Government," a facility should normally consider these individuals eligible. Reasonable and consistent use of the "few days" criteria by an operating HRM office is expected.

[e]. **Noncompetitive Appointment of 30 Percent Service-Connected [Disabled] Veterans.** Under 5 CFR 315.707, a disabled Veteran with a service-connected disability of 30 percent or more, who is serving under a time-limited appointment not limited to 60 days or less, may be converted noncompetitively to a career-conditional appointment (or career, if otherwise eligible), provided the Veteran meets the applicable qualification requirements. [S]pecial time-limited authorities for these 30-percent disabled Veterans allow temporary appointments up to 1 year under 5 CFR 316.402(b)(4) and provisional appointments under 5 CFR 316.403(b)(1). However, conversions may also be made from any time-limited appointment with a not-to-exceed time of 61 days or more, regardless of whether it is in the competitive or excepted service. Conversions may occur after 1 day of service on such a time-limited appointment.

[f]. **Conversion to Career-Conditional (or Career) Appointment of Disabled Veterans and Other Persons with Intellectual Disabilities, Severe Physical Disabilities, or Psychiatric Disabilities Serving Under Schedule A Appointments.** Under 5 CFR 315.709, after 2 or more years of satisfactory service the subject employees serving under 5 CFR 213.3102(u) in a nontemporary appointment may be converted to competitive status, at the facility's discretion.

[g]. **Status Quo Appointment and Conversion to Career-Conditional (or Career) Appointment of Disabled Veterans who Complete 38 U.S.C, Chapter 31 Training.** A facility may give a status quo appointment under 5 CFR 3.1 and 315.604(a) to a service-connected disabled Veteran who satisfactorily completed training under 38 U.S.C. chapter 31 for that position, or class of positions in a Federal agency. A facility may subsequently noncompetitively convert the Veteran so appointed at any time to a career-conditional (or, if appropriate, career) appointment under 5 CFR 315.604(b). A probationary period is not required.

[h]. **Congressional Medal of Honor-Recipient Appointments.** Executive Order 9268 provides that upon recommendation of the Secretary of Veterans Affairs to the Director, Office of Personnel Management, Veterans who have been awarded the Congressional Medal of Honor may be appointed as Contact Representatives in VA. HR Offices may obtain advice on individual cases from the Recruitment and Placement Policy Service (059).

[i]. **Noncompetitive Career-Conditional (or Career) Appointment of Student Trainees in Associated Health Care Disciplines**

(1) In accordance with 38 U.S.C. 7403(g), VA facilities are authorized to appoint under title 5, without regard to competitive Federal civil service announcement, examining and certification procedures, eligible graduates who have a degree, diploma, or certificate in an associated health care discipline from an accredited institution of post-secondary education, and who have successfully completed an affiliated clinical education training program in a VA health care facility. See appendix II-C for specific instructions on use of this noncompetitive appointment authority and a general list of covered associated health care disciplines.

(2) This employment authority does not apply to individuals in training programs that will result in post-training appointments under 38 U.S.C. 7401(1) or (3) or under 38 U.S.C. 7405 to an occupation listed under those paragraphs.

(3) For provisions for appointing students in associated health care disciplines before graduation, see paragraphs 5 and 6, section G, chapter 3 of this part.

[j]. **Noncompetitive Appointment of Certain Military Spouses**

(1) **General.** In accordance with eligibility criteria in 5 CFR 315.612, certain spouses of members of the armed forces may receive noncompetitive, career-conditional (or, if appropriate, career) appointments in the competitive service. Eligibility for appointment does not confer hiring preference or special selection priority. When filling positions under this authority, facilities must adhere to agency Career Transition Assistance Plan (CTAP) and Interagency Career Transition Assistance Plan (ICTAP) provisions in 5 CFR, part 330, subparts F-G.

(2) **Definitions**

(a) **Active Duty.** Full-time duty in the armed forces, including full-time National Guard duty, except that for Reserve Component members the term “active duty” does not include training duties or attendance at service schools.

(b) **Armed Forces.** The Army, Navy, Air Force, Marine Corps, and Coast Guard.

(c) **Duty Station.** Permanent location to which a member of the armed forces is assigned for duty as specified on the individual's permanent change of station (PCS) orders.

(d) **Member of the Armed Forces or Service member.** An individual who:

i. Is serving on active duty in the armed forces under orders specifying that he or she is called or ordered to active duty for more than 180 consecutive days, has been issued orders for a permanent change of station, and is authorized for dependent travel ( i.e., the travel of the service member's family members) as part of the orders specifying the individual's permanent change of station;

ii. Retired from active duty in the armed forces with a service-connected disability rating of 100 percent as documented by a branch of the armed forces, or retired or was released or discharged from active duty in the armed forces and has a disability rating of 100 percent as documented by the Department of Veterans Affairs; or

iii. Was killed while serving on active duty in the armed forces.

(e) **Permanent Change of Station.** The assignment, reassignment, or transfer of a member of the armed forces from his or her present duty station or location without return to the previous duty station or location.

(f) **Spouse.** The husband or wife of a member of the armed forces.

(3) **Coverage and Eligibility.** Consistent with regulatory guidance in 5 CFR 315.612, facility HR offices may appoint qualified military spouses who meet the following eligibility criteria:

(a) A spouse who married a service member on, or prior to, the date of his or her PCS orders, and relocated with the service member to the designated duty station on his/her PCS orders;

(b) A spouse of a service member released from active duty; or a retiree, who incurred a 100 percent service-connected disability on active duty in the armed forces; or

(c) A widow or widower of a service member who was killed while serving on active duty in the armed forces. The time served on active duty is not limited to combat service. The widow or widower is eligible for appointment under this authority until he/she remarries.

(4) **Eligibility Period.** With the exception of spouses of deceased or 100 percent disabled Veterans, covered individuals may receive a permanent appointment or multiple temporary or term appointments within 2 years of the date on the PCS orders. However, spouses of deceased or 100 percent disabled Veterans have unlimited eligibility under this authority.

(5) **Eligibility Documentation.** Prior to appointment, facility HR staff must obtain the following documentation from the spouse to verify eligibility.

(a) A spouse of a current service member must provide a copy of the marriage license and the service member's PCS orders specifying: the effective date of the PCS, the duty location, and a statement authorizing the dependent/spouse to accompany the service member to the duty station.

(b) A spouse of a former service member released from active duty, or a retiree, who incurred a 100 percent service-connected disability while serving on active duty in the armed forces must provide: a copy of the marriage license, a DD Form 214, and VA or DoD documentation of the 100 percent service-connected disability.

(c) A widow/widower of a service member who was killed while serving on active duty in the armed forces must provide: a copy of the marriage license, a DD Form 214, documentation of the deceased service member's service-connected death, and a statement validating that the widow/widower is the un-remarried widow/widower of the deceased service member.

(6) **Exclusions.** A spouse who does not accompany the service member to the new duty station, marries the service member after he/she relocates; or a spouse of a service member on deployment, temporary duty (TDY), or other non-PCS orders, is not eligible for appointment under this authority. However, a spouse is eligible if the service member's orders indicate that the service member will proceed to a TDY assignment en route to a new duty station.

(7) **Geographic Restriction.** With the exception of spouses of Servicemembers with 100 percent service-connected disabilities or spouses of Servicemembers killed on active duty, facilities may not appoint eligible spouses to positions outside the geographic area of the permanent duty station designated in the Servicemember's PCS orders. The geographic area is not mile-radius specific. [The geographic area] encompasses the Servicemember's duty station and the surrounding area from which individuals may reasonably commute daily. In accordance with 5 CFR 315.612, the Assistant Secretary for Human Resources and Administration may waive this limit if there are no Federal agencies or departments within the geographic area of the Servicemember's duty station.

(a) Facility Directors may submit requests to waive the geographic restriction. Requests must include a copy of the vacancy announcement, the Servicemember's PCS orders, a brief statement from the spouse indicating her/his desire to waive the geographic restriction, and a statement from the facility that there are no Federal agencies or departments within the local commuting area of the Servicemember's duty station.

(b) Requests to waive the geographic restriction must be submitted to: Director, Recruitment and Placement Policy Service (059), Office of Human Resources Management (OHRM), VA Central Office, Washington, DC 20420.

[k]. [**Noncompetitive Conversion to Career or Career-Conditional Appointments of Students and Recent Graduates Employed through the VA Choice and Quality Employment Act of 2017**

(1) In accordance with the VA Choice and Quality Employment Act of 2017, Public Law 115-46, VA facilities are authorized to make excepted appointments of students and recent graduates of qualifying educational institutions in title 5 occupations that lead to noncompetitive conversion to career or career-conditional appointments. The conversions, under title 5, are made without regard to competitive Federal civil service announcement, examining, and certification procedures, or Veterans' preference requirements. See Appendix II-D for specific instructions on the use of the excepted appointment authority and the noncompetitive conversion action.

(2) This excepted appointment and conversion authority does not apply to individuals in training programs that result in post-training appointments to an occupation listed in 38 U.S.C. § 7401(1) or (3), or 38 U.S.C. § 7405.

[l]. **Administrative Protections for Career-Conditional and Career Employees**

(1) **Retention Priority in Reduction in Force.** Employees who have career-conditional appointments are in group II for reduction in force purposes. Employees who have career appointments have group I tenure for reduction in force [purposes,] unless they are serving a probationary period, in which case they are in group II. (See 5 CFR, part 351, and part IV, this handbook.)

(2) **Protection Against Arbitrary Removal.** Non-probationary career-conditional and career employees [are protected] against arbitrary removal described in 5 CFR, parts 432 and 752 and VA Directive and Handbook 5021, Employee/Management Relations. While serving probation, [career-conditional and career] groups have [ ] limited protection covered in 5 CFR, part 315, subpart H, and VA Directive and Handbook 5021.

## 3. NON-PERMANENT EMPLOYMENT

a. Scope

(1) This paragraph supplements regulations contained in 5 CFR, part 316, and should be used in conjunction with that reference and other applicable portions of this chapter.

(2) Regulations for temporary appointments in the excepted service of title 5, U.S. Code are contained in 5 CFR, part 213. (This includes the 30-day critical needs appointment authority.) (See [ ] section C of this chapter.)

(3) This paragraph does not apply to excepted service positions in the Veterans Health Administration filled under 38 U.S.C., chapter 73 and 74 or to excepted positions in the Veterans Canteen Service filled under 38 U.S.C., chapter 78. These positions are covered in chapter 3 of this part.

b. **Policy.** Temporary and term appointment authorities will be used only under conditions authorized by the Office of Personnel Management. To meet VA's ICTAP obligations, all title 5 competitive service vacancies lasting over 120 days, must be posted on OPM's USAJOBS system when applicants from outside VA are accepted. (See paragraph 1a of this section.)

c. **Temporary Limited Appointments.** Temporary limited appointments may be used to fill short-term employment needs expected not to exceed 1 year, and continuing positions expected to be needed for placement of the organization's permanent employees who would otherwise be displaced. (See 5 CFR, part 316, subpart D.)

(1) Facilities have the authority to make temporary limited appointments of 1 year or less to positions in the General Schedule and the Federal Wage System. Supervisory certification of the temporary nature of the employment need is to be documented in accordance with 5 CFR 316.401(b). [ ]

(2) While temporary limited appointments may generally be extended up to 2 years from the date of initial appointment in increments of 1-year or less, appointments to seasonal and intermittent work are specifically governed by the criteria specified in 5 CFR 316.401(d)(1). OPM will authorize exceptions to the regulatory time limits only when necessitated by major reorganization, restructuring, facility closing or other unusual circumstances. Requests for agency-wide exceptions must be made to OPM by VA Central Office. Requests of an agency-wide nature may be sent to [OHRM&LR] (05[ ]). A facility may submit a request for extending an appointment to a specific position or project based on other unusual circumstances to the appropriate OPM Service Center.

d. **Term Appointments.** Term appointments may be for a period of more than 1 year but not more than 4 years to positions where the need for an employee's services is not permanent. Term appointments are often appropriate for persons employed to work on medical research projects. This authority, however, is not limited to research situations and may be used for other appropriate needs as indicated in 5 CFR, part 316, subpart C.

(1) Facilities are delegated the authority for determining whether term appointments are appropriate for particular positions. Selections for term employment, however, must be made under applicable competitive or noncompetitive procedures. Outside-the-register procedures in 5 CFR, part 333 may **no longer** be used for competitive term appointments. (See 5 CFR 316.302 (a).) If an exception to the 4-year limit is clearly justified, a facility may submit a request to make and/or extend a term appointment beyond 4 years to the appropriate OPM Service Center.

(2) Use of this authority will be carefully reviewed during VA and OPM personnel management evaluation visits. Documentation of the reasons for authorizing a term appointment should be maintained in accordance with VA records disposal schedules.

e. **Time-Limited Appointment of VRA Eligibles.** A VRA eligible may be given a noncompetitive temporary appointment of up to 1 year under 5 CFR 316.402(b)(2) or a term appointment under 5 CFR 316.302 not to exceed 4 years to any position in the competitive service at or below GS-11 or equivalent for which the VRA eligible is qualified. Appointment under these authorities does not give the privilege of conversion to competitive status. Because these appointments are not in the title 5 excepted service like the VRA appointment, those over 120 days must be posted on OPM's USAJOBS vacancy announcement system. (See 5 CFR, parts 307 and 316.)

[ ]

**4. SCIENTIFIC AND PROFESSIONAL (ST) POSITION APPOINTMENTS.** ST system positions may be established and filled in the competitive service under 5 U.S.C. 3104 and 5 CFR, part 319 outside the General Schedule (and above grade GS-15) to carry out research and development functions requiring the services of specially qualified individuals. A facility wishing to appoint an individual in an

ST position would follow the same procedure to establish an ST position as is used to establish a Senior Executive Service (SES) position. (See VA Handbook 5027, Senior Executive Service.)

**5. APPOINTMENT TO POSITIONS RESTRICTED TO PREFERENCE ELIGIBLES.** **5 U.S.C. § 3310** and **5 C.F.R. § 330.401** prohibit competitive examination and the placement of a non-preference eligible into a restricted position when a preference eligible is available. Covered occupations include guards, elevator operators, messengers and custodians. [Effective August 10, 2022, Section 905 of the Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022, Expansion of Opportunities for Housekeeping Aids, amended 5 U.S.C § 3310 to exempt Housekeeping Aids, 3566 occupational series, positions in VA from the preference eligible recruitment restriction. This also exempts Housekeeping Aids, 3566 series, positions from the provisions and requirements of 5 C.F.R. § 330.401 and this paragraph. The exception is specific only to Housekeeping Aids in VA and the restriction remains in effect for the recruitment of other covered occupations.]

a. **Recruitment Methods.** VA Human Resources (HR) offices may use any of the following methods to announce and fill restricted positions with preference and nonpreference eligibles consistent with the governing rules for each process.

(1) **Delegated Examining Procedures.** The recommended and primary recruitment method which yields the widest candidate pool and greatest potential for placing a preference eligible is delegated examining. The restriction on competing and filling a covered occupation with a non-preference eligible applies under this process. When using this method, the delegated examining unit must certify that the supply of preference eligible applicants has been exhausted prior to filling a restricted position with a non-preference eligible. If this [criterion] is met, Office of Personnel Management (OPM) approval is not required. If there are additional vacancies in restricted positions, the servicing HR office may request to extend the associated referral certificate in accordance with the procedures outlined in VA Handbook 5005, Part I, Appendix B, Delegated Examining (DE).

(2) **Position Change Procedures (Internal to the Organizational Entity).**

Title 5 C.F.R. § 330.402(a)(2) outlines an exception that permits the reassignment, promotion or demotion (i.e., change to lower grade) of a current permanent non-preference eligible employee from [one] restricted position [ ] to another [ ] position within the organizational entity [ ] without prior OPM approval. [An organizational entity in this context is a VA service or business line (or its equivalent) that employs individuals in restricted positions, but it is not limited to a specific facility or work location.] This exception permits movement within the organizational entity of individuals

who were properly appointed to their current restricted position, but do not have preference. Essentially, when a nonpreference eligible's initial appointment meets regulatory requirements facilitating [their] proper placement in a restricted position, no further approval is required for subsequent movement to other restricted positions within the organizational entity. However, if a non-preference eligible moves outside of the organizational entity into a non-restricted position, the HR office must ensure any subsequent hiring actions are excepted by [law,] regulation or approved by OPM (subparagraph a(3) of this paragraph).

**NOTE:** Internal movements must follow the guidance in VA Handbook 5005, Part III, Internal Placement and Merit Promotion.

(3) **Recruiting Candidates External to the Organizational Entity and VA.**

(a) Consistent with 5 C.F.R. § 330.402(b), VA HR offices are prohibited from noncompetitively filling a restricted position with a non-preference eligible without obtaining approval from the Director, Recruitment and Placement Policy Service (RPPS) (059) and OPM prior to appointment (see subparagraph b of this paragraph). This applies to any hiring or selection action of a nonpreference candidate outside of the organizational entity or an action that yields a new competitive service appointment, e.g., conversion of a current employee, reinstatement, transfer, interchange agreement, appointments under 5 C.F.R. § 315 authorities of a nonpreference eligible into a restricted position.

(b) Under certain circumstances, OPM approval is not required when filling restricted positions with a former nonpreference eligible employee by reemployment, reinstatement or reappointment of certain temporary employees as outlined in 5 C.F.R. § 330.402(a)(3)-(5).

b. **Requests for OPM Approval to Fill a Restricted Position with a Nonpreference Eligible Applicant under 5 C.F.R. § 330.402(b).** In general, competitive examination and merit promotion (internal to the organizational entity) recruitment efforts produce a sufficient pool of preference and nonpreference eligible applicants. When recruitment efforts do not produce a sufficient number of applicants, it may be necessary to solicit applications from other candidates external to the organizational entity and/or VA, including those described in a(3) of this part. When this occurs, servicing HR offices must send requests for OPM approval to the Director, RPPS (059), for review. The request must include a justification memorandum outlining the need to fill the position with a nonpreference eligible, a copy of the job opportunity announcement(s), a corresponding referral certificate(s), and additional documentation validating the unavailability of preference eligible applicants,

through competitive examination and merit promotion procedures as described in subparagraphs a(1) and a(2), respectively.

**Documenting the Standard Form 50 (SF-50), Notification of Personnel Action.** It is imperative that VA properly document and track the appointments of nonpreference eligibles into restricted positions. When a servicing HR office places a nonpreference eligible in a position that is restricted to a preference eligible, the HR office must annotate the SF-50 with a second VA-specific legal authority code and an appropriate remarks code. The legal authority code is 601, which prints on the SF 50-B as “5 C.F.R. § 330.402.” In addition, a remark code on the SF-50 must state that the nonpreference eligible was appropriately selected and identify the exception from 5 C.F.R. § 330.402(a) or (b). If the appointment was based on an exception other than those listed in 5 C.F.R. §330.402(a) that required OPM approval prior to appointment, the date of the OPM approval letter must also be included.

## SECTION C. EMPLOYMENT IN THE EXCEPTED SERVICE

**1. VETERANS [RECRUITMENT] APPOINTMENT (VRA).** Under 38 U.S.C. 4214, certain Vietnam era and other veterans may be given excepted VRA appointments under 5 CFR 307.103 to positions otherwise in the competitive service at GS-11 or below (or the equivalent in another pay system). For any VRA appointee who has less than 15 years of education, the facility must establish a training or education program, which should meet the needs of both the employee and VA. In VA, a VRA appointee must serve a 1-year trial period (see paragraph 6h of this section), and termination during this year is handled as provided in VA Handbook 5021. Merit promotion provisions cover VRA employees (see part III of this handbook), and they may be promoted above GS-11 level if other requirements are met. Other appointment and conversion requirements are in 5 CFR, part 307.

### 2. APPOINTMENT OF EXPERTS AND CONSULTANTS

a. **General**

(1) This paragraph contains the VA policies and procedures that apply to the employment of experts and consultants when there is an employer-employee relationship as explained in 5 CFR, part 304, and such employment is in positions excepted from the competitive service by statute or by the Office of Personnel Management. The employee's services may be obtained by contract or appointment under an appropriate appointing authority (e.g., 5 U.S.C. 3109) and be in a pay or, when appropriate, a non-pay basis. This paragraph does **not** apply to the employment of consultants and VHA consulting attendings under title 38, U.S.C. ch. 74 authority. See chapter 3 of this part for appointment of [employees to] the[s]e positions.

(2) Experts and consultants will be employed only when their services are proper, legitimate, and the most practical way for VA to accomplish its management, operational, and service responsibilities. They will be employed on a temporary or intermittent basis but not-to-exceed 1 year unless specifically provided otherwise by law or for a lesser period of time when the need for their services will be completed earlier. They will not be employed to do a job that regular employees can do as well or to perform the duties of a continuing full-time position; neither will experts and consultants be employed where their appointments circumvent competitive employment procedures or General Schedule pay limitations.

(3) In accordance with 5 CFR 304.103(a)(2), experts and consultants who work on strictly an intermittent basis may be appointed without time limit and all others must receive temporary appointments. However, the above VA policy limits intermittent appointments to not-to-exceed 1 year. Also, the 5 CFR definition for temporary employment clarifies that the appointment may have a full-time, part-time, seasonal, or intermittent work schedule.

(4) The appointment of experts and consultants employed on an intermittent basis can be renewed from year to year; those serving under temporary appointments cannot, except as provided for by 5 CFR 304.103(c).

b. **Authorities and Responsibilities**

(1) **Office of the Secretary**

(a) The Secretary will determine the need for experts and consultants to be appointed to the Office of the Secretary. This includes responsibility to review and certify each proposed appointment or its extension, when applicable. (See paragraph 3c [ ].)

(b) All final selections of experts and consultants must be approved by the Secretary or other appropriate official, with the advice and assistance of the Deputy Assistant Secretary for [O]HRM[&LR]. Field facility heads will forward their recommendations for the appointment and employment of experts and consultants through channels to Central Office for approval. OHRM&LR (05[ ]) will review staff office/administration requests prior to (00) approval.

(2) **Line Management.** The authority to perform pre-appointment certifications for requests to appoint experts and consultants and for any extensions of such appointments is delegated to [Under Secretaries], Assistant Secretaries, and Other Key Officials for requests under their jurisdiction. (See paragraph 3c [ ].)

(3) **Human Resources Management Officers**

(a) Human Resources Management Officers (HRMOs) (including the Director, Central Office Human Resources Service (05HRS), in Central Office) will ensure that all procedures and requirements (e.g., dual employment, dual pay, conflict of interest, leave administration, and records documentation) for the appointment and employment of experts and consultants are followed (see 5 CFR 304.103-107).

(b) HRMOs will conduct the quarterly review of the employment of experts and consultants to assure that their utilization is proper. The reviews will be documented, maintained, and signed by the HRMO as explained in paragraph c, which follows.

c. **Review and Certification**

(1) **General.** With the advice and assistance of OHRM[&LR], the responsible selecting official will review and certify each proposed appointment, or the extension of an appointment, on the basis of the following considerations:

(a) Necessity for the position;

(b) Correctness of the judgment that the position requires the services of an expert or consultant;

(c) Propriety of the designation of the position as temporary or intermittent;

(d) Soundness of the decision that this is the most appropriate appointing authority to use;

(e) Qualifications of the proposed appointee;

(f) Appropriateness of the intended level of pay in relation to both the work to be performed and the qualifications of the proposed appointee; and

(g) Completeness of documentation.

(2) **Documentation.** The selecting official will sign an individually prepared certification attesting that all the requirements in preceding subparagraph (1) have been met for each appointee. The certification will be filed with the permanent records in each appointee's personnel folder and be worded along the lines of the sample in appendix II-M.

d. **Review During Employment**

(1) **General.** The responsible HRMO will review the utilization of each expert or consultant on a quarterly basis (i.e., March 31, June 30, September 30, and December 31). The HRMO will obtain documentation from the appropriate selecting officials as is deemed necessary to facilitate the review and certification to assure that in each case the:

(a) Circumstances requiring the initial employment of the expert or consultant are substantially the same;

(b) Duties performed are still those of an expert or consultant;

(c) Time limits are being observed;

(d) Documentation is kept current; and

(e) Duties of record are actually being performed.

(2) **Exclusions.** The quarterly review may be omitted for those experts or consultants who worked for 10 days or less during the quarter.

(3) **Documentation**

(a) Each review will be documented and signed by the HRMO. The review report will cover all experts and consultants and describe how the review was made, summarize the findings, and describe the actions taken to correct any deficiencies noted in the review. Where exclusions in subparagraph [2d](2) [ ] have been made, a statement describing the extent of the exclusion will be included in the report. Records of reviews will be retained for examination by OPM.

(b) Field facilities will forward a copy of each quarterly review, through channels, to the [OHRM&LR] (05[ ]). Negative reports are not required.

e. **Annual Reviews.** Selecting officials (see paragraph 2b(1) [ ]) will be notified by OHRM[&LR] at the close of each fiscal year of their responsibilities and obligations for the proper employment and utilization of experts and consultants. (See [VA] Handbook 5001 for Annual Report on Expert and Consultant Appointments.)

## 3. SPECIAL NEEDS APPOINTMENTS 5 CFR 213.3102(i)(2)

a. **General**. Facilities may make excepted temporary limited appointments of not to exceed 30 days duration to meet any legitimate special need that cannot be met by another appointment authority. These appointments may be made without regard to the general eligibility requirement in instances when a facility determines there is a critical need to fill a position on an interim basis pending completion of competitive examining, clearances or other procedures required for a longer appointment. Temporary limited appointments of longer duration are not authorized for this purpose.

b. **Extensions**.

(1) Facilities may extend the service of an employee serving under a special needs appointment for up to 30 additional days provided that:

(a) Continued employment is essential to facility operations;

(b) The initial appointment was properly made; and

(c) The conditions which justified the original appointment still exist.

(2) This authority may not be used to exceed a service limitation imposed by some other appointing authority. A facility may not employ an individual under this type of appointment for more than 60 days in any 12-month period.

(3) The action extending a special needs employee's service is processed as a conversion.

## 4. [PATHWAYS PROGRAMS

a. **Purpose**. This paragraph establishes VA policy for implementing the selection, appointment, and movement of Pathways Programs participants in the Internship, Recent Graduate, and Presidential Management Fellows (PMF) Programs. On December 27, 2010, Executive Order (E.O.) 13562 established the Internship Program and the Recent Graduates Program and revised and reinvigorated the PMF Program. These two new programs, along with the PMF Program, collectively form the Pathways Programs. The Office of Personnel Management (OPM) issued the final rule for the Pathways Programs on May 11, 2012 *(77 FR 28194)*, with an effective date of July 10, 2012. The Pathways Program requirements are found in part 362 of title 5, Code of Federal Regulations (CFR). The appointing authorities for the Pathways Programs are found in 5 CFR 213.3402(a), (b), and (c).

b. **Scope**.

(1) **Coverage**. This policy applies to appointments of students and recent graduates in the title 5 excepted service using the Pathways Programs, Schedule D hiring authority. Appointing authorities for the Pathways Programs are found in 5 CFR 213.3402(a), (b), and (c) and part 362. This section replaces Human Resources Management Letter 05-13-01, Implementing the Title 5 Excepted Service Pathways Programs in VA dated January 3, 2013. The Pathways Programs regulations replace the former Student Career Experience Program (SCEP) and Student Temporary Employment Program (STEP) formerly

covered under 5 CFR 213.3202 and PMF program formerly covered in 5 CFR 213.3102(ii) and (jj) and 5 CFR, part 362.

(2) **Exclusions**. This paragraph does not apply to: enrollees in manpower or education programs hosted at no cost to VA or on a cost reimbursable basis, volunteers, WOC (without compensation) employees, or students enrolled in baccalaureate curricula appointed under authorities other than 5 CFR 213.3402(a), (b) and (c), direct patient care student positions (i.e., interns, residents, and trainees) [appointed under the authority of 38 U.S.C. 7405], or positions in the title 38 (full or hybrid) excepted service.

c. **Policy**.

(1) Any programs established under the auspices of this paragraph must comply with the criteria as outlined in the referenced authorities.

(2) Guidance for establishing programs under this authority may be found in Appendix II-N of this part.

d. **Responsibilities**.

(1) **Assistant Secretary for the Office of Human Resources and Administration (OHRA) (006).** Serves as the designated agency official, as VA's Chief Human Capital Officer, making the decision to enter into a Pathways Memorandum of Understanding (MOU) with the Office of Personnel Management (OPM).

(2) **Dean of VA Learning University (VALU)**. Serves as the designated official for administering and managing the Pathways Programs in VA. The Dean of VALU is responsible for designating the Department's VA Pathways Programs Officer (VA PPO) and the VA PMF Coordinator.

(3) **Pathways Program Management Office (PPMO)**. Provides governance, administration, management, marketing and support for all Pathways Programs within the National Cemetery Administration (NCA), Veterans Benefits Administration (VBA), Veterans Health Administration (VHA), and VA Central Office (VACO). The PPMO serves as the centralized Pathways resource for best practices, standard operating procedures, tools, templates, data analysis, tracking, reporting and systems, and supporting Participants, hiring officials, HR Offices, and other key stakeholders. The PPMO provides support for other stakeholders involved in the Pathways Program.

(4) **VA Pathways Programs Officer (PPO)**. The VA PPO is organizationally aligned in the VA Pathways Program Management Office (PPMO) in VALU. The headquarters VA PPO's duties and responsibilities include:

(a) Administers VA's Pathways Programs hiring plan, recruitment, and on-boarding process for VA Pathways Programs Participants, which includes coordinating with VA stakeholder officials, such as the PPOs for the three Administrations and VA Central Office;

(b) Serves as a liaison with the Office of Personnel Management (OPM) by providing updates and reports on VA's implementation of the Pathways Programs and the number of individuals hired and converted; clarifying technical or programmatic issues, sharing VA best practices; and conducting periodic audits to ensure program compliance;

(c) Provides technical guidance and advice to Administration PPOs, hiring officials, supervisors, and operating human resources officials on the provisions of the Pathways Programs;

(d) Coordinates and submits the Departmental Pathways MOU to OPM no less frequently than every 2 years;

(e) Coordinates and submits reports and other updates to OPM and VA senior officials, as requested;

(f) Coordinates and submits requests for Recent Graduates programs lasting more than one year to OPM for approval;

(g) Designs and implements guidance for an on-boarding process for each Pathways Program;

(h) Develops approval criteria for granting extensions and approving/denying requests for extension of appointment of Recent Graduate and PMF Programs Participants up to an additional 120 day to cover rare and unusual circumstances or situations other than a major reorganization, base closing, or an agency wide restructuring;

(i) Adjudicates requests for credit or waiver of service hours for Internship Program Participants;

(j) Works with the VA PMF Coordinator, Administration PPOs, and Administration PMF Coordinators, and other VA Key Stakeholders to plan program budgets and to project the number of PMF hires in the Department; and

(k) Monitors and tracks outreach activities to determine their overall effectiveness in recruiting quality applicants.

(5) **VA PMF Coordinator**. The VA PMF Coordinator is organizationally aligned in VALU. The VA PMF Coordinator's duties and responsibilities include:

(a) Administers the VA PMF Program and serving as the VA PMF Program liaison with OPM;

(b) Manages the placement of PMFs within VA, which includes: recruitment (posting job opportunity announcements to the OPM PMF portal); ensuring that Veterans' preference is applied before providing eligible PMF candidates to the hiring official; and developing other Program-related activities of PMFs appointed in VA staff offices;

(c) Works with the Administration PPOs and Administration PMF Coordinators designated for NCA, VBA, VHA and VACO to ensure accomplishment of comparable matters for those Administrations, including required assignment of mentors and creation of approved IDPs, and required developmental assignment;

(d) Collaborates with the hiring official or supervisor to ensure a mentor is assigned to the PMF, to ensure 80 hours of formal interactive training per year are completed by the PMF that fully addresses the competencies outline in the PMF's IDP, and to ensure that the PMF completes the 4-6 month developmental assignment;

(e) Reviews and recommends approval/disapproval to the Dean of VALU petitions for readmission and reappointment of a PMF who withdrew from the program; and

(f) Coordinates the submission of each Fellow's certification of completion through VA's Executive Resources Board (ERB).

(6) **Office of Human Resources Management (OHRM) (05)**.

(a) Establishes and maintains VA policy and guidelines for the implementation and utilization of the Pathways Programs;

(b) Provides technical guidance and advice to the VA HR community regarding the policy related to the Pathways Programs; and

(c) Reviews and submits, to OPM, facility requests for pass over of 30% or more service connected disabled Veterans in relation to Pathways recruitment actions for Internship Program positions and non-*Luevano Consent Decree* covered Recent Graduates Program positions.

(7) **Administration Pathways Program Officers (PPO)**. Administration PPOs provide program guidance on all Pathways Program-related decisions at the administration level including VHA, VBA, NCA and VACO. The Administrations PPOs duties and responsibilities include:

(a) Coordinates the Pathways Programs hiring plan and Pathways-related reporting input for their designated Administration;

(b) Oversees the recruitment and on-boarding process for Participants within the Administration;

(c) Provides technical guidance and advice to hiring officials, supervisors, facility-level Pathways Program Coordinators and operating human resources officials within the respective Administration regarding the Pathways Programs;

(d) In concert with the headquarters VA PPO and VA PMF Coordinator, ensures the assignment of mentors and creation of approved IDPs for Recent Graduates and PMFs assigned to the respective Administration;

(e) Reviews and makes determinations for crediting comparable experience acquired by an Intern in a non-Federal or student volunteer service program;

(f) Advises on requests for breaks in program for Internship Program Participants during periods of absences; and

(g) As applicable, provides copies of Administration-wide programs (i.e., VHA's Technical Career Field Program), incorporating the use of Pathways Programs, to OHRM (05) prior to implementation. Any programs implemented under this authority must comply with the provisions of this part.

(8) **Human Resources (HR) Officer/Director**.

(a) HR Officer/Director, or designee, have responsibilities that run parallel to those of the Administration's PPO in the organizations for which her/his staff provides HR services. The HR Officer/Director may designate technical responsibility of the Pathways Programs to a HR Specialist with extensive knowledge of federal staffing regulations and procedures. However, the HR Officer/Director is ultimately responsible for oversight of the designee and overall compliance of the Program at the facility. The HR Officer's/Director's duties and responsibilities include:

(b) Serves as the facility-level Pathways Programs Coordinator and ensures the Pathways Programs complies with the provisions in this section, 5 CFR 213.3402 and part 362;

(c) Participates in local workforce planning efforts to ensure permanent placement opportunities are available for Pathways Participants converting to the competitive service;

(d) Provides technical guidance and advice to hiring officials, supervisors, and operating human resources staff within the respective facility regarding the Pathways Programs;

(e) Advises hiring officials and supervisors in the design and development of formal training plans, individual development plans (IDPs), Participant Agreements, performance plans, mentoring, and the on-boarding requirements;

(f) Ensures proper application of Veterans' preference when filling Pathways positions, excluding PMF Program positions. PMF Program positions are adjudicated for Veterans' preference by the VA PPO prior to providing the certificate of eligibles to the HR office or hiring manager;

(g) Makes qualification determinations for appointments in the VA Pathway Internship and Recent Graduates Programs and for PMF appointments at the GS-11 or GS-12 grade level. OPM makes qualification determinations for PMF Finalists at the GS-9 grade level;

(h) Serves as a liaison with participating schools on matters pertaining to student employment programs in VA and stays informed of developments in the area of student employment both in the public and private sectors;

(i) Ensures hiring officials and supervisors comply timely to the mandatory requirements of each Pathways Program, including but not limited to, issuing performance standards, executing Pathways Participant Agreements, creating individual development plans (IDPs), assigning mentors, etc. Identifies expectations and other mandatory requirements in accordance with 5 CFR 362.106;

(j) Obtains certification of enrollment and recurring transcripts from Interns as proof of satisfactorily seeking a degree (diploma, certificate, etc.) in a qualifying educational institution, on a full or half-time basis (as defined by the institution in which the student is enrolled);

(k) Submits reports and other updates regarding the hiring and conversion upon request to the headquarters VA PPO through the respective Administration's PPO;

(l) Adheres to Pathways Programs hiring projections reported for the respective facility and reports deviations to the headquarters VA PPO through the respective Administration PPO;

(m) For consideration of crediting waiver of service credit for conversion to the competitive service, makes the determination that Intern's work experience demonstrates high potential by outstanding academic achievement and exceptional job performance under an Internship Program appointment; and

(n) Advises hiring officials and supervisors of their duties and responsibilities as defined in paragraph 9 of this chapter.

(9) **Hiring Officials and Supervisors**. The Hiring Official and Supervisor's duties and responsibilities include:

(a) Supervises daily work activities of the Pathways Participant and serves as the Pathways Participant's primary point of contact for any questions related to the program;

(b) Adheres to all requirements of the applicable Pathways Program for each Pathways Participant, including all of the provisions in the governing Participant Agreement, along with providing a meaningful on-boarding process. The hiring official and/or supervisor is responsible for orienting the Participant to VA's mission and the Participant's role in that specific facility and ensuring access to all necessary technological and program resources; providing ample work; career guidance; and regular performance feedback throughout the Program;

(c) Establishes performance elements and standards directly related to acquiring and demonstrating the various leadership, technical, and/or general competencies expected of the Participant, as well as, the elements and standards established for the assigned duties. VA Handbook 5013, Performance Management Systems, Part I - Title 5 Performance Appraisal Program, does not require a formally established performance plan for temporary title 5 excepted service employees expected to work 90 calendar days or less in a 12-month period, e.g., a Pathways Intern hired for the summer with a corresponding not-to-exceed date. Participant Agreements must include performance expectations;

(d) Designs and develops formal training plans, Participant Agreements, and performance plans for Participants with advice from the HR Officer/Director or designee;

(e) Assigns duties and responsibilities to Internship Participants that are consistent with their educational background and career interests and purpose of appointment;

(f) In coordination with workforce planners, ensures that an adequate number of permanent positions will be available to convert Pathways Participants who successfully complete their Program;

(g) Ensures Recent Graduate and PMF Participants are assigned an appropriate mentor;

(h) Ensures Participant Agreement is established within 10 calendar days of the appointment date and a copy is provided to the Participant and the servicing Human Resources Office;

(i) Verifies enrollment and eligibility of a Participant for continued participation in the Internship Program;

(j) Communicates to Participants all program requirements as related to conversion eligibility, special training requirements, and establishes a mutually agreeable work schedule; and

(k) Review, for approval or denial, an Internship Program Participant's request for a break in program.

(10) **Internship Program Participant**.

(a) Adhere to the Internship Program requirements required by Federal regulation and VA policy.

(b) Meet the definition of a "student" as defined in 5 CFR 362.202 as an individual accepted for enrollment or enrolled and seeking a degree (diploma, certificate, etc.) in a qualifying educational institution, on a full or half-time basis (as defined by the institution in which the student is enrolled), including awardees of the Harry S. Truman Foundation Scholarship Program under Public Law 93–842. Students need not be in actual physical attendance, so long as all other requirements are met. An individual who needs to complete less than the equivalent of half an academic vocational or technical course-load immediately prior to graduating is still considered a student for purposes of this Program.

(c) Provide proof of enrollment in a qualifying educational institution and academic transcripts at the end of each academic period and upon request.

(d) As applicable, at the time of appointment and upon request, demonstrate an acceptable overall Grade Point Average (G.P.A.) of at least a 2.0 or above on a 4.0 scale, as recorded on the official transcript.

(e) Adhere to an established work schedule approved by the supervisor.

(f) Perform, successfully, the duties and responsibilities in the assigned position description.

(g) Observe all workplace rules, such as dress code, office conduct and behavior.

(h) Participate in all VA mandatory training programs (either on-line or in the classroom).

(i) For individuals appointed in Intern positions (without time limit) expected to last 1 year or longer, establish an IDP with the assistance of the supervisor. The IDP must be executed within 45 calendar days from the appointment date, and must be established in concert with the assignment of performance requirements, as applicable.

(j) Notify the supervisor of any changes in the completion of the educational program, such as graduation date, changes in the major degree requirements, or changes in the educational institution's accreditation.

(k) Submit requests for breaks in program to the supervisor within a timely manner.

(11) **Recent Graduates Participant**.

(a) Adhere to the Recent Graduate Program requirements required by Federal regulation and the VA policy.

(b) Adhere to an established work schedule approved by the supervisor.

(c) Perform, successfully, the duties and responsibilities in the assigned position description.

(d) Observe all workplace rules, such as dress code, office conduct and behavior.

(e) Establish an IDP with the assistance of the supervisor. The IDP must be completed within 45 calendar days of appointment and include a plan to obtain at least 40 hours of formal interactive training, and must be established each year in concert with the assignment of performance requirements.

(f) Collaborate with the supervisor to identify a mentor within 90 calendar days of the appointment date.

(g) Participate in all VA mandatory training programs (either on-line or in the classroom).

(h) Attend regularly scheduled meetings with designated mentor.

(12) **Presidential Management Fellows Program Participant**.

(a) Adhere to the PMF Program requirements required by Federal regulation and the VA policy.

(b) Adhere to an established work schedule approved by the supervisor.

(c) Perform, successfully, the duties and responsibilities in the assigned position description.

(d) Observe all workplace rules, such as dress code and office conduct and behavior.

(e) Establish an IDP with assistance of the supervisor. The IDP must be completed within 45 calendar days of appointment and include a plan to obtain at least 80 hours of formal interactive training per year, and must be established each year in concert with the establishment of the performance requirements.

(f) Collaborate with the supervisor to identify a mentor within 90 calendar days from the appointment date and attend regularly scheduled meetings with designated mentor.

(g) Participate in a VA mandatory training programs (on-line and classroom).

(h) Complete a 4-6 month developmental assignment as described in 5 CFR 362.405(b)(4).

e. **References**.

(1) Title 5, United Stated Code (U.S.C.), 2108, Veteran; Disabled Veteran; Preference Eligible

(2) Title 5, U.S.C. 2301, Merit Systems Principles

(3) Title 5, U.S.C. 2302, Prohibited Personnel Practices

(4) Executive Order (E.O.) 13562, Recruiting and Hiring Students and Recent Graduates, December 30, 2010

(5) Title 5, CFR, 213.3402, Schedule D Entire Executive Civil Service; Pathways Programs

(6) Title 5, CFR, part 302, Employment in the Excepted Service

(7) Title 5, CFR, part 310, Employment of Relatives

(8) Title 5, CFR, part 362, Pathways Programs

(9) Office of Personnel Management, Memorandum for Chief Human Capital Officers, Use of Third-Party Intern Providers, dated October 19, 2012

(10) Office of Personnel Management, Pathways - Transition and Implementation Guidance, July 2012

(11) Office of Personnel Management, Pathways for Students and Recent Graduates, Questions and Answers, October 2014

f. **Definitions**. For the purposes of this policy, definitions are as follows:

(1) **Academic Year of Undergraduate Education**. Thirty (30) semester hours, 45 quarter hours, or the equivalent in an accredited college or university.

(2) **Advanced Degree**. A professional or graduate degree, e.g., master's, MBA, Ph.D., J.D.

(3) **Agency**. An Executive department. For the purpose of this policy agency means Department of Veterans Affairs (VA).

(4) **Break In the Program**. A period of time when an Intern is working but is unable to go to school, or is neither attending classes nor working for the Department.

(5) **Certificate Program**. A post-secondary education, in a qualifying educational institution, equivalent to at least one academic year of full-time study that is part of an accredited college-level, technical, trade, vocational, or business school curriculum. Certificate programs may not be used to

appoint individuals enrolled in short term "certificate programs" that are not required for the position employed or which lack sufficient academic rigor.

(6) **Exceptional Job Performance**. A formal evaluation conducted by the student's Internship supervisor, consistent with the applicable performance appraisal program that results in a rating of record (or summary rating) of higher than fully successful or equivalent.

(7) **Executive Resources Board (ERB)** (applies to PMFs). Senior officials who have been given responsibility for executive resources management and oversight by the agency head. The individual(s) review PMF Fellows' conversion packages and certify whether PMF Fellows have successfully completed Program requirements. These senior officials have been given responsibility for executive resources management, merit staffing and oversight by the Secretary of VA.

(8) **Extension of Program**. An agency may extend the Recent Graduate or PMF Program for a Participant for a period for up to an additional 120 calendar days to cover rare, unusual circumstances or situations. These circumstances and situations are outlined in the VA-OPM Pathways Memorandum of Understanding (MOU). Also, see the definition of Memorandum of Understanding. Extensions of the program are approved by the headquarters VA PPO.

(9) **Individual Development Plan (IDP)**. A formal written document (sometimes called a professional development plan) that outlines how a Participant will improve current performance and/or meet future anticipated performance requirements and career aspirations. An IDP is a tool that guides development through formal training, education or certification from a college or university, on-the-job experiences, or coaching and mentoring. Participants in the Recent Graduates and PMF Programs are required to be assigned IDPs within 45 calendar days of appointment. Supervisors of participants appointed in Internship Program positions (without time limits) expected to last more than 1 year should assign Participants an IDP within 45 calendar days of appointment.

(10) **Initial Appointment**. An individual's first Pathways appointment in any particular agency/department.

(11) **Internship Program Participant or Intern**. An Internship Program Participant or Intern is an eligible student, as defined in 5 CFR 362.202, who is participating in the Internship Program. Interns may serve on temporary appointments not to exceed 1 year and are referred to as temporary Interns. Those students serving on appointments without a not-to-exceed date are referred to as indefinite Interns.

(12) **Memorandum of Understanding (MOU)**. A formal bilateral or multilateral agreement between two or more parties that expresses a convergence of will between the parties, indicating an intended common line of action. The Pathways Programs MOU is established between OPM and the Assistant Secretary of the Office of Human Resources and Administration (006) in VA Central Office.

(13) **Outstanding Academic Achievement**. A student in the Internship Program who possesses an overall grade point average (G.P.A.) of 3.5 or better, on a 4.0 scale; standing in the top 10 percent of the student's graduating class; and/or induction into a nationally-recognized scholastic honor society.

(14) **Participant Agreement**. A written agreement between VA and each Pathways Participant. The agreement must clearly identify expectations, including but not limited to: responsibilities of Pathways Participant and the Supervisor; a general description of duties; work schedules; the length of the appointment and termination date; mentorship opportunities; training requirements, as applicable; evaluation procedures that will be used for the Participant; requirements for continuation and successful completion of the Program; and the minimum eligibility requirements for noncompetitive conversion to term or permanent competitive service employment according to the requirements of the applicable Pathways Program; and the option to convert the Participant to position that has promotion potential (i.e., a career ladder). The agreement is signed by the Participant, Supervisor, and HR Officer/Director or designee.

(15) **Presidential Management Fellow (PMF) or Fellow**. An individual appointed, at the GS-9, GS-11, or GS-12 level (or equivalent), in the excepted service under 5 CFR 213.3402(c).

(16) **Program Participant or Pathways Participant**. An individual appointed under a Pathways Program.

(17) **Qualifying Educational Institution**. A public high school whose curriculum has been approved by a State or local governing body, a private school that provides secondary education as determined under State law, or a homeschool that is allowed to operate in a State; and any of the following educational institutions or curricula that have been accredited by an accrediting body recognized by the Secretary of the U.S. Department of Education: a technical or vocational school; a 2-year or 4-year college or university; a graduate or professional school (e.g., law school, medical school); or a post-secondary homeschool curriculum.

(18) **Quality Ranking Factors**. Knowledge, skills, and abilities (KSAs) or competencies that could be expected to enhance significantly the performance in a position, but are not essential for satisfactory performance. Applicants who possess such knowledge, skills, and abilities or competencies may be ranked above those who do not, but no one may be rated ineligible solely for failure to possess such KSAs or competencies. Quality ranking factors must be based on the work of the position and must comply with the OPM Operating Manual for Qualification Standards for General Schedule Positions.

(19) **Selective Factor or Selective Placement Factor**. Knowledge, skills, abilities, or special qualifications that are in addition to the minimum requirements in a qualification standard, but are determined to be essential to perform the duties and responsibilities of a particular position. Applicants who do not meet a selective factor are ineligible for further consideration. Selective Factors must be based on the work of the position and must comply with the OPM Operating Manual for Qualification Standards for General Schedule Positions.

(20) **Student**. An individual accepted for enrollment or enrolled and seeking a degree (diploma, certificate, etc.) in a qualifying educational institution, on a full or half-time basis (as defined by the institution in which the student is enrolled), including awardees of the Harry S. Truman Foundation Scholarship Program under Public Law 93-842. Students need not be in actual physical attendance (i.e., taking online courses), so long as all other requirements are met. An individual who needs to complete less than the equivalent of half an academic/vocational or technical course-load immediately prior to graduating is still considered a student for purposes of this Program.

(21) **Third-party Internship Provider**. A non-Federal entity that contractually provides internship experiences to students that are comparable to the Pathway's Internship Program.]

**5. [EMPLOYMENT OF HEALTHCARE ADMINISTRATION RESIDENTS, INTERNS AND TRAINEES**. To be used with 5 CFR 213.3402(a), 5 CFR, part 362, and Appendix II-N. When using the Pathways Programs authorities to appoint healthcare administration residents, interns and trainees, HR Offices must consider all eligible and qualifying individuals and must not screen candidates who are not pursuing or have completed education from a preferred program accrediting body.

a. **Healthcare Administration Residents**.

(1) Healthcare administration residents are graduate students pursuing a master's degree in a program approved by the Commission on Accreditation of Healthcare Management Education (CAHME). Practical experience is for 1 year and is usually performed following the completion of 1 academic year of graduate study.

(2) Residents will be appointed in the Pathways Internship Program under 5 CFR 213.3402(a). The Office of Personnel Management has authorized VA to employ residents for a period of 12 months as an exception to the requirements of 5 CFR, part 308.

(3) Compensation for residents is locally established by facility Directors at appropriate levels within maximums prescribed by Federal civil service regulations and part II, chapter 2, paragraph 3 of VA Handbook 5007, Pay Administration.

(4) Residents appointed under 5 CFR 213.3402(a) may be noncompetitively converted to term, career-conditional or career appointments, as appropriate, provided all requirements of 5 CFR 362.204 are met.

b. **Healthcare Administration Interns**.

(1) Healthcare administration interns are graduate students pursuing a master's degree in a program approved by the CAHME. Practical experience is typically available during the summer between 2 years of graduate level academic study and is for a period of 2 to 4 months.

(2) Interns whose work assignments are anticipated to equal or exceed 640 hours necessary for noncompetitive conversion must be appointed [in an indefinite appointment (i.e., without time limitation) in the Pathways Internship Program under 5 CFR 213.3402(a). Those interns whose work assignments are not anticipated to meet the 640 hours requirement in the Internship Program will be appointed under the authority of 38 U.S.C. 7405.

(3) Compensation for interns appointed under 5 CFR 213.3402(a) is locally established by facility Directors at appropriate levels within maximums prescribed by Federal civil service regulations and part II, chapter 2, paragraph 3 of VA Handbook 5007, Pay Administration. Compensation for those interns who are appointed under the authority of 38 U.S.C. 7405 will also be in accordance with the provisions of VA Handbook 5007, Pay Administration.

(4) Interns appointed under 5 CFR 213.3402(a) may be noncompetitively converted to term, career-conditional or career appointments, as appropriate, provided all requirements of 5 CFR 362.204 are met.

c. **Healthcare Administration Trainees**.

(1) Healthcare administration trainees are undergraduate students pursuing a bachelor's degree in healthcare administration or a closely related field. Practical experience is usually from 2 to 4 months during the summer between the junior and senior years.

(2) Trainees whose work assignments are anticipated to equal or exceed 640 hours must be appointed in the Pathways Internship Program under 5 CFR 213.3402(a)]. Appointment will be at the GS-3 grade level if the trainee has completed 1 year of college and at the GS-4 grade level if the trainee has completed 2 years of college. Those trainees whose work assignments are not anticipated to meet the 640 hours requirement necessary in the Pathways Internship Program under 5 CFR 213.3402(a) for noncompetitive conversion to term, career-conditional or career appointments, as appropriate, will be appointed under 38 U.S.C. 7405.

(3) Compensation for trainees appointed under 5 CFR 213.3402(a) will be at the pay levels for GS-3 or GS-4, as appropriate. Compensation for those trainees who are appointed under authority of 38 U.S.C. 7405 will be in accordance with the provisions of VA Handbook 5007, Pay Administration.

(4) Trainees appointed under in the Pathways Internship Program under 5 CFR 213.3402(a) may be noncompetitively converted to term, career-conditional or career appointments, as appropriate, provided all requirements of 5 CFR 362.204 are met.

d. **Conversion to Term, Career-Conditional and Career Appointments**. Students meeting all the requirements specified in the Pathways Internship Program under 5 CFR 213.3402(a) may be converted to term, career-conditional or career positions, as appropriate, at the employing medical facility. Those appointed under the authority of 38 U.S.C. 7405 are not eligible for noncompetitive appointment to the competitive service under 5 CFR 362.204. If there is no appropriate position available locally for a student who is considered a good candidate for conversion, the medical facility or the student may check lists of vacancies published by VA Headquarters and contact other VA installations at which the student is interested in being employed.]

[ ]

## 6. OTHER EXCEPTED SERVICE APPOINTMENTS.

a. **General**.

(1) This paragraph contains the requirements and procedures to be followed in making appointments and position changes to positions through grade GS-15 or equivalent in the excepted civil service under 5 CFR, part 302, other than those covered by paragraphs 1 and 2 of this section. It does not apply to excepted service employment in the Veterans Health Administration under 38 U.S.C. ch. 73 and 74, or to employment in the Veterans Canteen Service under 38 U.S.C. ch. 78.

(2) The requirements of 5 CFR, part 302, and the provisions of this paragraph do not apply to the examination and selection of attorneys in VA. Administration and staff office heads, including the Chairman, Board of Veterans' Appeals, have complete responsibility for accepting attorney applications, evaluating relative qualifications of these candidates, according [V]eterans' preference as appropriate, and except for positions centralized to the Secretary, making final selections.

(3) The Office of Personnel Management excepts positions from the competitive civil service under authority of 5 CFR 213.101. These positions are identified as Schedule A, Schedule B, [Schedule C or Schedule D]. Those excepted positions which are common to more than one agency are listed in 5 CFR, part 213. Those specific to one agency are published annually in the Federal Register under 5 CFR, part 213.

(4) Except where specific VA limitations are otherwise imposed, appointing officers may use any applicable Schedule A or Schedule B authority listed in 5 CFR, part 213 to meet employment needs.

(5) Schedule C positions in VA are of a policy-determining or confidential character and may be made without an OPM or other civil service examination. Schedule C positions are normally located in Central Office. Therefore, the processing of appointments under Schedule C, section 213.3301 or 213.3302 authority is the responsibility of the Central Office Human Resources Service [(05B)].

b. **Qualification Standards.** Except where the qualification standards of the Office of Personnel Management are appropriate, e.g., Handbook X-118C for purchase and hire employees, necessary VA qualification standards for positions in the excepted service will be developed by the Office of Human Resources Management [and Labor Relations] (05) in conjunction with interested department, administration and staff officials. Appointing officers wishing to modify or waive requirements of a qualification standard will be guided by the policies and principles stated in section D of this chapter.

c. **Accepting Applications**

(1) All applications solicited and accepted for employment consideration for positions in the excepted civil service must be complete, dated, and signed by the applicant. Applications for chaplain positions are to be forwarded through channels to the Director, Chaplain Service. All other official applications accepted for employment will be maintained by VA Boards of Excepted Service Examiners in applicant supply files.

(2) Verification of qualifications and suitability will be made as described in this handbook and 5 CFR, part 731. Where verification or subsequent investigation following employment discloses disqualifying factors to such a degree that a satisfactory explanation or resolution is not possible, the responsible official may disqualify the applicant, or separate the employee under appropriate trial period or adverse action procedures. The disqualifying factors may be:

(a) Dismissal from employment for delinquency or misconduct;

(b) Criminal, infamous, dishonest, immoral, or notoriously disgraceful conduct;

(c) Intentional false statement or deception or fraud in examination or appointment;

(d) Habitual use of intoxicating beverages to excess;

(e) Reasonable doubt as to the loyalty of the person involved to the Government of the United States.

(f) Any legal or other disqualification which makes the individual unfit for service; or

(g) Lack of United States citizenship.

(3) Applicants will be contacted at approximately yearly intervals to determine whether they are still available and wish continued consideration for employment. Where the applicant fails to reply or declines further consideration, the application will be filed in the inactive section of the applicant supply file and then be disposed of in accordance with VA records disposal procedures.

d. **Examining for Excepted Positions**

(1) **VA Boards of Excepted Service Examiners.** Examination and certification of applicants for excepted service positions will be accomplished by VA Boards of Excepted Service Examiners.

(a) **Field Facilities**. Field facility HRM offices having positions to fill in the excepted service, except positions centralized for appointment and placement purposes to the Secretary or an administration or staff office head, will establish a Board. The Human Resources Management Officer is designated as the chairperson of the Board, with an appropriate staff employee, grade GS-7 or above, as the executive secretary. When the staff employee does not meet this requirement, the Human Resources Management Officer will serve both as the chairperson and the executive secretary. Each organizational element having excepted positions for which the Board examines will be represented on the Board by one or more examining members. The members will serve on examining panels when called for such service by the chairperson. While assigned to rating duties, the members will report to the chairperson.

(b) **Central Office**. The Director, Chaplain Service, or designee will establish a Board which examines and certifies candidates for chaplain positions in accordance with the provisions of this paragraph, 5 CFR 6.3 and part 302. The Deputy Assistant Secretary (DAS)/HRM will establish a Board to examine and certify eligibles to Central Office positions and to excepted positions centralized for employment purposes to the Secretary or an administration or staff office head. The DAS/HRM will designate the chairperson of the Board and he/she in turn will designate the executive secretary. Each organizational element having excepted positions for which the Board examines will be represented on the Board by one or more examining members. The members will serve on examining panels, as needed, when called for such service by the chairperson. While assigned to rating duties, the members will report to the chairperson.

(2) **Rating Applications**. Applicants will be rated against the appropriate qualification standard and assigned numerical ratings on a scale of 100, with 70 the minimum eligible rating. Such ratings will be augmented by 10 or 5 points, as appropriate, for applicants entitled to [Veterans'] preference. When the number of applicants, following the "rule of three" described in subparagraph (3) below, does not exceed the number of positions to be filled, a rating of "eligible" may be assigned in lieu of a numerical rating. In either case, a notice of the rating must be given to the applicant upon request.

[**NOTE:** *See Appendix II-N for specific procedures for rating certain Pathways Programs positions.*]

(3) **Certifying Eligibles**. In response to a request (SF 39) from the appointing officer, eligible candidates will be certified (VA Form 4681) by the Board for employment consideration. Generally, the Board will refer sufficient available candidates to permit selection consideration within the "rule of three." The preference order for referring candidates for professional and scientific positions at GS-9 and higher will follow the pattern described in 5 CFR 302, subpart C. For other positions, either Order A, B, or C described in the above CFR reference, may be selected to refer candidates. Once the order has been selected, it will be consistently used to certify candidates for employment considerations.

**NOTE**: *The VA Form 4681 is superseded by the referral format in USA Staffing, when USA Staffing is used.*

(4) **Records**. Applications, examination records, register cards, and records of certification will be maintained in Board files in such a manner that inspection by VA or Office of Personnel Management representatives is possible. VA Form 3959, Application Roster Sheet, may be used in lieu of register cards to show the status of and actions taken on applications. For USA Staffing recruitment, system records are sufficient to meet the requirement for documentation. Job analysis records can be imported directly into USA Staffing.

e. **Modification of Examining Procedure**

(1) **Schedule C Positions.** Modification of the examining procedure above may be made for qualified candidates for Schedule C positions. Such candidates may be given an "eligible" rating by the appointing officer, or representative, and be selected for appointment without regard to the "rule of three." The

principles of [V]eteran preference must be followed, as far as administratively feasible. At the discretion of the Secretary, the evaluation and rating process resulting in a numerical rating by the Board may be applied in filling Schedule C positions.

(2) [**Schedule D Positions**. Modifications to examining procedures for Pathways Programs positions are outlined in Appendix II-N of this handbook. ]

[(3)] **Former Federal Employee Applicants**. Any [V]eteran preference applicant meeting the qualification requirements of the excepted position may be given an "eligible" rating by the appointing officer, or representative, provided the applicant had prior civilian service in the executive branch of the Federal Government. Such an applicant may be referred by the appointing officer and be selected without regard to the "rule of three."

[(4)] **Purchase and Hire Employees**. Modification of the examining procedure above may be made for purchase and hire employees when the number of qualified applicants does not exceed the number of jobs to be filled. In this case the applicants may be given an "eligible" rating by the appointing officer, or representative, and be considered for appointment in order of their preference, i.e., 10 percent or more compensably service-connected disabled [V]eterans, other 10-point preference eligibles, 5-point preference eligibles, and non-preference eligibles, in keeping with 5 CFR 302.304(b)(5)(i).

f. **Reasons for Nonselection**. When requesting passover of a preference eligible with a compensable service-connected disability of 30 percent or more in favor of lower ranking preference or non-preference eligibles, appointing officers must follow the procedures contained in 5 U.S.C. 3312 and 3318; and, 5 CFR 332.406 and 339.306(b). The Office of Personnel Management (OPM) retains exclusive authority to approve a request to pass over a preference eligible with a compensable service-connected disability of 30 percent or more. HR Offices must send these pass over requests to OPM for adjudication. Requests must include a completed SF 62 form and all required supporting documentation.

g. **Placement Follow-up**. A placement follow-up will be used to evaluate the appropriateness of specific placement and employment actions in excepted service positions. Follow-ups will be made for all initial appointments and significant position changes. After the employee has completed at least 90 days in the assignment, a human resources management office staff member will forward a placement follow-up form to the supervisor to obtain information about the employee's performance, his/her adjustment to the job, and any training or other needs or outstanding work that warrants attention for further placement consideration. Where deficiencies are reported, the employee should also be interviewed to further explore the courses of action that may be taken to overcome them. The follow-up form, VA Form 5-97, Notice of Pending Personnel Action, will be annotated to show that the follow-up was made, and only significant results will be recorded. These procedures are minimum requirements and where possible, extension of the follow-up interview for all placement actions is encouraged. For example, a follow-up of all promotions can be a valuable aid in assessing the results of the facility's promotion plan and the validity of the evaluation and selection process. Also, separate placement follow-ups with employees can be a valuable source of placement information as well as being an effective employee relations technique.

h. **Trial Period Certification.** Excepted service employees appointed to positions lasting more than 1 year (indefinite) are required to serve a trial period of 1 year. The trial period is a most important part of the examining procedure. This is the period when new employees are tested on the job for qualities and characteristics essential for satisfactory performance. To meet this responsibility supervisors must:

(1) Establish reasonable standards of performance and conduct for trial period employees to meet.

(2) Inform trial period employees about the standards and requirements.

(3) Help trial period employees to meet standards through necessary training and guidance.

(4) Promptly take steps to terminate trial period employees who, after a fair and reasonable trial, do not meet and keep the standards.

(5) Make the formal 10-month evaluation of each trial period employee a realistic and well-reasoned appraisal and base each recommendation for retention on a positive determination that the trial period employee has lived up to expectations and can reasonably be expected to continue to meet acceptable standards. [ ]

i. **VA Single-Agency Schedule A, B, and C Excepted Appointment Authorities.** [OPM publishes notice of the following VA-specific Schedule A, B, and C excepted appointment authorities annually in the Federal Register instead of title 5 of the Code of Federal Regulations]**.**

(1) **Schedule A - Section 213.3127**

(a) Purchase and hire [(P&H)] appointees are temporary workers in trades, crafts, or manual labor occupations [supporting construction or major repair projects. P&H appointments are subject to service limitations in 5 CFR, part 213. Servicing Human Resources (HR) offices must consider the use of competitive procedures when filling positions that do not meet the definition a temporary appointment as described in 5 CFR 213.104(a)(1). To ensure appropriate use of the P&H appointment authority, the following procedures apply:

1. Recruit to fill P&H vacancies only when the preferred method of contracting services to a private sector construction firm is impractical or disruptive to patient care activities. Announce P&H vacancies in a manner expected to yield a sufficient number of qualified candidates consistent with provisions in part I, chapter 1, paragraph 4 of this handbook.

2. P&H appointments are subject to Veterans preference and excepted service appointment procedures referenced in 5 CFR, part 302 and part II, chapter 2, section C, paragraphs 6e(3) and 6f of this handbook.

3. Use the Schedule A, section 213.3127(a)(1) appointment authority to fill P&H vacancies not-to-exceed (NTE) a prescribed period of up to one year (consistent with the duration of the project).

4. When requesting to fill a P&H position via initial recruitment action or extension of appointment, selecting officials must submit written justification to the servicing HR office certifying the temporary nature of the work required for the appointment, a description of the work/project, its objectives and a definitive timeframe/remaining timeframe to complete the required work. The related SF-52 must identify the project, worksite, and duration of each appointment.

5. The remark codes on the appointment SF-50 must identify the project, the designated work site, and the start and completion date. Servicing HR offices must monitor NTE dates via automated payroll system reminders to prevent exceeding the prescribed NTE dates. HR offices must also terminate appointments upon expiration or at the completion of each project, whichever occurs first.

6. P&H appointees must only perform work on an intermittent (when-actually employed) basis under the project for which they are hired. P&H appointees may not perform work on a current project beyond the expiration of their appointment or move non-competitively from one project to another under any circumstances.

7. Consistent with 5 CFR 213.104(b), servicing HR officers may renew P&H appointments for the time required to complete any unfinished project work. This renewal is NTE one additional year. When necessary, the selecting official may submit a written request for extension to the servicing HR Officer for review and approval/disapproval. The extension request must be submitted at least 30 days prior to the appointment expiration date and should contain the documents described in part II, chapter 2, paragraph 6i(1)(a)4 of this handbook. Restrictions on refilling positions under temporary appointments in 5 CFR 213.104(b)(2) apply.

**NOTE:** *In accordance with 5 CFR 213.104(b)(3)(i), service limits and restrictions on refilling P&H positions do not apply if employment in the same or successor position totals less than 6 months (1,040 hours), excluding overtime, in a service year. The service year is the calendar year that begins on the date of the employee's initial appointment. Should employment in the position be 6 months or more in any service year, the general limits set out in 5 CFR 213.104 would apply to subsequent extensions or reappointments. An individual may be employed for training purposes up to 120 days following the initial appointment and up to 2 weeks a year thereafter without regard to the service year limitation.*

8. Notwithstanding provisions in 5 CFR 213.104(b)(3)(iii), VA-specific P&H appointments are not renewable beyond 2 years.

9. P&H appointees receive fringe benefits under the local Davis-Bacon wage schedule. In accordance with OPM benefits guidance, employees who work on an intermittent basis are typically ineligible for Federal benefits due to their irregular work schedules. Refer to the OPM website and VA Handbook 5007, part VIII, chapter 13 for guidance on benefits, wage rates and compensation entitlements available to P&H appointees.

10. Should any change in work schedule occur, process applicable personnel action to reflect change from intermittent to part-time or full-time employment and ensure that employees receive applicable service credit and notice of benefits eligibility criteria.]

(b) Not to exceed 400 positions of rehabilitation counselors GS-3 through GS-11, in Alcoholism Treatment Units and Drug Dependence Treatment Centers, when filled by former patients. These employees will be appointed under Schedule A, section 213.3127(b).

1. Employees appointed under this authority must be ***former*** VA or non-VA drug dependent or alcoholic patients who have been rehabilitated through a prescribed treatment program. Former patients, including those that are continuing to receive outpatient maintenance therapy, may be appointed under this authority. In-hospital patients will not be appointed to these positions.

2. Prior approval by VA Central Office must be obtained before any appointment commitment is made. The application, showing pertinent experience, the name and location of the applicant's rehabilitation program, and letters or statements attesting to candidate's rehabilitation will be forwarded to the Assistant

Deputy Under Secretary for Health [for Workforce Services (10A2)] for approval. Once the appointment has been approved, these letters and/or statements will be disposed of in accordance with VHA Records Control Schedule 10-1. Facility directors will ensure that copies of letters or statements concerning an applicant's drug or alcohol dependence rehabilitation are not retained in personnel files nor made a part of the employee's medical records.

3. Applicants for Rehabilitation Technician positions must meet the qualification requirements contained in the VA qualification standard for Rehabilitation Technician, GS-181.

4. This Schedule A authority may be used in addition to, rather than in lieu of, the regular competitive civil service employment procedures. Continuing efforts should be made to convert employees holding excepted appointments to competitive status when warranted by their performance. This will give these employees the greater benefits of competitive status such as reinstatement and transfer rights and eligibility for in-service placement to other lines of work.

5. The number of Rehabilitation Technicians employed under Schedule A authority will be controlled to ensure that the OPM employee limitation is not exceeded. To accomplish this, Directors will notify the Assistant Deputy Under Secretary for Health (10N/05[ ]) of each appointment, giving the following information:

a. Name of employee.

b. Position title, series, and grade.

c. Date of appointment.

d. Veteran preference (5 or 10 point) and whether the employee is a Vietnam era veteran (military service between Aug. 5, 1964, and May 7, 1975).

e. Agency (VA or non-VA) in which employee completed rehabilitation treatment.

6. Directors will likewise notify Central Office whenever a Rehabilitation Technician leaves excepted service (including conversion to competitive status), giving:

a. Name of employee.

b. Date and reason for leaving.

(2) **Schedule B - Section 213.3227(a).** Not to exceed 400 principal investigatory, and 400 scientific, professional and technical positions at grade GS-11 and above in the medical research program. Although the authority does not require a time-limitation, the authority remains project oriented. All appointments should be made in association with a specific research project. Thus, appointments should be made with not-to-exceed dates consistent with the funding time frames, and extended if necessary to complete a project.

(a) **Appointments**

1. The Schedule B authority is not intended to replace other available appointment authorities. One example of an appropriate use of the authority would be the appointment of a new principal investigator just completing Ph.D. requirements and having no experience as the lead investigator in a major medical research project.

2. VHA facilities using this authority for scientific, professional and technical positions at GS-11 and above, and principal investigator positions at the GS-12 level are required to follow 5 CFR, part 302 and VA Excepted Board procedures in paragraph [6]d [ ] in filling these positions.

3. VHA facilities using this authority for principal investigator positions at GS-13 and above are **not** required to follow 5 CFR, part 302 and VA Excepted Board procedures. Veteran preference, however, must still be applied, to the extent administratively feasible, in filling these positions.

4. Applicants for these positions must meet the appropriate VA or OPM Operating Manual - Qualification Standards for General Schedule Positions qualification requirements for the specific position to which appointed.

5. The citizenship requirements contained in paragraph 5g of section A of this chapter, are applicable.

(b) **Use of Other Appointing Authorities**

1. Many research positions are continuing in nature and are filled by career-conditional or career appointment. The career-conditional or career appointment should be used whenever it is appropriate.

2. Projects which are expected to last no more than 4 years may continue to be staffed through the use of the 4-year term appointment authority.

(c) **Employee Rights, Privileges and Benefits**

1. **Position Changes.** Employees may be demoted, promoted or reassigned to positions under the same excepted authority.

2. **RIF (Reduction in Force).** In instances where a project is terminated prior to the time the appointment of Schedule B employees expired, RIF procedures must be used to remove such employees. Schedule B employees are in group III for RIF. As excepted service employees, they have no assignment rights when released from their competitive levels.

3. **Disciplinary and Adverse Actions.** Employees may have entitlements to due process and certain appeal or grievance rights, depending on the length of current continuous service, veterans preference and bargaining unit status. When contemplating disciplinary or adverse actions, the provisions of VA Handbook 5021, Employee/Management Relations, parts I and IV, as well as the terms of any applicable collective bargaining agreement, should be reviewed.

4. **Leave.** Excepted employees are covered by the same time and leave regulations applicable to employees in the competitive service.

5. **Retirement.** Generally, excepted employees whose appointments are for more than 1 year are covered by the OPM retirement system. Excepted employees whose appointments are for 1 year or less are generally covered under Social Security. Exclusions in regulations or law will be observed, e.g., any applicable to certain visa categories, such as F and J visas.

6. **Life Insurance and Health Benefits.** Excepted employees whose appointments are for more than 1 year are entitled to life insurance and health benefits.

(3) **Schedule C - Sections 213.3301 and 2.** Schedule C positions are of a confidential or policy determining character and may be made without an OPM examination. Schedule C positions are normally located in Central Office. Therefore, the processing of Schedule C appointments is the responsibility of Central Office Human Resources Service.

[ ]

## SECTION D. QUALIFICATION STANDARDS

**1. SCOPE.** This section supplements and is to be used in conjunction with related parts of the 5 CFR, e.g., 338, and 339, and the instructions contained in the Office of Personnel Management (OPM) Operating Manual for Qualification Standards for General Schedule Positions and OPM's X-118C Handbook. The section provides VA policies and procedures for the development and use of qualification standards and examining guides for VA positions except:

a. Excepted positions in the Veterans Canteen Service under 38 U.S.C. ch. 78.

b. Positions filled by WOC (without compensation) employees. (See section A, paragraph 4c, this chapter.)

c. Positions filled by physicians, dentists, optometrists, podiatrists, chiropractors, nurses, nurse anesthetists, physician assistants, expanded function dental auxiliaries, [and all Hybrid Title 38 occupations] under 38 U.S.C., chapters 73 and 74.

d. Positions filled by purchase and hire employees under VA's single-agency Schedule A appointment authority. (See paras. 5e(3) and 5i(1)(a) of section C, this chapter.) Qualification standards of comparable positions, however, will apply. (See OPM X-118C Handbook.)

**2. POLICY**

a. Qualification standards establish minimum requirements which are predictive of successful performance. These standards will be applied uniformly for like positions throughout VA, unless labor market conditions or atypical positions within an occupational group or other meritorious reasons warrant modifications or waivers of the standard to meet management objectives. Unless stated otherwise in the standard or other applicable instruction, the standards for noncompetitive actions will be the same as those for competitive appointments.

b. In the interest of sound human resources management, VA standards for positions not requiring formal technical or professional education or training will permit latitude for rotating and shifting employees in career development programs and other training and placement plans. Where feasible, standards will be developed or appropriately changed to permit the employment of persons who are economically disadvantaged or for persons with disabilities.

c. The application of qualification standards in VA is an integral part of the facility's overall human resources program. In that context, it includes, unless stated otherwise in an individual standard, application of those related policies and procedures in the following parts of the Code of Federal Regulations:

(1) 5 CFR, part 337, "Examining System," including the provision for giving appropriate credit to applicants for experience gained in religious, civic, welfare, service, and organizational activities, regardless of whether pay was received therefor.

(2) 5 CFR, part 412, "Executive, Management, and Supervisory Development."

(3) 29 CFR, part 1614, "Federal Sector Equal Employment Opportunity."

(4) 5 CFR, part 930, "Programs for Specific Positions and Examinations (Miscellaneous)."

## 3. GENERAL GUIDELINES

a. **Definition.** As used in this section, a qualification standard is a statement of the minimum requirements that an individual must meet to be qualified for appointment or assignment to a position. These requirements include such considerations as experience, education, training, personal characteristics, physical ability, minimum age, citizenship, and licensure or certification. In a broad sense, a qualification standard includes the examining guides, rating schedules, rating scales and other standardized measuring devices and techniques through which the qualifications of candidates are evaluated. A qualification standard does not include the more general requirements such as restrictions on employment of relatives, security, or time-in-grade requirements.

b. **Minimum Standards.** Qualification standards issued by OPM and VA establish minimum requirements. They usually cover an entire occupation and apply throughout the Federal Government or VA. The title, series codes, and grades stated in the standards serve the dual purpose of identifying the standard and its scope in terms of position coverage. Some standards, usually those concerning more than one class or series, may have a general title that is descriptive of all the positions covered.

c. **Interpreting Standards.** The determination as to whether an individual meets qualification requirements is made through an analysis of personal data or experience records, as well as interviews, approved tests (oral, written, or performance), and qualification investigations. In applying VA and OPM standards, VA appointing and examining officials are expected to make decisions on the interpretation of standards. When such matters cannot be reconciled, interpretations or decisions will be obtained from the servicing OPM office or from the Deputy Assistant Secretary for [O]HRM[&LR] (05), as appropriate.

d. **Selective Certification ( 5 CFR 332.403).** These procedures may be used as appropriate.

e. **Selective Placement Factors (5 CFR, part 335).** These factors may be used in applying qualification standards. See OPM Operating Manual - Qualification Standards for General Schedule Positions, Section II, General Policies and Instructions, E. Application of Qualification Standards, 6. Using Selective Factors.

f. **Relationship of "Classification Qualification Statements" to Qualification Standards (OPM Operating Manual – Qualification Standards for General Schedule Positions).** The minimum nature of qualification standards distinguishes them from the "qualification statements" contained in classification or wage position evaluation standards. The latter often describe levels of skills or abilities which are normally acquired through performance in a position.

g. **Progressively Responsible Experience (OPM Operating Manual - Qualification Standards for General Schedule Positions, Section II, General Policies and Instructions, E. Application of Qualification Standards, 3. Experience Requirements).** In qualification standards requiring progressively responsible experience, where that term is not specifically defined, candidates must show pertinent experience of increasing importance and responsibility, at successively higher levels, with a substantial portion having been performed at a level comparable to the grade normally below the grade in the line of work for which they are candidates.

h. **Training and Promotion Agreements (5 CFR 410.307).** Special training agreements negotiated with OPM are, in effect, changes in qualification standards. These are, by nature of the agreement, conditional and limited in nature, but constitute an approved exception to the normal application of a standard.

(1) **Agreement for Training-Promotion of Service Disabled Veterans**

(a) A master agreement has been negotiated with OPM which delegates to VA the authority to develop and implement training plans that result in successful training being used as a substitute for normal qualifications, including time-in-grade requirements. For unpaid training, when noncompetitive appointment to a position or class of positions is the goal of the training, the initial training plan will be reviewed in Central Office (05[ ]) prior to approval by the field facility Director. Field facilities will forward a copy of the locally approved training plan to their servicing OPM service center.

(b) VBA rehabilitation and education staff may determine that training is necessary for disabled veterans who technically meet requirements of the qualification standard. Such cases should be processed in the same manner as others with a detailed justification of the training submitted for review with the training plan. Detailed justification should be developed by the rehabilitation staff.

(c) For positions subject to OPM qualification standards, 1 month of intensive, carefully planned training may be considered the equivalent of 2 months of experience when it has been determined that the training halves the time usually required to qualify for the position. Requests for such modification of OPM qualification standards should be submitted through channels to the DAS for [O]HRM&LR (05[ ]) for approval. Similarly, for positions subject to VA qualification standards, this determination may be made by VA officials authorized to modify VA qualification standards. Local approval of modifications permitting experience credit for positions grade 5 and below should be documented in writing and a copy of the approved modification forwarded to Central Office (see paragraph 8c of this chapter).

(2) **Training Plan Qualification Modification Requests.** Requests for modification of OPM and VA qualification standards which must be approved in VA Central Office should be accompanied by a copy of the training plan, VA Form 22-1905a (Training Program and Progress Record), OF 612 (Optional Application for Federal Employment) or resume, and a copy of the VA rehabilitation and education approval, VA Form 28-8871 (Certification of Eligibility and Feasibility).

i. **Physical Standards (see 5 CFR, part 339 and VA Handbook 5019).** The Office of Personnel Management is responsible for establishing physical requirements, including mental and emotional stability, for all positions in the competitive service. These requirements are issued as a part of the

qualifications standards, including those issued by VA. (See also appendice[x] II-F[ ].) A general physical requirements paragraph applies to all General Schedule qualification standards covering occupations in which the positions typically involve sedentary, light, or moderate duties. A more detailed physical requirements paragraph applies to qualification standards for occupations in which the positions typically involve arduous or hazardous duties. Excepted civil service qualification standards established by appointing officers will be governed by these same physical requirements paragraphs, as appropriate.

## 4. VA QUALIFICATION STANDARDS

a. **General.** VA develops its own qualification standards or approves the use of OPM qualification standards for the following:

(1) Classified positions through grade GS-15 excepted from the competitive service under 5 CFR, part 213, Schedule A or C and 5 CFR, part 6 (Rule VI).

(2) Medical support positions in the Veterans Health Administration as authorized in 38 U.S.C. 7402. As a matter of general policy, VA will not use this authority for clerical, administrative, crafts and unskilled positions except where the needs of VA clearly require different standards from those issued by OPM for similar positions. This policy recognizes the desirability of having the same requirements for like positions in all Federal facilities.

b. **Authority to Approve VA Standards.** The Deputy Assistant Secretary for [O]HRM[&LR] is authorized to approve for the Secretary qualification standards and examining guides which are established within the Department. OPM will be furnished copies when they relate to positions in the competitive civil service.

c. **Issuance of Standards.** VA qualification standards are usually issued in an appendix to this part. They are also issued by OPM in the Operating Manual - Qualification Standards for General Schedule Positions, noted as approved for use in the Veterans Health Administration or as a VA Single Agency Qualification Standard, when applicable.

d. **Maintenance of Standards.** VA qualification standards (appendice[x] II-F[ ]) may be maintained in occupational series order with this handbook, and/or they may be interfiled in occupational series order in the OPM Operating Manual - Qualification Standards for General Schedule Positions.

e. **Selective Certification.** Through agreement with OPM, VA standards will be used to request certification from any Federal examining office. Any misunderstandings concerning this agreement are to be reported, through channels, to the Deputy Assistant Secretary for [O]HRM&LR (05[ ]).

## 5. ENGLISH LANGUAGE PROFICIENCY FOR VHA POSITIONS

a. [No person will be appointed under authority of 38 U.S.C. chapter 73 or 74, to serve in a direct patient-care capacity in VHA who is not proficient in written and spoken English].

b. Provisions of appendix II-I of chapter 3, this part will be used, as applicable, to determine that title 5 employees in direct patient-care positions meet the English language proficiency requirements of 38 U.S.C. 7402(d).

c. When vacancies for direct patient-care positions are announced (including promotion opportunities and open-continuous announcements), the announcement, citing 38 U.S.C. 7402(d), must include the English language proficiency requirement as a selective factor.

d. When appointing officials determine that eligibles on a Federal civil service certificate do not possess the required proficiency, they may object to those eligibles citing 38 U.S.C. 7402(d). Similarly, when candidates who are not proficient in English have previously been certified by OPM or a VA or other Federal delegated examining unit, the appointing official may request selective certification based on English proficiency.

## 6. OPM QUALIFICATION STANDARDS

a. **Issuance of Standards.** OPM develops and issues qualification standards in its Operating Manual - Qualification Standards for General Schedule Positions and Handbook X-118-C. These are supplemented by examining guides for (1) the preparation of examination announcements and (2) the development of rating schedules and procedures. OPM may amend OPM qualification standards for the positions involved for both competitive and noncompetitive actions. Facilities may do so only to the extent provided in the OPM Operating Manual's section II, General Policies and Instructions.

b. **Exceptions to OPM Qualification Standards.** Facility directors and the Director, Central Office Human Resources Service, may negotiate with and obtain the prior approval of the servicing OPM office for exceptions to OPM qualification standards, except for the positions below, which require the prior approval of the Under Secretary for Benefits:

(1) All positions in adjudication functions of the Veterans Benefits Administration in the GS-101 and 996 series, grade 5 and above.

(2) All Counseling Psychologist positions in the GS-180 series. Recommendations for these positions will be forwarded to the Deputy Assistant Secretary for [O]HRM&LR (05[ ]) through channels.

c. **Coordinating and Approving Standards.** The Deputy Assistant Secretary for [O]HRM[&LR] is responsible for coordinating all qualification standards matters within VA and with other agencies. This includes coordinating the approval of standards to be issued as Single Agency Qualification Standards and the adoption of OPM standards for use in the Veterans Health Administration.

## 7. DEVELOPING QUALIFICATION STANDARDS

a. **General.** Qualification standards (VA or OPM) and examining guides will be developed by the Deputy Assistant Secretary for [O]HRM[&LR] in cooperation with interested administration, Central Office, and field facility officials. VA established standards and guides will be approved by the Deputy Assistant Secretary for [O]HRM[&LR], with proposed OPM standards and guides forwarded to OPM for necessary action.

b. **Field Facilities.** Field facilities, including the Central Office Human Resources Service, are encouraged to make recommendations for new or revised standards or examining guides to the Deputy Assistant Secretary for [O]HRM&LR (05[ ]) through channels. Submissions will follow the standards format of OPM's Operating Manual - Qualifications Standards for General Schedule Positions or qualification standard appendices to this section. Explanatory background material, organizational and position coverage data, along with other pertinent supporting information will be included.

c. **Reviewing Proposed Qualification Standards.** From time to time, field facilities will be requested to review and comment on tentative drafts of VA as well as OPM qualification standards. The letter of transmittal will establish a due date for return of the comments. At times, arrangements will be made for OPM to send drafts directly to selected field facilities. When this occurs, field facilities will forward their comments to the Deputy Assistant Secretary for [O]HRM[&LR] (05), through channels, no later than the midpoint date between the receipt of the draft and its due date as established by OPM.

## 8. MODIFICATION OF VA QUALIFICATION STANDARDS--GENERAL

a. **Definition.** Modification of a VA qualification standard is the changing of the requirements of a standard used to evaluate the qualifications of all candidates for a position. A standard may be changed only in the absence of fully qualified eligibles for both competitive and noncompetitive actions, e.g., appointments, reassignments, and promotions.

b. **Effect on Later Actions.** When an action has been taken on a modification of a standard, employees will be considered as having met the full requirements of the position when determining eligibility for subsequent placement actions, unless the applicable standard or other instructions specifically exclude this. (OPM Operating Manual - Qualification Standards for General Schedule Positions, par. IIE8, Special Inservice Placement Provisions.)

c. **Documenting Modifications.** Modifications of VA qualification standards will be appropriately documented for the approving official and the record. The record will be supported by the following, as applicable:

(1) A summary of the recruitment and placement efforts made to locate qualified candidates.

(2) OF 612, SF 171 or comparable document or a summary of the pertinent qualifications of the candidate(s).

(3) A summary of how the candidate(s) fails to meet the standards.

(4) Recommendations for the proposed modification by appropriate operating officials including any implications which should be known by the approving official.

## 9. MODIFICATION OF VA QUALIFICATION STANDARDS FOR COMPETITIVE EXAMINATIONS

a. **Field Facilities**

(1) Facility directors and the Director, Central Office Human Resources Service, may make agreements with the servicing OPM office to modify *only* experience requirements of VA qualification standards for local examining purposes for noncentralized positions. If more than one VA facility is in the area to be serviced by an announcement or an established register, the agreement will be coordinated with all concerned facilities. The initiating facility will report such modifications, through channels, to the [OHRM&LR] (05[ ]) and, if appropriate, include any specific recommendation for revision of the standard.

(2) Where modification of the training or education requirements of a standard is needed, or a centralized position is involved, the facility Director will forward his/her recommendation, through channels, to the [OHRM&LR] (05[ ]).

b. **Central Office.** The Deputy Assistant Secretary for [O]HRM&LR may make agreements with OPM to modify training and education requirements and to modify standards for which examinations are conducted on a centralized basis and coordinate such agreements for positions centralized to the Secretary or the [Under Secretaries].

## 10. MODIFICATION OF VA QUALIFICATION STANDARDS FOR TEMPORARY EMPLOYMENT

a. **General.** In the absence of qualified eligibles, modification of a VA standard for temporary employment (time-limited [ ]) is appropriate in accordance with the following criteria:

(1) Where reasonable positive staffing efforts have not located acceptable candidates who meet the qualification standard, modification of the length or type of experience, the amount of training, or education may be approved for temporary employment to enable the appointment of the candidate who most nearly meets the existing standard. Statutory or other requirements not shown above such as citizenship, licensure, and registration will not be modified.

(2) "Reasonable positive staffing efforts" means that thorough attempts have been made to locate fully qualified eligibles within the normal labor market area including VA, other agencies, appropriate registers, the applicant supply file, the local office of the Employment Service, and any other sources that are used in intensified recruitment.

(3) In determining whether to modify a standard, consideration must include the likelihood of the person meeting the requirements for career appointment during his/her employment under the temporary appointment.

b. **Field Facilities**

(1) Facility directors and the Director, Central Office Human Resources Service, may modify *only experience* requirements of a VA qualification standard for positions at their facility, except those centralized to the administration or to the Secretary. The modified standard is applicable to all like positions at the location and is to be uniformly applied in all actions affecting the positions involved for

the duration of the circumstances which justify the modification. The initiating facility will report such modifications, through channels, to the Deputy Assistant Secretary for [O]HRM&LR (05[ ]).

(2) Where modification of the education or training requirements of a standard is needed, or a centralized position is involved, the facility Director will forward his/her recommendation, through channels, to the [OHRM&LR] (05[ ]).

## 11. MODIFICATION OF VA QUALIFICATION STANDARDS FOR NONCOMPETITIVE ACTIONS

a. **Scope.** Certain requirements of VA qualification standards may be modified in noncompetitive actions as explained below. Those requirements which are prescribed by statute, e.g., the licensing, degree, and registration requirements of 38 U.S.C. 7402, however, will not be modified.

b. **Criteria.** Among the criteria which may form the basis for modifying a standard are:

(1) The absence of acceptable candidates who meet the standard. This contemplates that "reasonable positive staffing efforts" have been made and that the candidates for whom the modification is proposed represent those prospects who most nearly meet the qualification standard, in the judgment of the appointing officer concerned.

(2) Availability of candidates whose type or degree of qualification would probably have been included in the standard had they been considered when the standard was developed. In this instance, action will concurrently be initiated to recommend revision of the standard.

(3) Adequate consideration could not otherwise be given employees in terms of local merit promotion, placement, or employee development programs, in which valid evaluation and selection techniques are used.

c. **Approving Modifications (Statutory Requirements Excluded)**

(1) Facility [D]irectors and the Director, Central Office Human Resources Service, may modify *only experience* requirements of a VA qualification standard for noncompetitive actions. This authority is limited to noncentralized General Schedule positions GS-5 and below. For modification of the experience requirements for positions GS-6 and above, or when modification of the education or training requirements is needed, or a centralized position is involved, the facility Director will forward his/her recommendation, through channels, to the Deputy Assistant Secretary for [O]HRM&LR (05[ ]). A notice of each approved modification will similarly be forwarded.

(2) [Under Secretaries], Veterans Integrated Service Network (VISN) Directors, [ ] Deputy Under Secretar[y] for [Health for Operations and Management,] or VAMC Directors, after considering the recommendation of the Program Director, will approve modification of length of experience, training, and education requirements for their field positions except those delegated in [subparagraph] (1) [ ] and those centralized to the Secretary.

(3) The Deputy Assistant Secretary for [O]HRM[& LR] will approve modifications of qualification requirements for Central Office positions except those delegated in subparagraph (1) [ ] and those centralized to the Secretary.

(4) The Secretary or his/her designee approves modifications of qualification requirements for positions centralized to him/her.

## 12. WAIVER OF VA QUALIFICATION STANDARDS

a. **General.** A waiver is an exception to the qualification requirements of a standard applied to an individual in a noncompetitive action.

(1) A waiver may be made when it can be justified as the most appropriate means of filling the position. This means that consideration should be given first to alternate methods of filling the position such as developing a training program, modifying the qualification standards, making use of detail provisions or recruiting from the outside. Generally, waivers are more appropriate for shortage category positions than in situations where qualified persons are available. A shortage category position is one where "positive recruitment effort" fails to produce qualified persons or where past experience has demonstrated that acceptable candidates are not available.

(2) In approving waivers there should be reasonable assurance that the employee's potential and demonstrated ability gives evidence of satisfactory performance in the new position and that necessary on-the-job or other required training will be available.

(3) Waivers are not proper where there is competition for the position such as a promotion made under a merit promotion plan.

b. **Effect on Later Actions.** When an employee is placed in a position through the waiver of the requirements of a standard, a correct application of a valid standard has not been made. To be considered for subsequent placement actions, the employee must make up the waived requirements when pertinent to the standard unless action is taken to again waive or modify the requirements.

c. **Documenting Waivers.** Waivers of VA qualification standards will be documented as described for modifications in paragraph 8c [ ].

d. **Approving Waivers (Statutory Requirements Excluded).**

(1) Facility [D]irectors and the Director, Central Office Human Resources Service, may waive *only experience* requirements of a VA qualification standard in a noncompetitive action to a noncentralized position. Where waiver of the training or education requirements of a standard is needed, or a centralized position is involved, the facility Director will forward his/her recommendation, through channels, to the [OHRM & LR] (05[ ]). A notice of each approved waiver will similarly be forwarded.

(2) [Under Secretaries], Network Directors, or [ ] Deputy Under Secretar[y] for [Health for Operations and Management], after considering the recommendation of the Program Director, will approve waivers of

length of experience, training, and education requirements for their field positions except those delegated in subparagraph (1) [ ], and those centralized to the Secretary.

(3) The Deputy Assistant Secretary for [O]HRM[&LR] will approve waivers of qualification requirements for Central Office positions except those delegated in subparagraph [12d](1) [ ] and those centralized to the Secretary.

(4) The Secretary or his/her designee approves waivers of qualification requirements for positions centralized to him/her.

## 13. INTERIM STANDARDS

a. **General.** When a position is not covered by a qualification standard or rating schedule, field facilities, including the Central Office Human Resources Service, will develop "interim" standards and related instructions as explained below. Such standards, examining guides, and rating schedules will follow the format and procedures of the applicable VA or OPM standards program. They will be identified as "interim" and will be superseded by a regular standard at the earliest practicable date.

b. **VA Qualification Standards**

(1) Facility directors approve "interim" VA standards, guides, or schedules for their positions except those positions centralized to the Administration Head or the Secretary.

(2) The Director, Central Office Human Resources Service, approves "interim" VA standards and related instructions for Central Office positions except those centralized to the Secretary.

(3) Proposed "interim" VA standards and instructions for centralized positions will be forwarded to the Deputy Assistant Secretary for [O]HRM&LR (05[ ]), through channels, for necessary approval action by the Administration Head or the Secretary.

c. **OPM Qualification Standards.** The official having appointing authority over the position (see subparagraph b (1) and (2) [ ]) will recommend "interim" standards and related instructions to the servicing OPM office for those positions subject to OPM qualification standards. For positions centralized to the Administration Head or the Secretary, the proposed "interim" standard will be forwarded to the Deputy Assistant Secretary for [O]HRM&LR (05[ ]), through channels, for processing.

d. **Distribution.** Two copies of each approved and recommended "interim" standard and related instructions will be forwarded to the Deputy Assistant Secretary for [O]HRM&LR (05[ ]), through channels. In addition, two copies of "interim" standards proposed for positions subject to the VA qualification standards program will be forwarded by the approving authority to the appropriate OPM office.

# PART II. APPOINTMENTS

## CHAPTER 3. TITLE 38 APPOINTMENTS

## SECTION A. GENERAL

### 1. SCOPE.

a. **General.** This chapter contains administrative requirements and procedures relating to the appointment of individuals to occupations identified in 38 U.S.C. § 7306, 7401(1), and 7401(3); and employees in those occupations who are appointed under 38 U.S.C. § 7405. This section also applies to medical support personnel appointed under authority of 38 U.S.C., chapter 73 or 74.

**NOTE:** All references throughout this handbook to occupations identified in 38 U.S.C. § 7401(3) includes those occupations not specifically listed in Section 7401(3) but approved for hybrid status by the Assistant Secretary for Human Resources and Administration/Operations, Security and Preparedness in accordance with the provisions of paragraph 2 below. See appendix III-O for a complete list of hybrid occupations. [ ] [Requirements for professional standards boards throughout this handbook do not include hybrid title 38 occupations.]

b. **VHA Central Office Appointments.** Provisions of this section apply to Central Office employees in the occupations indicated in subparagraph a. who are appointed under 38 U.S.C. § 7306, 7401(1), 7401(3), or 7405. The terms “medical center officials” and “facility director or designee” refer in Central Office to the Under Secretary for Health or designee.

c. **Residents.** Medical and dental residents appointed under 38 U.S.C. § 7406, and podiatry, optometry, and chiropractic residents and trainees appointed under 38 U.S.C. 7405 are included within the scope of this section. The term resident as used in this chapter includes interns.

d. **Exception from the Competitive Service and the Provisions of 5 U.S.C. Chapter 51.** The appointments of persons under the authority of sections 7306, 7401(1), and 7401(3), and under sections 7405 and 7406 to occupations identified in those sections, are excepted from the competitive service and from 5 U.S.C. chapter 51.

### 2. AUTHORITY AND RESPONSIBILITY.

a. **Designation of Title 38 Hybrid Status for Health Care Occupations**

(1) The Assistant Secretary for Human Resources and Administration/Operations, Security and Preparedness, subject to the concurrence of the Under Secretary for Health, is delegated the authority to approve health care occupations for conversion to title 38 hybrid status under 38 U.S.C. § 7401(3) provided such health care occupations:

(a) Are not occupations relating to administrative, clerical, or physical plant maintenance and protective services;

(b) Would otherwise receive basic pay in accordance with the General Schedule under section 5332 of title 5;

(c) Provide direct patient care services or services incident to direct patient care services; and

(d) Would not otherwise be available to provide medical care or treatment for Veterans.

(2) Not later than 45 days before the effective date of an appointment or conversion to a hybrid occupation established under subparagraph (1) above, the Secretary must submit notice of the new hybrid occupation to Congress under the provisions of 38 U.S.C. § 7401(3)(B). The Recruitment and Placement Policy Service (059) is responsible for preparing this notice for approval of the Secretary.

(3) Prior to submitting notice under subparagraph (2) above, comments shall be solicited from applicable labor organizations and such comments will be included in the notice.

b. **Effecting Appointments.** Appointments will be effected only by appointing officers (responsible Human Resources Management Officer). These appointing officers will effect appointments after the approval of the qualifications and the selection for appointment has been made by the approving official designated below.

c. **Approval of Qualification and Selection for Appointment.** The approving authorities for appointment of certain research personnel, residents, and associated health trainees are contained in M-3 and M-8. The approving officials for appointment to positions in VHA under 38 U.S.C., chapter 73 or 74, will be as follows:

(1) **The Secretary**

(a) On advice of the Under Secretary for Health, the approval of the qualifications and selection of all persons to be appointed under the authority of section 7306.

(b) The approval of all network and facility directors appointed under the authority of 38 U.S.C., § 7401(1).

(c) The approval of network directors appointed under 38 U.S.C., § 7306 (for network directors appointed in the Senior Executive Service, see 5 U.S.C. § 3393 and VA Handbook 5027, Senior Executive Service).

(d) The approval of VISN Chief Medical Officers appointed under the authority of 38 U.S.C., § 7401(1).

(2) **Under Secretary for Health or Designee in Central Office.** Except as limited by subparagraph (1), the Under Secretary for Health or designee is the approving official for the appointment of all individuals who are appointed in Central Office under 38 U.S.C., chapter 74, irrespective of the type of appointment, title, or grade.

**(3) Network Directors.** Network directors have the authority to appoint chiefs of staff. However, facility officials will continue to forward chief of staff nominations to the VHA Workforce Management and Consulting Office (10A2B). The Workforce Management and Consulting Office will provide a technical review of the nomination, arrange for appropriate approvals and/or reviews with VHA Central Office officials as necessary, and forward the completed nomination to the Network Director for approval.

(4) **Facility Directors.** Except as limited by subparagraphs (2) and (3), the facility Director is the approval authority for the following appointment and assignments.

(a) **Physicians.** The approval of the qualifications and selection of physicians appointed under the authority of sections 7401(1) and 7405, including Associate Chiefs of Staff and physicians in service chief or comparable positions. See appendices II-G2 and II-H1 for procedures for qualifying and appointing physicians to service chief and comparable positions.

(b) **Dentists.** The approval of the qualifications and selection of dentists appointed under the authority of sections 7401(1) and 7405, including chiefs of dental service or comparable positions and staff dentists. See appendices II-G3 and II-H2 for procedures for qualifying and appointing dentists.

(c) **Nurses.** The approval of the qualifications and selection of nurses appointed under the authority of sections 7401(1) and 7405. See appendices II-G6 and II-H5 for procedures for qualifying and appointing registered nurses. In addition, the Director may delegate authority to the Nurse Executive to approve the appointment of nurses up to and including Nurse III.

(d) **Podiatrists.** The approval of the qualifications and selection of all podiatrists appointed under authority of sections 7401(1) and 7405. Refer to appendices II-G4 and II-H3 for procedures for qualifying and appointing podiatrists.

(e) **Optometrists.** The approval of the qualifications and selection of all optometrists appointed under authority of sections 7401(1) and 7405. Refer to appendices II-G5 and II-H4 for procedures for qualifying and appointing optometrists.

(f) **Nurse Anesthetists.** The approval of the qualifications and selection of nurse anesthetists, including Chiefs of Nurse Anesthesiology under authority of sections 7401(1) and 7405. Refer to appendices II-G7 and II-H6 for procedures for qualifying and making appointments to Chief, Nurse Anesthesiology positions.

(g) **Physician Assistants (PA)** The approval of the qualifications and selection of all PAs, including those in Chief Grade under authority of sections 7401(1) and 7405. Refer to appendices II-G8 and II-H7 for procedures for qualifying and making appointments of PAs to Chief Grade.

(h) **Expanded-Function Dental Auxiliary (EFDA).** The approval of the qualifications and selection of all EFDAs appointed under the authorities of 7401(1) or 7405. Refer to appendices II-G9 and II-H2 for procedures for qualifying and appointing EFDAs. The

Director may delegate approval authority for appointments of EFDAs to the Facility Chief of Staff.

(i) **Pharmacists.** The approval of the qualifications and selection of all pharmacists, including Chiefs of Pharmacy Service (all grades), clinical pharmacists/pharmacy specialists and program specialists in grades GS-13 appointed under the authorities of 7401(3) and 7405. Refer to appendices II-G15 and II-H8 for procedures for qualifying and appointing chiefs of pharmacy service, clinical pharmacy/pharmacy specialists, and program specialists at grades GS-13 and above. In addition, the Director may delegate authority to the Facility Chief of Staff or to the Chief, Pharmacy Service, to approve the appointment of pharmacists at GS-12 and below, and of Assistant Chiefs, Pharmacy Service at GS-13.

(j) **PTs and OTs.** The approval of the qualifications and selection of PTs and OTs for section chief positions and positions at GS-12 appointed under the authorities of 7401(3) and 7405. The Director may delegate approval authority for appointments of other PTs and OTs to the Facility Chief of Staff. Refer to appendices II-G12, II-H14 and II-H9 for procedures for qualifying and making appointments to section chief positions.

(k) **Respiratory Therapists.** The approval of the qualifications and selection of all RTs. The Director may delegate approval authority for appointments of RTs to the Facility Chief of Staff appointed under the authorities of 7401(3) and 7405. Refer to appendix II-G11 for qualifying RTs.

(l) **LPNs/LVNs.** The approval of the qualifications and selection of all LPNs/LVNs appointed under the authorities of 7401(3) or 7405. The Director may delegate approval authority for appointments of LPNs to Nurse Executive Refer to appendix II-G13 for qualifications.

(m) **Chiropractors.** The approval of the qualifications and selection of all chiropractors appointed under authority of sections 7401(1) and 7405. The Director may delegate approval authority for appointments of Chiropractors to the Facility Chief of Staff. Refer to appendices II-G16 and II-H10 for procedures for qualifying and appointing chiropractors.

(n) **Other occupations appointed under the authority of 38 U.S.C § 7401(3) or 7405.** The approval of the qualifications and selection of all individuals appointed in occupations listed in 38 U.S.C. § 7401(3) or approved for 38 U.S.C. § 7401(3) hybrid status by the Assistant Secretary for Human Resources and Administration in accordance with the provisions in paragraph 2a of this section. The facility Director may delegate approval authority for appointment of employees in the hybrid occupations (see chapter 3, section A, this part).

b. **Professional Standards Boards.** See section C of this chapter for provisions relating to the establishment, membership, and functions of Professional Standards Boards.

c. **Human Resources Management Officer Responsibilities.** The Human Resources Management Officer will be responsible for:

(1) Adherence to administrative and regulatory requirements;

(2) Review of each case for completeness before forwarding to VHA Central Office;

(3) Advising boards on administrative and regulatory requirements pertaining to appointments, advancements and probationary reviews;

(4) Notifying prospective appointees of their selection.

3. **APPOINTMENT REQUIREMENTS AND DETERMINATIONS**

a. **Preference to Veterans**

(1) The primary consideration in making appointments of physicians, dentists, podiatrists, optometrists, chiropractors, nurses, nurse anesthetists, PAs and EFDAs under 38 U.S.C., chapter 73 or 74, will be the professional needs of VHA. Consistent with this policy, however, veterans will be given preference when qualifications of candidates are approximately equal. This includes qualified disabled veterans and preference eligible as defined in 5 U.S.C. § 2108.

(2) When candidates for positions identified in 38 U.S.C. 7401(3), are determined to be approximately equally qualified for a particular opening, hiring preference will be given to veterans and preference eligible as defined in 5 U.S.C. 2108. Selections from candidates determined to be approximately equal will be made in the following order:

(a) Disabled Veterans who have a service-connected disability of 10 percent or more.

(b) Preference eligible under 5 U.S.C. § 2108(3) (C) through (H) other than those above (e.g. disabled Veteran; unmarried widow or widower of a veteran who served on active duty in wartime or other designated service period; spouse of a service-connected disabled Veteran not qualified for civil service employment; mother of a veteran who lost his/her life in wartime or other designated service period; mother of a service-connected permanently and totally disabled veteran.)

(c) Preference eligible under 5 U.S.C. § 2108(3)(A) and (B) (i.e., Veterans who served on active duty in wartime or other designated service period.)

(d) All other candidates.

(3) When qualified Veterans apply for appropriate vacancies, it is important that VA health care facilities establish and maintain documentation within HR files to demonstrate that qualified preference eligible and other Veteran applicants received appropriate consideration for positions being filled, and to address the relative qualifications of preference eligible and other Veteran applicants. At a minimum, facilities must be able to demonstrate from the written record why the qualifications of non-selected preference eligible and other Veterans are not approximately equal to those of selected candidates who either lack preference or are non-Veterans, respectively.

NOTE: The VA is required to follow title 5 Veterans' preference rules when hiring individuals for Hybrid Title 38 position (Graves v. VA 117 M.S.P.R. 697 (2012). See VA Handbook 5005 Part I, Chapter 4.

b. **Dual Employment and Dual Compensation Restrictions**

(1) Except as provided in the subparagraphs below, no full-time employee appointed under authority of 38 U.S.C., chapter 73 or 74, will concurrently hold any other type of paid appointment in VA.

(2) The following personnel may hold more than one appointment provided it is not contrary to 5 U.S.C. § 5533 and VA Directive and Handbook 5007, Appendix F, Paragraph 3, Pay Administration: full-time personnel appointed under 38 U.S.C. § 7401(3), personnel in occupations listed in 38 U.S.C. § 7401(3) who are appointed on a full-time or part-time basis under 38 U.S.C. § 7405(a)(1)(B), and medical support personnel appointed on a full-time or part-time basis under 38 U.S.C. § 7405(a)(1)(D). A medical resident may serve as an admitting physician on a fee basis in accordance with the criteria in VA Handbook 5007, Pay Administration. Paid trainees in medical support programs funded through the Office of the Chief Academic Affiliations may simultaneously hold part-time, intermittent, or fee basis appointments provided there is no violation of dual compensation restrictions, the trainee is determined to be the best qualified applicant, and the utilization as a trainee is consistent with the provisions of VHA Manual M-8, Academic Affairs. All other personnel appointed under authority of 38 U.S.C., chapter 73 or 74 are covered by the provisions of subparagraph b (2) through b (4). Pharmacy residents appointed under 38 U.S.C. § 7405(a)(1)(D) may be appointed to another position under 38 U.S.C. § 7405 without regard to the restrictions in 5 U.S.C. § 5533.

(3) Facility directors may appoint, on a lump-sum fee basis, full-time employees from other VA facilities employed in occupations listed under 38 U.S.C. § 7401(1), provided the criteria in paragraph b (4) are met and such an appointment would not be contrary to Department conflict of interest regulations (38 CFR, part 0). Such appointments permit the use of full-time employees on a fee basis at a second VA facility, provided management officials at both facilities agree that the arrangement permits them to meet staffing needs; fees are paid on other than a time basis; and the arrangement results in an employer-employee relationship. (5 CFR, part 304.) Facilities wishing to use this authority should identify the task they need accomplished and compensate the employee on a fee basis for the completion of that task. Appointment of full-time employees covered by 38 U.S.C. § 7401(1) on a fee basis at the same VA facility is not permitted. No consultant, attending, fee-basis, part-time, or intermittent employee will simultaneously hold more than one compensable appointment in VHA unless the outlined criteria are met. The restriction in the preceding sentence applies to appointment at the same facility or at more than one facility.

(4) For individuals identified in subparagraph b (2), dual appointments may be approved by the facility Director, subject to the following conditions and restrictions:

(a) Services are essential to the health care needs of patients.

(b) No other equally qualified individual in the specific specialty is available in the locality.

(c) There is no violation of dual compensation statutes or VA policies.

(5) For individuals identified in subparagraph b (2), the following dual appointments will be approved by the facility Director only in exceptional circumstances and if requirements in subparagraph b (4) are met. Officials will ensure that these appointments will not present or lead to a conflict of interest or the appearance thereof. Questions concerning conflict of interest matters may be directed to the Regional Counsel.

(a) Utilization as a consultant or attending in combination with employment on a part-time or intermittent basis at the same facility;

(b) On-facility fee-basis appointment under the schedule of fees in combination with utilization as a consultant or attending at the same facility. (This subparagraph does not apply to outpatient services of off-facility fee-basis personnel in a private office or private clinic, even though consultant or attending services may be performed on the same day.)

(c) Part-time or intermittent employees, or currently employed consultants and attendings, in combination with an on-facility fee-basis appointment to perform an operation, give treatment, or perform special duty nursing.

(6) Recommendations to approving officials should include sufficient information to indicate that dual employment is justified.

c. **Equal Opportunity for Employment.** Employment actions will be taken on the basis of merit and without discrimination for such reasons as age, race, color, religion, national origin, sex, lawful partisan political affiliation, marital status, physical or mental disability (when the individual is qualified to do the work), or membership or non-membership in a labor organization.

d. **Member of Family Restrictions.** Employment actions will conform to the restrictions governing the employment of family members as provided in 5 CFR, part 310. (For further guidance, refer to chapter 2, this part).

e. **Restrictions Regarding Political Activity.** Employees appointed under authority of 38 U.S.C., chapter 73 or 74, are subject to the political activity restrictions in 5 U.S.C., chapter 73 and VA Handbook 5025, Legal.

**f. Qualification Standards**

(1) **General.** The basic qualification requirements for individuals appointed under 38 U.S.C., chapters 73 and 74, in occupations identified in sections 7401(1) and 7401(3), are contained in VA Qualification Standards approved by the Secretary of Veterans Affairs upon recommendations of the Under Secretary for Health. These standards apply to all appointments in these occupations under authority of 38 U.S.C., chapter 73 or 74, regardless of the nature or tenure of the appointment.

(2) **Qualification Standards for Occupations.** The qualification standards for individual occupations are contained in appendix II-G of this chapter.

(3) **Education**

(a) Approved schools and satisfactory internships or their equivalents for the purpose of 38 U.S.C. § 7402, will be those designated in the appropriate qualification standards. The accrediting agency or body for verifying education of applicants is also identified in the qualification standards.

(b) Provisions of 38 U.S.C., chapter 73 or 74, require that individuals have education and licensure, registration or certification as specified in the appropriate qualification standard in order to qualify for assignment of patient care responsibility. Unless otherwise indicated in the qualification standard, an unlicensed candidate may not use professional education as a substitute for the accredited education and/or training required by the qualification standards of another occupation. For example, an unlicensed physician may not be appointed as a PA by using graduation from medical school as a substitute for completion of an approved PA training program. Likewise, an unlicensed dentist may not be appointed as an EFDA by using graduation from dental school as a substitute for completion of approved dental assistant or hygienist training.

(4) **Grade Level Determinations.** The grade to which an applicant is appointed will be determined by the individual's qualifications and assignment. Under the Title 38 "rank-in-person" system, candidates are to be appointed at the highest grade or level within the grade for which they are fully qualified up to the full performance level. For positions above the full performance (journey level) the complexity of the assignment and scope of responsibility are considered in determining grades.

g. **Citizenship**

(1) To be eligible for appointment in VHA, an applicant must be a citizen of the United States (U.S.), except as provided in 38 U.S.C. § 7407(a) and subparagraph (2). The acquisition of "first papers" or the "owing of allegiance to the United States" does not satisfy the basic requirement of citizenship. Naturalized citizens must furnish evidence of citizenship.

(2) After a determination is made that it is not possible to recruit qualified citizens, necessary personnel may be appointed on a temporary basis under authority of 38 U.S.C. § 7405 without regard to the citizenship requirements of 38 U.S.C. § 7402 or any other law prohibiting the employment of or payment of compensation to a person who is not a citizen of the United States. Candidates must meet all other requirements for the grade and position concerned.

(3) Requests to petition the U.S. Department of State (DOS) for waiver of the 2-year home residence requirement under 22 CFR, part 514 must be approved VHA Workforce Management and Consulting Office (10A2A). Requests to petition DOS will be submitted in accordance with instructions contained in appendix II-J of this chapter and VHA Handbook 5005.1, "Requests to Petition the United States Department of State for a Waiver of the Two-Year Home Residency Requirement on Behalf of an Exchange Visitor". No appointment may be effected or commitment made until the required approval is received from the U.S. Citizenship and Immigration Service's (USCIS), formerly the Immigration and Naturalization Service.

(4) Officials of VHA will not commit positions to noncitizens not legally entitled to reside in this country.

(5) Consistent with provisions in this paragraph, the appointment of noncitizens may be approved by the following officials:

(a) The facility Director is the approval authority for appointment of:

i. All noncitizens as residents (see M-8, Pt. II);

ii. Immigrants (aliens who have been admitted for permanent residence.) As of September 20, 1994, all immigrants are required to have an Alien Registration Receipt Card, Form I-551. Form I-551 has the lawful holder's photograph, fingerprint and signature on a white background; it is commonly known as the "green card."

NOTE: The Form I-151 and all previous forms are no longer valid after September 19, 1994.

iii. All nonimmigrants (e.g., exchange visitors, alien students, visiting professors), provided employment is authorized by the USCIS. This includes authority to sponsor an individual for a nonimmigrant visa or an extension of such visa. The authorization for employment may be cited on the nonimmigrant's visa, or the nonimmigrant may possess an Employment Authorization Form (I-688B). In cases where the authority to accept compensated or non-compensated employment by the nonimmigrant is not clearly evident, a report of contact with USCIS officials verifying the employment authorization must be made. A

copy of the document used to verify the employment authorization of the nonimmigrant is to be filed in the appointee's personnel folder.

(b) The Under Secretary for Health or designee is the approval authority for the appointment of noncitizens to centralized positions.

(c) The paid appointment of noncitizen associated health trainees is not generally permitted. Any exception requires the approval of the Under Secretary for Health, or designee. (See section G, paragraph 6, this chapter.)

h. **Credentialing Requirements (Including License Registration or Certification).** See section B of this chapter.

i. **LEIE and HIPDB Sanction List.** See chapter 1, section B, paragraph 2 of this part.

j. **English Language Proficiency.** No person will be appointed under authority of 38 U.S.C., chapter 73 or 74, to serve in a direct patient-care capacity in VHA who is not proficient in written and spoken English. (See appendix II-I of this chapter).

k. **Physical Requirements**

(1) **General**

(a) Guidelines for physical and mental fitness for appointment and retention in VHA shall be established by the Under Secretary for Health. (See VA Directive and Handbook 5019, Part II, Occupational Health.)

(b) Only those persons who are physically and mentally capable of satisfactorily performing the duties of their assignments are to be employed and retained in VHA.

(c) Determinations of physical and mental fitness will be made without discrimination for such reasons as age, race, color, religion, national origin, sex, lawful partisan political affiliation, marital status, physical or mental disability (when the individual is qualified to do the work), or membership or non-membership in a labor organization.

(2) **Pre-employment Physical Examinations**

(a) **General.** A pre-employment physical examination is required of all full-time, part-time and intermittent employees. It is not required of residents and interns who furnish evidence of satisfactory physical condition based on a physical examination within the past 12 months. An examination is required in any conversion action from a status not requiring a physical examination to one requiring such procedures.

(b) **Scope and Conduct of Examination.** See VA Directive and Handbook 5019, Part II, Occupational Handbook.

l. **Oath, Affidavit, and Declaration of Appointee**

(1) All employees of VHA appointed under authority of 38 U.S.C., chapter 73 or 74 (except those utilized on a fee basis) are required to take the oath of office and execute the affidavit (subversive activity), affidavit (striking against the Federal Government), and the declaration of appointee. Noncitizens shall be required to execute only those affidavits on Standard Form (SF) 61, Appointment Affidavit, outlined in the OPM Guide to Processing Personnel Actions. The SF 61 shall be executed in accordance with the requirements set forth in chapter 2, section A, paragraph 5e of this part.

(2) Only employees delegated the authority will administer the oaths necessary for effecting appointments in VHA.

m. **Security Requirements for Employment.** See VA Directive and Handbook 0710, Personnel Suitability and Security Program for VA instructions concerning security requirements.

n. **Effective Date of Appointment.** Appointments will be effective on the entrance-on-duty day, except as follows:

(1) **Full-Time Physicians, Dentists, Podiatrists, Optometrists, Chiropractors, and Other Personnel Appointed Under 38 U.S.C. § 7306.** When an appointee is to enter on duty on Monday, the appointment will be effective on the preceding Sunday provided the employee is available for duty on that day. Sunday will be considered an administrative non-duty day. If Monday is a holiday, the appointment will be effective on the entrance-on-duty-day.

(2) **Nurses, Nurse Anesthetists, PAs, EFDAs, and Hybrid Title 38 occupations.** When the appointee is to enter on duty on the first Monday in a pay period, the appointment will be effective on the first Sunday of the pay period. If Monday is a holiday, the appointment will be effective on the entrance-on-duty-day.

(3) **Restoration After Military Service or Compensable Injury.** An exception to these effective dates may be made if required to satisfy statutory or regulatory provisions such as restoration after military service or compensable injury.

o. **Overseas Employment.** See chapter 1, section C of this part.

p. **Grade and/or Step Adjustments.** If, on review of board actions by the appropriate Professional Standards Board, it is determined that an employee has been appointed at a grade and step rate within the grade which is not commensurate with qualifications, the approving authority for initial appointment may approve an adjustment in the grade and/or step rate within the grade. (See section E, paragraph 2, this chapter, for limitations on adjusting step rates within the grade for this purpose.) These adjustments in grade and/or step rate will be effected as of the beginning of the next pay period following approval. The nature of action on SF 50-B will be “Promotion” or “Change to Lower Grade,” as appropriate. In the case of step rate

adjustments, the nature of action on SF 50-B will be "Administrative Pay Increase" or "Administrative Pay Decrease," as appropriate. The authority for such actions will be "38 U.S.C. § 7403." The following statement will be placed in "Remarks" on SF 50B for such actions: "Adjustment for consistency with standardized qualification requirements."

**NOTE:** Service in a lower step rate prior to adjustment of step(s) within the grade will not be credited toward meeting the required waiting period for periodic step increase.

## 4. PROBATIONARY PERIOD

### a. Requirement to Serve a Probationary Period

(1) Full time permanent appointments of physicians, dentists, podiatrists, optometrists, chiropractors, nurses, nurse anesthetists, PAs, and EFDAs made under authority of section 7401(1) are subject to a two-year probationary period requirement as specified in 38 U.S.C. 7403(b)(1). **NOTE:** Full time temporary appointments under 38 U.S.C. 7405(a)(1) are excluded from the requirement to serve a probationary period, and service in this time-limited capacity is not creditable towards a probationary period as specified in 38 U.S.C. 7403(b)(1).

(2) Individuals appointed as of May 5, 2010, as part time or intermittent Registered Nurses (RN) under 38 U.S.C. 7405(a)(1), are subject to a two-year probationary period requirement, except as provided below. Upon completion of the probationary period, the appointments are no longer considered temporary. The following appointments are considered temporary, thus are not subject to a probationary period. These appointments are on a time limited basis of three years or less:

(a) Part time or intermittent appointments resulting from an academic affiliation or teaching position in a nursing academy of the Department;

(b) Appointments as a result of a specific research proposal or grant; or

(c) Appointments of non-United States citizens under 38 U.S.C. 7407(a).

(3) Full time permanent appointments of hybrid title 38 employees made under authority of section 7401(3) are subject to the one-year title 5 probationary period requirements (see chapter 2, section A, paragraph 9, of this part).

(4) Employees who satisfactorily completed the probationary period required by 38 U.S.C. 7403(b) will not serve a new probationary period upon reappointment unless their separation was for cause.

### a. Purpose of Probationary Period

(1) The probationary period is an extension of the appointment process. It provides the final test of the appointee's qualifications, i.e., actual performance on the job. During the probationary period, the employee's conduct and performance will be closely observed. The employee may be separated from the service if not found fully qualified and satisfactory. Thus, the probationary period provides a safeguard against retention of any person who, despite having met legal and regulatory requirements for appointment, is found in actual practice to be unsuited for retention in the Veterans Health Administration (VHA). Retention of employees during the probationary period shall be contingent upon demonstrating that they are fully qualified and satisfactory. Only those employees who satisfactorily complete the probationary period shall acquire status as permanent employees in VHA.

(2) The probationary period also affords an opportunity for fostering the interest of the employee in a VA career. Thoughtful and considerate treatment during the probationary period will have a lasting effect on the employee's career.

**b. Length of Probationary Period**

(1) The probationary period for employees appointed under 38 USC 7401(1), as well as employees appointed as part time or intermittent RNs under 38 U.S.C. 7405(a)(1), on or after May 5, 2010, is two years. The probationary period for part time RNs is computed based on calendar time, in the same manner as for full time employees.

(2) The probationary period for intermittent RNs is computed based on 1 day of credit for each day or part of a day in pay status. Individuals appointed as intermittent RNs must

serve 520 days in a pay status to complete the required 2-year probationary period. The probationary period, however, cannot be completed in less than 2 calendar years.

(3) Probationary requirements for hybrid employees appointed under 38 USC 7401(3) is the same as those for title 5 employees and can be found in chapter 2, section A, this part. The calculation for part time and intermittent creditable service is the same as above.

d. **Last Day of Probationary Period**

(1) For full time employees paid on a daily basis (physicians, dentists, podiatrists, optometrists, and chiropractors), the probationary period ends at midnight on the last calendar day before the employee's anniversary date, whether or not the employee is in a duty status that day. For example, a probationary period beginning November 1, 2011 would normally end at midnight on October 31, 2013.

(2) For full time and part time employees paid on an hourly basis (RNs, nurse anesthetists, physician assistants, and expanded-function dental auxiliaries,) the probationary period is completed at the end of the last scheduled tour of duty before the employee's anniversary date. For the purposes of this paragraph, scheduled duty includes normal and overtime duty, leave, excused absence, including holidays, and absence without leave. For example, an employee subject to a two-year probationary period beginning November 1, 2011, is completed as follows:

(a) For an employee, whose last tour of duty prior to November 1, 2013, occurs at 4:30 p.m. on October 31, 2013, the probationary period is completed at 4:30 p.m. on October 31, 2013.

(b) For an employee, whose last tour of duty prior to November 1, 2013, is from 11:00 p.m., October 31, 2013 to 7:00 a.m., November 1, 2013, the probationary period is completed at midnight on October 31, 2013.

(c) For an employee, whose last tour of duty prior to November 1, 2013, (because of days off) is 29, 2013.

**(d)** For an employee, whose last tour of duty prior to November 1, 2013, is 4:30 p.m. on October 29, 2013, but he/she calls in sick for scheduled tours of duty on October 30 and October 31, 2013, the probationary period is completed at 4:30 p.m. on October 31, 2013.

(e) If completed satisfactorily, the employee will automatically complete the required probationary period at the end of the last tour of duty worked or scheduled to work.

a. **Creditable Service.** The following service is creditable toward completion of the probationary period:

(1) Continuous service in an appointment under 38 U.S.C. 7401(1), 7306, or part time or intermittent (including temporary) service for RNs appointed under 38 U.S.C. 7405(a)(1).

(2) Prior satisfactory probationary service of at least 6 months' duration followed by a break(s) in service totaling 1 year or less if the break was not due to separation for cause. A break in service is defined for the purpose of this subparagraph as a period during which no service is rendered under 38 U.S.C. 7306, 7401(1), or 7405(a)(1) for part time or intermittent RNs.

(3) Time spent in a probationary period served under 38 U.S.C. 7403(b) prior to holding some other type of appointment in VHA, if the employee is subsequently appointed under 38 U.S.C. 7401(1), provided all other conditions of subparagraph d are met. Example: A full time RN appointed under 38 U.S.C. 7401(1) in July 2011 accepts a position of Supervisory Health System Specialist (Domiciliary Administrator) under title 5 in December 2012. The individual returns to an RN position under 38 U.S.C. 7401(1) in October 2014. The previous time served as an RN from July 2011 through December 2012 is <u>not</u> creditable towards the completion of the probationary period, because the time served under the title 5 appointment was longer than one year.

(4) All leave with pay during creditable service.

(5) Leave without pay during the probationary period is considered creditable service when it does not exceed a total of 40 calendar days for physicians, dentists, podiatrists, optometrists, or chiropractors, or 235 hours for RNs, nurse anesthetists, physician assistants, and expanded-function dental auxiliaries and 110 hours for part time RNs. **NOTE:** When determining this total, each hour of leave without pay taken by an RN or nurse anesthetist on the Baylor Plan is to be multiplied by 1.667.

(6) Time before restoration during which a probationary employee received work injury compensation from the Office of Workers' Compensation Programs.

e. **Periodic Reviews**

(1) **Informal Reviews**

(a) Supervisors will review the services of employees through observation and evaluation of their performance and conduct during the probationary period. When the employee has had an opportunity to understand performance expectations, the supervisor should consider any inadequacies in performance. The employee's weaknesses should be discussed objectively with the employee and suggestions made for improvement. If the employee's performance is considered good or outstanding in some aspect, this fact should be made known to the employee.

(b) If the employee's performance or conduct are not satisfactory, the employee's immediate or higher-level supervisor will submit a written request for formal or

summary review in accordance with VA Handbook 5021, Part III, Chapter 1. This request will describe the employee's performance and/or conduct deficiencies, and the supervisor's efforts to address the deficiencies, such as counseling, training, modification of assignments, use of preceptors, etc., to assist the employee. The request may be initiated any time during the probationary period and may be made notwithstanding past or pending proficiency ratings or the results of any previous probationary review.

(c) There may be occasions when conduct or performance issues are so egregious such that patient safety or other conditions warrant a request for formal review absent any discussion or suggestions made for improvement.

(2) **Formal Reviews**

(a) **Mid Probationary Periodic Review.** Appropriate supervisory officials and Professional Standards Boards have responsibility for periodically reviewing the services of probationary employees for those hired in occupations under 38 USC 7401(1). At a minimum, at least one formal periodic review during the probationary period will be done (typically, following completion of the employee's first Proficiency Report or Performance Appraisal, as appropriate for some title 38 employees).

i. The Human Resources Management Office will establish monitors to ensure completion of mid probationary periodic reviews.

ii. The Professional Standards Board will have access to pertinent employment records including performance evaluations, proficiency reports, counseling reports, or supervisory evaluations. The Board will consider all aspects of the employee’s service.

iii. If the employee is determined to be performing satisfactorily at the time with no concerns that may warrant referral for a summary review by the Board in accordance with VA Handbook 5021, Part III, Chapter 1, the Chairperson of the Board will record that finding by endorsing the current Proficiency Report or by preparing a separate memorandum report, and the employee will be advised of the finding by the immediate supervisor.

iv. If the Board questions whether the employee is fully qualified and satisfactory, the Board is to return the case to the appropriate authorizing official with a recommendation that a summary review of the employee's services be initiated.

**a.** Summary Review by a Professional Standards Board or Separation During Probation. See VA Directive and Handbook 5021, Employee/Management Relations, Part III, Chapter 1.

## SECTION B. CREDENTIALING AND LICENSURE

### 1. GENERAL

a. **Scope**

(1) This section contains administrative requirements and procedures relating to the credentialing and licensure of applicants and employees appointed to occupations identified in 38 U.S.C. 7306, 7401(1), and 7401(3); and employees in those occupations who are appointed under 38 U.S.C. 7405, including individuals utilized on an on-facility fee basis, on-facility contract or on-facility sharing agreement basis. This includes such employees as physicians, dentists, podiatrists, optometrists, chiropractors, nurses, nurse anesthetists, physician assistants (PAs), expanded-function dental auxiliaries (EFDAs), and Hybrid Title 38 occupations. Provisions of this section apply to Central Office employees who are employed in the occupations indicated above under 38 U.S.C. 7306, 7401(1), 7401(3), or 7405. Individuals appointed under 38 U.S.C. 7405, whether paid or without compensation, on an intermittent or fee basis, including consultants and attendings, must be fully credentialed in accordance with provisions of this section, although they are considered employees only during periods when actually engaged in VA service.

(2) The provisions of this section should be used in conjunction with VHA Handbook 1100.19, "Credentialing and Privileging" [for licensed independent practitioners and VHA Directive 2006-067, "Credentialing of Health Care Professionals" for dependent practitioners].

b. **Residents.** Medical, dental, podiatry, chiropractic, and optometry residents and trainees appointed under 38 U.S.C. 7405 or 7406 are included within the scope of this section. As indicated in paragraph 21 of this section, the appropriate program director is responsible for certifying that the credentials and licensure of residents and trainees have been verified prior to their appointment. Specific procedures described in paragraph 3 through 14 are not applicable to residents functioning within the scope of their training program, but program directors, where possible, should use verification procedures which are generally consistent with those described.

c. **Definitions**

(1) The terms "medical center officials" and "facility Director or designee" refer in Central Office to the Under Secretary for Health or designee.

(2) The term "credentialing" refers to the systematic process of screening and evaluating qualifications and other credentials, including licensure, required education, relevant training and experience, current competence and health status.

(3) The term "licensure" refers to the official or legal permission to practice in an occupation, as evidenced by documentation issued by a State in the form of a license and/or registration.

**NOTE:** *The term "state" means any of the states, territories, and possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.*

(4) [The terms "registration" or "certification" refer to the official attestation by a professional organization that one has fulfilled the requirements or met a standard skill to practice the profession.

(5) The term "primary source verification" is documentation from the original source of a specific credential that verifies the accuracy of a qualification reported by an individual health care practitioner. This can be documented in the form of a letter, telephone contact, or secure electronic communication with the original source.

(6)] An active, current, full and unrestricted license or registration in a State is one which authorizes the licensee to practice outside VA without any change being needed in the status of the license. An employee is responsible for paying any fees necessary to maintain a full and active license in a State. If a State waives fees for any reason, such as for an out-of-state practice or for employment in a Federal facility, the employee may not accept the waiver if this will place the license in an inactive or other restricted status.

[(7) VetPro is VHA's electronic credentialing system which must be used for credentialing all providers. The system is used by applicants and practitioners to provide evidence of licensure, registration, certification, and/or other relevant credentials for verification prior to appointment, throughout the appointment process and upon transfer from another medical facility. The system provides an electronic file for continued maintenance of accurate, complete and timely credentials for all VHA health care providers who claim licensure, certification, or registration, and are permitted by the facility to provide patient care services or oversee the delivery of those services.]

d. **Responsibilities of VA Officials**

(1) The Under Secretary for Health or designee will establish additional credentialing, licensure and/or registration requirements and procedures to assure that only fully qualified and suitable candidates are appointed and retained in VHA. Procedures will be established to thoroughly evaluate applicant credentials, licensure and/or registration status, and to monitor these on a continuing basis for health care employees appointed under 38 U.S.C., chapter 73 or 74.

(2) Facility Directors are responsible for implementing policy and procedures outlined in this section and for providing necessary resources to ensure that the verification of credentials and licensure is effectively and efficiently managed. So that only fully qualified and suitable individuals are appointed and retained under 38 U.S.C., chapter 73 or 74, [Clinical Executives (Chiefs of Staff, Chiefs of Patient Care Services, Nurse Executives), Service Chiefs,] selecting officials, PSBs and HRM officials will ensure that the qualifications of candidates for appointment are thoroughly screened and evaluated. The credentialing process includes verifying the individual's licensure and/or registration, relevant training and/or experience, current competence and physical and mental fitness. (See appendix II-L of this chapter for a credentialing checklist.) Officials described in this paragraph will ensure that all applicants and employees covered by this policy are made aware of their responsibilities with respect to credentialing and licensure.

(3) The credentialing and licensure verification process is a shared responsibility, requiring extensive interchange and continuing communication between the Chief of Staff and HRMO. Facility Directors will establish local policies and procedures delineating functions to be accomplished by each of these officials to assure that responsibilities are clearly understood and can be effectively carried out.

(4) Compliance with credentialing and licensure provisions of this section does not obviate the responsibility to determine suitability for employment following guidelines in 5 CFR, part 731 or to initiate background investigations of employees using procedures specified in 5 CFR, part 736.

e. **Documentation.** Information obtained through the verification process must be documented in writing, either by letter, [memo,] report of contact or [secure electronic verification],as appropriate. [Documentation will be filed permanently in the in the VHA credentialing file, VetPro. Facsimile copy may be used with appropriate authentication of the source providing the information via facsimile. This needs to be independently authenticated and the authentication needs to be documented, e.g. entry into comments section of VetPro. A coversheet by itself is not considered independent authentication, but may be scanned as the last page of the document, not the first, as well as documentation of the independent verification of the sender's source. If independent authentication of the source cannot be made, the facsimile copy must be followed up with an original document.

**NOTE:** *Authentication of the source of the facsimile requires the recipient to document knowledge that the appropriate source that owned the verification information transmitted the facsimile. For example, if the recipient of the facsimile confirmed with the verifying entity that the facsimile was indeed transmitted by the verifying entity then this confirmation should be documented on the facsimile coversheet, signed and dated by the individual completing the independent authentication, to include name and title of both transmitting and confirming individuals and date of confirmation.*]

f. **Action Prior to Credentialing**

(1) No appointment action will be taken, nor will an employment commitment be made, in any case where officials have reason to question a candidate's suitability for VA employment. All information obtained through the credentialing process will be carefully considered before an employment decision is made. An RN, nurse anesthetist, PA, EFDA, or candidate for appointment to an occupation identified in 38 U.S.C. 7401(3), may be appointed under 38 U.S.C. 7405(a)(1) pending [completion of the full credentialing process referenced in VHA Directive 2006-067] and action by a board. However, a physician, dentist, podiatrist optometrist, or chiropractor will be appointed only after credentialing information is received and action has been taken by a Professional Standards Board (PSB) [except as noted in paragraph 2 below].

(2) In exceptional circumstances and where required to meet an emergent patient care situation, the facility Director may approve the temporary appointment of a physician, dentist, podiatrist, optometrist, or chiropractor under 38 U.S.C. 7405 without prior action by a PSB[, following the procedures in VHA Handbook 1100.19]. The Director will document for the record the specific circumstances and patient care situation which warranted such an appointment. The appointment will be made only after evidence of current, full and unrestricted licensure has been obtained and a judgment has been made that the individual is fully qualified for the assignment.

g. **Applicant and Employee Responsibilities.** Applicants and employees will provide evidence of licensure, registration, certification, and/or other relevant credentials, for verification prior to appointment and throughout VA employment as requested. They are responsible for keeping VA apprised of anything that would adversely affect or limit the credentials discussed in this section, and for advising VA of anything that would adversely affect or otherwise limit their clinical privileges. Failure to keep VA fully informed on these matters may result in administrative or disciplinary action.

h. **Verification of Credentials After Short Breaks in Service.** An applicant who has had a break in VA service of no more than 15 workdays may be reappointed in the same occupation without the full credentialing process required for initial appointment (i.e., verification of education background, licensure status, certifications by professional organizations, references, etc.). The applicant must complete a new employment application form and be recommended by the appropriate board, if action by a board is normally required for the type of appointment being considered. Facility officials will verify any licensure or qualification information that has not previously been documented in the personnel folder or the Credentialing and Privileging Folder, as appropriate. The official designated by the facility Director will note in the appropriate folder the reason that credentials were not reverified. Typically, the reason will be that the break in service was for less than 15 workdays. Reverification of credentials is not required for residents or trainees who rotate for training during the academic year between a VA facility and its affiliate(s). (See paragraph 22 for resident credentialing procedures.)

**NOTE:** *For those subject to the credentialing and privileging provisions of VHA Handbook 1100.19, any break in service requires the verification of those credentials (time limited) which could have changed since last verified (State licensure, Drug Enforcement Administration (DEA) certification, board certification, etc.).*

## 2. APPLICATION

a. **Application Forms.** Candidates seeking employment under 38 U.S.C., chapter 73 or 74, must complete one of the following application forms:

(1) VA Form 10-2850, Application for Physicians, Dentists, Podiatrists, Optometrists, and Chiropractors;

(2) VA Form 10-2850a, Application for Nurses and Nurse Anesthetists, nurse practitioners, and graduate nurse technicians;

(3) VA Form 10-2850b, Application for Residency;

(4) VA Form 10-2850c, Application for Associated Health Occupations;

(5) Optional Form 612, Optional Application for Federal Employment, and Optional Form 306, Declaration for Federal Employment, are to be used by applicants for whom none of the above forms is appropriate; primarily, this includes applicants for medical support, students, trainees, or nonmedical consultant appointments. [The OF 612 is not required for USA Staffing recruitments. In USA Staffing, a résumé is preferred.]

b. **Application Review.** The HRM Officer or designee will thoroughly review each employment application to assure that all questions are answered and that additional information is provided where required. Applicants are to be asked to account for any gaps in their work history. This information shall be documented on the employment application, and, along with reference checks and other information obtained in the credentialing process, considered in the selection process. Incomplete applications are to be returned and applicants notified that they will not be considered for employment until their application has been fully completed. The HRMO or designee will review applications for compliance with administrative and regulatory requirements. Applicants who do not meet appointment requirements should be so notified.

## 3. EDUCATIONAL CREDENTIALS

### a. Verification of Educational Credentials

(1) [For independent practitioners,] educational credentials relating to qualifications for employment are to be verified through primary source(s) whenever feasible. This includes education used to qualify for appointment, advancement or which is otherwise related to an individual's employment. This verification should also include a comparison of the educational institution(s) cited on the application against [existing lists of accredited institutions on the Department of Education web site to guard against] institutions or "diploma mills" which sell fictitious college degrees and other professional credentials. The accrediting agency or body for verifying the accreditation status of schools is identified in the appropriate VA qualification standard.

(2) [For dependent practitioners, educational credentials relating to qualifications for employment are to be verified as follows:

(a) If most recent licensure for the occupation was issued in 1990 or later: Only education used to qualify for an appointment (i.e. first nursing degree) is required to be verified and this verification may be accomplished by a secondary source (i.e. copy of diploma or transcript is acceptable). Advanced education credentials above the initial qualifying degree are to be primary source verified. This verification also needs to include a comparison of the educational institution(s) cited on the application against existing lists of institutions or "diploma mills" which sell fictitious college degrees and other professional credentials. The accrediting agency or body for verifying the accreditation status of schools is identified in the appropriate VA qualification standard.

(b) If most recent licensure for the occupation was issued prior to 1990: Educational credentials relating to qualifications for employment are to be verified through the primary source(s), whenever feasible. This includes education used to qualify for appointment or advancement. This verification also needs to include a comparison of the educational institution(s) cited on the application against existing lists of institutions or "diploma mills" which sell fictitious college degrees and other professional credentials. The accrediting agency or body for verifying the accreditation status of schools is identified in the appropriate VA qualification standard. The appropriate document from the primary source must be used for the actual verification of the credential but could include a transcript.

(3)] For individuals who will have clinical privileges, written verification of internships, residencies, fellowships, advanced education, clinical practice programs, etc., from the appropriate program director or school is required. For foreign medical graduates, facility officials must verify with the Educational

Commission for Foreign Medical Graduates (ECFMG) that the applicant has met requirements for certification, and must obtain a copy of the ECFMG certificate, if claimed by the applicant.

[(4) In cases of graduates of foreign schools of professional nursing, possession of current, full, active, and unrestricted registration will meet the requirement of graduation from an approved school of professional nursing. Documentation from the Commission on Graduates of Foreign Nursing Schools (CGFNS) will serve as primary source verification of education, if applicable.

(5) For Physical Therapists, documentation from the Foreign Credentialing Commission on Physical Therapists (FCCPT will meet the requirement of graduation from an approved school.

(6) For Occupational Therapists, documentation from the National Board for Certification in Occupational Therapy (NBCOT) will meet the requirement of graduation from an approved school.

(7)] If education cannot be verified because the school has been closed, because a school is in a foreign country and no response can be obtained, or for other similar reasons, all efforts to verify the applicant's education will be documented. In any case, facility officials must verify that candidates meet appropriate VA qualification standard educational requirements prior to appointment.

b. **Transcript of Higher Education**

(1) [A] applicants [may] be asked to provide a transcript of their qualifying education for evaluation by the appropriate PSB prior to appointment. If an individual has a degree in a related field, consideration should be given to obtaining a transcript of this program as well. [ ] Transcripts may be requested from other applicants, including nurse anesthetists, PAs, EFDAs, and candidates selected for appointment to an occupation identified in 38 U.S.C. 7401(3).

(2) Transcripts should be evaluated to consider the specific course work completed, grades received, and overall level of difficulty of the program. [ ]

c. **Educational Profile for Physicians.** Facilities may obtain, from the American Medical Association, a profile listing all medical education a physician candidate has received in this country and available licensure information for follow-up as necessary. It should be noted, however, that this is a secondary source and, by itself, is not considered sufficient for verification purposes.

## 4. EMPLOYMENT [RECORD] AND PREEMPLOYMENT REFERENCES

a. **References.** [Due diligence should be exercised in checking references before making an offer of employment. Facilities at the local level have the discretion to decide how many references are required prior to appointment. VA will still require a total of three, but only one reference (preferably from the applicant's current or most recent employer(s)) is required prior to appointment and the remaining 2 within 90 days after appointment. The references should be obtained] from employer(s) or other individuals who are knowledgeable about the applicant's work [record (i.e., performance, aptitude, conduct, etc.)].

(1) For any candidate whose most recent employment has been private practice, facility officials will contact institution(s) where clinical privileges are and/or were held, professional organizations, references listed on the application form, and/or other agencies, institutions or persons who would have reason to know the individual's professional qualifications.

(2) The VA Form Letter 10-341a, Appraisal of Applicant, may be used to obtain references on applicants. However, supplemental information may be required to fully evaluate the educational background and/or prior experiences of an applicant (see subparagraph (3)). Initial and/or follow-up telephone or personal contact with those having knowledge of an applicant's qualifications and suitability are encouraged as a means of obtaining a complete understanding of the composite employment record. All references must be documented in writing. Written records of telephone or personal contacts must report who was spoken to, that person's position, the date of the contact, a summary of the information provided, and the reason why a telephone or personal contact was made in lieu of a written communication. Reports of contact are to be filed with other references in the personnel folder and, as appropriate, in the Credentialing and Privileging Folder.

(3) Ideally, references should be from authoritative sources, which may require that facility officials obtain information from sources other than the references listed by the applicant. As appropriate to the occupation for which the applicant is being considered, references should contain specific information about the individual's scope of practice and level of performance. For example, information on:

(a) The number and types of procedures performed, range of cases managed, appropriateness of care offered, outcomes of care provided, etc.

(b) The applicant's clinical judgment and technical skills as reflected in results of quality assurance activities and peer review, where appropriate.

(c) The applicant's health status in relation to proposed duties of the position and, if applicable, to areas where clinical privileges are being sought.

b. **Former Federal Employees.** For an applicant with prior Federal service, the personnel folder should be obtained before the individual is given a probationary or permanent appointment. If an applicant has prior VA service, [ ] a reference [must be obtained from the last two assignments or all VA assignments in the last 5 years, whichever is longer].

**5. PREEMPLOYMENT INTERVIEW.** A personal interview is recommended prior to the appointment of any candidate under 38 U.S.C., chapter 73 or 74. The interview should normally be conducted at the VA facility where the individual is to be employed. Arrangements may be made for the interview to be conducted at another VA facility convenient to the applicant. The interview will be conducted by the appropriate official(s) designated by the facility Director. An interview report will be completed and filed with the application. Travel expenses for preemployment interviews may be paid only under provisions of 5 CFR, part 572. The appropriate chief consultant in Central Office may require that a personal interview be conducted for individuals in any occupation included within the scope of this section. All RNs and LPNs will be interviewed prior to appointment.

**6. VERIFYING LICENSURE, REGISTRATION AND CERTIFICATION.** As part of the credentialing process, the status of the applicant's licensure and/or registration and that of any required or claimed certifications will be thoroughly reviewed and verified. Specific requirements for these verifications are contained in paragraphs 13 through 17 .[for independent practitioners and VHA policy for the credentialing of health care professionals].

**7. VERIFYING SPECIALTY CERTIFICATION**

a. **Definition.** For the purposes of this paragraph, specialty certification means having fully completed the requirements of a recognized specialty board or other certifying organization, including the successful passing of the board or certifying examination, as appropriate.

b. **Applicants.** Prior to appointment, [specialty certification will be verified from the primary source. T]the Chief of Staff will [confirm] evidence of specialty certification claimed by a physician, dentist, podiatrist, or chiropractor, and [certify] that verification [in the VHA credentialing folder, VetPro]. At the request of the Chief of Staff, the facility Director may delegate responsibility for obtaining information about a candidate's board certification. However, the Chief of Staff must personally [certify in the VHA credentialing file that] the documentation [is of record]. For other applicants, the official designated by the facility Director will document verification of specialty certification where required [in the VHA credentialing file]. See paragraph d for procedures on documenting specialty [certification].

c. **On-Duty Employees.** On-duty employees attaining specialty certification will have their certification verified under paragraph d.

d. **Verification Procedures.** If listings of specialists are used to verify specialty certification, these [listings] must [maintained by the primary source with a disclaimer regarding authenticity and be] from current or recently issued copies of the publications as follows:

(1) **Physicians.** Board certification may be verified through the Compendium of Medical Specialists, published by the American Board of Medical Specialists, or the Directory of American Medical Specialists, published by Marquis' Who's Who, or by direct communication with officials of the appropriate board. A letter from the board is acceptable for those recently certified. (The address and telephone number of the board may be obtained from the latest Directory of Approved Residency Programs published by the Accreditation Council for Graduate Medical Education.) Copies of documents used to verify certification are to be filed in the [VHA credentialing file].

(2) **Dentists.** Board certification may be verified by the listings in the American Dental Directory published annually by the American Dental Association or by contacting the appropriate Dental Specialty Board. Addresses of these boards may be obtained from the American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611.

(3) **Podiatrists.** Three specialties are currently recognized by the House of Delegates, American Podiatric Medical Association and VA: the American Board of Podiatric Surgery, American Board of Podiatric Orthopedics, and American Board of Podiatric Public Health. Addresses of these boards may be obtained from the latest American Podiatric Directory.

(4) **Other Occupations.** Board certification and other specialty certificates will be verified by contacting the appropriate specialty board or certifying organization.

e. **Evidence of Continuing Certification.** For professions or occupations in which current certification is required, employees must present evidence of such certification upon request throughout VA employment.

## 8. DRUG ENFORCEMENT ADMINISTRATION CERTIFICATION

a. **Background.** Physicians, dentists, podiatrists and certain other professional persons may apply for and be granted renewable certification by the Drug Enforcement Administration (DEA)[/Controlled Dangerous Substance (CDS), Federal and/or State] to prescribe controlled substances as a part of their practice. Certification by DEA[/CDS] certificate. However, certification will be verified as indicated below for individuals who claim on the employment application form to currently hold or to have held DEA[/CDS] certification in the past.

b. **Application Form.** Each applicant in these occupations must provide, on the appropriate VA employment application form, information about his or her current or most recent DEA[/CDS] certificate, if applicable. Any applicant whose DEA[/CDS] certificate has ever been revoked, suspended, limited, restricted in any way, or voluntarily relinquished shall be required to provide a detailed explanation of such action at the time of application for employment.

c. **Restricted Certificates.** A State licensing board may obtain a voluntary agreement from an individual not to apply for renewal of certification or may decide not to approve the individual's application for renewal as a part of a disciplinary action taken in connection with the individual's professional practice. While there are a number of reasons a license may be restricted which are unrelated to DEA[/CDS] certification, an individual's State license is considered restricted or impaired for purposes of VA employment if a State licensing board has suspended the person's authority to prescribe controlled substances or other drugs; selectively limited the individual's authority to prescribe a particular type or schedule of drugs; or accepted an individual's offer or voluntary agreement to limit authority to prescribe. (See paragraphs 13 and 17.)

d. **Verification.** Current DEA[/CDS] certification will be [verified] prior to appointment, and [documented in the VHA credentialing file. Automatic verification of Federal DEA/CDS certification can be performed in VetPro when a match can be made against the current Federal DEA certification information maintained and electronically updated monthly. If verification cannot be made automatically, an authenticated copy of the DEA/CDS certificate must be entered into VetPro.] Current DEA certification will also be sighted during VA employment at the same time as State licensure. (See paragraphs 13 and 17.) The employee will be asked to fully explain in writing if DEA certification has been revoked, suspended, limited, restricted, or voluntarily relinquished since last verified. Upon receipt of such explanation, the Chief of Staff will initiate a review of the employee's clinical privileges, if appropriate.

e. **Required Action by VA Officials**

(1) If action taken on an employee's DEA[/CDS] certificate has the effect of restricting the individual's only State license, immediate action will be initiated to separate the employee under provision of VA Directive and Handbook 5021, Part VI, Employee/Management Relations.

(2) If, as a result of the review of clinical privileges, a decision is made to propose revocation of an employee's clinical privileges, separation action will be initiated using procedures in VA Directive and Handbook 5021, Part II, Employee/Management Relations.

## 9. CLINICAL PRIVILEGES

a. **Review of Clinical Privileges.** Applicants completing VA application forms will be required to respond to questions concerning clinical privileges at VA and non-VA facilities. If possible, copies of clinical privileges will be obtained for review from the applicant or from the institutions where privileges are or were most recently held.

b. **Evaluation of Privileges.** As part of the credentialing process, information on clinical privileges will be evaluated by appropriate facility officials. Details concerning any limitation(s) on privileges will be carefully considered prior to appointment.

c. **On-Going Review.** Clinical privileges will be established and reviewed throughout the individual's employment following standards and guidelines issued by VHA and established in the VA facility's medical staff bylaws. The clinical privileging process must be completed prior to initial appointment.

**NOTE:** *Additional VHA policy concerning clinical privileges is contained in VHA Handbook 1100.19, Credentialing and Privileging.*

## 10. MALPRACTICE CONSIDERATIONS

a. **Applicants.** VA employment applications forms require applicants to give detailed written explanations of any involvement in administrative, professional or judicial proceedings, including Federal torts claims proceedings, in which malpractice is or was alleged. If an applicant has been involved in such proceedings, a full evaluation of the circumstances will be made by officials participating in the credentialing, selection and approval processes prior to making any recommendation or decision on the candidate's suitability for VA employment.

b. **Employees.** Each employee will be asked to indicate at the time of licensure verification any involvement in proceedings described in subparagraph a, and to provide a written explanation of the circumstances, if appropriate. A review of clinical privileges, as appropriate, will be initiated if clinical competence issues are involved.

c. **Evaluation of Circumstances.** Facility evaluating officials will consider VA's obligation as a health care provider to exercise reasonable care in determining that individuals are properly qualified, recognizing that many allegations of malpractice are proved groundless. Facility officials will evaluate employee to provide copies of documents pertaining to the case. Reasonable efforts will be made to.

assure that only individuals who are well-qualified to provide patient care are permitted to do so. [Facility officials should direct questions concerning legal aspects of a particular case to the District Counsel].

**11. DEANS COMMITTEE, MEDICAL ADVISORY COMMITTEES AND OTHER ADVISORY BODIES.** At [healthcare] facilities [with] teaching programs, the Under Secretary for Health will approve the establishment of a Deans Committee, Medical Advisory Committees and other advisory bodies [(See VHA Handbook 1400.03, Veterans Health Administration Educational Relationship for more information)]. The Deans Committee may nominate, for consideration by the [facility] director, physicians and dentists for appointment to the professional staff of the facility, including chiefs of service. [Nominees may include individuals] appointed on a paid or without compensation [assignment on a] full-time, part-time or intermittent [basis]; to those appointed on an on-facility fee-basis; and to consultants and attendings. The [facility] director should consider the [Deans Committee's] recommendations, but the [facility director has the final appointment] decision.

**12. SUITABILITY.**

a. **General.** If [facility officials obtain adverse information during the credentialing process, they will review this against suitability criteria and make a determination in accordance with 5 CFR 731. The District Counsel can answer] questions concerning the use of adverse information in making suitability determinations or the legality of adverse determinations and personal liability involvement.

b. **Applicants.** If there is any question about an applicant's suitability, no appointment action will be taken, nor will an employment commitment be made, until the matter [is] resolved.

c. **Employees.** Conclusive evidence of preemployment unsuitability (character traits, past work performance, etc.) may arise after an individual's appointment under 38 U.S.C., chapter 73 or 74. If continued employment is not in the best interest of the service, the employee's appointment will be terminated under VA Handbook 5021, [Employee/Management Relations, Part VI, Employee Title 38 Separations Not Covered by Parts II and III of this handbook].

**13. GENERAL LICENSURE AND REGISTRATION REQUIREMENTS.**

a. **General.** Specific licensure, registration and certification requirements for individuals appointed under 38 U.S.C., chapter 73 or 74 are included in paragraphs which follow and in the appropriate qualification standard for the occupation. This paragraph contains definitions and general provisions which apply to all occupations for which licensure and/or registration are required. Applicants must possess at least one active, current, full and unrestricted license, registration or certification which must be verified by primary source verification from the [state] licensing board (SLB), to be eligible for appointment, if required for the occupation in the appropriate qualification standard. If all licenses, registrations or certifications are impaired, the individual is ineligible for appointment in VA. Additionally, if the applicant's sole license is considered to be inactive by the [state] issuing the license (e.g., the [state] considers the license to be "inactive" because the individual is not

practicing in the [state] where the license is held), the individual is ineligible for appointment in VA.

b. **[Definitions**.

(1) **Active Licensure.** An active, current, full and unrestricted license, registration or certification in a state is one which authorizes the licensee to practice outside VA without any change needed in the status of the license. Employees are responsible for paying fees necessary to maintain a full and active license in a state. If a state waives fees for any reason, such as for an out-of-state practice or for employment in a Federal facility, the employee may not accept the waiver if this will place the license in an inactive or other restricted status.

(2) **Primary Source Verification.** Primary source verification is documentation from the original source of a specific credential verifying the accuracy of a qualification.

(3) **State.** The term “state” means any of the states, territories and possessions of the United States, the District of Columbia and the Commonwealth of Puerto Rico.]

c. **Qualification Requirements** [**Pursuant to**] **38 U.S.C. § 7402(f).** Covered licensure actions are based on the date the credential was required by statute or [VA qualification standard for the occupation.

(1) For the purposes of 38 U.S.C. § 7402(f), “for cause” means professional misconduct, professional incompetence, substandard care or any issue requiring VA to report a provider to a SLB under 38 C.F.R. § 47.2. The District Counsel will address questions concerning interpretation of “for cause" or an assessment of whether a matter constitutes “for cause.” The following are examples of reasons a license may be revoked, terminated or voluntarily relinquished that would be considered “for cause.” This is not a comprehensive, exhaustive or exclusive list and a “for cause” assessment should be reviewed on a case-by-case basis.

(a) Higher than expected radiology misinterpretations;

(b) Higher than expected surgical complication rates;

(c) Failure to address critical alerts in a timely manner;

(d) Failure to adequately document patient care;

(e) Diversion of drugs;

(f) Providing, or intending to provide, patient care while under the influence of drugs or alcohol;

(g) Inappropriate relationship with patient;

(h) Patient abuse;

(i) Intentional harm of a patient;

(j) Research malfeasance;

(k) Exhibiting a pattern of poor professional judgment and skill; and/or

(l) Egregious instances of unacceptable actions related to patient care (inadvertently leaving a clamp in a patient after a surgical procedure).

(2) Applicants seeking appointment on or after November 30, 1999, (see Veterans Millennium Health Care and Benefits Act, P.L. 106-117), who have been licensed, registered or certified, as applicable to the occupation for which they are seeking employment, in more than one state and who are being credentialed for a position identified in 38 U.S.C. § 7402(b), other than a facility director, are not eligible for appointment in that occupation if:

(a) The applicant's license, registration or certification has ever been revoked or terminated "for cause" by any of those states; or

(b) The applicant has voluntarily relinquished a license, registration or certification in any of those states, after being notified in writing by that state of potential revocation or termination for cause.

i. Such individuals may only be eligible for appointment in the occupation if their revoked, terminated or voluntarily relinquished license, registration or certification is restored to a full and unrestricted status.]

ii. Covered licensure actions are based on the date the credential was required by statute or the [VA qualification standards for the occupation]. [ ] For example, if VA first required the credential in 1972, [the credential was terminated or voluntarily relinquished in 1983], and the individual applies, or was appointed, to VA after November 30, 1999, the individual is not eligible for VA employment in the covered [occupation] unless the [terminated or voluntarily relinquished] credential is restored to an active, current, full and unrestricted status. However, if the [credential was terminated or voluntarily relinquished] in 1970, before it was a VA requirement, eligibility for VA employment would not be affected. [For guidance regarding eligibility for employees with an impaired license, registration or certification, and for those employees appointed before November 30, 1999, with an impaired license refer to paragraph 17 below-Continuing Licensure, Registration and/or Certification Requirements for Employees.]

(3) [If an individual has voluntarily surrendered their license, registration or certification, applicable to the position, VA must confirm from the primary source that the individual was notified in writing of the potential for termination for cause. If the entity verifies written notification was provided, the applicant is not eligible for employment unless the surrendered credential is fully restored to an active, current, full and unrestricted status.]

(4) Where the [state] licensing, registration or certifying entity fully restores the revoked, [terminated or voluntarily relinquished credential], the provider's eligibility for employment is restored. These individuals are subject to the same employment process that applies to all individuals in the same job category who are entering the VA employment process. In addition to the credentialing requirements for the position, [facility officials must conduct] a complete review of the facts and circumstances concerning the action taken against the [state] license, registration or certification and the impact of the action on the professional conduct of the applicant. [Facility officials must document] this review in the licensure section of the credentials file.

(5) This [guidance] applies to licensure, registration or certification required as applicable to the position subsequent to the publication of this policy and required by statute or VA qualification standards, effective with the date the credential is required.

d. **Primary Source Verification.** [ ] Information obtained through the verification must be documented in writing, either by letter, memo, report of contact or secure electronic verification (e.g., website) in the VHA credentialing file. [Facility officials must verify licensure] from a primary source at the time of initial appointment, reappointment and expiration in accordance with [policy in VHA Handbook 1100.19, "Credentialing and Privileging" and VHA Directive 2006-067, "Credentialing of Health Care Professionals."]

[ ]

e. **Changes in Authority to Prescribe.**[ ][The license of an individual in an occupation authorized to prescribe is considered to be restricted or impaired if the SLB has suspended the individual's authority to independently prescribe controlled substances or other drugs; selectively limited the individual's authority to prescribe a particular type or schedule of drugs; or accepted an individual's offer or voluntary agreement to limit the authority to prescribe.] The [state's] action may be taken in connection with the individual's [Drug Enforcement Administration (DEA)] certification and/or with a separately issued [state] authorization to prescribe. [(See paragraph 8 of this section.)] This is only one example of a situation in which an individual's license may be restricted or impaired.

f. **Changes in State Licensure Requirements**. [Employees are] responsible for complying with any changes in licensure and/or registration requirements which may be imposed by the [state(s)] of licensure. If employees show they were not notified of the new requirement and proceeded in good faith under the assumption that the license remained full and unrestricted, this is accepted as prima facie evidence of licensure up until discovery of the change in requirements. When employees are notified through any source of a change in requirements, they must act immediately to make the license whole at the earliest possible date, normally no more than 15 workdays after notification. If employees are unable to make the license whole and, as a result, holds no full unrestricted license in a [state], actions to separate for failure to meet qualification requirements must be taken under VA Handbook 5021.

g. **Administrative Delay by State Licensing Board [(SLB)]**.

(1) Facility officials who learn that a SLB has declared a system-wide delay in processing renewal applications of registration prior to the expiration date, and has granted a special grace period as a result of the delay, should notify [Office of the Chief Human Capital Officer (OCHCO), Recruitment and Placement Policy Service (RPPS)] so a general notice to all VHA facilities can be issued. The delay must be general rather than personal in scope and impact. If no such notice has been issued by [OCHCO, RPPS], facility officials should verify with the [state] board that VA employees are considered to be fully licensed,[ registered or certified] during the delay period. Verification of current licensure, [registration or certification] may be obtained through telephone contact with the [state] board pending receipt of the renewal. Typically, this will involve a large amount of license renewals and would not pertain to the individual renewal license.

(2) Under these unique circumstances, if [employees are] unable to present evidence of current licensures, [registrations or certifications] prior to the expiration date, facility officials [must] verify through written or telephone contact with the SLB that the employees' applications for renewal [are] received and the [employees are] considered to be fully licensed, [registered or certified]. If officials are unable to verify this with the SLB prior to the expiration date of licensure, [employees] will be required to provide evidence that the application for renewal was made in a timely manner (e.g., 30 days) in order to be permitted to continue in a work status. Where possible, [a facility official must sight] evidence of the employees' application for licensure, [registration or certification] renewal and appropriately document in the VHA credentialing file until primary source verification of renewal is received. Employees are notified in writing that separation actions may be initiated under provisions of VA Handbook 5021, Part VI, if evidence of renewal is not received within 30 workdays of the expiration date. Some states authorize a "grace period" after the licensure,[ registration and/or certification] expiration date, during which an individual is considered to be fully licensed, [registered and/or certified] whether or not the individual has applied for renewal on a timely basis. Facility officials [must not] initiate separation procedures for failure to maintain licensure, [registration or certification] on a practitioner whose only license, [registration and/or certification] has expired if the [state] has such a grace period and considers the practitioner to be fully and currently licensed, [registered or certified].

h. **Questionable Licensure Status**. [Facility officials must consult with District Counsel if circumstances cause them to question the status of an employee's license, registration or certification or if it meets statutory or regulatory requirements. See subparagraph 17c of this section for additional information.]

i. **Payment of Licensure or Registration Renewal Fees**. VA employees are responsible for [paying] any required fees [in] a timely basis to [ensure] their [licensures, registrations or registrations are] maintained [in] a current, active [status]. If an affiliated institution normally pays [the] fees for VA employees who work part-time or have teaching agreements at that institution, [employees] [are still responsible] for assuring that [licensures, registrations, or certifications are] maintained in an active, current status.

## 14. LICENSURE FOR PHYSICIANS, DENTISTS, PODIATRISTS, OPTOMETRISTS AND CHIROPRACTORS.

a. **General.** Any physician, dentist, podiatrist, optometrist or chiropractor appointed under 38 U.S.C., chapter 73 or 74 is required to possess an active, current, full and unrestricted license to practice medicine, surgery, osteopathy, dentistry, podiatry or optometry, as appropriate, in a [state], and must furnish evidence of this prior to appointment. Current registration will be maintained in accordance with the requirements of the [state] of licensure and evidence of such licensure and registration must be presented by the employee for verification periodically as requested throughout VA employment. A limited license or any other license less than a full, unrestricted [state] license; however, denominated (e.g., temporary, limited or institutional), will not meet the licensure requirement for appointment under 38 U.S.C., chapter 73 or 74.

b. **Exceptions**. The only exceptions to the licensure requirements are [ ]:

(1) [Individuals meeting] all the professional requirements for admission to the [state] licensure examination and passed the examination, but [possess] a [state] license [ ] limited on the basis of non-citizenship or not meeting the residence requirements of the [state].

(2) [Individuals granted] an institutional license by the [state] which permits faculty appointment[s] and full, unrestricted clinical practice at a specified educational institution and its affiliates, including the VA [healthcare] facility; or, an institutional license [permitting] full, unrestricted clinical practice at the VA [healthcare] facility. This exception [is] used only to appoint individual[s] who [are] well-qualified, recognized expert[s] in [their] fields, such as visiting scholars, clinicians and/or research scientist[s] and only under authority of 38 U.S.C. § 7405. It may not be used to appoint individual[s] whose institutional [licenses are] based on action[s] taken by SLBs as described in paragraph 13c above.

(3) [Individuals meeting] all the professional requirements for admission to the [state] licensure examination and [have] passed the examination[s], but who [have] been issued time-limited or temporary [state] license[s] or permit[s] pending a meeting of the [state] licensure board to give final approval to the [candidates'] request for licensure. The license[s] must be active, current and permit a full, unrestricted practice. Appointments of individuals with such licenses must be made under authority of 38 U.S.C. § 7405 and will be time-limited not to exceed the expiration date of licensure.

(4) [Residents holding licenses] which geographically limit the area [ ] which practice is permitted or which limits [residents] to practice only in specific [healthcare] facilities, but [ ] authorizes [them] to independently exercise all the professional and therapeutic prerogatives of the occupation. In some states, such licenses may be issued to residents to permit them to engage in outside professional employment during the period of residency training. This exception does not permit the employment of a resident who holds a license which is issued solely to allow the individual to participate in residency training.

c. **Verification**. The [facility] chief of staff will ensure physicians, dentists, podiatrists, optometrists and chiropractors [licensures and registrations] are verified prior to their appointment under 38 U.S.C. § § 7306, 7401 or 7405. This includes all individuals serving on a full-time, part-time, intermittent or on-facility fee basis (including consultants and attendings), whether paid or without compensation.

(1) **Licensure Verification with State Boards.** The [facility] chief of staff will confirm in the VHA credentialing file, VetPro,[ ]the status of all licenses claimed by physicians, dentists, podiatrists, optometrists and chiropractors, [are] verified with the appropriate SLB for all [states] in which the applicant lists having ever held a license. This includes licenses which the applicant lists as active, current, full and unrestricted as well as licenses the applicant lists which were held at any time in the past and which have been allowed to lapse or which are no longer current for any reason. Although professional standards boards for initial appointments of dentists, podiatrists, optometrists and chiropractors are normally held in VA Central Office (VACO) or at a designated field facility**,** the [facility] chief of staff or designee is responsible for sighting verification of the licensure of these individuals.

(2) **Review of Employment Application.** [Facility officials must contact the state board to ensure that no restriction or revocation action has occurred for candidates with recent employment in a state in which no licensure is indicated on the application form.]

(3) **Physician Screening with Federation of State Medical Boards (FSMB).** [Facility officials must conduct a mandatory FSMB query and document the results in] the VHA credentialing file, VetPro.

d. **Licensure History**. [For guidance on appointments, refer to paragraph 13c, Qualification Requirements Pursuant to of 38 U.S.C. § 7402(f).]

e. **Waiver of Licensure Requirement**.

(1) The appointing official may waive the licensure requirement of [ ]physician, dentist, podiatrist, optometrist or chiropractor [occupations if the candidates are being appointed to a] research, academic or administrative position [when they have] no direct responsibility for patient care.

(2) The facility director may waive the licensure requirement if the individual is serving in a country other than the United States and licensure is in that country (i.e., Philippines).

## 15. REGISTRATION FOR NURSES AND NURSE ANESTHETISTS.

a. **General.** Any nurse or nurse anesthetist appointed under 38 U.S.C., chapter 73 or 74 is required to possess active, current, full and unrestricted registration as a graduate professional nurse in a [state], which must be verified by primary source verification from the SLB prior to appointment. Information obtained through the verification process must be documented in writing, either by letter, memo, report of contact or secure electronic verification. Documentation will be filed permanently in the official personnel folder. A

limited registration or any other registration less than a full, unrestricted [state] registration does not meet the registration requirement for appointment.

b. **Verification**. The [HR Officer] or nurse executive or designee, must obtain primary source verification from the SLB of the registration of all nurses and nurse anesthetists prior to their appointment under 38 U.S.C., chapter 73 or 74. This includes full-time, part-time, intermittent and on-facility fee basis nurses and nurse anesthetists (including consultants), whether they are paid or serving without compensation. Nurses utilized on an on-facility contract or on-facility sharing agreement basis are also covered by provisions of this paragraph.

(1) Except as provided in subparagraph d, every VHA nurse and nurse anesthetist must have at least one active, current, full and unrestricted registration as a graduate professional nurse in a [state].

(2) The appropriate official will certify in the VHA credentialing file, VetPro [ ], that the status of all registration(s) has been verified with the appropriate [state] board(s) for all [state(s)] in which the applicant lists having ever held registration. This includes registration(s) which the applicant lists as active, current, full and unrestricted as well as registration(s) the applicant lists which were held at any time in the past and which have been allowed to lapse or which are no longer current for any reason.

(3) For nurses and nurse anesthetists with recent employment in a [state] in which no registration is indicated on the application form, the [state] board will be contacted to assure that no restriction or revocation action has occurred.

c. **Impaired Registration.** Appointing officials may approve the appointment or reappointment of a registered nurse or nurse anesthetist who has previously had impaired registration, provided the candidate currently has full and unrestricted registration (refer to paragraph 17c of this section).

d. **Waiver of Registration Requirement.** The facility director may waive the registration requirement of a nurse or nurse anesthetist if the individual is [serving] in a country other than the United States and the registration is in that country (i.e., Philippines).

## 16. LICENSURE, REGISTRATION AND/OR CERTIFICATION FOR TITLE 38 ASSOCIATED HEALTH PERSONNEL.

a. **General.** Any [employee in a physician assistant (PA) or expanded-function dental auxiliaries position] appointed under 38 U.S.C. §§ 7401(1) or 7405(a)(1)(A) must meet licensure, [registration] or certification requirements as specified in the appropriate qualification standard. Individuals appointed under 38 U.S.C. § 7401(3) or under 38 U.S.C. §§ 7405( a)(1)(B) or 7306 to occupations listed in [38 U.S.C.] § 7401 must meet licensure, registration and/or certification requirements in the appropriate qualification standard for the occupation. Applicants will provide evidence of current licensure, registration and/or certification and other relevant credentials for verification prior to appointment and throughout the appointment process as requested. [Using the VHA credential process, facility officials will verify credentials] from a primary source prior to

appointment. Once appointed, employees [must] maintain multiple licenses, registrations and/or certifications in good standing and keep VA [officials] apprised of anything that would adversely affect or otherwise limit their appointment, e.g., health issues, proposed and final actions against a claimed credential, etc. A limited license, registration or certification or any status of these which is less than full and unrestricted will not meet the qualification standard requirement for the occupation.

b. **Verification**. Prior to appointment, each applicant's credentials will be checked as follows and verified [in accordance with applicable VHA credentialing policy] for dependent practitioners and documented in the VHA credentialing folder, VetPro, by officials designated by the facility director as follows:

(1) [The facility director designates the official(s) responsible for documenting the status of all licenses, registrations or certifications with the appropriate state boards for all states the applicant lists ever having licensure, registration or certification on VA Form 10-2850C, Application for Associated Health Occupations.] This includes licenses [registrations or certifications] which the applicant lists as active, current, full and unrestricted as well as license(s), registration(s) or certification(s) the applicant lists which were held at any time in the past and which have been allowed to lapse or which are no longer current for any reason.

(2) Candidates for appointment under 38 U.S.C. § 7401(3) or 38 U.S.C. § 7405(a)(1)(B) and [expanded-function dental auxiliaries (EFDAs)] appointed under 38 U.S.C. § § 7401(1) or 7405(a)(1)(A) must present evidence of [license, ] registration or certification by the appropriate national certifying body prior to appointment. [The official(s) designated by the facility director documents the verification in the VHA credentialing file, VetPro.]

(3) PAs must present evidence of certification by the appropriate national certifying body prior to appointment for verification by the official(s) designated by the facility director in the VHA credentialing file, VetPro. Licensure is required for PAs to practice outside VA in some [states], although it is not required for VHA employment. If a PA claims licensure in any [state(s)], the official(s) designated by the facility director [verifies] licensure status with the SLBs as a part of the credentials review and documents the verification in the VHA credentialing file.

(4) [The appropriate official(s) must contact state boards to ensure that no restriction or revocation has occurred for candidates with recent employment in a state in which no licensures, registrations or certifications are indicated on the application form]. Such verification must be documented in the VHA credentialing file.

c. **Impaired Licensure**. Appointing officials may approve the appointment or reappointment of an individual covered by this paragraph who has previously had an impaired license, registration or certification, provided the candidate currently has full/unrestricted [license, registration or certification] (refer to paragraph 17c of this section).

## 17. CONTINUING LICENSURE, REGISTRATION AND/OR CERTIFICATION REQUIREMENTS FOR EMPLOYEES.

a. **Verification of Primary License.**

(1) The expiration date of an appointee's primary license, registration and/or certification, [is] coded for follow-up purposes as provided in VA Manual MP-6, part V, supplement No. 1.5 (PAID [Coding Manual]). For coding purposes, the appointee will specify the state in which primary licensure is claimed. The facility director will designate the official(s) who [is] responsible for the follow-up verification of these credentials. Facility [designees] will verify licensure, certification and registration by primary source verification from SLB. Information obtained through the verification process must be documented in writing, either by letter, memo, report of contact or secure electronic verification (e.g., website). Documentation is filed permanently in the employee's VHA credentialing file.

(2) Only the initial and latest verification [must be maintained in the VHA credentialing file. HR office staff are not required to code follow-up expiration dates for employees whose registration or certification is issued on a one-time basis for whom there is no continuing requirement to maintain currency.] [ ]

b. **Other Verification.**

(1) Individuals with multiple licenses, registrations and/or certifications are responsible for maintaining these credentials in good standing and of informing the [facility] director or designee of any changes in the status of these credentials.

(2) [Employees must provide] confirmation for any active license that is not renewed at the time of expiration or at the time of reappraisal that such license expired in good standing.

(3) [Facility directors are] responsible for establishing a mechanism for assuring that such multiple licenses, registrations and/or certifications are consistently held in good standing or, if allowed to lapse, are relinquished in good standing. For any such credentials which were held previously, but which are no longer held or no longer full and unrestricted, the employee will be asked to provide a written explanation of the reason(s). The verifying official will contact the [state] board(s) or issuing organization(s) to verify the reason(s) for any change.

c. **Impaired Licensure**.

(1) [When facility officials learn] an employee with an active, current, full and unrestricted license, registration or certification in a [state] has had any other license or registration [or certification] to practice, as applicable to their current occupation, revoked or terminated for cause, or such license, registration or certification was voluntarily relinquished after being notified in writing by that [state] of the potential termination for cause, they must determine if the employee is eligible to maintain [their] appointment. See paragraph 2 below and 38 U.S.C. § 7402(f).

(2) In those cases where the license, registration or certification has been revoked, terminated or the employee has voluntarily relinquished such license, registration or certification after being notified in writing by that [state] of the potential termination for reasons other than “for cause,” facility officials will investigate to ascertain the full circumstances and, if appropriate, will initiate a review of clinical privileges, take disciplinary action and/or separation procedures.

(3) If the findings of the investigation determine the employee did not violate 38 U.S.C. § 7402(f), then the employee may be retained. In cases where the license, registration or certification has been suspended, denied, restricted, limited, issued/placed on probationary basis, facility officials will engage in the same process identified in paragraph (2).

(4) The following individuals are not eligible for continued appointment:

(a) Individuals who were appointed before November 30, 1999, to a position identified in 38 U.S.C. § 7402(b) (other than a facility director) who have maintained continuous appointment since that date and are identified as having been licensed, registered or certified (applicable to their current position) in more than one [state] and, on or after November 30, 1999, have had such license, registration or certification revoked or terminated for cause by any of those [states]; or

(b) Individuals who were appointed before November 30, 1999, to a position identified in 38 U.S.C. § 7402(b) (other than a facility director) who have maintained continuous appointment since that date and are identified as having been licensed, registered or certified (as applicable to their current position) in more than one [state] and, on or after November 30, 1999, voluntarily relinquished a license, registration or certification in any of those [states] after being notified in writing by that [state] of potential termination for cause.

(5) Individuals who were appointed prior to November 30, 1999, and have been on a continuous appointment since that date are not disqualified for employment by any license, registration or certification revocations or terminations for cause, or voluntary relinquishment after being notified in writing by that [state] of potential termination for cause that predate November 30, 1999, provided they possess one full and unrestricted license applicable to the position. See 38 U.S.C. § 7402(f).]

d. **Failure to Maintain Current Licensure, Registration or Certification.**

(1) An employee who does not maintain an active, current, licensure, registration and/or certification (if required), or who fails to show evidence of such when requested [ ], must be separated under appropriate procedures in VA Handbook 5021, Part VI. The District Counsel will answer questions about whether to separate an employee based on failure to maintain current licensure, registration or certification.]

(2) Some states authorize a grace period after the licensure, [registration and/or certification] expiration date, during which an individual is considered to be fully licensed, [registered and/or certified] whether or not the individual has applied for

renewal on a timely basis. Facility officials will not initiate separation procedures for failure to maintain licensure,[ registration or certified] on an employee whose only license,[ registration and/or certification] has expired if the [state] has such a grace period and considers the employee to be fully and currently licensed/registered/certified.

**18. REPORTING TO STATE LICENSING BOARDS.** Licensed, [registered and/or certified] employees and former employees will be reported to [state] licensing, [registration or certifying] boards and/or to other monitoring bodies in accordance with provisions VHA Handbook 1100.18, Reporting and Responding to SLBs. This requirement applies to all licensed, [registered and/or certified] employees included within the scope of this chapter, including residents.

**19. HEALTH STATUS OF APPLICANTS AND EMPLOYEES.**

a. **General**. The credentialing process includes an evaluation of the health status of applicants as well as employees. Policies and procedures related to physical requirements for applicants and employees are contained in VA Handbook 5019, [Employee Occupational Health Service], Part II, [Examinations and Evaluations].

b. **Preemployment Physical Examination**. All full-time, part-time and intermittent employees are required to satisfactorily complete a preemployment physical examination prior to appointment as required for positions with positive physical and mental requirements outlined in VA Handbook 5019.

c. **Certification of Physical and Mental Fitness**. All applicants and employees, whether paid or appointed on a without compensation basis, who request clinical privileges, including those utilized on a full-time, part-time or intermittent basis, as consultants or attendings or on a fee-basis, and including those utilized on an on-facility contract or on-facility sharing agreement basis, [are] required to certify that they are physically and mentally capable of performing the requested privileges. Service chiefs will be required to certify that, to the best of their knowledge, the applicant or employee is physically and mentally capable of satisfactorily performing the requested clinical privileges. In cases where the service chief is a nonphysician, certification of satisfactory health status must also be obtained from a physician who is familiar with the duties the individual is privileged to perform [ ].

[ ]

**20. CREDENTIALS OF RESIDENTS AND TRAINEES.**

a. **General.** Medical, dental, podiatry, optometry and chiropractic residents and trainees appointed under 38 U.S.C. §§ 7405 or 7406 must meet the licensure requirements for residents and trainees specified in the appropriate qualification standard for the occupation. If licensure is required, evidence of licensure must be furnished prior to appointment and periodically throughout VHA employment as requested.

**NOTE:** [ ]See VHA Handbook 1400.01, Resident Supervision.

b. **Verification.**

(1) [The program director for an integrated program must send the Trainee Qualifications and Credentials Verification Letter (TQCVL) (formerly the Residents/Trainees Credentials Verification Letter or RCVL) through the facility chief of staff to the facility director for approval prior to the facility director's approval of the appointment of any resident or trainee, whether paid or without compensation.] If the residency or training program is not integrated with an affiliate, the VA facility program director must verify all credentials of residents or trainees and sign the [TQCVL]. A new [TQCVL] is required for each academic year that the resident or trainee is appointed to a VA facility.

(2) The [TQCVL contains certification] that all the documents needed for the appointment of that particular individual into the program are in order. For medical residents, these documents must be in compliance with the requirements of the Accreditation Council for Graduate Medical Education (ACGME) and must also meet all requirements of the program. The program director must verify all credentials (diplomas, letters of reference, certificates of advanced training and, where applicable, Educational Council for Foreign Medical Graduates (ECFMG) certification, DEA certification and all [state] professional licenses held prior to entry into the program or obtained during residency training) and affirm the resident or trainee is physically and mentally fit to take care of patients. (See appendix II-I of this chapter for sample [TQCVL] letter.)

(3) The program director will notify the facility director if a resident or trainee has had any [credentialing problems]. Specifically, this will include any problems relating to diplomas, references, previous residency or other training, licensure, clinical privileges, DEA certification and/or professional liability insurance as indicated on the employment applications. (VA Form 10-2850b[, Application for Residency,] for medical and dental residents and VA Form 10-2850c [ ] for other residents and trainees.)

(4) Residents functioning within the scope of their training program must meet clinical practice requirements as specified in VHA Handbook 1400.01, Resident Supervision. [The program director, or in certain cases, by the appropriate VA service chief must provide the TQCVL that confirms that ACGME-established criteria for the essentials and special requirements for residency training programs have been followed.] Such residents are generally excluded from clinical privileging requirements required for VHA staff physicians, except as provided for in subparagraph d [of this paragraph.]

(5) [Appendix II-I of this chapter contains a sample format for the TQCVL.] It must include a list of all the paid or without compensation residents or trainees to be rotated at any time during the academic year to the VA facility.

(6) [The facility chief of staff will retain the] original [TQCVL] from each program director for the academic year [ ] in a Resident/Trainee Credentials Verification File [for five years].

(7) Until the facility director countersigns the program director's [TQCVL], a resident or trainee [will not] be allowed to participate in any of the patient care activities at the VA facility. There will be no exceptions to this policy.

c. **Application Form**. Prior to [appointing] any resident or trainee, the [facility] chief of staff or the facility director's designee will document in the VHA credentialing file [ ] evidence of current, full and unrestricted licensure, [registration and/or certification] has been verified by primary source from the SLB in which the applicant claims to have ever been licensed. The [TQCVL] may be cited as evidence of licensure verification and as evidence of verification of other required credentials. If the [TQCVL] is cited as evidence of credentials verification, this will be noted on the VA Form 10-2850b [and] 10-2850c or on VA Form 4682, Certification of Licensure, Registration, or Bar Membership.

d. **Employment of Residents as Admitting Physicians.** [Medical residents] functioning outside the scope of [their] training program who [are] appointed as [ ] admitting physician[s] must meet VA physician qualification standard requirements, including licensure in a [state], be fully credentialed in accordance with provisions of this section, and be privileged in accordance with provisions applicable to VHA staff physicians.

## SECTION C. PROFESSIONAL STANDARDS BOARDS

### 1. ESTABLISHMENT

a. Professional Standards Boards (PSBs) act for, are responsible to, and are agents of the Under Secretary for Health for occupations listed in 38 U.S.C. 7401(1), [(with the exception of those occupations under 38 USC 7401(3); See Section F of this part)] and part time or intermittent registered nurses (RNs) in the following matters.

[ ]

(1) **Podiatrists, Optometrists, Chiropractors, RNs, Nurse Anesthetists, PAs and EFDAs.** In matters concerning appointments, advancements, and probationary reviews for these occupations, PSBs will determine eligibility and recommend the appropriate grade and step for appointment, recommend candidates for advancement, and conduct probationary reviews, when applicable**.** This includes part time or intermittent (including temporary service) for RNs appointed under 38 U.S.C. 7405(a)(1) since May 5, 2010.

(2) **Physicians and Dentists.** In matters concerning appointments and probationary reviews, PSBs will determine eligibility for appointment and conduct probationary reviews. See VA Handbook 5007, Part IX, Physician and Dentist Pay regarding the role and responsibilities of compensation panels in determining physician and dentist pay for appointments.

b. Members of boards serve in a dual capacity. They deal with matters in which they must divest themselves of their identity with the particular facility at which they are employed and must become representatives of and primarily concerned with the needs and problems of the entire VHA.

c. VHA management officials are responsible for ensuring the effective functioning of boards under their jurisdiction.

2. **APPROVING AUTHORITIES FOR BOARD MEMBERSHIP.** The following officials may approve or terminate board membership. A second Chair or Co-Chair may be appointed to a Board when the approving authority determines it is necessary and appropriate to do so. (For composition of boards, see paragraph 5.)

a. **National Boards.** The Under Secretary for Health, or designee, may approve or terminate membership on National boards, including appointment of the board Chair.

b. **Regional Boards.** The Under Secretary for Health, or designee, may approve or terminate membership on Regional boards, including appointment of the board Chair.

c. **VISN Boards.** Except as provided in paragraph 3a, the Network Director will establish VISN boards. The Network Director or designee may approve or terminate membership on VISN boards, including appointment of the board Chair.

d. **Facility Boards.** The facility Director may approve or terminate membership on facility boards, including appointment of the board Chair. The appropriate service chief or equivalent position will nominate board members and recommend a board Chair.

e. **Termination of Board Membership.** Appointments to the board under paragraphs 2a through 2d above may be terminated whenever an individual's performance, conduct, or position is incompatible with board membership. Examples include receipt of performance rating of below the fully successful level (or equivalent), breach of confidentiality, failure to attend meetings or to complete assignments in a timely manner, expiration of term as Board member, and election or appointment as a union official.

**3. BOARD MEMBERSHIP**

**a.** Persons selected to serve on boards will be chosen from the most capable, experienced and responsible personnel. Board members must be at a grade and level that is equal to or higher than that of the candidate being considered. Board membership should also be sufficiently broad to cover the range of practice within an occupation and where possible include all grades and levels within an occupation.

b. Recommending officials will not serve on boards considering their recommendations. Employees will not serve on boards for which they serve as the approving official.

c. Boards may be composed of three or five voting members who were appointed under 38 U.S.C. chapters 73 or 74. However, when necessary, the Under Secretary for Health or designee may appoint other qualified individuals to National boards. One of the members will be appointed as Chairperson of the board. Board membership will also include a Secretary, who may or may not be one of the voting members. The role of the Secretary is to record, prepare and submit notes of the Board proceedings and relevant discussion to the PSB Chair. The Secretary is also responsible for completing page two of VA Form 10-2543 and obtaining Board members' signatures. The signatures of the board members and the approving official may be original, facsimile, or digital.

d. The Human Resources Management Officer or designee will serve as technical advisor on all board actions. Attendance at Board meetings by the Human Resources technical advisor is required.

e. Upon initial and all subsequent appointments to a Board, whether a facility, VISN, or national Board, all appointees, including the Chair, members, and the Secretary, must take the Professional Standards Board training.

4. **COMPOSITION OF BOARDS.** Whenever possible, PSBs will be composed of three or five employees from the same occupation as the individual being considered. When three or five members from the same occupation are not available, appropriately qualified individuals from other occupations may be appointed, provided the board is composed of a majority of the

employees from the occupation involved (see note below). When the appropriate minimum number of employees in the occupation is not available or the number of employees is too small to provide for an independent review, an alternate board must be used.

5. **BOARD FUNCTIONS.** The primary functions of boards are to:

   a. Review and act on employment applications and determine whether the applicant meets the requirements set forth in VA qualification standards. Sound professional and administrative judgment will be exercised in reviewing applications to ensure that VA obtains the best qualified personnel.

   b. Review completely an individual's qualifications for advancement by an examination of the personnel folder, proficiency reports or performance appraisals, supervisory evaluations, and other pertinent records; and to make recommendations based on their findings.

   c. Conduct probationary reviews for individuals appointed under 38 U.S.C. 7401(1), or as part time or intermittent RNs under 38 U.S.C. 7405(a)(1).

   d. Execute VA Form 10-2543, Board Action.

   e. National boards make recommendations to the Under Secretary for Health or designee on appointments and advancements, and on probationary reviews of individuals appointed under 38 U.S.C. 7401(1), or as part time or intermittent RNs under 38 U.S.C. 7405(a)(1), which require approval in Central Office. This includes recommendations on requests for promotion reconsideration by registered nurses.

6. **EXCEPTIONS.** The Under Secretary for Health or designee may establish procedures for appointing employees without action by a Professional Standards Board in instances such as:

   a. Temporary appointment under 38 U.S.C. 7405 pending processing by a Professional Standards Board for an appointment under 38 U.S.C. 7401(1).

   b. Temporary appointment of part time or intermittent RNs pending processing by a Professional Standards Board for a probationary appointment as a part time or intermittent RN under 38 U.S.C 7405(a)(1)(A). As of May 5, 2010, the time spent under the temporary appointment and prior to Professional Standards Board review for a part time or intermittent RN is creditable towards the completion of the probationary period.

   c. Conversion of an employee appointed under 38 U.S.C. 7401(1) to an appointment under 38 U.S.C. 7405(a)(1), 7405(a)(2) or 7306.

   d. Conversion of an employee from an appointment under 38 U.S.C. 7405(a)(1)(A) or 7306 to an appointment under 38 U.S.C. 7401(1) provided the employee had previously completed a probationary period under 38 U.S.C. 7401(1) or 7306 in the same occupation and has had continuous service under 38 U.S.C., chapter 73 or 74 since acquiring such status.

7. **APPROVING OFFICIAL'S DECISIONS.** The approving official's decision is final. This does not preclude employees from requesting promotion reconsideration under the provisions of part III, chapter 4, Sections A or B (whichever is appropriate), of this handbook.

**8. ORGANIZATIONAL STRUCTURE OF BOARDS.**

a. **National Boards.** National boards are established to act on appointments, advancements, and probationary reviews for Central Office employees, Regional and VISN PSB members, and for VISN and facility employees where those boards do not exist. National boards also act on promotion reconsideration requests submitted under part III, chapter 4, sections A and B, of this handbook.

(1) The National Physician and Dentist Professional Standards Boards also act on appointments and probationary reviews.

(2) The National Nurse PSB acts on all promotion reconsideration requests from registered nurses and licensed practical/vocational nurses, all appointments, advancements, probationary reviews, and reassignments involving Nurse Executive and Nurse V positions.

(3) The National Research Board will consider all appointments and advancements for research employees in accordance with VHA Handbook 1200.03.

(4) Other National Boards may be constituted as needed by the Under Secretary for Health.

b. **Regional Boards.** Whenever necessary, the Under Secretary for Health, or designee, may designate a Regional Board to serve one or more VISNs for designated occupations.

c. **VISN Boards.** For employees assigned at the VISN level**,** VISN boards shall consider appointments, advancements, probationary reviews, and reassignments where there are additional basic qualification requirements for the new assignment. For nurses and hybrids, see below.

(1) **Nurses.** A VISN NPSB shall consider the appointment, advancement, and reassignment (where there are additional basic qualification requirements for the new assignment) for Nurse IV. The appropriate VISN NPSB is identified in appendix II-H5.

d. **Facility Boards.** Facility boards will be established to act on all appointments and advancements and as delineated in Appendix II-O, this part. For employees occupying positions identified in 38 U.S.C. 7401(1) and for part time or intermittent registered nurses under 38 U.S.C 7405(a)(1), facility PSBs will conduct probationary reviews. For physicians and dentists, PSBs will determine eligibility for appointment and conduct probationary reviews when applicable.

## SECTION E. GENERAL APPOINTMENT PROVISIONS UNDER 38 U.S.C. CHAPTER 74

### 1. APPOINTMENT PROCESSING REQUIREMENTS

a. **Applications Received by Facilities.** Applications received by facilities will be referred promptly to Human Resources Management Service. The Human Resources Management Officer will review applications for compliance with administrative and regulatory requirements. Candidates who fail to meet these requirements and thus fail to qualify for appointment will be notified by the Human Resources Management Officer. Applications from selectees who meet [VA] requirements for appointment [under 38 U.S.C 7401(1)] will be referred to the appropriate Professional Standards Board (PSB) [for necessary action as follows:

NOTE: See Section F of this part for those occupations under 38 U.S.C. 7401(3)):]

(1) **Selection and Appointment Action**

(a) The PSB will evaluate qualifications and recommend a grade level and step based on VA qualification standard requirements. Except for physicians, dentists, and podiatrists the board will also recommend a rate of pay with due consideration being given to prior service and professional achievement. (See VA Directive and Handbook 5007, Part II, Pay Administration.) The board will complete the VA Form 10-2543, Board Action, and forward all documents through the approving authority to the Human Resources Management Officer, who will affect the appointment action. For actions, which require the approval of the Under Secretary for Health or designee, the facility board will enter its recommendations on VA Form 10-2543, and forward all documents through channels for approval. On approval, the originals will be returned to the facility or VISN as appropriate.

(b) For physician service chiefs and comparable positions, see appendix II-H1.

(c) For podiatrists, see appendix II-H3.

(d) For optometrists, see appendix II-H4.

(e) For chiefs of nurse anesthesiology sections, see appendix II-H6.

(f) For physician assistants (PAs) at Chief Grade, see appendix II-H7.

(g) For chiefs of pharmacy service (all grades), clinical pharmacy/pharmacy specialists, and program specialists at Grades GS-13 and above, see appendix II-H8.

(h) For occupational and physical therapists as section chief, see appendix II-H9.

(i) For registered nurses at grades IV and V, see appendices II-H5.

(j) For Dentists and EFDAs, see appendix II-H2.

(k) For doctors of chiropractic, see appendix II-H10.

NOTE: See section B, paragraph 11 of this chapter for provisions relating to Deans Committee recommendations. See M-3 for selection of Medical Investigators and Clinical Investigators appointed under this authority.

(2) **Action When No Facility Vacancy Exists.** When a facility receives an application and no appropriate vacancy exists at that facility, and the applicant wishes employment elsewhere, the HRM Officer will advise the applicant to consult the VHA vacancy database www.vacareers.com for the location of current vacancies. At the applicant's request, the application will be referred for employment consideration to the VA facility of the applicant's choice which has a suitable vacancy.

b. **Applications Received by Central Office.** If the applicant is to be considered for facility assignment, the application will be referred to the facility of the applicant's choice and processed as provided in subparagraph (1). If the applicant is to be considered for Central Office assignment, an interview may be conducted in Central Office or at a VA facility determined to be more convenient. The appropriate National Central Office PSB will consider the applicant's professional qualifications, enter its recommendations on VA Form 10-2543, and forward all forms to the appropriate approving authority. The Central Office Human Resources Service (05HR3) in Central Office will take the necessary appointment action.

c. **Applicants Not Recommended for Appointment.** When an applicant is not recommended for appointment, the standards board shall record its findings on VA Form 10-2543, Board Action, and send this form to the approving official. After approval of the Board Action, the applicant will be notified in a letter over the signature of the Facility Chief of Staff or appropriate approving authority that the individual's appointment has not been recommended. The letter will briefly state the basis for the action. The letter should be reviewed by the Human Resources Management Officer for adherence to technical requirements.

2. **APPOINTMENT ABOVE THE MINIMUM FOR SUPERIOR QUALIFICATIONS**

a. Full-time, part-time, or intermittent podiatrists, optometrists, chiropractors, nurses, nurse anesthetists, PAs and EFDAs, who meet the qualification requirements for appointment, may have their initial rate of pay fixed at a step rate above the minimum of the appropriate grade in recognition of superior qualifications, experience, and/or achievement exceeding the expected standards for the grade. The initial rate of pay may be set at any step rate within the grade (See VA Directive and Handbook 5007, Part II, Pay Administration.)

NOTE: Physicians and dentists are not eligible for appointment above the minimum rate of the grade. The step rate for a physician or dentist is determined by the number of total years of service the individual has worked in the VHA as reflected by his/her VA service date. However, superior qualifications for physicians and dentists can be addressed through the use of market pay. See part IX of VA Handbook 5007.

b. Individuals appointed under authority of 38 U.S.C. 7401(3), or under authority of 38 U.S.C. 7405 to occupations identified in section 7401(3), may be appointed above the minimum step of the grade under provision of VA Directive and Handbook 5007. This includes Hybrid Title 38 occupations. The step rate for occupations under 38 USC 7401(3) cannot be based on the number of years of experience alone. The specific criteria for steps above the minimum rate in VA Handbook 5007 Part II, Chapter 3, Paragraph 3b must be justified.

c. Appointment at a step rate above the minimum shall be based on conclusive evidence of superior qualifications which equates to the step rate assigned. Qualifications used to meet minimum grade level requirements in the qualification standard will not be used to also justify appointment at a step rate above the minimum of the grade. Determinations as to whether an individual should be appointed at a step rate above the minimum will be made fairly, consistently, and according to Agency criteria. The following are examples of appropriate criteria:

(1) Significant and distinguished contribution in some phase of the appropriate occupation as evidenced by difficult and original research, writing and publications in professional media of stature, or special recognition in teaching or professional practice.

(2) Special competence in the occupation as evidenced by service with professionally recognized committees, groups or responsible offices in professional societies above the local level, or consultative services within the occupation. The competence attained must be supported by achievement of renown on a regional or wider basis.

(3) Educational preparation that clearly exceeds requirements for the grade, expertise in specialized treatment modalities, outstanding competence as a clinical practitioner, or significant contributions concerning some aspect of the occupation.

(4) Eligibility for certification or certification by an American Specialty Board.

(5) Certification by the appropriate national certifying body to formally recognize a level of excellence based on demonstrated superior performance in clinical practice, assessment of knowledge, and colleague endorsement.

(6) Other appropriate evidence of professional stature.

NOTE: Prior to recommending approval or approving actions based on certification, Professional Standards Boards will verify the possession of such recognition by the individual.

d. **Processing.** The approval of step rates above the minimum is subject to the following requirements:

(1) **Nurses.** The facility Director (or Nurse Executive if so delegated), on recommendation, justification, and documentation by the appropriate PSB, may approve the appointment of nurses at any step above the minimum of the grade.

(2) **Nurse Anesthetists.** The facility Director, on recommendation, justification, and documentation by the facility PSB, may approve the appointment of nurse anesthetists to any step above the minimum of the grade. Nurse anesthetists appointed on or after May 4,

1993, may not be appointed at a step rate above the minimum for the grade based on certification by the Council on Certification of Nurse Anesthetists. Certification is a condition of employment and may not be used as a basis for appointment above the minimum step of the grade on initial appointment or reappointment.

(3) **PAs.** The facility Director, on recommendation, justification, and documentation by the facility PSB, may approve the appointment of PAs to any step above the minimum of Chief grade or below.

## SECTION F. APPOINTMENTS UNDER 38 U.S.C. 7401

1. **GENERAL.** The primary consideration, prior to making selections and appointments under this authority, is to evaluate qualifications and personal characteristics as they relate to what is essential to successful performance of assigned responsibilities. Prior to effecting appointments under this authority, Professional Standards Boards and/or Human Resources for 38 USC 7401(3) occupations), [whichever is applicable], and selecting officials are required to determine that the candidate's professional qualifications, physical and mental capacity, emotional stability, and any other pertinent qualifying factors, warrant a permanent appointment. The use of this appointment authority should essentially provide tenure for the employee and ensure the continuation of quality service for VHA. (See section G for procedures concerning full time temporary, part time, intermittent or fee basis appointments under 38 U.S.C. 7405.)

2. **APPOINTMENTS UNDER 38 U.S.C. 7401(1).** Only full-time permanent appointments of physicians, dentists, podiatrists, optometrists, chiropractors, nurses, nurse anesthetists, PAs, and EFDAs are made under authority of section 7401(1). These appointments are subject to a two-year probationary period requirement as specified in 38 U.S.C. 7403(b)(1). See Sections A and G of this chapter for probationary period requirements for individuals appointed as part time or intermittent registered nurses under 38 U.S.C. 7405(a)(1).

3. **APPOINTMENTS UNDER 38 U.S.C. 7401(3).** Only full-time permanent appointments of hybrid title 38 employees are made under authority of section 7401(3). These appointments are subject to title 5 probationary period requirements (see chapter 2, section A, paragraph 9, this part).

   a. The Supervisor at the appropriate level will obtain an approval to fill a vacant position in accordance with local procedures. Once approval is obtained the service will initiate recruitment action and contact the servicing Human Resources Office (HRO).

   b. Before recruitment is initiated, Human Resources will work in collaboration with the Supervisor to determine the eligibility and qualifications requirements that pertain to the assignment and grade level for the position to be filled in accordance with the qualification standards found in VA Handbook 5005, Part II Appendices found in appendix "G". If the supervisor is not a subject matter expert in the profession, the supervisor must consult with the profession's subject matter expert throughout the recruitment and onboarding process for the vacant position.

   c. Human Resources will determine eligibility and qualifications in accordance with standards found in VA Handbook 5005, Part II found in Appendix "G", document the determination as instructed by VHA national policy office and recommend the appropriate grade to the selecting official for appointments, promotions, reassignments and change to lower grades. The qualification determination for each applicant must be documented by HR completing a separate VHA qualification form for each of the applicants.

   d. Human Resources will notify candidates who fail to meet the requirements and fail to qualify for appointment.

   e. Processing requests for promotions, reassignments and change to lower grades in compliance with VA Handbook 5005, Part III, Chapter 4, paragraph 9.

f. [Supervisors who are not subject matter experts are required to consult an occupational subject matter expert (SME) when evaluating applications.] The Supervisor and the occupational SME will review applicant(s) referred for selection. This may take the form of a panel.

g. Once a selection is made the Supervisor will consult with Human Resources and the profession subject matter expert (if applicable), and submit supporting documentation for utilization of pay setting flexibilities (if applicable) found in VA Handbook 5007, Part II, Chapters 2, 3 and 4, pertaining to hybrid title 38.

h. Medical Center Director/Network Director will (for personnel under their jurisdiction) review and serve as the deciding official on requests for additional steps above the minimum on appointments.

NOTE: For more information on probationary periods, see section A, paragraph 4 of this chapter and VA Directive and Handbook 5021, Part III.

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## SECTION G. APPOINTMENTS UNDER 38 U.S.C. 7405

### 1. TEMPORARY FULL TIME APPOINTMENTS UNDER 38 U.S.C. 7405(a)(1)

a. **General.** Temporary full time appointments are made under authority of section 7405(a)(1). These appointments may be made when they are in the best interest of the service, such as under the following circumstances:

(1) To employ individuals in occupations identified in sections 7401(1) and 7401(3) when the work to be performed by the employee is of a temporary nature and can be completed within a 3-year or shorter period.

(2) To employ [temporary full time registered nurses], nurse anesthetists, PAs, EFDAs, or hybrid title 38 employees pending processing of probationary appointments when the applicants meet the basic requirements for appointment. Such appointments may be effected without board action. This includes appointments above the minimum step of the grade for [temporary full time] registered nurses, nurse anesthetists, PAs and EFDAs provided the application and related documentation show evidence of superior qualifications as described in section E, paragraph 2 of this chapter.

(3) To employ physicians pending processing of probationary appointments when probationary appointments require the approval of the Under Secretary for Health or designee.

(4) To employ residents who have just completed their formal VA residency training and are awaiting probationary appointment.

(5) To reemploy annuitants.

(6) To employ noncitizens when it is not possible to recruit qualified citizens for necessary services.

(7) To employ nonlicensed physicians, dentists, podiatrists, optometrists, and chiropractors for utilization in research or academic positions or in positions where there is no direct responsibility for the care of patients. (See section B, paragraph 14.)

(8) To employ nonlicensed physicians, dentists, podiatrists, optometrists, chiropractors, or unregistered nurses and nurse anesthetists when the individual is to serve in a country other than the United States and the individual is licensed or registered in the country in which the individual is to serve. (See section B, paragraphs 14 & 15.)

(9) To employ physicians in the Research and Development Program as research associates who have been selected in accordance with procedures in M-3.

(10) To employ physicians in the Distinguished Physician Program who have been selected in accordance with procedures in M-2, part I.

b. **Duration of Appointments.** Temporary full-time appointments may be made for any period up to 3 years depending on the needs of the service. Such appointments may be renewed, but the aggregate period of temporary service normally will not exceed 6 years. The facility Director may grant exceptions to permit renewals (in increments of up to 3 years) beyond 6 years when this type of appointment best meets the needs of the VA medical program.

c. **Consideration for Probationary or Permanent Appointment.** Individuals serving under this type of appointment who meet requirements in 38 U.S.C. 7402 and in the appropriate VA qualification standard may be considered at any time by a board for an appointment under 38 U.S.C. 7401(1) or 7401(3), as appropriate, on recommendation of the appropriate service chief or equivalent position. If their services are needed for an indefinite period, they should be considered for such an appointment in connection with any consideration for an additional 3-year appointment.

d. **Processing.** Applicants for temporary full-time appointments will be processed in the same manner as regular full-time appointees, except the qualifications of nurse, nurse anesthetist, PA, and Hybrid Title 38 applicants being considered for temporary full-time appointments pending processing of a probationary appointment will be reviewed by the appropriate service chief or equivalent position. The service chief will make a recommendation for appointment to the facility Director. Action by a board is not required for renewal of a temporary appointment.

**2. PART-TIME AND INTERMITTENT APPOINTMENTS UNDER 38 U.S.C. 7405(a)(1)**

a. **Use of Part-Time and Intermittent Personnel** [ ]

[(1) It is VHA policy to use the services of qualified individuals on a part-time or intermittent basis when necessary to alleviate recruitment difficulties and in all cases where VHA work requirements do not support employment on a full-time basis. Decisions concerning utilization of part-time or intermittent employees must be related to patient care and other VA work requirements and supported by relevant staffing guidelines. Part-time physicians on adjustable work hours are also to be held accountable for providing the expected level of patient care and other services to VA as outlined in the Worksheet for Determining Percentages on Memorandum of Service Level Expectations, Appendix B VA Handbook 5011.

(2) A part-time appointment shall be utilized when an employee's services are required on less than a full-time basis. An intermittent appointment shall be used when the need for services is of such a nature that it is not possible or desirable to establish a regular and prearranged schedule.

(3) Part-time or intermittent appointments may be made either on a time-limited basis or without time limit depending on the needs of the facility.

(4) Part-time and intermittent appointments shall be reviewed on a regular periodical basis and when vacancies occur and when there are significant workload changes to ascertain whether the utilization specified is realistic and meets the objectives of the organizational unit's staffing plan. Network and medical center directors must document each review assessing whether or not the position meets VA's needs. When actual utilization does not meet original expectations, the appointment action shall be amended to show the new conditions of utilization. For part-time physicians on adjustable work service level agreement.]

b. **Special Provisions for Part-Time Physicians on Adjustable Work Hours.** Part-time physicians on adjustable work hours must sign a memorandum related to service level expectations as outlined in VA Handbook 5011, Hours of Duty and Leave. Physicians may decide to discontinue complying with the Memorandum of Service Level Expectations at any time. However, this must be done in writing as a current, signed memorandum related to service level expectations is required to participate in adjustable work hours. In addition, a memorandum related to service level expectations does not alter the applicability of VHA regulations and procedures concerning terms, conditions, and duration of employment, nor does this memorandum constitute an employment contract.

c. **Processing Appointments**

(1) Part-time and intermittent appointments made under authority of 38 U.S.C. 7405(a)(1) will be processed (including board action [for occupations under 38 U.S.C. 7401(1)]) in the same manner as regular full-time appointments. Appointees must meet the basic requirements for appointment in VHA.

(2) For part-time employees, the expected number of hours to be performed during the service year will be determined before an appointment is affected. The expected number of hours will also] be recorded on SF 50-B and will not be exceeded unless the facility Director authorizes the excess. The appointment will be effected in accordance with MP-6, part V, supplement No. 1.5.

(3) A part-time or intermittent employee may not be scheduled for employment which will exceed 1820 hours or seven-eighths of full-time employment during a service year. Generally, for employees who hold more than one type of appointment (i.e., fee basis and part-time or intermittent), the combination of basic pay and fees may not exceed the basic salary of a seven-eighths part-time employee in the same grade and step in a fiscal year. (See VA Directive and Handbook 5007, Pay Administration.)

## 3. UTILIZATION OF CONSULTANTS AND ATTENDINGS

a. **General.** This paragraph contains procedures for the employment of consultants and attendings on an individual basis under the authority of 38 U.S.C. 7405(a)(1) or (2).

b. **Definitions**

(1) **Consultant.** A well-qualified specialist in an occupation identified in 38 U.S.C. 7401(1) or (3) who is capable of giving authoritative views and opinions on subjects in the consultant's particular field. A consultant's expertness may consist of broad administrative or professional experience enabling the consultant to give advice of distinctive value.

(2) **Attending.** An individual in an occupation identified in 38 U.S.C. 7401(1) or (3) of demonstrated ability in the field who is employed to perform or supervise the performance of duties related to various professional activities such as teaching, patient treatment, etc.

(3) **Nonmedical Consultant.** An individual, not in one of the occupations indicated in subparagraphs (1) and (2), who has excellent qualifications and a high degree of attainment in the

consultant's field. Because of superior knowledge and mastery of principles and practices, the consultant is regarded as an authority or practitioner of unusual competence.

(4) **Lump-Sum Fee.** A method of paying consultants and attendings by the payment of a flat sum for each visit or period of service rendered. (It consists of the fee for services to be rendered, plus the cost of transportation if required, and per diem at the applicable rate if travel is involved. The service fee is that portion of the fee exclusive of travel and per diem allowances.

(5) **Per Annum Salary.** A method of paying consultants and attendings on a per annum basis. The salary is computed by multiplying the number of projected visits to be made during the year by the fee authorized per visit.

(6) **Salary Limitation.** A ceiling placed on the amount of compensation a consultant or attending may receive from VA during the fiscal year.

(7) **Visit.** Attendance at a VA facility for consultation or conference work of a continuing nature dealing with one or more cases or matters of a professional nature. If a visit is interrupted by an overnight break, services performed on subsequent days are counted as additional visits.

c. **Appointment and Reappointment Approving Authorities**

(1) The Under Secretary for Health or Designee is the approval authority for appointments and reappointments of Central Office consultants.

(2) The facility Director is the approval authority for appointments and reappointments not requiring approval of the Under Secretary for Health or designee.

d. **Types of Utilization**

(1) **Authority.** Consultants and attendings, including nonmedical consultants, are normally employed under the authority of 38 U.S.C. 7405(a)(1) and 7405 (a)(2). Section 7405(a)(1) will be used for all consultants and attendings paid on a per annum basis and section 7405(a)(2) for those paid on a lump-sum fee basis.

(2) **Methods of Pay**

(a) **Per annum.** Employment of consultants and attendings on this basis is predicated on general availability for recurring and regularly scheduled duty to meet the anticipated needs of VA.

1. When a consultant or attending is available for duty but is not called to render service on a particular day of the scheduled tour, no recovery proceedings for payment will be instituted.

2. When a consultant or attending is unavailable for a particular period, the individual will be in a nonpay status and the salary reduced for the number of projected visits missed. If the individual is frequently unavailable for call, a change to lump sum fee-basis utilization should be considered.

3. Normally, the number of visits made during the fiscal year will equal or exceed the projected number used in computing the per annum salary. The exception would be those cases of reducing salary for unavailability as outlined in subparagraph 2. However, if experience during the fiscal year shows that the original projection of the need for services was too high or too low, the Chief of Staff will notify the HRM Officer to modify the appointment to reflect the new conditions of utilization. The action will be effective at the beginning of the next pay period.

(b) **Lump-Sum Fee Basis.** This type of utilization is required for intermittent services. In addition, it is required in the employment of consultants and attendings who have been authorized to perform services at other than VA facilities; and when travel is performed on a day immediately before and/or

after service is rendered. At the option of local management, lump-sum fee basis may also be used for regularly scheduled services.

(c) **Without Compensation Basis.** Services of consultants and attendings may be accepted on a WOC basis under the same conditions applying to other WOC individuals covered in paragraph 7 of this section.

e. **Employment Requirements and Determinations**

(1) **Qualification Requirements.** Consultants, attendings and nonmedical consultants must meet the basic requirement of 38 U.S.C. 7402 and/or appropriate qualification standards, in addition to having outstanding professional ability in their respective fields. Action by a board is not necessary.

(2) **Duration of Employment.** Consultants and attendings will be employed for a fiscal year or fraction thereof, depending on the need. All appointment and reappointment actions will be made to terminate not later than September 30 of each year. Past appointments will be reviewed annually by the HRM Officer and reappointments effected only for those consultants and attendings the facility expects to use during the upcoming fiscal year.

(3) **Dual Employment.** The dual employment of consultants or attendings may be approved in accordance with the provisions of section A, paragraph 3b, this chapter. It is the responsibility of facility officials to ascertain whether or not a consultant or attending serves another VA facility or another Federal agency; and to make sure that the individual is not paid by VA for more than one visit a day. The apportionment of the maximum annual pay limitation for each type of employment should be furnished by the facility requesting dual employment.

f. **Appointment and Reappointment Procedures**

(1) **Recommendations for Approval.** See section B of this chapter for application, interview, and credentialing requirements relating to the appointment of consultants and attendings.

(2) **Processing**

(a) **Central Office Consultants.** For Central Office consultants, FL 10-332, Standardized Letter of Appointment - Consultants and Attendings on a Lump-Sum Fee Basis, will be used for appointments and reappointments and will be prepared for the signature of the Under Secretary for Health. Reappointment letters will be automatically produced by the Austin Automation Center (AAC).

(b) **Security Forms - Dual Employment**

1. The HRM Officer will ascertain whether the required security forms have been processed in order to avoid duplication of effort. It generally should be possible to determine this by review of the application form or contacting the individual to find out whether the person is being utilized by another VA facility or another Government agency. In that case the necessary information may be secured from the particular VA facility or the Government agency, and a copy of any correspondence placed in the employee's file folder to obviate further processing of security forms.

2. When processing of security forms is required, the HRM Officer located nearest the residence of the consultant or attending, or as agreed on locally by the HRM Officers of the applicable facilities, will prepare the necessary security forms. The HRM Officer, after processing the forms, will notify the HRM Officer(s) of the other facilities where the individual is being utilized. Evidence of such notification will be filed by each facility in the employee's file folder.

**NOTE:** *See VA Directive and Handbook 0710[, Personnel Suitability & Security Program.].*

(c) **Appointments.** The HRM Officer is responsible for processing appointments of consultants and attendings.

1. **Per Annum.** Appointment actions for consultants and attendings on a per annum basis under authority of 38 U.S.C. 7405(a)(1) will be effected using SF 50 B, Notification of Personnel Action. SF 50-B will reflect the following information:

a. The nature of action will be "Excepted appointment NTE 9/30/(YR) _____.

b. Indicate under item 20 the per annum salary.

c. In the "Remarks" section show "Computation of annual salary of $_____ is based on an estimated _____ visits at $ _____ per visit during the fiscal year 20(YR)__. Entitlement to salary is based on availability for duty."

d. In some cases it may be necessary to modify an appointment to reflect new conditions of utilization. The "Remarks" section will show the revised basis of computation of the per annum salary.

2. **Lump-Sum Fee Basis.** FL 10-332, Standardized Letter of Appointment - Consultants and Attendings on a Lump-Sum Fee Basis, will be issued to appoint consultants and attendings on a lump-sum under authority of 38 U.S.C. 7405(a)(2), including nonmedical consultants. A new letter will be issued if needs of the service and conditions of utilization change during the first year of appointment.

(d) **Reappointments**

1. **Per Annum.** Per annum consultants and attendings will be processed for reappointment as described in subparagraph (c) 1, except that the nature of action will be "Conversion to excepted appointment NTE 9/30(YR) _____."

2. **Lump-Sum Fee Basis.** Fee-basis consultants and attendings will be reappointed using VA Form 10-2418b, Consultant/Attending Appointment Renewal Card, in accordance with current VHA instructions. The form will be signed by the Director, Chief of Staff, or HRM Officer.

(e) **Disposition of Forms**

1. Applications and other forms for consultants and attendings will be placed in a file folder with a tab listing the individual's name, date of birth, and Social Security number.

2. Folders will be maintained alphabetically by appointment category and filed in a location designated by the facility.

## 4. APPOINTMENT OF PROFESSIONAL AND TECHNICAL PERSONNEL ON A FEE BASIS UNDER 38 U.S.C. 7405(a)(2)

a. **General.** On recommendation of the Chief of Staff, the facility Director may appoint professional and technical personnel on an on-facility fee basis under authority of 38 U.S.C. 7405(a)(2). The Chief, Dental Service, will recommend appointments of dentists and EFDAs. Appointments may be made for an indefinite period of time.

b. **Application.** Applicants will submit an appropriate application form to the facility where they seek employment. Forms to be used are VA Form 10-2850, Application for Physicians, Dentists, Podiatrists, [ ] Optometrists [, and Chiropractors]; VA Form 10-2850a, Application for Nurses and Nurse Anesthetist; VA Form 10-2850c, Application for Associated Health Occupations; OF 612 and OF 306; or former SF 171, Application for Federal Employment. All items will be completed in sufficient detail to enable the responsible official to make determinations concerning citizenship, licensure or registration, and other qualifications. In emergency situations, the facility Director may approve appointments of individuals who have not completed an application if applicants meet appropriate qualification requirements. (See section B, this chapter, for credentialing requirements, including those related to emergency appointments.)

c. **Selection**

(1) The Chief of Staff will determine qualifications, select and recommend physicians, podiatrists, [chiropractors ,] optometrists, nurses, nurse anesthetist and PAs. The Chief, Dental Service will do this for dentists and EFDAs.

(2) The HRM Officer will determine qualifications for other professional and technical personnel consistent with VA or Office of Personnel Management requirements. The appropriate program officials will select and recommend employment for these individuals.

d. **Appointment**

(1) **Approval Authority.** The facility Director will approve appointments.

(2) **Letter of Appointment.** The facility Director or Human Resources Management Officer (HRM) will sign a letter of appointment giving all pertinent details. The original of the letter will be given to the appointee, with copies to Human Resources Management Service, Fiscal Service, and the utilizing service.

(3) **Special Duty Nurses.** These nurses will normally be appointed not to exceed 1 year under 38 U.S.C. 7405(a)(2). They are subject to Social Security coverage and are processed for security purposes under Executive Order 10450, unless the period of employment is specifically limited to 6 months or less.

(4) **Disposition of Forms.** Records of personnel appointed under this paragraph will be placed in a file folder (not personnel folder) with a tab listing the individual's name, date-of-birth and Social Security Number. These records will be maintained alphabetically by appointment category and filed in a location designated by the facility.

e. **Pay.** See VA Directive and Handbook 5007[, Part II].

**NOTE:** *Persons authorized to provide outpatient services at VA expense on an off-facility fee basis in professional offices, clinics or other non-VA facilities are not considered employees for the purposes of this chapter. Instructions for their utilization are contained in VHA Manual M-1, part I, chapter 18.*

**5. APPOINTMENT OF STUDENTS AND OTHER TECHNICIANS UNDER 38 U.S.C. 7405 (a)(1)(D)**

a. **General**

(1) **Student Technicians**

(a) A student enrolled in an approved nursing school, an approved school of nurse anesthesia, or enrolled in an approved training or educational program for an occupation identified in 38 U.S.C. 7405(a)(1)(A) or (B), [ ] may be appointed on a temporary full-time, part-time or intermittent basis under the provisions of 38 U.S.C. 7405(a)(1)(D) for a period not to exceed the duration of the individual's program.

(b) The appointment of student technicians can help meet patient care needs and also enhance the recruitment of promising students for career service with VA. With the proper orientation to the assignment and under appropriate professional supervision, students can perform duties consistent with the courses they have successfully completed. For example, a student nurse technician could give medications under supervision of the registered nurse, give baths, check vital signs, provide tracheotomy care, and detect signs and symptoms of bleeding and respiratory problems.

(2) **Other Student Employment**

(a) **General.** Directors of health care facilities may approve appointments of students in occupations other than those cited in paragraph (1) [ ] under authority of 38 U.S.C. 7405(a)(1)(D).

(b) **Selection**

1. Candidates normally will be selected from among students whose interests or career objectives are in health care areas.

2. Normally, a panel will be established for the purpose of screening qualifications and ranking student applicants for selection consideration. Preference will be given to students whose qualifications, personal traits, and career motivation appear to offer the best potential for service in VHA and for future

contributions to the career field in general. The selecting official will choose applicants for employment from the listing developed by the qualification-screening panel.

3. VA student volunteer workers who have demonstrated interest in a health-related career should be encouraged to apply for student employment. Selection of qualified students from this group encourages continued volunteer youth participation and acts as an incentive to other students to serve as volunteers.

4. The Human Resources Management Officer is responsible for the administration of this program, including determining the extent to which the program is publicized and the selection process to be used by the facility. This official is also responsible for documenting all such determinations once they are made.

(c) **Funds**

1. Available facility funds must be used. If research funds are used, appointments of students for medical research activities will be approved by the facility's Research and Development Committee. Education funds are not to be used for the employment of students.

2. This employment has no relation to authorized training programs or clinical clerkships under which paid or WOC (without compensation) students receive credits from affiliated universities.

(3) **Nurse Technician Pending Graduation**

(a) In a limited number of states, students who have completed a designated segment of their nursing studies but have not yet graduated are permitted to obtain registration as a graduate professional nurse.

(b) A student enrolled in an approved nursing school who possesses active, current registration to practice nursing in a State may be appointed on a temporary full-time, part-time or intermittent basis under the provision of 38 U.S.C. 7405(a)(1)(D) for a period not to exceed the duration of the individual's academic program.

(4) **Graduate Technicians**

(a) A graduate nurse who has successfully completed a full course of nursing in an approved nursing school; a graduate physician assistant who has completed a full course of training as a physician assistant in an approved program; or a graduate of an approved training or educational program in an occupation identified in 38 U.S.C. 7405(a)(1)(B), whose licensure or registration in a state, or certification by the appropriate national certifying organization, is pending may be appointed on a temporary full-time, part-time or intermittent basis under the provisions of 38 U.S.C. 7405(a)(1)(D) for a period not to exceed 2 years (e.g., graduate nurse technician, graduate physical therapy technician, graduate pharmacy technician, etc.). Appointment[s] may not be extended.

(b) A graduate nurse or LPN who fails to qualify for registration will be separated from the service on 2 weeks' notice regardless of the termination date of the temporary appointment. In no instance will an individual be retained pending the results of reexamination.

(c) A graduate PA, [or other Hybrid Title 38 employees] who fails to qualify for licensure, registration or certification [when required] will be permitted to remain on VA rolls pending results of reexamination provided reexamination occurs prior to the expiration date of the temporary appointment.

(d) Graduate technician experience can be credited as successful nursing practice or as successful experience which may be used in meeting grade level requirements as indicated in the appropriate qualification standard.

b. **Approved Training or Educational Programs.** Approved programs must be in schools or educational institutions approved by the Secretary as indicated in the appropriate qualification standard.

c. **Approval Authority.** On recommendation of the appropriate service chief or equivalent, the facility Director may approve technician appointments. The Director may delegate approval authority for [Hybrid Title 38 employees] as indicated in paragraph 2 of section A, this chapter.

d. **Processing**

(1) Student technicians will submit OF 612 and OF 306 [ ]. Nurse technicians pending graduation and graduate nurse technicians will submit VA Form 10-2850a. Other graduate technicians will submit VA Form 10-2850c.

(2) After determining that the applicant meets qualification requirements, the appropriate service chief or equivalent will forward SF 52, Request for Personnel Action, to the HRM Officer. Following approval by the Director, the HRM Officer will effect the appointment. Action by a board is not required.

e. **Pay.** See VA Directive and Handbook 5007, Pay Administration.

f. **Conversions.** Processing technicians for conversion should be initiated prior to their eligibility dates whenever possible, including consideration by a board. Conversions will be effected the first day of the pay period following administrative approval.

(1) **Student Technicians.** A student technician who graduates from an approved school and is pending licensure or registration in a State, or certification by the appropriate national certifying organization, may be converted to a graduate technician appointment. Action by a board is not required.

(2) **Nurse Technicians Pending Graduation.** Following graduation from an approved nursing school, a nurse technician selected for continued VA employment will be converted to a registered nurse appointment under 38 U.S.C. 7401(1) or 7405(a)(1)(A) at the grade and step rate for which qualified, without regard to [ ] any other restrictions. A board action is required, unless a temporary appointment is made pending further processing under provisions of section C, paragraph 7a of this chapter.

(3) **Graduate Technicians.** Following attainment of licensure or registration in a State or certification by the national certifying organization, a graduate technician selected for continued VA employment will be converted to an appointment in the appropriate occupation under 38 U.S.C. [§] 7401(1), 7401(3), 7405(a)(1)(A) or 7405(a)(1)(B). A Board Action is required, unless a temporary appointment is made pending further processing under provisions of section C, paragraph 7a of this chapter.

## 6. APPOINTMENT OF MEDICAL SUPPORT PERSONNEL UNDER 38 U.S.C. 7405(a)(1)

### a. General

(1) [38 U.S.C. §] 7405(a)(1) is primarily used to obtain the services of physicians, dentists, nurses and other individuals in occupations identified in 38 U.S.C. [§] 7401(1) and 7401(3). However, it may be used under certain conditions to obtain the services of medical support personnel in occupations other than those identified in 38 U.S.C. [§] 7401(1) and 7401(3). Appointments of medical support personnel, other than trainees and students, may be made on a temporary full-time basis for a period not-to-exceed 3 years, or on a part-time or intermittent basis for a period not to exceed 1 year. Full-time appointments under this authority may be renewed for one or more additional periods not in excess of 3 years each. Part-time and intermittent appointments are non-renewable. Appointments of associated health trainees and students in occupations other than those identified in 38 U.S.C. [§] 7401(1) and 7401(3) may be made on a temporary full-time basis not to exceed 3 years, or on a part-time or intermittent basis for a period of time consistent with individual training program requirements. (See subparagraph b.)

(2) The use of this authority is desirable and appropriate for the employment of trainees accepted in VA associated health training programs; high school graduates and college students participating in the VHA summer employment program; students and others, particularly those engaged in the medical research programs, when it is determined impracticable to obtain the necessary services through regular competitive employment procedures. Under no circumstances may this authority be used to circumvent the competitive employment procedures, the competitive system pay limitations and the qualification requirements for competitive appointments.

### b. Appointment of Associated Health Trainees

(1) **Type of Appointment.** Appointments of trainees in VA associated health training programs are made by the facility Director under the authority of 38 U.S.C. [§] 7405(a)(1) on a full-time basis, not to exceed 3 years, or on a part-time or intermittent basis for a period [ ] consistent with individual training program requirements. (See [VHA Handbook 1400.08, Education of Associated Health Professions]) (See Section H for discussion of limited circumstances when associated health trainees may be appointed under 38 U.S.C. [§] 7406.)].

(2) **Qualification Requirements.** Trainees must meet citizenship requirements and shall be qualified as prescribed in appendices II-D of this part. Requests for approval to

appoint paid noncitizen trainees will be forwarded to the Assistant Deputy Under Secretary for Health (10N_/143). Without compensation (WOC) appointments of noncitizen trainees may be approved by the facility Director.

(3) **Selection and Appointment of Candidates.** [Handbook 1400.08, Education of Associated Health Professions] sets forth the selection process and the approval authority for appointment of trainees.

(4) **Appointment Action.** The HRM Officer, with the approval of the facility Director, will affect the appointment on SF 50-B. The type of action will be "Excepted Appointment NTE (date)".

c. **Appointments of Other Medical Support Personnel**

(1) **Criteria for Approval of Appointments**

(a) Full-time appointments must be temporary not to exceed 3 years and are renewable for like periods. Part-time and intermittent appointments must be temporary not-to-exceed 1 year and are non-renewable.

(b) Qualifications of appointees must be comparable to those required for competitive service employees performing similar duties.

(c) Compensation must be commensurate with that paid to competitive service employees occupying similar positions which are subject to the requirements of 5 U.S.C., chapter 51. (See VA Directive and Handbook 5007.)

(2) **Approval Authority.** Facility directors are authorized to approve appointments of medical support personnel, except for paid noncitizen associated health trainees. (see paragraph 3.b.(2) above).

(3) **Documentation.** All appointments effected under the provisions of this paragraph will be properly documented to support the action.

(4) **Processing.** Applicants will submit the OF 612 and OF 306 or the former SF 171 and will be processed for appointment in the same manner as other similar appointees.

**7. ACCEPTANCE OF SERVICES ON A WITHOUT COMPENSATION BASIS UNDER 38 U.S.C. [§] 7405(a)(1)**

a. **General.** The acceptance of the services of qualified individuals who may be directly or indirectly involved in patient care activities on a WOC basis is permissible. It is not intended that the services of individuals utilized on a WOC basis be accepted in place of those which are usually expected to be performed by personnel for whom funds are provided on a continuing basis.

b. **Occupations Identified in 38 U.S.C. [§] 7401(1) and (3)**

(1) **Authority for Appointment.** Services will be accepted under the authority of 38 U.S.C. [§] 7405(a)(1), except that [any resident requiring a disbursement agreement will be appointed under authority of 38 U.S.C. § 7406]. Appointments will be recommended by the Chief of Staff and approved by the facility Director. (See section B of this chapter for credentialing requirements).

(2) **Processing**

(a) VA Forms 10-2850, 10-2850a, 10-2850b, 10-2850c, [or 10-2850d (for trainees)] as appropriate, will be submitted by individuals who desire to participate in the VA medical program on an uncompensated basis.

(b) VA Form Letter 10-294, Letter of Authorization, will be issued setting forth the terms of utilization. Following approval of the appointment by the facility Director, the letter will be signed by the individual attesting to agreement to the conditions specified, and countersigned by the HRM Officer. The form letter will be prepared in duplicate, with the original given to the employee and the duplicate filed in a location designated by the facility and later disposed of in accordance with existing VHA instructions.

c. Student Trainees, [Residents,] Research Personnel, and All Others.

(1) Classes. The classes of personnel who may be utilized on a WOC basis are:

(a) Medical and dental students who serve as clinical clerks.

(b) Nursing students who are enrolled in hospital, college or university schools of nursing and who are assigned for clinical experience and instruction.

(c) Students [and residents] from affiliated institutions who are in associated health care occupations, such as all physical medicine and rehabilitation therapists and coordinators, orientation and mobility specialists, social workers, psychologists, medical technicians or technologists, medical radiology technicians, hospital librarians, pharmacists, medical record librarians, dietitians, dental hygienists, dental assistants, dental laboratory technicians, and other occupations listed in [38 U.S.C. §] 7401(1) and 7401(3).

**NOTE:** Students in associated health care occupations who successfully complete an affiliated clinical education training program in a VA health care facility may be eligible for noncompetitive appointment under title 5 following graduation from an accredited institution of post-secondary education in accordance with 38 U.S.C. [§] 7403(g). (See appendix II-C, this part).

(d) Scientific and technical personnel and laboratory assistants who are utilized in a medical research program. Usually individuals utilized on this basis are employed by associated medical or dental schools or universities to engage in medical or dental research for which a grant has been made under [auspices of the VHA Office of Research and Development and their policies and procedures.]

(e) The facility Director is the approving authority for WOC appointments at facilities.

(2) **Full or Part-Time Utilization.** WOC appointments may be made on a temporary full- time or part-time basis, depending on the objective of the program.

(3) **Processing.** Employees should be processed and appointed as outlined in subparagraph b.(2). When a large group of students is to be appointed, facility directors may adapt the FL 10-294 to a mass action type document for appointment purposes provided they retain its basic content. Applications for employment need not be solicited unless they are needed to comply with the requirements of section A, paragraph 3, and/or credentialing requirements of section B, this chapter.

(4) **Payments in Kind.** When facilities are available, students in certain designated programs approved by the Under Secretary for Health or designee, in return for services rendered, may be furnished quarters and subsistence during the whole or any part of the training period. Uniforms also may be laundered by VA if facilities are available. Instructions for making such payments "in kind" are contained in M-1. If a payment "in kind" is authorized, additional copies of VA Form Letter 10-294 will be prepared and submitted to appropriate services at the facility.

d. **Noncitizens.** Noncitizens may be utilized on a WOC basis when no qualified citizens are available and it is deemed to be in the interest of the facility.

**8. OVERSEAS EMPLOYMENT OF NON-U.S. CITIZENS UNDER TITLE 38 U.S.C. 7405 (a)(1)**

a. **Scope.** This paragraph contains basic policies and procedures for appointing non-U.S. citizens at the VA Regional Office Outpatient Clinic, Manila, Republic of the Philippines in the following occupations:

(1) Physicians, dentists, podiatrists, optometrists, chiropractors, RNs, nurse anesthetists, PAs, and EFDAs appointed under 38 U.S.C. 7405 (a)(1).

(2) Individuals appointed under 38 U.S.C. 7405(a)(1) to occupations listed in 38 U.S.C. 7401(3) [ ].

(3) Medical support personnel.

(4) Trainees in health care or associated health care occupations appointed under 38 U.S.C. 7405(a)(1).

b. **Appointment Authority.** The Regional Office Director may appoint the following personnel:

(1) The categories of personnel listed in paragraph a(1) and (2) [ ] may be appointed on a temporary full-time, part-time, intermittent, without compensation, or fee basis.

(2) Medical support personnel may be appointed on a temporary full-time basis not to exceed 3 years, or on a temporary part-time or intermittent basis not to exceed one year.

(3) Trainees in health care or associated health care occupations may be appointed on a full-time, part-time or intermittent basis with or without a time limit.

c. **Qualification and Licensure Requirements**

(1) VA Qualification Standards will be used to determine the appropriate grade levels for applicants appointed under provisions of this paragraph. The Regional Office Director may, under unusual circumstances, approve a deviation from the grade requirements when the composite record of qualifications justifies the action.

(2) The Regional Office Director may waive the licensure, registration or certification requirements for the occupation, provided the individual is properly credentialed in the Philippines.

d. Professional Standards Board

(1) The Regional Office Director approves appointments and advancements on the recommendation of the Professional Standards Board (PSB).

(2) The PSB for the personnel listed in paragraph a(1) and (2) above, will consist of the Chief Medical Officer, and 2 senior clinic physicians.

(3) A representative of the Human Resources Management office will serve as a technical advisor to the PSB.

(4) When it is not possible to constitute a board, or when a PSB is required for the Chief Medical Officer, the Network Director will forward the personnel folder, Board action and a letter with the Network Director's comments to the Central Office or VISN board for review and recommendation. The personnel folder and related documents will be returned to the Network Director for approval.

e. **Physical Requirements.** The physical requirements and procedures for determining fitness for duty are governed by the provisions of VA Directive and Handbook 5019.

**[9. APPOINTMENT OF STUDENTS AND RECENT GRADUATES THROUGH THE VA CHOICE AND QUALITY EMPLOYMENT ACT OF 2017**

a. **Policy.** This paragraph establishes policy for appointing additional categories of students and recent graduates of qualifying educational institutions through the VA Choice and Quality Employment Act of 2017 (the Act). The Act, established through Public Law 115-46, gives the Secretary of VA the authority to make excepted service appointments for students and recent graduates that lead to career or career conditional appointments, as applicable. This authority applies to title 5 occupations and extends appointment eligibility to students and recent graduates who fall in one of the following categories:

(1) Those employed in a qualifying internship or fellowship program at the Department;

(2) Those employed in the Department in a volunteer capacity and who are performing substantive duties comparable to those of individuals in internship or fellowship programs and who meet the required number of hours for conversion;

(3) Those employed in the Department under a contract or agreement with an external nonprofit organization and who are performing substantive duties comparable to those of individuals in internship or fellowship programs;

(4) Those who have received Post 9/11 Educational Assistance under chapter 33 of title 38, United States Code (U.S.C.).

b. **Guidance.** Specific guidance for making excepted appointments and subsequent noncompetitive conversions using this authority are in Appendix II-D, Noncompetitive Appointment of Students and Recent Graduates through the VA Choice and Quality Employment Act of 2017, of this part.]

## SECTION H.
## APPOINTMENT OF MEDICAL, DENTAL, [AND OTHER] RESIDENTS UNDER 38 U.S.C. [§] 7406

1. **GENERAL.** Medical and dental residents are appointed under authority of 38 U.S.C. § 7406 for graduate training leading to qualification in a specialty. (See [VHA Handbook 1400.09 Education of Physicians and Dentists] for policies relating to the establishment and maintenance of medical and dental residency programs in VA.). [Year-long associated health trainees such as podiatry, optometry, psychology, and others may be appointed as residents under 38 U.S.C. § 7406 if their program would benefit from utilization of a disbursement agreement as a payment mechanism.]

2. **METHODS OF APPOINTMENT AND COMPENSATION.** Medical and dental residents may be given full-time appointments and paid directly by VA through a direct stipend mechanism. (As indicated in [VHA Handbook 1400.09 Education of Physicians and Dentists], part-time appointments may not be used.) Residents may also be utilized on a WOC [ ] basis. Alternatively, when authorized pursuant to the [requirements in VHA Handbook 1400.05 Disbursement Agreements], they may be appointed and paid through a disbursement agreement with a medical school or other appropriate third party [disbursing agent. [Appointments of trainees in associated health programs may be made under the authority of 38 U.S.C. § 7406 (a)(1) on a full-time basis. These specific training programs and facilities must be authorized by written approval of the Office of Academic Affiliations (contact information may be found on the (Office of Academic Affiliation's Website.) to pay [associated health] trainees via the disbursement agreement mechanism.]

3. **APPOINTMENT DOCUMENTATION**

   a. For residents paid directly by VA, the nature of action on the SF-50-B is [ ]"170 Excepted Appointment" [ ] with the following statement in "Remarks:" "This appointment is for the duration of this training unless sooner terminated and is subject to periodic review [by the VHA Associate Chief of Education/Designated Education Officer].

   b. Residents paid from disbursement agreements must have without compensation VA appointments. A sample appointment letter has been created for this purpose that can be downloaded from the Office of Academic Affiliation's Website. A copy of this letter, [a completed 10-2850d form], and a completed Standard Form (SF) 61, Appointment Affidavit, will serve as the appointment documentation for residents with no prior federal service. These documents may be filed per local facility policy consistent with Privacy Act and Freedom of Information Act (FOIA) requirements. Residents with prior Federal service should be directed to the servicing Human Resources Management Office for any additional processing that might be necessary. Do not establish a personnel folder for, or process into the [HR Smart] system, residents covered by a full disbursement agreement unless the individual has prior Federal service and Civil Service Retirement System (CSRS) retirement coverage.

## 4. COMPENSATION

a. **Conditions of Direct Compensation.** The VA medical center may [pay residents directly via stipend continuously during their residency program. VA does not recommend using intermittent appointment authorities to take residents on and off the payroll. Residents who are paid via direct stipend mechanisms must be replaced by a Without Compensation exchange resident if they rotate to other non-VA facilities.] The second option is to pay a resident under a without compensation

exchange mechanism. Under this option, the resident continues to receive pay from VA while on training rotations to non-VA facilities based on the presence of exchange residents who hold VA WOC appointments.

b. **Without Compensation.** Residents may be utilized on a WOC basis. They will be processed for appointment as indicated in paragraph 5 below and appointed in accordance with section G, paragraph 7, this chapter.

c. **Disbursement Agreements.** When VA medical centers are authorized to appoint and pay residents through disbursement agreements, the instructions in VHA Directive 98-031 are to be followed.

**5. PROCESSING**

a. VA Form 10-2850b, Application for Residency, and, when requested by the facility Director, SF-88, Report of Medical Examination, will be submitted. (See VA Directive and Handbook 5019.)

b. Ordinarily, applications will be submitted to the Resident Review Board and to the Deans Committee for review and recommendation as to appointment and grade. Recommendations will be documented on VA Form 10-2850b.

c. On approval by the facility Director, the HRM Officer will effect the resident's appointment. On rejection by the Resident Review Board or the Deans Committee, the Chairman, Resident Review Board, will notify the applicant and explain the reasons. The SF 88 and VA Form 10-2850b will be returned to the applicant.

**6. DETAILS.** Details are documented and controlled by the office responsible for supervising the resident's training. The documentation includes the resident's name, length and location of detail, and salary.

**7. HUMAN RESOURCES MANAGEMENT (HRM) OFFICER'S RESPONSIBILITIES.** As part of the HRM Officer's overall staff responsibilities to provide advice and assistance on personnel matters, the HRM Officer will:

a. Advise and assist the Resident Review Board, Deans Committee and appropriate professional personnel in all aspects of the administrative processes.

b. Review resident appointments in relation to scheduling at the end of each 6-month interval. (It is the continuing responsibility of the appropriate service chief or equivalent to schedule residents in accordance with the resident's appointment and pay plan.)

## 8. CHIEF RESIDENT

a. **Purpose.** Facility directors may approve, with the concurrence of the Resident Review Board and Deans Committee or Medical Advisory Committee, the designation of medical and dental Chief Residents where required for the successful linkage of quality medical care with effective residency training.

b. **Responsibilities.** As the first level representative of the service chief or equivalent, the Chief Resident will be assigned specific responsibility for administration, consultation and education in the total program area. Typical assignments would be: duty scheduling, liaison officer with other facility services including the referrals for consultations, serving as a junior consultant, conducting the morning report and chart review conferences with service chiefs or equivalent, serving as a junior member of the facility, scheduling conferences and other educational activities, teaching students and house staff in formal and informal rounds, and consulting with house staff on the performance and progress of medical and dental residents assigned to the service.

c. **Selection.** The Chief Resident will be in at least the second year of residency training, and will have demonstrated exceptional ability in the specialty as well as teaching and administrative talents. The resident should have tact, understanding, maturity, and the respect of contemporaries. On recommendation of the concerned service chiefs or equivalent, the Chief of Staff will nominate candidates for Chief Resident. Nominations will be reviewed for concurrence by the Resident Review Board and Deans Committee or Medical Advisory Committee. Final approval of Chief Resident nominees rests with the facility Director.

d. **Service as Chief Resident.** Following approval by the Director, the Chief Resident will be paid the approved Chief Resident stipend rate on the date such duties are assumed. The duration of service as Chief Resident will be for any period approved by the Director during the remaining portion of the resident's approved residency training, except that the period may not exceed 1 year beyond the time the resident completes board requirements. Except for receiving the Chief Resident stipend rate in lieu of the rate otherwise payable, the Chief Resident will continue to serve in the same manner as other residents, in the position of "Physician (Resident)" or "Dentist (Resident)" at the grade appropriate to the year of training in accordance with the provisions of this manual.

**NOTE:** *See VA Directive and Handbook 5007 for information on Chief Resident stipends and MP-6, part V, supplement No. 1.5, for information on PAID processing requirements.*

## APPENDIX A. EMPLOYMENT PROCEDURES FOR POSITIONS IN MANILA

**1. ANNOUNCEMENT OF VACANCIES.** Vacancies for which applicants are desired will usually be announced to all field facilities, or field facilities of the administration concerned, depending on whether such positions are usually filled through agency-wide consideration of candidates or limited to applicants within a single department. Vacancy announcements should be called to the attention of all eligible employees.

**2. SUBMITTING AND PROCESSING APPLICATIONS**

a. The names of employees who apply and meet qualification standards and legal requirements will be transmitted to the appropriate administration.

b. Employees who are within 3 months of meeting experience or time-in-grade requirements may be considered qualified.

c. The following data will be forwarded to the appropriate administration by the date specified in the vacancy announcement:

(1) Personnel folder;

(2) Current Federal employment application, in duplicate;

(3) Appropriate supervisory appraisals.

(4) Full name, date and place of birth, and relationship of dependents who would accompany employee; and

(5) Recommendation by facility Director as to suitability of the employee for the assignment.

d. When an employee is tentatively selected for assignment, the facility will be notified and requested to forward the following:

(1) SF 86, Questionnaire for National Security Positions, when required, in triplicate;

(2) SF 87, Office of Personnel Management (OPM) Fingerprint Chart;

(3) Reports of medical examination for employee and members of the family who will accompany the employee;

(4) VA Form 8207, Agreement for Assignment After Tour(s) of Duty Outside Continental United States, in triplicate;

(5) Transportation Agreement, in triplicate. (See MP-1, part II, chapter 2, appendix I.)

(6) SF 20, Residence and Dependency Report, in triplicate.

**3. TRAVEL ARRANGEMENTS**

a. An employee should not make arrangements for departure until notified that the selection is approved.

b. Upon approval of the employee's selection, the appropriate administration will notify the employee's current duty facility and the Manila regional office. Officials at the employee's current facility will ascertain from the employee the anticipated date of departure from the current duty facility, the mode of stateside travel, the expected date of departure from the port of embarkation, estimated weight of household goods and personal effects and whether an automobile will be included in the shipment. This information will be sent by the employee's current duty facility to the Manila regional office for preparation of travel orders.

c. The employee's current facility will initiate the requests for passports for the employee and appropriate family members. Requests will be forwarded through channels to the Director, Office of Human Resources, Veterans Benefits Administration in VA Central Office, at least 30 days prior to scheduled departure.

d. Arrangements for packing and shipping of household goods will be made by the transferee's current duty facility. The acquisition and materiel management officer at the transferee's current facility will counsel the transferee and request routing instructions in accordance with the provisions of VA Directive and Handbook 7240, Transportation and Traffic Management.

## APPENDIX B. USE OF PRIVATE SECTOR TEMPORARIES

**1. PURPOSE.** This appendix provides requirements and guidance on contracting with temporary help service firms for private sector temporaries to meet short-term needs in VA.

**2. BACKGROUND.** The Government use of private sector temporaries is authorized in 5 CFR, part 300, subpart E. The authority is intended as an option which officials may consider in meeting short-term needs after good faith attempts to locate employees have been unsuccessful. Organizations are required to maintain basic records to establish that use of temporary help services is consistent with OPM requirements.

**3. POLICY**

a. VA will comply with the requirements identified in 5 CFR, part 300, subpart E, on Use of Private Sector Temporaries, Federal Acquisition Regulation (FAR) and Veterans Affairs Acquisition Regulation (VAAR) when contracting for private sector temporaries.

b. These regulations apply to VA positions under title 5, U.S. Code, in the competitive service as well as Schedules A and B in the excepted service. Temporary help services may not be used for the Senior Executive Service or for the work of managerial or supervisory positions. These regulations also do not apply to occupations covered by title 38, U.S.Code. Established procedures for scarce medical specialist contracts under 38 U.S.C. 7409 remain in effect.

c. Temporary help services shall not be used:

(1) In lieu of the regular recruitment and hiring procedures for permanent appointment in the competitive civil service;

(2) To displace a Federal employee;

(3) To circumvent controls on employment levels; or

(4) In lieu of appointing a surplus or displaced Federal employee as required by: the VA Career Transition Assistance Plan (VA CTAP) under 5 CFR, part 330, subpart F; and the Interagency Career Transition Assistance Plan (ICTAP) under 5 CFR, part 330, subpart G.

**4. EQUAL OPPORTUNITY.** Equal opportunity principles will be observed in the administration of this authority.

**5. RESPONSIBILITIES**

a. The Deputy Assistant Secretary for Human Resources Management and Labor Relations (05[ ]) is responsible for providing assistance to VA officials to ensure that the use of the authority is consistent with OPM regulations.

b. The Deputy Assistant Secretary for Acquisition and Materiel Management (90) is responsible for providing assistance to VA officials concerning the procurement and contract administration processes.

**6. DELEGATIONS OF AUTHORITY**

a. The authority to determine the need to contract for use of private sector temporaries is delegated to [Under Secretaries], Assistant Secretaries, Other Key Officials, and Deputy Assistant Secretaries. This authority is further delegated as indicated below and shall not be delegated below the facility Director.

b. Pursuant to 38 U.S.C. 8110, the decision to contract in VHA is delegated to the facility Director.

c. In VA Central Office, the authority to determine the need to contract is delegated to [Under Secretaries], Assistant Secretaries, Other Key officials, and Deputy Assistant Secretaries with the concurrence of the Director, Central Office Human Resources Service (0[5HRS]).

d. The authority to determine the need to contract is delegated to all other facility directors.

**7. PROCUREMENT.** Contracts for use of temporary help services must be acquired in accordance with contract types and procedures stipulated in the FAR. In order to expedite the urgent acquisition of such services, establishing indefinite delivery/indefinite quantity contracts may be appropriate. Contracting activities may elect to submit solicitations to Acquisition Policy Team [049A5A] for technical/legal review if the estimated value is less than the threshold specified in VAAR 801.602-70.

**8. REQUEST DOCUMENTATION.** The checklist which is included in this appendix is to be used to ensure that work needs are communicated accurately, regulations are followed, and operating relationships among the using office, the Human Resources Management (HRM) office, and the procurement office are reflected. The HRM office should ensure VA's competitive service recruitment obligations are fulfilled before a requesting organization is given part I of the checklist to complete.

**9. RECORDS MAINTENANCE INSTRUCTIONS.** In all instances of contracting for private sector temporaries, the basis for the determination of the need for private sector temporaries shall be documented, and records pertaining to the procurement action maintained by the HRM office in an auditable form for possible VA or OPM review of individual actions. Facilities may dispose of checklists, justification statements and initial/extension request authorizations after the completion of an OPM compliance and evaluation review or after 3 calendar years have passed, whichever occurs first. Facility records will include the following:

a. Facility name, location, and host organizational element(s);

b. Name and telephone number of facility contact for information about the contract;

c. Request checklist, justification statements, and initial/extension authorization(s);

d. Total amount of money the facility paid to temporary help service firms;

e. Total number of hours worked at the facility by temporary help service firm employees (as reflected on firms' bills or employees' weekly work report);

f. Type of temporary help service performed; e.g., secretarial, typing assistance, accounting, computer support, engineering, medical, technical, other (specify); and

g. Procurement procedure used; e.g., purchase orders, negotiated contracts, blanket purchasing agreements, other (specify).

## CHECKLIST FOR USE OF PRIVATE SECTOR TEMPORARIES

**PART I. To be completed by requesting/using office.**

Private sector temporaries may be used in accordance with requirements in 5 CFR 300, subpart E. At such time as you may wish to use private sector temporaries, please provide the following information for your Human Resources Management (HRM) office. Some of that information will be furnished to temporary help firms to secure outside temporary(ies) to match your particular needs.

1. OPM regulations authorize use of private sector temporaries in the two short-term situations described below. Check the one that exists in your work unit:

a. An employee is absent - for a temporary period because of a personal need, including emergency, accident, illness, parental or family responsibilities, or mandatory jury service. This does not include vacations or other circumstances which are not shown to be compelling in the judgment of the authorizing organization.

b. The organization must carry out work for a temporary period which cannot be delayed in the judgment of the authorizing organization because of a critical need. A critical need is a sudden or unexpected occurrence, an emergency, a pressing necessity, or an exigency. Such occasions are characterized by additional work or deadlines required by statute, Executive order, court order, regulation or formal directive from the agency head or subordinate official authorized to act for the agency head. A recurring, cyclical peak workload. by itself, is not a critical need.

2. Starting date needed: _____ Ending date: _____ If work is other than full-time continuing, also show workdays and/or hours needed.

**NOTE:** *An organization may use temporary help service firm(s) in a single situation for no more than 120 workdays. Provided that situation continues beyond the initial 120 workdays, an organization may extend its use of those temporary help services up to the maximum limit of 240 workdays. Also, an individual employee of any temporary help firm may work at a major headquarters or field organizational element for up to 120 workdays in a 24-month period. The authorizing organization may make an exception for an individual to work up to a maximum of 240 workdays only after determining that using the same individual's services will prevent significant delay. Otherwise, if an appropriate need still exists, a different outside temporary may be secured.*

3. Identify the exact work to be performed: typist, word processor, secretary, mail or file clerk, data entry clerk, receptionist, accountant, computer programmer, etc.

4. List the specific knowledges, skills, and abilities needed to do the job. (Position descriptions usually are too general for this purpose.)

5. What equipment will be used? Show make and model of personal computer, word processor, typewriter, mail sorter, etc.

6. If a specific computer program is required, show name.

7. Describe the work environment. In what setting will the temporary be working: general office, front office, typing pool, information desk, mailroom, warehouse, etc.

8. List any applicable physical abilities required, such as: a significant amount of walking (mail clerk), bending and lifting (warehousing), standing (clerk-photocopying).

9. List any other special conditions of the work, for example, security clearance requirements.

10. List administrative information such as location or work place, building and room number; daily starting and ending times; and lunch times.

11. Name, room, and telephone number of the person to whom the temporary should report.

12. I certify that no employee can be reassigned or detailed to that work without causing undue delay in the employee's regular work. (In addition, the HRM office must check whether it has any applications from job candidates who are qualified and available for short-term appointment.)

13. Signature and title of requesting official. Date.

**PART II. To be completed by Human Resources Management Office.**

14. Review part I for compliance with regulatory requirements and for appropriate information to place an order. (As in other procurement actions, procurement specialists usually place orders with firms; when authorized, HRM specialists or other designated personnel also may place orders.)

15. Were the 30 percent or more disabled veteran list, applicant supply file, and reemployment priority list, checked for candidates? If any were available and qualified, list names and disposition. [5 CFR 300.503(b)]

16. For needs exceeding the initial 120-workday authorization, was a vacancy announcement posted to allow VA Career Transition Assistance Plan (VA CTAP) and Interagency CTAP eligibles an opportunity to apply? If any were available and qualified, list names and disposition. [5 CFR 300.503(c)(4)]

17. Signature and title of HRM specialist and date.

**PART III. Optional.** (The procurement office, at its option, may wish to add as part III of the checklist any procurement steps or information it considers significant for its operations; e.g., firms contacted, price quotes.)

# APPENDIX C.
# NONCOMPETITIVE CAREER-CONDITIONAL (OR CAREER) APPOINTMENT OF STUDENT TRAINEES IN ASSOCIATED HEALTH CARE DISCIPLINES

**1. PURPOSE.** This appendix contains requirements and information which supplement paragraphs 2h(1) and (2) of section B, chapter 2, part II of this handbook.

**2. BACKGROUND.** Under its statutory mission to develop and carry out a program of education and training of health care personnel for the Nation, VA annually trains thousands of affiliated students in associated health care disciplines. In order to provide maximum flexibility in hiring graduates of these programs, Public Law 101-237, dated December, 18, 1989, authorized VA to appoint under title 5, without regard to competitive Federal civil service examining and certification procedures, eligible graduates who have a degree, diploma or certificate in an associated health care discipline from an accredited institution of post-secondary education, and who have successfully completed an affiliated clinical education training program in a VA health care facility. The citation for this authority is 38 U.S.C. 7403(g).

## 3. AUTHORITY

a. **General.** In accordance with 38 U.S.C. 7403(g), VA facilities are authorized to appoint under title 5, without regard to competitive Federal civil service examining and certification procedures, eligible graduates who have a degree, diploma or certificate in an associated health care discipline from an accredited institution of post-secondary education, and who have successfully completed an affiliated clinical education training program in a VA health care facility.

b. **Exclusions.** This employment authority does not apply to individuals in training programs that will result in post-training appointments under 38 U.S.C. 7401(1) or (3) or under 38 U.S.C. 7405 to an occupation listed under those paragraphs.

**4. EQUAL OPPORTUNITY.** Consideration for appointment will be made without regard to race, color, religion, sex, national origin, or disability. As part of VA affirmative employment efforts relating to disabled veterans, minorities, persons with disabilities, and women, health care officials need to ensure that appointments fully reflect VA's commitment to equal opportunity.

## 5. DEFINITIONS

a. **Associated Health Care Disciplines.** Affiliated nationally recognized health care professions with entry level training at the post-secondary level, other than medicine and dentistry (except for exclusions in the preceding subparagraph 3b). A general list of the major associated health care disciplines is provided in appendix C1 of this part. (Reference: VHA Manual M-8, part II, chapter 2)

b. **Clinical Education.** The portion of education or training that takes place at the site of VA clinical care rather than the affiliated institution. Clinical education does not include activities which are: shorter than 40 hours per year; only observational with no patient contact; for laboratory research purposes only; and on-the-job training only.

c. **Undergraduate and Graduate Educational Programs.** Educational activities which take place following secondary education for which a recognized degree or certificate is awarded.

d. **Students.** Persons enrolled in undergraduate and graduate educational programs who participate in clinical education activities at the VA health care facility for 40 hours or more per year and who are appointed on either a paid or without-compensation (WOC) basis.

e. **Affiliated.** Linked by a formal Memorandum of Affiliation (see M-8, part I, chapter 2). Affiliations shall exist only with accredited institutions of post-secondary education.

**6. REQUIRED DOCUMENTATION.** A personnel folder will be established for eligible student trainees whose appointments are documented on an SF 50-B, Notification of Personnel Action. For those students on WOC appointments, a file folder will be established, and a VHA Form Letter (FL) 10-294, Authorization (WOC Personnel) will be completed. All documents, including the SF 50-B or FL 10-294, relating to a student's VA training must be maintained in these files. These documents are necessary for verification of completion of clinical education, which is one of the eligibility requirements for employment under 38 U.S.C. 7403(g). Although the student is responsible for producing this verification, the file for each student on a WOC appointment will be maintained in the Human Resources Management (HRM) office for at least 1 year after completion of all eligibility requirements.

a. **Initial Associated Health Student Trainee Appointment (Temporary or WOC).** VA automated personnel system remark code #T is to be included on the student trainee's appointment SF 50-B or FL 10-294. Remark code #T reads: "UPON SATISFACTORY COMPLETION OF THE ASSOCIATED HEALTH CARE TRAINING PROGRAM, AND WITHIN 1 YEAR AFTER GRADUATION, YOU ARE ELIGIBLE FOR A NONCOMPETITIVE CAREER-CONDITIONAL (OR, IF APPROPRIATE, CAREER) APPOINTMENT TO A VA POSITION IN THE HEALTH CARE DISCIPLINE FOR WHICH TRAINED. COMPLETION OF THESE REQUIREMENTS DOES NOT, HOWEVER, GUARANTEE APPOINTMENT." HRM officials will ensure that students, clinical educators, and other VA officials responsible for administering VA's clinical education programs are thoroughly briefed on the eligibility requirements for appointment under this authority, including the importance of maintaining all employment forms required to verify successful completion of training. A recommended sample information letter is located at the end of this appendix.

b. **Upon Completion of the Associated Health Student Trainee Appointment (Temporary or WOC).** Upon completion of training, an SF 50-B will be issued for employees on whom a personnel folder has been maintained. For the SF 50-B, use VA automated personnel system remark code T – "Reason for Termination: Training completed at this station." The following statement is also to be placed on the SF 50-B or the FL 10-294: "Clinical education successfully completed, which satisfies one of the requirements for basic eligibility for noncompetitive appointment under the provisions of 38 USC 7403(g)."

**7. APPLICATION PROCEDURES.** Openings for which student trainees may qualify will be publicized as widely as possible within each VA facility as well as in affiliated institutions. Upon request, the HRM office will assist applicants in obtaining the necessary forms.

a. Each application package must include:

(1) Completed Optional Form (OF) 612 - Optional Application for Federal Employment, or resume. A Standard Form (SF) 171 – Application for Federal Employment is also acceptable. (The HRM office should have blank OF 612's available.) [The SF 171, 171A, and OF 612 forms are not required for USA Staffing recruitments. In USA Staffing, a résumé is preferred.]

(2) Copy of degree, diploma, license (if appropriate), or certificate documenting graduation in a health care discipline covered under the provisions of 38 USC 7403(g).

(3) Copy of SF 50-B or FL 10-294 documenting completion of VA affiliated clinical education. (The HRM office would assist with, or advise on, requests for the individual's SF 50-B or FL10-294.)

b. Applications may be accepted from students who will meet all eligibility requirements within 6 months. These applications may be processed and employment commitments made subject to completion of all requirements. The HRM office is responsible for ensuring that selectees meet minimum qualification requirements, including training, education, and necessary credentials, prior to entry on duty.

c. Applicants who wish to be considered for employment at a VA facility other than the one in which they trained may contact the facility of their choice to inquire about prospective openings about 2 months before they are available for appointment. Facility officials may assist applicants by checking the VA Vacancy Database on the VA intranet for appropriate openings for which these individuals are eligible.

**8. SELECTION PROCEDURES.** The HRM office will forward a certificate of candidates qualified for this noncompetitive appointment to the selecting official. Preference will be given to disabled veterans and other preference eligibles as follows.

a. All eligible, qualified candidates will be assigned a basic score of 70. Extra points will be added to this score for preference eligibles. For all positions, candidates will be referred in the following priority group order:

(1) Disabled veterans who have a service-connected disability of 10 percent or more, who have 10 points added under 5 U.S.C. 3309;

(2) Preference eligibles as defined under 5 U.S.C. 2108(3)(C) through [(H)], other than those in the preceding paragraph 8a (1), who receive 10 points;

(3) Preference eligibles as defined under 5 U.S.C. 2108 (3)(A) and (B), who receive 5points;

(4) All other candidates.

b. Regardless of preference category, any preference eligible may be selected. However, a preference eligible may not be passed over for selection of a nonpreference eligible.

c. If there are no disabled veterans or other preference eligibles, any candidate may be selected.

**9. RECORDS.** A case file will be established for every new appointment made under this authority. Include in the file a copy of the announcement, all applications with supporting documentation, the register of applicants, the certificate of candidates referred, and the selecting official's decision. This file will be maintained in accordance with General Records Schedule (GRS) 1, item 15.

**10. APPOINTMENTS.** Appointments under this authority are subject to all competitive service appointment requirements, except for those concerning use of competitive Federal civil service examining and certification procedures. HRM officials will ensure that academic, training, and qualification requirements are met before making appointments. Appointees are subject to the provisions of title 5, U.S.Code. in all other employment matters such as performance appraisal, leave, hours of duty, and adverse actions.

a. **Conditions for Eligibility.** Individuals are eligible for a noncompetitive appointment upon completion of the following:

(1) Successful completion of a course of study in an accredited institution of post-secondary education. Associate's, Bachelor's, Master's or Doctoral degrees or certificates or diplomas in a major field of study which satisfy requirements in the qualification standard for the entry position are acceptable. Completion must be verified by diploma or certificate, degree, or other official school document. The institution must be accredited by a nationally recognized agency that has been identified by the U.S. Department of Education. Information on accredited institutions is contained in either: the reference Accredited Institutions of Postsecondary Education, published annually by the American Council on Education (ACE) and distributed for ACE by Oryx Press, P.O. Box 33889, Phoenix, AZ 85067-3889, phone: 800-279-6799 or 602-265-2651; or the Higher Education Directory on colleges or universities, published annually by Higher Education Publications, Inc., 6400 Arlington Boulevard, Suite 648, Falls Church, VA 22042, phone: 888-349-7715 or 703-532-2300.

(2) Satisfactory completion of an affiliated associated health clinical education training program, as required by the institution's curriculum, in a VA health care facility. Completion of the training program is to be verified by a copy of the SF 50-B or FL 10-294.

(3) Meet all qualification standard requirements, including certification/licensure, if required.

(4) Are applying for an appointment to a position in a health care occupation for which they trained.

(5) Meet United States citizenship requirements (5 CFR 338.101).

(6) As required by law, registration with the Selective Service System (5 U.S.C. 3328; 5 CFR, part 300, subpart G).

b. **Time Limit on Appointment Eligibility.** Qualified individuals are eligible for this noncompetitive appointment within 1 year after graduation, with date to be verified by diploma or certificate, degree, or official school document. [ ]

c. **Grade Level.** Students may be noncompetitively appointed to a position for which they trained at any grade level for which they qualify.

d. **Tenure and Status.** An individual appointed under this authority becomes a career-conditional employee (or a career employee if the service requirement has been met (5 CFR 315.201).

e. **Probationary Period.** An individual appointed under this authority must serve a 1-year probationary period. Time in the student trainee position is not creditable toward completion of the probationary period (5 CFR 315.801-2).

f. **Service Computation Date (SCD).** Time served under the temporary student trainee appointment in a paid status is counted toward the SCD and is considered creditable service for leave purposes only. Time served under a WOC appointment is not counted toward the SCD and, therefore, is not creditable for leave. Student trainee appointments are excluded by law from retirement coverage under the Civil Service Retirement System (CSRS) and the Federal Employees Retirement System (FERS) (5 U.S.C. chapters 83 and 84; 5 U.S.C. 5351).

g. **Appointment Authority.** Appointments will be effected in accordance with instructions in OPM's Guide to Processing Personnel Actions, chapter 9, Career and Career-Conditional Appointments, Table 9-G. Use Nature of Action Code 101 for career-conditional (or, if appropriate, 100 for career) for individuals no longer on VA rolls, and 501 (or 500) to convert those currently on VA rolls. Although OPM's Guide indicates that the proper authority code is ZLM, that code is generic and without definition in VA's automated personnel system. In its place, use VA legal authority code Z41, which prints properly on the SF 50-B as "ZLM 38 U.S.C. 7403(g)(1)(B)."

h. **Movement after Noncompetitive Appointment.** The time-after-competitive appointment restriction does not apply to this noncompetitive appointment (5 CFR 330.501).

**11. WAIVERS.** The Under Secretary for Health or designee may approve justifiable waivers of the 1-year time limit for noncompetitive appointment of a student trainee. Facility directors must send to VA Central Office (10NA/05[ ]), through their Network Director, requests for such waivers for individuals who, because of unusual circumstances, were not able to accept an appointment within the 1-year period after graduation. Requests will be evaluated on a case-by-case basis.

## APPENDIX C1. LIST OF MAJOR ASSOCIATED HEALTH CARE DISCIPLINES

Public Law 101-237, section 203, authorized noncompetitive title 5 appointments under 38 U.S.C. 7403(g) of graduates in certain associated health-care disciplines who have successfully completed a course of study in an accredited institution of post-secondary education that is affiliated with the Department of Veterans Affairs (VA). As part of a course of study, students must have successfully completed a required clinical education training program in a VA health care facility.

A general list follows of the associated health care disciplines for which VA training is currently being provided. To assist in determining which disciplines may be appropriate for appointment under this authority, classification series representing the predominant General Schedule occupations for each educational program are provided. Questions concerning any series (listed or not) may be directed to the [Office of O]HRM[&LR] (05[ ]) in VA Central Office.

[ ]

**Biomedical Instrumentation and Machine Operation**

Biomedical Instrumentation Technician (GS-802)
[ ]

**Certified Nursing Assistant (GS-621)**

**Dental Auxiliaries**

[ ]
Dental Laboratory Technician (GS-683)

**Dietetics**

[ ]
Clinical Dietetic Technician (GS-640)

**Health Services Research and Development (GS-601)**

**Health System Administrator (GS-670)**

**Health System Specialist (GS-671)**

**Librarian**

Hospital Librarian (GS-1410)
Hospital Librarian Technician (GS-1411)

**Medical and Clinical Laboratory**

Clinical Laboratory Technician/Assistant (GS-645, 601)
Cytotechnologist (GS-601)
Histologic Technician/Technologist (GS-646, 601)
[ ]
Medical Laboratory Technician (GS-645)

**Medical Media**

Medical Illustrator (GS-1020)
Medical Photographer (GS-1060)

[ ]

**Patient Health Educator (GS-1701)**

[ ]

**Rehabilitation**

Educational Therapist (GS-639)
Manual Arts Therapist (GS-637)
[ ]

**Recreation**

Recreation Assistant (GS-189)
Recreation/Creative Arts Therapist (Arts/Music) (GS-638)

**Rehabilitation Counseling**

Alcohol/Drug Rehabilitation Counselor (GS-101)
[ ]
Mental Health Associate (GS-640)
Vocational Rehabilitation Counselor (GS-1715)

**Social Work**

[ ]
Social Work Associate (GS-187)

**Sonography**

Diagnostic Medical Sonographer (GS-640)

**Surgical Auxiliaries**

Ophthalmic Medical Assistant (GS-640)

**Veterinary Science**

Biological Science Technician (GS-404)

## APPENDIX C2. EMPLOYMENT INFORMATION - RECOMMENDED SAMPLE LETTER

Dear Student:

Upon satisfactory completion of your Department of Veterans Affairs (VA) affiliated clinical education training program, and within 1 year after graduation [ ] or certification from an accredited institution of post-secondary education, you will be eligible for a direct appointment with VA. Employment opportunities will depend on vacancies at each health-care facility. Openings are publicized within each VA facility and copies of announcements, as well as all forms, are available in the Human Resources Management (HRM) office.

To apply, forward the following information to the HRM office: a completed Optional Form (OF) 612, Optional Application for Federal Employment, or a resume also acceptable: a completed Standard Form (SF) 171, Application for Federal Employment; a copy of your diploma, license (if appropriate), certificate, or degree documenting completion of course study in the affiliated educational program; and a copy of any SF 50B, Notification of Personnel Action, or VA Form Letter 10-294, Authorization (Without-Compensation Personnel) documenting completion of your VA clinical education.

If you wish to be considered for employment at a VA facility other than the one in which you trained, you may contact the facility of your choice to inquire about prospective openings about 2 months before you are available for appointment. Facility officials may assist you by checking the VA Vacancy Database on the VA intranet for appropriate openings for which you are eligible. You should follow application instructions in vacancy announcements in which you are interested.

Sincerely yours,

# [APPENDIX D. NONCOMPETITIVE APPOINTMENT OF STUDENTS AND RECENT GRADUATES THROUGH THE VA CHOICE AND QUALITY EMPLOYMENT ACT OF 2017

**1. PURPOSE**. This appendix outlines hiring guidance for section 206 of Public Law 115-46, VA Choice and Quality Employment Act of 2017 (or the Act). Section 206 of the Act authorizes VA to appoint students and recent graduates into excepted service appointments that lead to noncompetitive conversion to career or career-conditional appointments, as applicable. The policy for the Act is established in chapter 3, section G, paragraph 9, Appointment of Students and Recent Graduates through the VA Choice and Quality Employment Act of 2017, of this part.

**2. COVERAGE.** This appendix applies to appointments for students and recent graduates in title 5 occupations, and subsequent conversion to the title 5 competitive service, as permitted under the Act. Student trainees appointed under the provisions of noncompetitive career-conditional (or career) appointment of student trainees in associated health care disciplines, as outlined in Part II, Appendix C., of this handbook are not covered by the provisions in this paragraph. In addition, this authority is not intended to employ individuals in direct patient care positions that lead to employment in the title 38 (full or hybrid) excepted service. Those provisions are covered under chapter 3, title 38 appointments, of this part.

**3. REFERENCES.**

a. Public Law 115-46, VA Choice and Quality Employment Act of 2017, dated August 12, 2017

b. 5 U.S.C. § 2108, Veteran; Disabled Veteran; Preference Eligible

c. 5 C.F.R. § 302, Employment in the Excepted Service

d. 38 U.S.C. § 7405, Temporary full-time appointments, part-time appointments, and without-compensation appointments

**4. RESPONSIBILITIES.**

a. **Assistant Secretary for the Office of Human Resources and Administration (HRA) (006).** Serves as the designated agency official, as VA's Chief Human Capital Officer, implementing policy for the Act.

b. **Deputy Assistant Secretary for Office of Human Resources Management (OHRM) (05).** Establishes and maintains VA policy and guidelines for the implementation and utilization of this excepted authority. Provides technical guidance and advice to the VA HR community regarding the policy.

c. **Human Resources (HR) Officer/Director**. The HR Officer/HR Director's duties and responsibilities include:

(1) Provides oversight of the designee and overall compliance of this authority at the facility;

(2) Provides technical guidance and advice to hiring officials, supervisors, and operating human resources staff within the respective facility regarding this authority;

(3) Ensures proper application of Veterans' preference when filling excepted service positions, as required;

(4) Makes qualification determinations for excepted appointments;

(5) Serves as a liaison with participating schools on matters pertaining to student employment programs in VA and stays informed of developments in the area regarding student employment in the public and private sectors;

(6) Ensures hiring officials and supervisors comply with the mandatory requirements of the authority;

(7) Obtains certification of enrollment and recurring transcripts from students and recent graduates; and

(8) Advises hiring officials and supervisors of their duties and responsibilities.

d. **Hiring Officials and Supervisors**. Oversee and assign the daily work activities of the student or recent graduate and serves as the primary point of contact for any questions related to the excepted appointment.

**5. DEFINITIONS.** For the purposes of this paragraph, definitions are as follows:

a. **Contractor.** A student or recent graduate employed in VA under a contract or agreement with an external nonprofit organization.

b. **Eligibility Category.** A group of students and/or recent graduates identified in the Act that are eligible for consideration for an excepted service appointment in VA that lead to noncompetitive conversion to a career or career-conditional appointment. Noncompetitive conversion to the competitive service is not guaranteed, but is at the facility's discretion.

c. **Fellowship Program.** Any formal program used in the Department to employ recent graduates from qualifying educational programs.

d. **Good Standing.** Specific criteria for meeting "good standing" is defined under each eligibility category under paragraph 5 below, "Eligibility Categories for Excepted Appointments." In addition, all students and recent graduates must furnish evidence of "good standing" by providing a transcript documenting a minimum 2.0 on a 4.0 grade point average (G.P.A.) scale. Facilities can use the most recent semester's G.P.A. or

the overall G.P.A., whichever is most advantageous to the applicant, to document "good standing." For individuals who are attending or have graduated from educational institutions that do not use a G.P.A. system, the HR Officer/HR Director or designee must request verification of achieving an average or above average standing from the educational institution.

e. **Internship Program.** Any formal program used in the Department to employ current students from qualifying educational institutions.

f. **Qualifying Educational Institution.** A public high school whose curriculum has been approved by a State or local governing body, a private school that provides secondary education as determined under State law, or a homeschool that is allowed to operate in a State; and any of the following educational institutions or curricula that have been accredited by an accrediting body recognized by the Secretary of the U.S. Department of Education: a technical or vocational school; a 2-year or 4-year college or university; a graduate or professional school (e.g., law school, medical school); or a post-secondary homeschool curriculum.

g. **Recent Graduate.** An individual who obtained a qualifying diploma, associate, bachelors, master's, professional, doctorate, vocational or technical degree, or certificate from an accredited, qualifying educational institution within the preceding 3 years.

**NOTE:** *Veterans, as defined in section 2108 of title 5, United States Code (U.S.C.), who furnish evidence of intervening military service must be afforded 3 years of eligibility of consideration for an excepted appointment under the Act.*

h. **Student.** An individual accepted for enrollment or enrolled and seeking a degree, diploma, certificate, etc. in a qualifying educational institution, on a full or half-time basis (as defined by the institution in which the student is enrolled). An individual who needs to complete less than the equivalent of half an academic/vocational or technical course-load immediately prior to graduating is still considered a student for purposes of this program.

i. **Substantive Duties**. Meaningful and considerable work responsibilities that are like those of individuals in VA internship and fellowship programs who are assigned formal structured and/or classified duties. These duties are typically duties that are outlined in classified position descriptions.

j. **Volunteer.** A student in volunteer service as described in 5 CFR, part 308. A volunteer is also a student or recent graduate serving on a Without Compensation (WOC) appointment under 38 U.S.C. § 7405 (a)(1)(D).

**6. ELIGIBILITY CATEGORIES FOR EXCEPTED APPOINTMENTS**. The Act gives VA flexibility to broaden the applicant pool to certain categories of students and recent

graduates. These applicants can be quickly appointed to support the mission of VA and to fill the Department's growing workforce and succession planning needs. A student or recent graduate in "good standing," (as described in the eligibility categories in sections a through d of this paragraph) may be considered for a title 38 excepted appointment in a title 5 occupation that may result in conversion to the competitive service. These excepted appointments are made under 38 U.S.C. § 7405 (a)(1)(D) and may not exceed one year unless an exception is approved by the Director of Recruitment and Placement Policy Service (059). Individuals can serve on a full-time or part-time work schedule based on the needs of the facility. The positions may have a career promotion (i.e., career ladder opportunity) but must be permanently funded and properly classified. There is no grade level limitation for the initial appointment. Applicants must meet the applicable qualification requirements. After meeting the minimum service requirements of 640 hours in the excepted appointment, a student or recent graduate may be considered for noncompetitive conversion to a career or career-conditional appointment as outlined in paragraph 7 of this appendix. Students and recent graduates in the following eligibility categories that meet the minimum qualification requirements and the definition of "good standing" for that category can be considered for an excepted appointment in VA:

a. **Internship or Fellowship Program.** Students and recent graduates employed in a qualifying internship or fellowship program at the Department are eligible for an excepted service appointment. In addition to the definition of "good standing" in paragraph 5.d. above, for this eligibility category, "good standing" is evidenced by a performance plan with a rating of fully successful (or higher) or a letter of good standing from the current supervisor, program manager, or equivalent.

b. **Volunteer Program.** Students and recent graduates in a volunteer capacity in the Department performing substantive duties comparable to those of individuals in internship or fellowship programs and who are in good standing are eligible for an excepted service appointment. In addition to the definition of "good standing" in paragraph 5.d. above, for this eligibility category, "good standing" is evidenced by a performance plan with a rating of fully successful (or higher) or a letter of good standing from the current supervisor, program manager, or equivalent. The student or recent graduate must be a current, active volunteer in the Department and provide proof of completing 20 hours of volunteer or without compensation service within the preceding one year.

c. **External Nonprofit Organization Contract or Agreement.** Students and recent graduates employed in the Department under a contract or agreement with an external nonprofit organization and performing substantive duties comparable to those of individuals in internship or fellowship programs and who are in good standing are eligible for an excepted appointment. In addition to the definition of "good standing" in paragraph 5.d. above, for this eligibility category, "good standing" is evidenced by a performance plan with a rating of fully successful (or higher) or a letter of good standing from the current supervisor, program manager, or equivalent. The student or recent graduate must provide proof of completing 20 hours of service under the agreement.

d. **Educational Assistance Programs.** Students and recent graduates who have received Post 9/11 Educational Assistance under chapter 33 of title 38 U.S.C. and meet the definition of "good standing" in paragraph 5.d. above are eligible for an excepted appointment.

7. **REQUIREMENTS FOR EXCEPTED APPOINTMENT.** Before making excepted service appointments, facilities must ensure compliance with the following identified requirements:

a. **Public Notification Methods.** When filling positions under this authority, public notice must be provided to afford applicants an open and fair opportunity to be hired. Facilities may post an internal and/or external job posting to solicit applications. HR Offices must announce positions for a minimum of three (3) business days or for a minimum number of days defined by any applicable labor contract.

b. **Internal Job Posting.** Students and recent graduates currently serving in VA may apply to internal job opportunity announcements (JOA). At a minimum, the facility may limit the area of consideration to those serving in VA in a specific eligibility category. The facility must use the option in USA Staffing® to post the JOA to "Agency Employees Only – Intranet Posting Only" or "Internal Only." If more than one individual is interested, the agency must apply the selection procedures for employment in the excepted service under 5 CFR, part 302.

c. **External Job Posting**. Students and recent graduates not currently serving in VA must apply for posted job opportunities. When a posting is open to applicants outside of VA, the hiring facility will use USA Staffing® to post the vacancy on the USAJOBS Web site, to ensure the vacancy is open to those in the general public who meet the eligibility category requirements for the program. To mitigate the likelihood of a high volume of applications, HR Offices should consult with hiring officials to tailor the job analysis and other assessment tools to obtain the desired candidate pool. If more than one individual is interested, the agency must apply the selection procedures for employment in the excepted service under 5 CFR, part 302.

d. **Priority Consideration.** Appointments and related noncompetitive conversions to the competitive service are not subject to the regulatory provisions in the competitive service for the Reemployment Priority List (RPL), the Career Transition Assistance Plan (CTAP), or the Interagency Career Transition Assistance Plan (ICTAP), as stated in 5 CFR 330.211(f)(3), 5 CFR 330.609(e)(3), and 5 CFR 330.707(h)(3), respectively.

e. **Applicability of Veterans' Preference.** In general, excepted appointments are exempt from competitive service principles; however, positions exempt from appointment procedures as indicated in 5 CFR 302.101(c) requires the principle of Veteran's preference be followed to the extent possible. VA HR Offices must apply Veteran's preference when students and recent graduates are considered for excepted appointments. Subsequent conversions to the competitive service are not subject to Veterans' Preference requirements. HR Offices must follow pass over procedures outlined in 5 CFR, part 302, subpart D, § 302.401 (b).

f. **Appointment Requirements.** Excepted appointments and subsequent conversions to the competitive service are coded in accordance with OPM's Guide to Processing Personnel Actions. The legal authority for excepted appointments is 38 U.S.C. § 7405 (a)(1)(D), and for subsequent conversion to the competitive service is Public Law 115-46.

**8. NONCOMPETITIVE CONVERSION TO THE COMPETITIVE SERVICE.** Noncompetitive conversion to the competitive service (i.e., career or career-conditional employment) is not guaranteed or required. The facility may convert a student or recent graduate noncompetitively to a career or career-conditional appointment in the competitive service after the student or recent graduate (serving on the excepted appointment) obtains a minimum of 640 hours on the excepted appointment. A facility may use previous education and/or experience as the basis to qualify a student or recent graduate for conversion into the targeted position.

a. **Crediting Time Served under a Volunteer Program or External Nonprofit Organization Contract or Agreement.** When students and recent graduates have served as volunteers or contractors, hours served performing substantive duties are creditable for meeting the 640 hours required for conversion to the competitive service. The servicing HR Office may review the employee's employment records and other documents to justify crediting up to 320 hours performed under a Volunteer Program or External Nonprofit Organization Contract or Agreement.

b. **Crediting Service for Probation.** Time spent in the excepted appointment is time-limited and is not creditable towards completion of the probationary period required in 5 CFR 315, subpart H.

c. **Crediting Service for Career Tenure.** Time spent in the excepted appointment is time-limited and is not creditable towards meeting the service requirement for career tenure as outlined in 5 CFR 315, subpart A.]

# APPENDIX E.
# HEALTHCARE SYSTEM MANAGEMENT ADMINISTRATION RESIDENTS, INTERNS AND TRAINEES

## 1. HEALTHCARE SYSTEM MANAGEMENT ADMINISTRATION RESIDENTS.

a. Healthcare system management administration residents are graduate students pursuing a master's degree in a program approved by the Commission on Accreditation of Healthcare Management Education (CAHME). Practical experience is for 1 year and is usually performed following the completion of 1 academic year of graduate study.

b. Residents will be appointed under [the Pathways Internship Program under 5 CFR 213.[3402(a)].

c. Compensation for residents is locally established by facility Directors at appropriate levels within maximums prescribed by Federal civil service regulations and VA. (See VA Handbook 5007, Pay Administration.)

d. Residents appointed under 5 CFR 213.[3402(a)] may be noncompetitively converted to career-conditional, term, or career appointments, as appropriate, provided all requirements of 5 CFR [362.204] are met.

**NOTE:** *When using the Pathways Programs authorities to appoint healthcare administration residents, HR Offices must consider all eligible and qualifying individuals and must not screen candidates who are not pursuing or have completed education from CAHME or other similar accrediting body.*

## 2. HEALTHCARE SYSTEM MANAGEMENT ADMINISTRATION INTERNS.

a. Healthcare system management administration interns are graduate students pursuing a master's degree in a program approved by the CAHME. Practical experience is typically available during the summer between 2 years of graduate level academic study and is for a period of 2 to 4 months.

b. Interns whose work assignments are anticipated to equal or exceed 640 hours necessary for noncompetitive conversion must be appointed under [the Pathways Internship Program under 5 CFR 213.3402(a)]. Those interns whose work assignments are not anticipated to meet the 640 hours requirement under 5 CFR 213.[3402(a)] will be appointed under the authority of 38 U.S.C. 7405.

c. Compensation for interns appointed under 5 CFR 213.[3402(a)] is locally established by facility Directors at appropriate levels within maximums prescribed by Federal civil service regulations and VA. (See VA Handbook 5007) Compensation for those interns who are appointed under the authority of 38 U.S.C. 7405 will be in accordance with the provisions of VA Handbook 5007.

d. Interns appointed under 5 CFR 213.[3402(a)] may be noncompetitively converted to career-conditional, term, or career appointments, as appropriate, provided all requirements of 5 CFR [362.204] are met.

**NOTE:** *When using the Pathways Programs authorities to appoint healthcare administration interns, HR Offices must consider all eligible and qualifying individuals and must not screen candidates who are not pursuing or have completed education from CAHME or other similar accrediting body.*

**3. HEALTHCARE SYSTEM MANAGEMENT ADMINISTRATION TRAINEES**.

a. Healthcare system management administration trainees are undergraduate students pursuing a bachelor's degree in healthcare administration or a closely related field. Practical experience is usually from 2 to 4 months during the summer between the junior and senior years.

b. Trainees whose work assignments are anticipated to equal or exceed 640 hours must be appointed in [the Pathways Internship Program under 5 CFR 213.3402(a)]. Appointment will be at the GS-3 grade level if the trainee has completed [1] year of college and at the GS-4 grade level if the trainee has completed [2] years of college. Those trainees whose work assignments are not anticipated to meet the 640 hours requirement necessary under 5 CFR 213.[3402(a)] for noncompetitive conversion to[ term,] career-conditional or career appointments, as appropriate, will be appointed under 38 U.S.C. 7405.

c. Compensation for trainees appointed under 5 CFR 213.[3402(a)] will be at the pay levels for GS-3 or GS-4, as appropriate. Compensation for those trainees who are appointed under authority of 38 U.S.C. 7405 will be in accordance with the provisions of VA Handbook 5007.

d. Trainees appointed under 5 CFR 213.[3402(a)] may be noncompetitively converted to career-conditional, term, or career appointments, as appropriate, provided all requirements of 5 CFR [362.204] are met.

**4. CONVERSION TO [TERM,] CAREER-CONDITIONAL AND CAREER APPOINTMENTS**. Students meeting all the requirements specified in 5 CFR [362.204] may be converted to [term,] career-conditional or career positions, as appropriate, at the employing medical facility. If there is no appropriate position available locally for a student who is considered a good candidate for conversion, the medical facility or the student may check lists of vacancies published by VA Central Office and contact other VA installations at which the student is interested in being employed.

# [APPENDIX F1. HUMAN RESOURCES SPECIALIST QUALIFICATION STANDARDS

## GS-0201

## Department of Veterans Affairs

**AUTHORITY:** This is a qualification standard developed by the Department of Veterans Affairs (VA) under The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 (PACT Act), P.L. 117–168, that applies to positions in VA. For VA, this qualification standard is mandated for use for all Human Resources (HR) Specialists, GS-0201 positions and replaces VA's use of the U.S. Office of Personnel Management's (OPM) General Schedule Administrative and Management qualification standard for this occupation. The effective date for implementation of the standard is February 26, 2023.

1. **BACKGROUND**. VA is the second largest Federal agency and is comprised of VA Central Office, three Administrations (Veterans Health Administrations (VHA), Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA)) and various Staff Offices. VA employs over 400,000 individuals who collectively and collaboratively provide medical, benefit and burial services and assistance to our Nation's Veterans and their beneficiaries.

   a. HR Specialists serve within the human capital framework of VA. They are appointed in the title 5 competitive or title 5 excepted service, depending on the type of appointment. HR Specialists help organizations achieve their goals by providing a lifecycle of administrative, strategic and consultative services to organizations. HR Specialists support employees throughout their employment journey, from recruitment to separation. HR Specialists also provide managers with the tools needed to oversee their workforce. Services provided include technical guidance and support with staffing, pay, benefits, leave, retirement, employee relations, labor relations, development, compliance and other functional areas of work. HR Specialists also provide services to potential candidates (applicants) and the work they do ultimately impacts the level of care and services that our employees provide to Veterans and their beneficiaries.

   b. VA is unique as it encompasses a comprehensive Federal health care system. VA's health care system requires the services of clinicians, professionals and other support workers to meet the needs of customers. VA HR Specialists differ from other Federal HR professionals because they must possess a working knowledge and understanding of three distinct personnel systems (title 5, hybrid title 38 and title 38) to appoint or effect other actions for employees serving in clinical, professional and support occupations. VA HR Specialists must also navigate multiple and complex labor agreements to ensure activities and personnel actions comply with applicable contracts.

c. This qualification standard is required by Section 903(a) of The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022, or The PACT Act, signed on August 10, 2022. Section 903 ensures the most qualified and effective HR Specialists are hired, developed and retained to provide the best service to VA employees, potential employees, supervisors, managers and executives to maximize the quality of service to our Nation's Veterans and their beneficiaries.

**2. DUTIES.** HR plays a critical role in the strategic planning of VA. HR Specialists combine customer centric approaches with the interdisciplinary functions of an HR Office to provide various administrative services to the Department's internal and external customers. HR Specialists possess the qualifications, HR knowledge and technical skills essential to consult, advise and provide management with guidance, recommendations and solutions to support VA's workforce. HR's internal customers include employees, managers, HR professionals and other organizational leaders. External customers include candidates (or applicants), other agencies/departments, businesses, contractors, universities, etc. These services include drafting and interpreting policy and procedures, as well as properly utilizing various HR systems to their fullest capabilities. The exact work performed depends on the general or specialty functional area to which the HR Specialist is assigned. All assignments require the ability to communicate with customers and skill to provide customer service, research and consultation/advisory services.

a. Required competencies for HR Specialists include strong problem-solving skills and creative thinking to resolve employee issues; ability to effectively communicate with people at all levels of an organization; excellent verbal and written communication skills; outstanding interpersonal relationship skills; strong analytical skills; good judgement and decision-making abilities; attention to detail and organization skills; an ability to handle confidential information discreetly and with sensitivity; a thorough working knowledge of HR laws, regulations and policies; knowledge of and ability to use computers and HR information systems platforms; ability to multitask and prioritize effectively; and flexibility and adaptability skills to adjust to workplace changes.

b. The HR Specialist works within their appropriate specialty (or functional) area to research matters and apply problem-solving skills and creative thinking when appropriate. This standard covers non-supervisory, lead and supervisory HR positions in various specialty areas (to include any combinations) as follows: classification, position management (manpower), compensation (pay), employee relations, human resources information systems (HRIS), labor relations, worklife and benefits, performance management, recruitment and placement (staffing), workers' compensation, reasonable accommodation, technical review (oversight), quality assurance and HR development.

3. **COVERAGE.** The requirements in this standard are for appointment and position changes for the HR Specialist occupation in VA. These requirements apply to all HR Specialists in the GS-0201 series.

4. **EXCLUSIONS.**

   a. HR liaison positions, personnel psychologists, equal employment opportunity specialists and other positions that include HR-related work that are not classified in the HR Specialist, GS-0201 series are excluded from this qualification standard.

   b. HR Assistant, GS-0203, positions are excluded from this qualification standard.

   c. This standard does not cover positions in the Senior Leader (SL) or Senior Executive Service (SES) who have specialized qualification standards and are responsible for the oversight and direction of human resources management and human capital functions.

5. **BASIC REQUIREMENT.** To qualify for the HR Specialist position, candidates must meet the following basic requirements as described in one of the following methods: a. Merit-Based Method, b. Education-Based Method or c. Training-Based Method:

   a. **Method 1: Merit-Based Method.** The Merit-Based Method allows for a candidate to meet the basic requirement by possession of the following specialized experience:

| **Method 1: Merit-Based Method** |
|---|
| The candidate must possess one year of specialized experience requiring knowledge of and/or skill in applying basic HR concepts, laws, principles, policies, methods, practices and/or HR systems. Such experience may be gained in administrative, professional, technical or other responsible work positions in the public (i.e., Government or military) or private sector. This experience must be equivalent to at least the GS-4 level of the Federal Government. |

**OR**

   b. **Method 2: Education-Based Method.** The Education-Based Method allows for a candidate to meet the basic requirement by possession of the following:

| **Method 2: Education-Based Method** |
|---|
| Successful completion of bachelor's degree (or higher). |

**OR**

c. **Method 3: Training-Based Method.** The Training-Based Method allows for a candidate to meet the basic requirement by possession of the following: Six months of general experience, equivalent to at least the GS-4 level of the Federal Government, requiring knowledge of and/or skill in applying laws, regulations, rules, principles, policies, methods, practices, supporting customers, communicating in writing and/or verbally and using various computer systems and office equipment in administrative, professional, technical or other responsible work positions, plus the possession of one of the four training criteria.

| **Method 3: Training-Based Method** |
|---|
| **Training 1:** Successful completion of at least 12 credit hours of college-level (associate degree or higher level) course work in any of the following types of fields, majors or programs or those closely related as evidenced by the course or programs: HR (general), HR development, HR management, business, business management/administration, industrial relations, labor relations, industrial psychology, organizational psychology, organizational development, management, organizational behavior, pre-law/law, legal studies, health care management/administration, public administration, public policy, human services, leadership and humanities. |
| **Training 2:** Successful completion of at least four formal training courses in HR. The focus of these HR courses will be in areas or those closely related to general HR, Federal HR, private sector/corporate HR or HR management. These courses must be offered through VA (i.e., Talent Management System courses), Federal agencies/departments (i.e., OPM Federal Human Resources Institute) or through external organizations (i.e., HR Certification Institute (HRCI®) Learning, HR University or Management Concepts). For the purpose of this standard, formal means interactive (online or in-person) training that includes communication between the participants and/or the instructor. Successful completion is evidenced by documentation of successful completion by the training organization. |
| **Training 3:** Successful completion of a formal certificate program in any of the areas (or related areas) listed in Training 1 (above) or those closely related as evidenced by the course or programs. A formal certificate program for the purposes of this standard means a series or set of courses that provide a foundational or advanced knowledge. The courses must have been provided by an accredited college, university, organization or company and must have required assignments and/or other course work. Examples of providers include, but are not limited to, Purdue University, Global Cornell University (i.e., eCornell) or Wharton School. Successful completion is evidenced by documentation of completion by the training organization. |
| **Training 4**: Current professional HR certification through the Society of Human Resource Management (SHRM), HRCI®, International Public Management Association (IPMA) (or Public Sector HR Association (PSHRA)), American Society for Health Care Human Resources Administration (ASHHRA) or an organization or company that has a formal structure and is nationally recognized by the profession. |

6. **GRANDFATHERING PROVISION.** HR Specialists, GS-0201, employed in VA on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

   a. HR Specialists who are grandfathered into the GS-0201 occupational series may be reassigned, promoted up to and including the full performance level of a career ladder, promoted to a higher grade or changed to a lower grade within the occupation.

   b. HR Specialists who are grandfathered into the GS-0201 occupational series can be placed in a lead, supervisory or managerial position through an appropriate position change without meeting the basic requirements required in this standard but must meet the grade level requirements.

   c. HR Specialists who are appointed on a temporary basis prior to the effective date of this qualification standard may not be extended or reappointed on a temporary or permanent basis until they fully meet the basic requirements of this standard.

   d. HR Specialists serving on an appointment that leads to noncompetitive conversion to the competitive service may be extended on that appointment or converted to the competitive service without meeting the basic requirements of this standard, but they must meet the grade level requirements.

   e. HR Specialists who are grandfathered under this provision that leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

7. **GRADE LEVEL QUALIFICATION REQUIREMENTS.** In addition to meeting the basic requirement of this standard in paragraph 5., an applicant's background must demonstrate that the applicant can successfully perform the duties of the position. Creditable education and specialized experience are described in paragraph 8., Evaluating Creditable Education and Specialized Experience. For more information, use this with supplemental occupational information described in paragraph 9., Supplemental Occupational Information for the HR Specialist, GS-0201, Qualification Standard.

   a. **Positions at the GS-05 through GS-11 grade levels.** For the GS-05 through GS-11 grade levels, candidates must possess the creditable education, specialized experience or a combination of creditable education and specialized experience to qualify for the specific grade level. When an applicant possesses partial amounts of creditable education and specialized experience, follow the instructions on combining education and experience in the OPM General Schedule Operating Manual to determine if the candidate meets the grade level.

| Grade Level | Creditable Education | | Specialized Experience |
|---|---|---|---|
| **GS-05** | None above the meeting a basic requirement method as described in paragraph 5. | | |
| **GS-07** | One full year of graduate level education<br>*OR*<br>Superior Academic Achievement (S.A.A.) | **OR** | One year equivalent to at least GS-05 |
| [redacted] | | | |
| **GS-09** | Master's or equivalent graduate degree<br>*OR*<br>Two full years of progressively higher-level graduate education leading to such a degree<br>OR<br>LL.B. or J.D., if related | **OR** | One year of specialized experience equivalent to at least GS-07 |
| [redacted] | | | |
| **GS-11** | Ph.D. or equivalent doctoral degree<br>OR<br>Three full years of progressively higher- level graduate education leading to such a degree<br>OR<br>LL.M., if related | **OR** | One year of specialized experience equivalent to at least GS-09 |

a. **Positions at the GS-12 through GS-15 grade levels.** For the GS-12 through GS-15 grade levels, candidates must possess either Criteria 1 - graduate degree and specialized experience or Criteria 2 - specialized experience to qualify for the specific grade level. At these grade levels, candidates must fully meet or exceed either Criteria 1 or Criteria 2 meaning it is not appropriate to combine Criteria 1 and Criteria 2 to qualify candidates. At these grade levels, applicants cannot qualify on the basis of education only. Education may be considered along with experience to determine if the applicant meets the knowledge, skills or abilities (KSAs)/competencies required for the position as described in Criteria 1. Creditable education and specialized experience are described in in paragraph 8., Evaluating Creditable Education and Specialized Experience.

(1) **Impact of Time-in-Grade Restrictions.** Unless excluded from coverage under 5 C.F.R. Part 300, Subpart F, current (and some former) Federal

employees must meet time-in-grade requirements to qualify for the grade level through Criteria 1: graduate degree and specialized experience.

| Grade Level | Criteria 1: Graduate Degree and Specialized Experience | OR | Criteria 2: Specialized Experience |
|---|---|---|---|
| **GS-12** | Graduate level degree or higher and three years of progressive specialized experience equivalent to at least the GS-09 grade level | **OR** | One year of specialized experience equivalent to at least GS-11 |
| | | | |
| **GS-13** | Graduate level degree or higher and three years of progressive specialized experience equivalent to at least the GS-11 grade level | **OR** | One year of specialized experience equivalent to at least GS-12 |
| | | | |
| **GS-14** | Graduate level degree or higher and three years of progressive specialized experience equivalent to at least the GS-12 grade level | **OR** | One year of specialized experience equivalent to at least GS-13 |
| | | | |
| **GS-15** | Graduate level degree or higher and three years of progressive specialized experience equivalent to at least the GS-13 grade level | **OR** | One year of specialized experience equivalent to at least GS-14 |

**8. EVALUATING CREDITABLE EDUCATION AND SPECIALIZED EXPERIENCE.** To evaluate a candidate's education and specialized experience for determining grade level use the following guidance:

a. **Creditable Education.** Creditable education for the GS-07 through GS-15 grade levels must be at the level described in paragraph 7. Grade Level Qualifications Requirements. Creditable education, as defined by OPM, is education above the high school level completed in a U.S. college, university or other educational institution that has been accredited by one of the accrediting agencies or associations recognized by the Secretary, U.S. Department of Education. Foreign education is applied in the same manner as outlined in the OPM General Schedule Operating Manual.

(1) **Superior Academic Achievement (S.A.A.).** The S.A.A. provision is an educational achievement based on class standing, grade-point average or honor society membership. The full provision is described in the OPM General Schedule Operating Manual.

(2) **Educational Courses and Programs.** Successfully completed courses and programs (bachelors level or higher) in HR, HR development, HR management, business, business management/administration, industrial relations, labor relations, industrial psychology, organizational psychology, organizational development, management, organizational behavior, pre-law/law, legal studies, health care management/administration, public administration, public policy, human services, leadership and/or humanities are qualifying programs for the GS-07 through GS-15 grade level requirements. When recruiting for HR positions, HR Offices can credit other educational courses and programs for meeting the grade level qualification requirements through the job analysis process.

b. **Creditable Experience.** Creditable experience is specialized experience that demonstrates the application of HR management knowledge, concepts and principles and the performance of work in one or more of the HR specialty areas. This experience may be obtained in the public sector, private sector or military (see Quality of Experience section below). This experience must be equivalent to Federal service in terms of difficulty and complexity of duties. Skills obtained from these experiences are cumulative, which means that as an employee progresses in their career, skills acquired at lower levels remain applicable as new skills are added.

(1) Quality of Experience.

(a) **Public Sector.**

i **Federal Government.** Federal Government public sector experience is specialized experience gained in the Federal Government. It is the application of human capital and HR management principles and practices to ensure compliance with Federal statutes and in implementing regulations. This experience includes, but is not limited to, the recruitment of employees, training of employees, developing and maintaining HR management policies and strategies, renumeration of employees and the ongoing evaluation of employees in alignment to all Federal employment laws.

ii **Non-Federal Government.** Non-Federal Government public sector experience is specialized experience gained in state Government, local Government, public universities, etc. It is the application of human capital and HR management principles and practices that ensure compliance with Federal, state and local statutes and implementing regulations, as appropriate. This experience includes, but is not limited to, the recruitment of employees, training of employees, developing and maintaining HR management policies and strategies, renumeration of employees

and the ongoing evaluation of employees. Non-Federal Government public sector entities must follow appropriate Federal, state and local employment laws.

iii **Military.** Military public sector experience is specialized experience gained in the Department of Defense (DoD). It is the application of human capital and HR management principles and practices that ensure compliance with Federal statutes and implementing regulations. This experience includes, but is not limited to, assisting active-duty military personnel or armed service members in developing their DoD careers, providing promotion and future training information and including personnel support and assistance with regards to transfers, travel orders and salary details.

(b) **Private Sector.** Private sector experience is specialized experience gained in for-profit companies, non-profit organizations, private universities, and other non-Governmental industries. Private sector HR professionals focus primarily on financial performance and employee productivity for the purpose of increasing the company's profit margin. They establish HR management strategies and goals. Some professionals serve as strategic business partners or HR generalists providing a wide range of support and services in multiple HR specialty areas. Private sector entities must follow appropriate Federal, state and local employment laws. In some cases, they ensure compliance with international employment laws.

## 9. SUPPLEMENTAL OCCUPATIONAL INFORMATION FOR THE HR SPECIALIST, GS-0201, QUALIFICATION STANDARD.

a. **Introduction.** The HR Specialist qualification standard is required by § 903(a) of The PACT Act, signed on August 10, 2022, by the President. Section 903 ensures the most qualified and effective HR Specialists are hired, developed and retained to provide the best service to VA employees, potential employees, supervisors, managers and executives to maximize the quality of service to our nation's Veterans and their beneficiaries. This supplemental paragraph is provided to create consistency in the application of the standard and to support VA in hiring quality HR Specialist professionals.

b. **Classification of HR Positions.**

(1) The HR Specialist position is an administrative occupation and follows a two-grade interval pattern. The full performance level (or journey grade level) is the highest or target grade in a position's career promotion track. The full performance level varies for each HR Specialist position and

depends on the specialty area(s), the organizational level and other factors.

(2) Refer to OPM's classification resources to understand and appropriately establish the grading, titling and assignment of work for each HR Specialist position description (PD).

b. **VA HR Specialist Occupational Information.** To establish consistency in the quality of candidates for appointment and placement, review the HR occupational information provided for the following areas: (1) HR Specialty Area Information, (2) Organizational Levels of VA, (3) Types of Positions in VA and (4) Description of VA Worked Performed. The basic official title for this occupation is Human Resources Specialist. Use the basic title without a parenthetical specialty title as the official position title for those positions that include two or more specialized HR functions when none predominates or when there is no established specialty.

(1) **HR Specialty Area Information.** HR Specialists are eligible for appointment to a position to perform work in one or in a combination of HR specialty areas as described. The parenthetical specialty areas in VA are defined as follows:

(a) **HR Specialist (Classification).** Knowledge of classification concepts, principles and practices related to structuring organizations, positions and determining the appropriate pay system, occupational grouping, title and pay level of positions.

(b) **HR Specialist (Employee Relations).** Knowledge of laws, rules, regulations, case law, principles and practices related to employee conduct, performance and dispute resolution and other areas such as reasonable accommodation.

(c) **HR Specialist (HR Development).** Knowledge of laws, rules, regulations, practices, employee development concepts, principles and practices related to planning, evaluating and administering organizational training, change management and career development initiatives.

(d) **HR Specialist (Information Systems).** Knowledge of HR management concepts, principles and practices related to identifying and analyzing HR processes, translating functional requirements into technical requirements and delivering and maintaining HR information systems.

(e) **HR Specialist (Labor Relations).** Knowledge of laws, rules, regulations, case law, principles and practices related to negotiating and administering labor agreements and providing guidance and consultation on a variety of labor relations matters.

(f) **HR Specialist (Compensation).** Knowledge of compensation concepts, principles and practices, including pay and compensation flexibilities.

(g) **HR Specialist (Performance Management).** Knowledge of performance management concepts, principles and practices related to planning, monitoring, rating and rewarding employee performance.

(h) **HR Specialist (Position Management)** Knowledge of organizational management concepts, principles and practices related to advising, establishing, planning and monitoring employee numbers and types and the work assigned to those employees.

(i) **HR Specialist (Employee Benefits)**. The HR Specialist (Employee Benefits) work is described as follows:

i Knowledge of HR concepts, principles and practices related to reasonable accommodation efforts supporting employees with appropriate physical or mental impairments to apply for positions and to perform essential job functions.

ii Knowledge of HR worklife and benefits concepts, principles and practices related to retirement, insurance and other employee benefits programs.

iii Knowledge of workers compensation concepts, principles and practices related to injury compensation program management, case management, reports and systems.

(j) **HR Specialist (Recruitment/Placement).** The HR Specialist (Recruitment/Placement) work is described as follows:

i Knowledge of HR concepts, principles and practices related to staffing and talent management, identifying, attracting and selecting individuals and placing them into positions to address changing organizational needs.

ii Knowledge of HR workforce and strategic planning concepts, principles and practices related to determining workload projections and current and future competency gaps to align human capital with organizational goals.

(k) **HR Specialist.**

i Knowledge of HR concepts, principles and practices related to the systematic process of reviewing human capital management work products and determining if the products and services meet the specific quality assurance program requirements. This is what referred to as quality assurance.

ii Knowledge of HR concepts, principles and practices related to executing human capital management accountability and oversight programs; developing, monitoring and evaluating outcomes of human capital management strategies, policies, programs and activities; and conducting technical reviews of HR program assessments. This is referred to as technical review or oversight.

**NOTE:** Additional information on some of the above specialty areas can be found on OPM's Assessment and Selection page and the OPM's HR Career Path resources. These descriptions were used or adapted for VA's use.

(2) **Organizational Levels of VA.** VA HR Specialists serve at various levels of the organization to include the (a) Field, (b) Regional, (c) National levels or (d) HR Support Organizations. These organizational levels are described as follows:

(a) **Field.** The organization's local level. It encompasses those working at, in, or for a field facility, office or entity where the activities are reporting to and/or supporting the regional and national level including the sub-elements directly below the Department, including the Administrations. The field level carries out the operational functions and ensures consistency, quality and implementation of new initiatives for their assigned local organization. Organizational elements at the local level are responsible for complying with policy implementation. This level may include operational or transactional work that supports the local facility organization leadership and the employees assigned to carry out the work at the facility. HR Specialists in the field provide consultative support and carry out operational activities. These activities may include staffing (recruitment and placement), on-boarding, training (development), classification, pay administration, benefits, performance management and awards, employee relations and labor management administration.

(b) **Regional.** The organization's intermediate level. It encompasses those activities reporting to and/or supporting the national level including the sub-elements directly below the agency, including the

Administrations. It also encompasses regional level consolidated units and supports facility level operations by providing guidance and advice on consistency, quality and implementation of new initiatives. Organizational elements at the regional level are responsible for policy implementation for regional level organizations and verifying compliance by the field-level organizations. This level may include operational or transactional work, but such work is performed for the entire region as a centralized role.

(c) **National.** The organization's highest level. It encompasses those activities reporting to and/or supporting the Secretary and/or Deputy Secretary including the sub-elements directly below the agency, including the Administrations. Organizational elements at the national-level are responsible for providing policy creation, interpretation and consultation for regional and field-level organizations. This level may include operational or transactional work, but such work is performed for the entire Agency as a centralized role. In practice, this level includes organizations headed by an Assistant Secretary or other Key Official or the headquarters functions for the Administrations (VHA, VBA and NCA). This level typically does not include operational or transactional work performed for a discrete customer, typically identified by servicing agreements or servicing assignments under which the work of the organizational element is limited to specific geographic or organizational sub-elements.

(d) **HR Support Organizations.** The organization’s HR support organizations and service centers. HR support organizations provide a specialized or unique HR service. Examples of a unique HR services include those provided by the delegated examining unit, HR Centers of Excellence, HR development and training centers, special recruitment teams and other special HR programs. These teams provide a specialized service for the entire Department, the sub-elements directly below the agency, including the Administrations or Staff Offices.

(3) **Types of Positions in VA.**

(a) **Trainee.** HR trainees serve in positions that prepare candidates with educational backgrounds or unrelated experience, but have little to no specialized experience, for careers in HR. These positions are in the title 5 (competitive or excepted) service and are typically classified in the -99 series or in entry level GS-0201 grades (i.e., GS-05 or GS-07). The positions may be appointed through special student or post graduate hiring programs such as the Pathways Programs or under other special authorities. Trainee assignments are purposely

designed to provide orientation, training and familiarization with the work processes of the occupational field and the specific job; reinforce and supplement previous experience and education; and allow the trainee to carry out progressively more difficult and responsible tasks. Through formal, on-the-job training and work assignments, trainees are developed to understand and apply personnel regulations and standard operating procedures to perform a wide variety of routine HR duties, relying on established guides. Trainee work assignments are subject to close supervision and review. They receive mentorship and assistance from higher level HR professionals (co-workers and supervisors) to complete assignments and to develop competencies. Trainees are not covered by this qualification standard.

(b) **Specialist.** A HR Specialist is a HR professional who performs specialized HR duties within the HR Office and performs daily functions working closely with internal divisions such as payroll, benefits, training, compliance and others. Specific duties of a HR Specialist will vary from organization to organization and are related to the organizational scope and environment. The majority of HR Specialists have a broad knowledge of the majority or all HR specialty areas.

(c) **Generalist.** A Generalist is a HR Specialist who is a HR professional that performs a variety of functional HR duties within the HR Office in multiple specialty areas and performs daily functions and works closely with internal divisions such as payroll, benefits, training, compliance and others. Specific duties of a HR Specialist will vary from organization to organization and are related to the organizational scope and environment. The majority of HR Specialists have a broad knowledge of the majority or all HR specialty areas.

(d) **Lead.** The Lead is a HR professional who, on a regular and recurring basis, leads a team of HR employees in accomplishing work. Leads also participate in the work of the team by performing work that is of the same kind and level as the highest level of work accomplished by the team led. Leads coach, facilitate and mentor team members. They ensure the organization's strategic plan, mission, vision and values are communicated to the team. They articulate and communicate team assignments, projects and problems to be solved. They lead the team in identifying, distributing and balancing workload and tasks among employees. They train or arrange training. They monitor and report on status of work progress. They serve as a coach, facilitator and negotiator in coordinating team initiatives. They represent the team in dealing with the supervisor(s) and other leaders. They approve emergency leave. They resolve informal

complaints and refer formal grievances and appeals to the proper parties. They communicate the team consensus and recommendations to the supervisor on actions affecting team. They provide input on individual awards, rewards and recognition. Leads perform this work at least 25% of their duty time.

(e) **Supervisor.** The HR Supervisor is a HR professional that exercises delegated supervisory and managerial authority on a recurring basis. HR Supervisors plan work to be accomplished by subordinates, set and adjust short-term priorities and prepare schedules for completion of work; assign work to subordinates based on priorities, selective consideration of the difficulty and requirements of assignments and the capabilities of employees. They evaluate work performance of subordinates and give advice, counsel or instruction on both work and administrative matters. HR Supervisors interview candidates for positions and recommend appointment, promotions, or reassignments. They resolve complaints and grievances and effect disciplinary measures, as appropriate, for their staff. They identify developmental and training needs and arrange training. They develop performance standards and find ways to improve production and increase qualify of work. HR Supervisors accomplish work through technical and administrative direction of other subordinate positions and constitute a major duty occupying at least 25% of position's time.

(4) **Description of VA Work Performed.**

(a) **Operations.** HR Specialists that perform work in the operational setting provide services on a wide range of personnel matters and issues. The operational function of HR consists of providing consultation and strategic recommendations to managers that include all or the majority of the various specialty areas. The operational structure of HR typically consists of an HR officer (HRO), assistant HRO (i.e., Deputy HRO), supervisors, team leaders, specialists and assistants. These HR Specialists support collaborative efforts with employee/labor partners. Operational functions ensure the implementation of policy, legislation and other regulatory guidance. Operational functions of HR also include any research, analysis, consultative and transactional work associated with these operational areas.

(b) **Policy.** HR Specialists that serve in policy organizations perform work that requires comprehensive competencies in applying principles, laws and regulations to develop, research, interpret and apply standardized legal, regulatory and policy guidance. These HR Specialists provide authoritative advisory and consultative service on the full spectrum of HR functions or in a particular specialty area of

focus, depending on the role. HR Specialists performing this type of work are subject matter experts. They review and provide input on proposed legislative and regulatory changes. They also determine policy impact on the organization and interpret policy in relation to its operational impact. They draft legislative proposals, HR policies, interpretative guidance and other policy-related guidance.

(c) **Consultants.** HR Specialists that are consultants provide advice, strategies and insight to leaders and customers on various aspects of HR to include policy implications, workforce implications and other labor-market impact. Consultants utilize knowledge of the business in which their customers work to provide relevant, quality HR advisory services. This work requires comprehensive competencies to successfully perform the analysis and consultative duties of the position providing strategic and operational technical HR advice and guidance to appropriate levels of managers, employees and other customers within and outside the organization. Consultants act as a liaisons and strategic advisors between hiring managers, employees and leadership. This work provides leaders and customers with guidance in regard to management activity that requires labor partner collaboration, bargaining, notification, etc. HR Specialists also provide resources and other efficient methods to align customers and leaders with servicing HR teams (i.e., Shared Service Unit services) such as employee/labor relations, recruitment and staffing, HRIS, etc. They attend strategic and informational meetings to ensure human capital functions align with leadership and VA goals.

(d) **Leadership.** HR Specialists that serve in leadership perform work that requires the knowledge, skills and abilities to provide senior-level direction on HR management concepts, practices and innovation. HR Specialists performing this work serve as executive advisors and consultants to managers and high-level leaders. This work aligns human capital policies and practices with the overall mission of VA and its Administrations and Staff Offices. HR Specialists may have full delegated authority to lead an office of experts across a variety of functional areas. They work with integrated teams of professionals attending meetings, participating in projects and advising committees (comprised of professional experts, clinical leaders, fiscal leaders, etc.) to align human capital practices accordingly. They research and review reports, trends, etc. They establish and redirect methods of measurement of success for programs. This description does not fully encompass the roles of SL and SES positions.

(e) **Program Management**. HR Specialists that are program managers lead, direct and administer a specific or multiple HR programs. The program(s) typically have a wide or broad impact (i.e., regional or

national). These HR Specialists seek to execute effective programming by providing creative solutions to program planning and problem solving. They manage resources (i.e., financial) and activities related to the program. These HR Specialists may or may not have supervisory responsibilities. They may lead teams. They serve on workgroup teams and work with individuals internal and external to the organization to plan, schedule and execute program activities. They monitor program effectiveness and maintain appropriate reports. These HR Specialists serve as the primary point of contact or subject matter experts for the program they manage.

(f) **Strategic Business Partner (SBP).** HR Specialists that are SBPs (also referred to as Business Partners) perform a full range of HR assignments that include, but are not limited to, resolving employee conflicts, analyzing and benchmarking data, implementing HR policy and other HR specialty functions such as recruitment, employee relations and benefits. Also referred to as HR Business Partners or People Partners, SBPs typically pertain to small teams or individuals who all work collaboratively with managers of the organizations to carry out strategic management and key initiatives.

i SBPs serve as thought partners and sounding boards, providing advice and guidance to programs/departments on HR best practices. With a keen ability to navigate the organization and collaborate effectively, SBPs consult with employees of all levels coaching and guiding managers/leaders in a variety of people-oriented concerns. SBPs will have experience influencing leaders in a fast-paced environment and have the interpersonal savvy required to drive HR strategies in a complex workforce.

ii There are also levels of SBPs in the public and private sector which define levels of expertise such as SBP II or Senior SBP. SBPs work similarly to HR Specialists who are generalists but have some leadership aspects such as leading HR-related projects and deployments and provide change management leadership where needed.

c. **Qualification Tools.**

(1) Qualification Tools Established Before Assessing Candidates for Basic Requirements and Grade Level Requirements.

(a) **Job Analysis.** The job analysis process is mandatory for all recruitment actions. The job analysis is the initial step of the recruitment process and serves as the foundation for all assessment and selection processes. The job analysis provides a full

understanding of the nature of the job, by examining the tasks performed in a job (i.e., position description), the KSAs or competencies required to perform those tasks and the linkage between the tasks and competencies. The job analysis is created by HR staff that works closely with the hiring official and/or subject matter expert to prepare a list of tasks and competencies required to perform the job successfully. Once the tasks and competencies are identified, the HR staff documents the job analysis process for future use.

(b) **Using Competency Models.** Competency modeling enables HR staff to describe jobs in the same way, eliminating inconsistencies across agencies and HR functions (e.g., staffing, performance appraisal, training). As it pertains to employees, competency modeling identifies gaps between existing skills and required skills and tailors training programs to support bridging the gap. These competencies are identified through the job analysis process. When using competency modeling, HR Specialists must fully meet competencies and proficiencies identified at each grade level for promotion to that level and for advancement within the career ladder. To facilitate the career promotion process, employees being considered for promotion to the next level may be asked to describe specific duties and projects that helped them achieve the competencies required for promotion. All promotions are based on achievement of required competencies of training requirements and meeting individual performance expectations and objectives.

(2) **Qualification Tools Used in Conjunction with the Qualification Standard.**

(a) **Quality Ranking Factors (QRFs).** QRFs are KSAs or competencies that may be expected to significantly enhance performance in a position, but unlike selective factors (SFs), are not essential for satisfactory performance. Candidates who possess quality ranking factors can be ranked above those who do not, but no one can be rated ineligible solely for failure to possess a QRF. QRFs must be clearly supported by the position description and job analysis.

i QRFs are not screen out elements. This means that candidates who meet the QRFs may only be ranked (scored) higher in the quality category/candidate list of eligibles than those who meet them. Candidates who meet the minimum qualification requirements, but do not meet the identified QRFs, will continued to be considered for the position.

ii Education can be used as a QRF consistent with title 5 U.S.C. § 3308 because the beneficial proficiencies identified can be attained either through education or experience. HR Specialists, in coordination with the hiring manager, should define in plain language the elements of a QRF in the job opportunity announcement (JOA) and specify that QRFs will be used to rank candidates.

(b) **Selective Factors (SFs).** Selective Factors (or selective placement factors) are KSAs or competencies in addition to the minimum requirements identified in the occupation's qualification standard that are necessary to successfully perform the duties of the job. SFs must be clearly supported by the position description and job analysis. SFs are screen out elements and as a result, are required to be held by the selectee at the start of a job. Candidates who do not possess the competencies within the SF will not meet minimum qualifications and will not be considered further for the position.

i Generally, SFs identify specialized knowledge or background that cannot be learned during the position's initial acclimatization period. SFs are often related to proficiencies essential for performing the job. However, SF should not be narrowly tailored in scope to the point that it blocks competition and the eligibility of talented candidates (e.g., requiring certification granted by one VA Administration or other experience requirements so specific that only employees of that organization could meet it). SFs should not be used to screen candidates for a competency or level of proficiency that is wanted but not required. A preferred competency may only be used to sort candidates, not disqualify them.

ii Additionally, SFs should not be used to establish an education requirement or used as a substitute for adequate assessment. Further, SF should not be used by organizations to avoid training new employees in competencies that can be easily learned as one starts the job.

iii SFs that are required to meet minimum qualification requirements are distinguishable from QRFs in that QRFs identify beneficial competencies for performing the job but are not required to be successful.

iv SFs, consistent with the PD, must be identified through the job analysis process before the position is advertised and the JOA must adequately communicate

the SF, associated KSAs and the evaluation criteria to potential candidates. HR Specialists should clearly define the essential competencies in a SF and properly articulate why they are necessary on the JOA.

(c) **Using Specialized Experience Gained in a Health Care Setting.** HR experience gained in a health care setting can be used as qualifying specialized experience or, through proper job analysis, used to establish a QRF or SF. This may be especially beneficial for positions filled in the VHA or VA Central Office. HR work experience gained in a health care setting addresses many areas of concern in the health care industry, including ensuring that health care regulations are being met. The work supports administrative staff, clinicians and patients. Generally, this experience equips the applicant with the particular KSAs to perform HR-related duties of the position in a complex health care setting for customers and units delivering critical, comprehensive and varying health care services to a diverse or unique patient population.

(3) **Assessment Tools Used Concurrently or After Assessing Candidates for Basic Requirements and Grade Level Requirements**.

(a) **Roles of Assessment Tools.** Assessment tools are any tests or procedures administered to candidates to evaluate their job-related competencies, interests or fitness for employment. The accuracy with which applicant assessment scores can be used to forecast performance on the job is the tool's most important characteristic, referred to as predictive validity. Assessment tools must be firmly grounded in the duties of the position and allows candidates to identify their relevant experience.

(b) Executive Order 13932, Modernizing and Reforming the Assessment and Hiring of Federal Job Candidates, dated July 1, 2020, mandates the use of improved assessment practices for the purpose of evaluating relevant knowledge, skills, abilities and competencies. Examples of assessment tools that are utilized to meet this mandate are cognitive ability, emotional intelligence, reference checking, tests (i.e., job knowledge, situational judgement), structured interviews and work samples. There are advantages to using multiple assessments through a multiple hurdle or progressive hurdle approach. VA's recruitment system, USA Staffing ®, can also be used to administer assessments. More information about the assessment process can be found at www.opm.gov.

**10. REFERENCES.**

a. The U.S. Office of Personnel Management website, www.opm.gov

(1) Position Classification Standards for White Collar Work

(2) General Schedule Operating Manual

(3) Career Path Guides

(4) Assessment and Selection

b. Executive Order 13932, Modernizing and Reforming the Assessment and Hiring of Federal Job Candidates, July 1, 2020]

## APPENDIX F2. QUALIFICATION STANDARD

**VOCATIONAL REHABILITATION COUNSELOR GS-101-9/11/12**

**AUTHORITY: 38 U.S.C. 3118(c) (for VBA); 38 U.S.C. 7402 (for VHA)**

This standard applies to all Vocational Rehabilitation Counselor positions in VA.

**DUTIES:** Provides a wide range of rehabilitation and personal adjustment counseling and case management services, including coordination of rehabilitation, training, and employment services to disabled veterans. Vocational Rehabilitation Counselors assess data received from medical, psychological and vocational evaluations, and develop individualized rehabilitation plans. In the Veterans Benefits Administration (VBA), they also make eligibility and entitlement determinations.

**BASIC REQUIREMENT FOR ALL GRADES:** Satisfactory completion in an accredited college or university of all the requirements for a master's degree in rehabilitation counseling, including an internship; **or** a master's degree in counseling psychology or a related field, including at least 30 semester hours of course work in such areas as foundations of rehabilitation counseling, human growth and development, counseling theories and techniques, vocational assessment, career development, job placement, case management, and medical/psycho-social aspects of disability. Total graduate study must have included or been supplemented by a supervised internship. [For master's degree programs without a supervised internship/practicum, substitution is allowed for successful professional experience following completion of the master's degree. Experience suitable for substitution must be one full year in direct delivery of vocational rehabilitation services to adults with disabilities in rehabilitation programs, other than those in correctional facilities. The experience or internship/practicum must have been supervised by a professional in vocational rehabilitation or a closely related professional field that typically has oversight for vocational rehabilitation programs.]

**EDUCATION AND EXPERIENCE REQUIREMENTS**

**GS-9:** Must meet the basic requirements.

**GS-11:** In addition to meeting the basic requirements, 1 year of professional vocational rehabilitation counseling experience, equivalent to the next lower grade level. NONQUALIFYING EXPERIENCE: Vocational rehabilitation experience obtained prior to completion of the requirements for the master's degree is not qualifying.

OR

In addition to meeting the basic requirements, successful completion of 3 full years of progressively higher level graduate education or a Ph.D. or equivalent doctoral degree in rehabilitation counseling or counseling psychology.

*[***NOTE:** *If one year of work experience is credited for determining minimum qualifications, that year cannot also be used for determining grade level. For example, for candidates with two years of*

*qualifying work experience, but no internship/practicum, the first year of experience is used to meet the basic requirement and the second year of experience to qualify for GS-11.]*

**GS-12:** In addition to meeting all basic requirements, applicants must have 1 year of professional vocational rehabilitation experience equivalent to the next lower grade level.

# [APPENDIX F3. QUALIFICATION STANDARD

**PEER SUPPORT APPRENTICE/PEER SPECIALIST** **GS-102-5/9**

**AUTHORITY: 38 U.S.C. 7402**

**BASIC REQUIREMENTS FOR ALL GRADES AND TITLES:**

a. **Citizenship.** Citizen of the United States.

b. **Physical and Medical Requirements.** The applicant must be able to perform primarily light and sedentary duties with occasionally moderate physical demands, exercise patience, and control emotions, with reasonable accommodation if necessary, without endangering the health and safety of the applicant or others. (See also VA Directive and Handbook 5019.)

**BASIC REQUIREMENTS FOR PEER SPECIALISTS, GS-102-6/9:**

a. **Statutory Requirements.** Section 405 of Public Law 110-387, as codified in 38 U.S.C. 7402(b)(13), established that to be eligible to receive appointment to a Peer Specialist position, a person must:

(1) be a veteran who has recovered or is recovering from a mental health condition; and

(2) be certified by -

(a) a not-for-profit entity engaged in peer specialist training as having met such criteria as the Secretary shall establish for a peer specialist position; or

(b) a State as having satisfied relevant State requirements for a peer specialist position.

b. **Length of Experience as a Consumer of Mental Health Recovery Services.** Veterans eligible under 38 U.S.C. 7402(b)(13) must have spent a minimum of 1 year in personal recovery from a mental health condition.

**BASIC REQUIREMENTS FOR PEER SUPPORT APPRENTICES, GS-102-5:** As a Peer Support Apprentice hired to become a certified Peer Specialist, a Veteran must have spent a minimum of 1 year in recovery from a mental health condition. In all cases, Peer Support Apprentices must actively pursue becoming certified as required to serve as a Peer Specialist by 38 U.S.C. 7402(b)(13)(B). At the time of appointment, the supervisor will provide the Peer Support Apprentice with the written requirements for becoming certified, the date by which he or she must become certified, and the consequences for not becoming certified by the deadline. Failure to become certified by the prescribed date will result in removal from this GS-102 occupation and **may** result in termination of employment.

**SPECIALIZED EXPERIENCE FOR PEER SPECIALISTS, GS-102-6/9:** In addition to the basic requirements, candidates must have at least 1 year of specialized experience equivalent to the next lower grade level. Specialized experience is progressively responsible, post-personal mental health recovery experience as a mentor providing counseling to support peers in mental health and/or addiction recovery, a recovery advocate directly involved with consumers of mental health services, a psychiatric therapy aide, or equivalent work involving in-person communication to support others in mental health recovery.

**SUBSTITUTION OF EDUCATION FOR PEER SPECIALISTS, GS-102-6/9:** Graduate education or a post-bachelor's degree internship meets the specialized experience required for GS-6/9 *only* in those instances where it is directly related to the work of the position. Six (6) months of graduate education or a 1-year post-bachelor's degree internship meets the requirements for GS-6. One full year of graduate education meets the requirements for GS-7. One and one/half years of graduate education meets the requirements for GS-8. Two full years of graduate education or a master's degree meets the requirements for GS-9. One year of full-time graduate education is considered to be the number of credit hours that the school attended has determined to represent 1 year of full-time study. If that information cannot be obtained from the school, 18 semester hours should be considered as satisfying the 1 year of full-time study requirement. Part-time graduate education is creditable in accordance with its relationship to a year of full-time study at the school attended.

**NOTE:** *In recruiting and examining for these positions, participation in community, social service, and similar volunteer activities that meets the definition of specialized experience is creditable applicant experience.*

**SAMPLE A.**
**CONDITION OF EMPLOYMENT**

I, _____, understand that I must produce evidence that I am certified in peer counseling as described in the VA qualification standard for Peer Support Apprentice/Peer Specialist, to officials of the Department of Veterans Affairs (facility), _____ , _____ , not later than ___(date)_____. I have received a copy of the criteria for being certified in peer counseling, and I understand that failure to become so certified and make available documentation of its receipt may result in the termination of my employment.

_____ _____
(Name) (Date)

Witnesses:

_____ _____
(Name) (Date)

_____ _____
(Name) (Date)]

# [APPENDIX F4: QUALIFICATION STANDARD

## PATHWAYS INTERNSHIP PROGRAM

**AUTHORITY**: Executive Order 13562, Recruiting and Hiring Students and Recent Graduates

**1. COVERAGE**. This appendix outlines the qualification requirements for Schedule D, Internship Program appointments under the Pathways Programs. This qualification standard is mandated for use by VA HR Offices when making appointments and executing in-service placement actions in the Pathways Internship Program. This qualification standard is to be used in conjunction with Appendix N of this part and is consistent with the policies outlined in the OPM Operating Manual for Qualification Standards for General Schedule Positions. Occupations covered by this standard may follow a one- or two-grade interval work pattern. This standard covers the following occupations:

0099 - General Intern (covers occupations in the 0006 through 0095 series)
0199 - Social Science, Psychology, and Welfare Intern
0299 - Human Resources Intern
0399 - General Administrative and Office Services Intern
0499 - Natural Resources Management and Biological Sciences Intern
0599 - Accounting and Budget Intern
0699 - Medical, Hospital, Dental and Public Health Intern
0799 - Veterinary Medical Science Intern
0899 - Engineering and Architecture Intern
0999 - Legal and Kindred Intern
1099 - Information and Arts Intern
1199 - Business and Industry Intern
1299 - Copyright, Patent, and Trade-Mark Intern
1399 - Physical Sciences Intern
1499 - Library and Archives Intern
1599 - Mathematics and Statistics Intern
1699 - Equipment, Facilities, and Service Intern
1799 - Education Intern
1899 - Inspection, Investigation, Enforcement, and Compliance Intern
1999 - Quality Assurance, Inspection, and Grading Intern
2099 - Supply Intern
2199 - Transportation Intern
2299 - Information Technology Intern

**2. DUTIES**. The duties of the Internship Program position should be related to either the Intern's academic or career goals. The appointment may be used to meet long term and temporary staffing needs. An indefinite Intern may be appointed without time limitation for an initial period expected to last more than 1 year. A temporary Intern may also be appointed on a temporary basis, not to exceed 1 year, to complete temporary projects, to perform labor-intensive tasks not requiring subject-matter expertise, or to fill traditional summer jobs.

**3. GRADE LEVEL REQUIREMENTS**.

a. An Internship Participant must meet the definition of a student as defined in 5 CFR 362.202 and may be appointed up to the highest grade level for which qualified. An applicant with no previous related education or experience may qualify based on the level of education. An applicant with previous education and or experience may be qualified at the appropriate grade level regardless of his or her current level of education. The basis of the qualification may be based on the level of education, general or specialized experience, or a combination of education and experience (as applicable).

(1) **Level of Education**. One full academic year of undergraduate, graduate, vocational, trades, technical or high school education is the number of credit hours determined by the college, university or school to represent 1 year of full-time study. The high school curriculum must be approved by a State or local governing body and may include home-school course work. All education beyond high school must be accredited by an accrediting body or organization recognized by the U.S. Department of Education.

(2) **General Experience**. General experience is experience creditable at grade levels GS-2 through GS-4 where the knowledge, skills and competencies needed to perform the duties of a position are not essential, but where an applicant can demonstrate in his or her past experience the ability to acquire the particular knowledge, skills and competencies. When determining general experience requirements, the requirements may vary based on the position, but in general the experience provides an applicant with or familiarity with certain knowledge, skills, and competencies related to the position.

(3) **Specialized Experience**. In accordance with the OPM Operating Manual for Qualification Standards for General Schedule Positions, specialized experience is experience that has equipped the applicant with the particular knowledge, skills, and abilities to successfully perform the duties of the position and is typically in or related to the work of the position to be filled. When crediting specialized experience, the HR Office must determine the normal line of progression (i.e., one- or two- grade interval) in order to accurately describe the quality and level the required specialized experience. For grade levels that indicate general experience to meet minimum requirements, specialized experience may be substituted to meet general experience requirements. General experience may not be substituted for required specialized experience.

(4) **Combining Education and Experience**. Consistent with the OPM Operating Manual for Qualification Standards for General Schedule Positions, HR Offices may combine combinations of education and experience that are qualifying for grade levels that indicate education or (general or specialized) experience are acceptable. When combining education and experience to meet the minimum requirements, first determine the applicant's total qualifying experience as a percentage of the experience required for the grade level. Next determine the applicant's education as a percentage of the education required for the grade level. To determine if the applicant has met the minimum requirement, add the education percentage and experience percentage. The total percentage must equal or exceed 100 percent.

b. The grade level requirements are described in the following table:

| GRADE LEVEL | LEVEL OF EDUCATION | | LEVEL OF GENERAL EXPERIENCE | | LEVEL OF SPECIALIZED EXPERIENCE |
|---|---|---|---|---|---|
| **GS-1** | Enrollment in a high school diploma or General Education Diploma (GED) program | | None | | None |
| **GS-2** | Completion of high school or GED diploma | OR | 3 months or 13 weeks | | Not Applicable |
| **GS-3** | Completion of 1 full academic year of post-high school study | OR | 6 months or 26 weeks | | Not Applicable |
| **GS-4** | Completion of 2 full academic years of post-high school study or an associate's degree | OR | 1 year or 52 weeks | | Not Applicable |
| **GS-5** | Completion of 4 full academic years of post-high school leading to a bachelor's degree or equivalent degree | | Not Applicable | OR | 1 year or 52 weeks of equivalent to at least next lower grade level in the normal line of progression |
| **GS-6** | Completion of 6 full months of graduate level education | | Not Applicable | OR | 1 year or 52 weeks of equivalent to at least next lower grade level in the normal line of progression |
| **GS-7** | Completion of 1 full academic year of graduate level education; or Eligibility under the Superior Academic Achievement (S.A.A.) Provision and completion of a bachelor's degree | | Not Applicable | OR | 1 year or 52 weeks equivalent to at least next lower grade level in the normal line of progression |

| GRADE LEVEL | LEVEL OF EDUCATION | | LEVEL OF GENERAL EXPERIENCE | | LEVEL OF SPECIALIZED EXPERIENCE |
|---|---|---|---|---|---|
| **GS-8** | Completion of 1 ½ full academic years of graduate level education, or a master's degree or equivalent degree | | Not Applicable | OR | 1 year or 52 weeks of equivalent to at least next lower grade level in the normal line of progression |
| **GS-9** | Completion of 2 full academic years of graduate level education, a master's degree, related equivalent graduate degree, LL.B. or J.D. | | Not Applicable | OR | 1 year or 52 weeks of equivalent to at least next lower grade level in the normal line of progression |
| **GS-10** | Completion of 2 ½ academic years of graduate level education, or a master's degree or equivalent graduate degree | | Not Applicable | OR | 1 year or 52 weeks of equivalent to at least next lower grade level in the normal line of progression |
| **GS-11** | For research positions, completion of all requirements for a master's or equivalent graduate degree<br><br>For non-research positions, completion of all requirements for a Ph.D. or equivalent degree | | Not Applicable | OR | 1 year or 52 weeks of equivalent to at least next lower grade level in the normal line of progression |
| **GS-12 and above** | No education is qualifying for the GS-12 grade level and above | | Not Applicable | OR | 1 year or 52 weeks of equivalent to at least next lower grade level in the normal line of progression |

8. **GRANDFATHERING PROVISION**. All persons employed in VA in the Internship Program on the effective date of this qualification standard are considered to have met all qualification requirements for the specific title, series and grade. For employees who do not meet all of the requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

a. Employees grandfathered into the applicable occupational series under the provision of this paragraph may be reassigned, promoted up to the full performance level of a career ladder position, or

changed to a lower grade within the applicable occupation, but may not be promoted beyond the full performance level or placed in a supervisory or managerial position.

b. Employees who are appointed on a temporary basis (i.e., Interns serving on an appointment with a not-to-exceed (NTE) date) prior to the effective date of the qualification standard may not have their appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the qualification requirements of this standard.

c. Employees initially grandfathered in the Internship Program who subsequently obtain additional education and/or licensure that meet all basic requirements of the position must maintain the required credentials as a condition of employment in the program.

d. If an employee who is retained under this provision leaves the Internship Program position in VA, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the Internship Program.]

## APPENDIX F5. QUALIFICATION STANDARD

**PSYCHOLOGY TECHNICIAN** **GS-181-5/9**

**AUTHORITY: 38 U.S.C. 7402**

### PART I

**DUTIES:** Performs one or more of a variety of technical tasks in a program of research or other professional services in psychology. Performance of these tasks requires a practical understanding of some of the general principles, theories, methods and techniques of psychology in order to carry out duties which are performed under the supervision of a professional psychologist. These duties may include one or more of the following: (1) assist in research as in systematic collection of psychology research data, recording and collecting of data, preparing tabular or graphic presentation of data, in accordance with a predetermined research plan; (2) assist counseling psychologist in contacting potential employers for purpose of making vocational placement, providing follow-up consultation, administering and scoring of interest, achievement and aptitude tests, securing work history and other relevant vocational information; (3) assist neuropsychologist in administering and scoring of selected tests of a neuropsychology battery in accordance with clearly defined procedures; (4) assist psychologists in completing behavior rating scales or in conducting behavior modification.

**REQUIREMENTS**

**Education:** Bachelor's degree from an accredited college or university with a major in an appropriate social or biological science, which included or was supplemented by 12 semester hours in psychology.

**Experience**

**GS-5:** None.

**GS-7:** One year of technical work under the direction of a professional psychologist in a program of professional services, training or research.

**GS-9:** Two years as described for a GS-7.

**SUBSTITUTION OF EDUCATION FOR EXPERIENCE**

One full year of graduate study in psychology in an accredited college or university may be substituted for 1 year of experience and meets in full the requirements at the GS-7 level.

Two years of such study meet in full the requirements at the GS-9 level.

**SUPERIOR ACADEMIC ACHIEVEMENT:** The standards for Superior Academic Achievement, OPM's "Operating Manual for Qualification Standards for General Schedule Positions," section II.E.4.(f), apply.

**QUALITY OF EXPERIENCE:** Except for those who qualify solely on the basis of education, candidates for grades GS-7 and GS-9 must have had at least 6 months of experience comparable in difficulty and responsibility to the next lower grade in the Federal service, or 1 year comparable to the second lower grade.

**PERSONAL CHARACTERISTICS:** Must be able to deal effectively with a variety of people, be tactful, and must have demonstrated ability to exercise good judgment.

**BASIS OF RATING:** No written test is required. Applicants will be rated on their experience, education, and training based upon information furnished in the application and other information which may be obtained by the Federal civil service examiners. Recency of experience, education, and training will be considered.

**PHYSICAL REQUIREMENTS:** Applicants must be physically and mentally able to efficiently perform the essential functions of the position without hazard to themselves or others. Depending on the essential duties of a specific position, usable vision, color vision, hearing, or speech may be required. However, in most cases, a specific physical condition or impairment will not automatically disqualify an applicant for appointment. The loss or impairment of a specific function may be compensated for by the satisfactory use of a prosthesis or mechanical aid. Reasonable accommodation may also be considered in determining an applicant's ability to perform the duties of a position. Reasonable accommodation may include, but is not limited to: the use of assistive devices, job modification or restructuring, provision of readers and interpreters, or adjusted work schedules.

## PART II

## EXAMINING GUIDE (INTERNAL USE ONLY)

**NOTE:** *In the announcement and in recruiting for these positions, applicants are to be informed that appropriate credit will be given for voluntary participation in community, social service, and similar activities.*

**BASIS OF RATING:** Rating procedure III is suggested. Some positions may require special knowledges or skills attained through additional specialized education and/or training and experience. In these instances selective certification procedures should be provided.

**RECENCY:** Recency of education, training, and experience will be considered in the rating, but in no case will lack of recency be the sole basis of disqualification.

**WAIVERS:** If specific requirements of this standard are not met, but composite qualifications of an individual show superior potential or demonstrated ability to perform at the required level, requirements may be modified or waived by the Under Secretary for Health, or designees. (See chapter 2, section D, paragraphs 8-12 of this part.)

**NOTE:** *The educational requirements are waived for VA employees performing at the technician level in these positions as of the date of this standard, March 14, 1969.*

## APPENDIX F6. QUALIFICATION STANDARD

**REHABILITATION TECHNICIAN (ALCOHOLISM) GS-181-3/11**
**REHABILITATION TECHNICIAN (DRUG DEPENDENCE)**
**REHABILITATION TECHNICIAN (ALCOHOLISM AND DRUG DEPENDENCE)**

**AUTHORITY: 38 U.S.C. 7402**

### PART I

**DUTIES:** Performs a variety of therapeutic and supportive technician tasks in assisting physicians and other professional personnel in a rehabilitation treatment program for alcohol and/or drug-dependent patients. Under professional supervision, performs such duties as: interviewing alcohol or drug-dependent patients to develop information for medical histories; orienting patients to the treatment program; observing patients for symptoms, actions, reactions, indications, and contraindications to treatment; assisting in individual or group therapy sessions or in behavior therapy sessions; providing supportive assistance to patients placed on maintenance therapy; leading patient discussion groups; providing individual guidance to patients; providing liaison with other agencies or facilities concerned with the treatment and rehabilitation of alcohol or drug-dependent patients; and, establishing contacts with various rehabilitation and placement organizations to provide referral opportunities for employment, training, or retraining.

**REQUIREMENTS:** Except for the substitutions provided for below, applicants must have had the kind and amount of experience shown and described below:

| Grade | General (Years) | Specialized (Years) | Total (Years) |
|---|---|---|---|
| GS-3 | 1 | 0 | 1 |
| GS-4 | 1 ½ | ½ | 2 |
| GS-5 | 2 | 1 | 3 |
| GS-6 | 2 | 2 | 4 |
| GS-7 | 2 | 3 | 5 |
| GS-8 and above | 2 | 4 | 6 |

**General Experience:** Experience involved in dealing with others which has demonstrated the applicant's aptitude for acquiring the skills and knowledges needed for medical rehabilitation work. For example, experience that demonstrated ability to establish and maintain effective person-to-person relationships, skill in oral and written communication, ability to inspire confidence and motivate individuals, and capacity for leadership is qualifying as general experience. This experience may have been gained in positions concerned with health care, counseling, social service, teaching, business, or other similar fields.

**Specialized Experience:** This is experience which has demonstrated the knowledge, skill and ability: to assist professional personnel in effective operation of a rehabilitation treatment program for alcohol or drug-dependent patients; to act as a liaison and intermediary between patients and professional personnel; to understand and cope with the physical and psychological needs of these patients; and to guide and assist patients in following a prescribed treatment program. This experience must also have demonstrated that the applicant possesses knowledges, skills and abilities which enable the applicant to understand the problems, actions, reactions and symptoms of alcohol or drug-dependent persons and is able to relate to, empathize with, communicate with, motivate, and influence changes in behavior patterns of alcohol or drug-dependent patients.

**SUBSTITUTION OF EDUCATION AND TRAINING FOR EXPERIENCE:** Study in an accredited college or university, junior college, or similar institution may be substituted on the basis of 1 academic year of study for 1 year of general experience.

Two years of study in an accredited college or university, junior college, or similar institution, which included or was supplemented by at least 12 semester hours in such courses as health sciences, nursing, behavioral science, social science, premedicine, predentistry, prelaw, guidance, counseling, teaching, pharmacy, the biological sciences or related fields, may be substituted in full for the experience requirement at the GS-4 level.

Successful completion of all the requirements for the bachelor's degree from an accredited college or university with a major study in health sciences, nursing, behavioral science, guidance, counseling, social science, pharmacy, education, the biological sciences or other fields related to rehabilitation of alcohol or drug-dependent persons may be substituted for 3 years of experience including 1 year of specialized experience and meets in full the requirements at the GS-5 level.

Successful completion of a training course for rehabilitation technicians, with major emphasis on the treatment and rehabilitation of alcohol or drug-dependent persons, may be substituted on a month-for-month basis for specialized experience. Completion of such a program of at least 12 months in duration will meet in full the requirements at the GS-4 level. Successful completion of other training programs in rehabilitation counseling may be substituted on a month-for-month basis for specialized experience up to a maximum of 1 year.

**QUALITY AND LEVEL OF EXPERIENCE:** For eligibility at grade GS-4, candidates must have had at least 6 months of specialized experience comparable in difficulty and responsibility to the GS-3 level in the Federal service.

For eligibility at grade GS-5, candidates must have had at least 1 year of experience comparable in difficulty and responsibility to the GS-4 level in the Federal service, of which at least 6 months must have been specialized experience.

For eligibility at grades GS-6 and above, at least 1 year of the required specialized experience must have been comparable in difficulty and responsibility to the next lower grade in the Federal service, or 2 years comparable to the second lower grade in the Federal service.

For any grade, the required amount of experience and education will not in itself be accepted as proof of qualification for a position. The candidate's total record of experience and education must show that the candidate has the ability to perform the duties of the position to be filled.

**PERSONAL CHARACTERISTICS:** Must be able to interrelate and communicate effectively with a variety of people and to work as a member of a team; must have demonstrated ability to exercise good judgment and tact.

**BASIS OF RATING:** No written test is required. Applicants will be rated on their experience, education and training based on information furnished in the applications and other information which may be obtained by the Federal civil service examiners. Recency of experience, education, and training will be considered.

**PHYSICAL REQUIREMENTS:** Applicants must be physically and mentally able to efficiently perform the essential functions of the position without hazard to themselves or others. Depending on the essential duties of a specific position, usable vision, color vision, hearing, or speech may be required. However, in most cases, a specific physical condition or impairment will not automatically disqualify an applicant for appointment. The loss or impairment of a specific function may be compensated for by the satisfactory use of a prosthesis or mechanical aid. Reasonable accommodation may also be considered in determining an applicant's ability to perform the duties of a position. Reasonable accommodation may include, but is not limited to: the use of assistive devices, job modification or restructuring, provision of readers and interpreters, or adjusted work schedules.

Medical examiners may require medical evidence to support a finding of successful rehabilitation for applicants who have been patients in an alcohol or drug treatment program.

## PART II

## INFORMATION FOR USE IN EXAMINING APPLICANTS

**RATING:** Rating procedure III is suggested. Successful experience which has provided a first-hand knowledge of the physical and psychological needs, symptoms, actions, and reactions of alcohol or drug-dependent patients and a knowledge of the rehabilitation techniques and procedures used with these patients will be evaluated at the highest quality level. Recency of education, training and experience may be considered in relative ranking, but will not be the sole basis of disqualification.

**MODIFICATIONS AND WAIVERS:** The requirements of this standard may be modified or waived in accordance with the appropriate provisions of chapter 2, section D, paras. 8-12, this part.

**NOTE:** *In the announcement and in* recruiting *for these positions, applicants are to be informed that appropriate credit will be given for voluntary participation in community, social service, and similar activities.*

# APPENDIX F7. CLINICAL CHEMIST QUALIFICATION STANDARD

## GS-1320

## Veterans Health Administration

**AUTHORITY. 38 U.S.C. § 7402**

1. **COVERAGE.** The following are the Veterans Health Administration (VHA) qualification requirements for appointment and placement as a Clinical Chemist in the GS-1320 series in grades GS-13 through GS-15. VHA HR Office staff and management officials must use the Office of Personnel Management (OPM) qualification standard for the Chemistry Series, 1320, for other assignments to Chemist positions below the GS-13 level or those assignments not described in this standard, such as Research Chemist, etc.

2. **DUTIES.** Clinical Chemists are senior level technical experts in areas such as electrophoresis, mass spectrometry, gas and liquid chromatography, molecular biology, clinical endocrinology, toxicology and therapeutic drug monitoring. They oversee the daily operation of complex instrumentation within the clinical chemistry laboratory. Clinical Chemists maintain laboratories' required accreditation and provides authoritative interpretation of laboratory tests, educational support and consultation for clinicians and other laboratory personnel. Clinical Chemists prepare impactful, and possibly controversial, proposals and defend their findings and recommendations in high-level (regional or national) forums. They serve as technical directors over all laboratory functions and are responsible for overseeing laboratory staff.

3. **BASIC REQUIREMENTS.** To qualify for appointment, all applicants for Clinical Chemist positions in VHA must meet the following:

   a. **Education.**

      (1) Candidates must hold a doctoral degree (i.e., Ph.D.) in a chemical, physical, biological or clinical laboratory science.

      (2) **Foreign Graduates.** Foreign graduates of chemical, physical, biological or clinical laboratory science programs are considered to meet the requirements of subparagraph 3a if they have a current certification referred to in subparagraph 3c.

   b. **Training or Experience.**

      (1) **Fellowship Training.** Candidates must have completed a two-year training program in clinical chemistry and/or toxicology from a Commission on Accreditation in Clinical Chemistry (COMACC) accredited program.

OR,

(2) **Relevant Experience.** Candidates may substitute five years of full-time (or equivalent part-time) diverse professional experience in a relevant discipline area (i.e., clinical chemistry and/or toxicological chemistry or molecular biology), which was gained subsequent to conferral of the doctoral degree and in laboratories or institutions maintaining standards as defined by regulatory agencies responsible for certifying laboratories in these disciplines for the Fellowship Training requirement in 3.b.(1) above.

c. **Certification.**

(1) Candidates must possess and maintain board certification in Clinical Chemistry and/or Toxicology from the American Board of Forensic Toxicology (ABFT), National Registry of Certified Chemists (NRCC), American Board of Clinical Chemistry (ABCC) or American Board of Bioanalysis (ABB).

(2) **Loss of Credential.** Clinical Chemists must maintain the required certification. If they fail to maintain the required certification, management officials must take the necessary actions, in coordination with HR Office staff, to remove them from the occupation, which may also result in termination of employment.

d. **Grandfathering Provision.** Clinical Chemists employed in VHA on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including certification that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Clinical Chemist who are grandfathered into the GS-1320 occupational series may be reassigned, promoted up to and including the full performance level of a career ladder, or changed to a lower grade within the occupation or placed in a supervisory or managerial position.

(2) Clinical Chemists who are appointed on a temporary basis prior to the effective date of this qualification standard may not be extended or reappointed on a temporary or permanent basis until they fully meet the basic requirements of this standard.

(3) Clinical Chemists initially grandfathered into this occupation, who subsequently obtain certification, must meet all the basic requirements of this qualification standard and must maintain the required credential as a condition of employment in the occupation.

(4) If Clinical Chemists who are grandfathered under this provision leave the occupation, then the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

e. **Physical Requirements**. See VA Directive and Handbook 5019, Employee Occupational Health Service.

**4. GRADE REQUIREMENTS.**

a. **Creditable Experience.**

(1) **Knowledge of Contemporary Professional Clinical Chemist Practice**. To be creditable, candidates must possess the required knowledges, skills and abilities (KSAs) associated with the scope of Clinical Chemist practice. The candidate's experience must be evidenced by paid/non-paid employment as a professional Clinical Chemist.

(2) **Quality of Experience**. Experience is only creditable if it is post-doctoral degree experience as a Clinical Chemist and is directly related to the duties to be performed at the specific grade level. Qualifying experience is specialized experience and must be at a level comparable to or exceeding the professional Clinical Chemist experience at the next lower grade level. Examples of specialized experience include:

(a) Conducting complex evaluations processes in clinical chemistry sufficient to conduct specialized clinical laboratory testing for reliability, accuracy and cost effectiveness.

(b) Providing clinical consultation to medical colleagues in the selection and interpretation of tests for the diagnosis of diseases.

(c) Interpreting the results of new and complex analyses to determine validity and medical significance.

(d) Managing or overseeing a high-volume automated clinical laboratory.

(e) Applying regulatory standards required for maintaining certification of clinical laboratory.

(f) Coordinating specialized areas of testing in the laboratory such as toxicology, immunology, molecular and protein biochemistry.

(g) Implementing current laboratory advancements in the field of clinical chemistry/toxicology.

(h) Revising standard methods to improve or extend test systems.

(i) Teaching clinical chemistry and toxicology to medical residents, Medical Technologists and other appropriate staff members.

b. **Grade Determination.** In addition to the basic requirements for appointment in paragraph 3, the following criteria applies when determining the appropriate qualifications of candidates:

(a) **Clinical Chemist, GS-13.** None beyond the basic requirements. GS-13 is considered the full performance level.

(b) **Clinical Chemist, GS-14.** One year of specialized experience equivalent to the GS-13 grade level.

(c) **Clinical Chemist, GS-15.** One year of specialized experience equivalent to the GS-14 grade level.

**5. MODIFICATIONS OR WAIVERS.** Management officials who are delegated the authority may modify or waive the specific requirements of this standard in accordance with chapter 2, section D, paragraphs 8-12 of this part.

# APPENDIX F10. QUALIFICATION STANDARD

**SOCIAL WORK ASSOCIATE** **GS-187-5/8**

**AUTHORITY**: **38 U.S.C. 7402**

## PART I

**DUTIES:** Performs a wide variety of duties in support of professional social workers, providing assistance and services as prescribed for individual cases by social workers in conjunction with their professional treatment. Assignments include interviewing patients and others for informational or service purposes; handling selected referrals to social and health facilities; obtaining and compiling data and similar types of work. GS-5 is a trainee level. At the higher grades work is more complex and there is less close supervision.

**REQUIREMENTS**

**Education:** Bachelor's degree from an accredited college or university in major fields of study such as: social welfare, sociology, psychology, public administration, philosophy, education, anthropology, history, economics and/or English.

**Experience**

**GS-5:** None.

**GS-7:** One year of experience as a social welfare worker or social work assistant in a voluntary, public, social, or health agency.

**GS-8:** Two years of such experience, which must have included 1 year in a medical setting.

**QUALIFYING EXPERIENCE:** Must have been of a quality and scope to enable applicants to perform assignments typical of the grade level for which considered. For GS-7/8, applicants must have had 1 year of experience at a level of difficulty and responsibility equivalent to the next lower grade in the Federal service.

**BASIS OF RATING:** Applicants are rated on a scale of 100 on the extent and quality of education and experience in relation to the requirements for these positions. Ratings based upon information furnished in application and any additional evidence available.

**PERSONAL QUALITIES:** Applicants must be suited in personality and temperament for this work and must have demonstrated ability to work well with others.

**INTERVIEW:** Before appointment, qualified candidates may be requested to appear for an interview.

**DRIVER'S LICENSE REQUIREMENT:** A driver's license in the State or Territory in which assigned may be required. If required, candidates must pass a Federal service driving test.

**PHYSICAL REQUIREMENTS:** Applicants must be physically and mentally able to efficiently perform the essential functions of the position without hazard to themselves or others. Depending on the essential duties of a specific position, usable vision, color vision, hearing, or speech may be required. However, in most cases, a specific physical condition or impairment will not automatically disqualify an applicant for appointment. The loss or impairment of a specific function may be compensated for by the satisfactory use of a prosthesis or mechanical aid. Reasonable accommodation may also be considered in determining an applicant's ability to perform the duties of a position. Reasonable accommodation may include, but is not limited to: the use of assistive devices, job modification or restructuring, provision of readers and interpreters, or adjusted work schedules.

All positions involving Federal motor vehicle operation carry the additional medical requirements specified in 5 CFR, part 930, subpart A.

## PART II

## EXAMINING GUIDE (INTERNAL USE ONLY)

**BASIS OF RATING:** Rating procedure III is suggested. Transcripts and evaluations from teachers should be obtained to determine quality of educational performance. Evaluations should also be obtained from supervisors of previous employment, including part-time and summer.

Relatedness, quality, and extent of education and experience should all receive consideration in the rating schedule established. Completion of the undergraduate curricula in social welfare in a college or university, which is a constituent member of the Council on Social Work Education, should be rated higher than other less related curricula.

**RECENCY:** Recency of education and/or experience may be considered in relative ranking, but will not be the sole basis of disqualification.

**PERSONAL CHARACTERISTICS:** Any evidence that an applicant lacks the ability to work well with others should reduce the applicant's rating.

## APPENDIX F11. QUALIFICATION STANDARD

**RECREATION AID AND ASSISTANT SERIES** **GS-189-1/6**

**AUTHORITY: 38 U.S.C. 7402**

The Qualification Standard for Recreation Aid and Assistant, GS-189, in OPM's "Operating Manual for Qualification Standards for General Schedule Positions," section IV-A and IV-B-36, has been approved for use in VA.

**NOTE:** *In the announcement and in recruiting for these positions, applicants are to be informed that appropriate credit will be given for voluntary participation in community, social service, and similar activities.*

**WAIVERS:** If specific requirements of this standard are not met, but composite qualifications of an individual show superior potential or demonstrated ability to perform at the required level, requirements may be modified or waived by the Under Secretary for Health, or designees. (See chapter 2, section D, paragraphs 8-12 of this part.)

# APPENDIX F12. QUALIFICATION STANDARD

**REHABILITATION MEDICINE COORDINATOR** **GS-301-9/15**

**AUTHORITY: 38 U.S.C. 7402**

## PART I

**DUTIES:** Supervises and coordinates the medical administrative activities of a Physical Medicine and Rehabilitation Service at a VA medical center, domiciliary, or clinic, including all or most of the following therapies: corrective, educational, manual arts, physical, occupational, recreation and blind rehabilitation. Responsible for rehabilitation counseling and for coordinating such functions with other medical services and rehabilitation activities.

**REQUIREMENTS**

**Education:** Bachelor's degree from an accredited college or university with a major in one of the therapies under preceding paragraph "Duties;" or, study, which included an average of at least 6 semester hours per year in one or any combination of the following: education (general, physical, or health), industrial arts, industrial education or agriculture.

**Experience**

| | Total | General | Specialized * |
|---|---|---|---|
| GS-9 | 2 years | 1 year | 1 year |
| GS-10 | 2 ½ years | 1 year | 1 ½ years |
| GS-11/15 | 3 years | 1 year | 2 years |

*3 months must have been of type A or B. (See the substitution list below.)

**General:** Experience as a therapist, or instructor-therapist, in a physical medicine and rehabilitation therapy activity of a hospital program of medical rehabilitation or reconditioning which included an organized group of therapy activities; or, experience in one or more of the following fields: hospital management; medical administration, supply or human resources management; medical or psychiatric social work; vocational counseling, guidance or placement for persons with physical disabilities or other disabilities; clinical psychology; teacher or supervisor of teachers of disabled individuals in a hospital, rehabilitation center, school for persons with disabilities, or homebound educational program.

**Specialized**

a. Medical administrative director, coordinator, or comparable official of a program of physical medicine and rehabilitation or reconditioning at a hospital in which the duties included medical administrative supervision and coordination of an organized group of therapy activities.

b. Assistant to, or trainee for, this position under the medical administrative director or coordinator of a program of physical medicine and rehabilitation or reconditioning at the hospital level.

c. Supervisor of a complete medical rehabilitation therapy specialty of a hospital or clinic program of physical medicine and rehabilitation or reconditioning.

**Level and Quality of Experience:** Applicants for positions at grades GS-11 and below must have had at least 6 months of experience at a level equivalent to the next lower grade in the Federal service, or 1 year equivalent to the second lower grade. Applicants for grades GS- 12 and above must have had at least 1 year of experience equivalent to the next lower grade.

The required amount of experience will not in itself be acceptable as proof of qualification. The applicant's record of experience and training must show the ability to perform all of the duties of the position.

**Substitution:** Master's degree from an accredited college or university in one of the specified educational fields which included or was supplemented by clinical practice or equivalent experience in a therapy specialty for 1 year of general experience.

Doctoral degree from an accredited college or university with a concentration of study in one of the fields outlined under Education which included or was supplemented by clinical practice or equivalent experience, meets the requirements for grades GS-10/11 provided at least 3 months of A or B type specialized experience is shown.

**BASIS OF RATING:** Applicants are rated on a scale of 100, based on extent and quality of experience and training. Rating based upon application and any additional evidence secured. Recency of experience and training considered.

**PERSONAL CHARACTERISTICS:** Ability to work effectively as part of a team, to deal with people in a tactful manner, and to exercise good judgment.

**PHYSICAL REQUIREMENTS:** Applicants must be physically and mentally able to efficiently perform the essential functions of the position without hazard to themselves or others. Depending on the essential duties of a specific position, usable vision, color vision, hearing, or speech may be required. However, in most cases, a specific physical condition or impairment will not automatically disqualify an applicant for appointment. The loss or impairment of a specific function may be compensated for by the satisfactory use of a prosthesis or mechanical aid. Reasonable accommodation may also be considered in determining an applicant's ability to perform the duties of a position. Reasonable accommodation may include, but is not limited to: the use of assistive devices, job modification or restructuring, provision of readers and interpreters, or adjusted work schedules.

## PART II

## EXAMINING GUIDE (Internal Use Only)

**BASIS OF RATING:** This standard is primarily for use in noncompetitive actions. If competitive examinations are conducted, rating procedure III is suggested. Relatedness, quality and extent of education and experience should all receive consideration in the rating schedule established. Recency of education and experience will be considered in relative ranking, but will not be the sole basis for disqualification.

**TRAINEE POSITIONS:** This standard may be adapted for use with a "trainee" position by eliminating the requirement of 3 months A or B type specialized experience for noncompetitive actions.

**WAIVERS:** If specific requirements of this standard are not met, but composite qualifications of an individual show superior potential or demonstrated ability to perform at the required level, requirements may be modified or waived by the Under Secretary for Health. (See chapter 2, section D, paragraphs 8-12 of this part.)

**NOTE:** *In recruiting and examining for these positions, there should be assurance that appropriate credit is given to applicants for participation in community, social service, and similar volunteer activities.*

## APPENDIX F13. QUALIFICATION STANDARD

**MICROBIOLOGIST** **GS-403-5/15**

**AUTHORITY: 38 USC 7402**

**DUTIES:** Microbiologists perform professional and scientific work in connection with the identification, culture, study, control, and use of microorganisms. Most of the work is performed in a laboratory environment and is generally concerned with research and development or medical activities. The nature of the work may vary considerably with the assignment, some dealing primarily with specific kinds of microorganisms, such as the protozoa, bacteria, microparasites, algae, fungi, viruses, rickettsiae, and similar microscopic and submicroscopic forms; some being concerned with a specific field or area of work, such as immunology, serology, physiology, genetics, taxonomy, and cytology, as these fields relate to microbiology; some placing emphasis on micoorganisms as pathogenic and immunizing agents; and some relating to the development and use of specific kinds of methodologies and techniques or to the use of organisms in medical, sanitary, and similar fields where the science of microbiology is applied.

**REQUIREMENTS**

**Education:** All applicants must have successfully completed a full 4-year course of study in an accredited college or university leading to a bachelor's or higher degree with major study in microbiology, bacteriology, biology or chemistry with at least 30 semester hours in biological science and 20 semester hours in the physical and mathematical sciences.

This course-work must have included:

a. At least 10 semester hours in microbiology in such subjects as bacteriology, microbiology, immunology, serology, algology, mycology, parasitology, protozoology, rickettsiology, tissue culture, or virology.

b. At least 10 semester hours in microbiology in such subjects as food, dairy, soil, industrial, public health, agricultural, applied bacteriology, or microbiology, genetics, physiology, metabolism, taxonomy, epidemiology, animal, or plant physiology or pathology, and similar courses, provided these courses were oriented toward the study of microorganism. (The remaining 10 semester hours may have been in other biological science courses.)

c. Course-work in qualitative and organic chemistry or biochemistry, physics and college algebra, or their equivalent.

The quality of this course-work must have been such that it would serve as a prerequisite for more advanced courses in the field of science to which it pertains.

**Qualifying Course-Work in Microbiology and Bacteriology:** This standard considers microbiology to be a broad field of science encompassing a number of scientific disciplines or areas of science, the fields in which this science is applied, and related fields where the work is concerned with or involves microbiology. The scientific disciplines or areas of this science include bacteriology, immunology, serology, algology, mycology, parasitology, protozoology, rickettsiology, tissue culture, virology and similar disciplines or areas of science. The applied fields include food, dairy, public health, industrial, medical laboratories, and similar areas in which microbiology is applied. Related fields include taxonomy and systematics, plant or animal physiology or pathology, epidemiology, ecology, and similar disciplines or areas of science where the work is directly related or applied to microbiology. Except where the course-work deals with a limited and specific segment of the science, where it might be limited in usefulness, most of the work, including that dealing with the development and use of microbiological methods, procedures, and techniques, is qualifying. In interpreting the substantive value of the course-work, partial or total credit may be given for courses in related fields, depending on the degree to which it is related to microbiological work.

**Experience:** In addition to meeting the educational requirements stated in the preceding paragraphs, applicants must have had appropriate experience in (1) the general field of microbiology, (2) one of the specialized areas or applied fields of microbiology, or (3) a field of science directly related and applicable to microbiological work or microbiological research as follows:

**GS-5:** No additional training or experience needed.

**GS-7:** At least 1 year of professional experience in a microbiological science.

**GS-9:** At least 2 years of professional experience in a microbiological science which shows that the applicant has (a) a general working knowledge of microbiology or of one or more areas of specialization, (b) a working knowledge of and ability to apply the methodology required, and (c) the ability to perform work independently.

The quality of the experience, graduate study or combination of graduate study and experience must be such that it shows the applicant possesses (1) a knowledge and understanding of the laboratory techniques applied in the type of work for which the applicant is being considered, and (2) the ability to exercise independent judgement in evaluating and interpreting the results of his/her work and/or an aptitude for research work.

**GS-11:** At least 3 years of professional experience in microbiological science which shows that the applicant has (a) a thorough grasp and working knowledge of the science of microbiology, including an understanding of the biological and biochemical theories, laws, and principles underlying the work, (b) a working knowledge of and the ability to apply either general microbiological methodology or the specific methodology typical of the discipline or area of specialization in which the applicant is expected to work, and (c) the ability to perform difficult work with only general supervision.

**GS-12:** At least 3 years of professional experience in a microbiological science, or comparable professional experience in a directly related area of science where the work is microbiological in nature, which shows that the applicant has (a) a comprehensive understanding of the scientific theories, laws, and principles underlying microbiology, as well as a thorough knowledge of microbiology or one of the

areas of specialization, (b) a sound working knowledge of, and ability to apply, adapt, and develop the specific methodology required for the work, (c) the ability to work independently and perform difficult, responsible, and highly specialized work, and (d) either the ability to direct microbiological work of a highly complex nature, or the ability to plan, organize, carry out, interpret, and report on the results of work of a difficult nature.

This experience must have been equivalent in difficulty to that of the GS-11 grade in this series of positions, and must show that the applicant has a broad knowledge and understanding of the scientific principles and procedures involved, the ability to plan, conduct, and report on research as an independent investigator, and the ability to prepare the results for publication.

**GS-13:** At least 3 years of professional experience in a microbiological science, or a comparable professional experience in a directly related area of science where the work is microbiological in nature or can be related directly to the specific area of specialization for which the applicant is being considered, which shows that the applicant has (a) a comprehensive knowledge and understanding of the sciences underlying microbiology and of how the theories, laws, principles, and practices of these sciences apply to microbiology or to the areas of specialization in which the applicant is expected to work, and (b) a comprehensive understanding and working knowledge of the methodology applied in the applicant's work, and the ability to apply, adapt, and develop methods, procedures, and techniques to fit the needs of the applicant's specific work situation. The quality of the applicant's experience or combination of graduate study and experience should be such that it clearly shows that the applicant has (1) the ability to perform difficult, complex, and responsible microbiological work which requires the ability to plan, schedule, coordinate, and advise on special problems or phases of work, or (2) the ability to act as a consultant on work of a similar nature and difficulty. The applicant's total experience must also have demonstrated, through accomplishment, the ability to initiate and pursue to a logical conclusion (1) original scientific research of considerable importance involving and requiring extensive knowledge of several disciplines or specialized areas of microbiology, or (2) advanced original research in a limited but highly specialized complex areas of microbiology.

**GS-14:** At least 3 years of professional experience in a microbiological science, or comparable professional experience in a directly related area of science where the work is microbiological in nature and can be applied directly to the specialization for which the applicant is being considered, which shows the applicant has (a) a comprehensive and authoritative knowledge of microbiology and the related sciences and the ability to plan, organize, and perform exceptionally difficult and responsible work of a nature which must meet high and exacting professional standards; (b) the ability to plan, schedule, coordinate, and advise on special phases of microbiological work, and the ability to perform exceptionally difficult microbiological work, or (c) the ability to act as a consultant on work of similar nature and difficulty.

The total experience must have demonstrated, through accomplishment, (1) the ability to plan, organize, initiate, and carry out very difficult and original scientific research which requires comprehensive knowledge of scientific principles and techniques and outstanding competence in their application, or (2) the ability to assume the responsibility for the technical direction of a group of scientists engaged in difficult and complex original scientific research.

**GS-15:** At least 3 years of professional experience which shows that the applicant has (a) an outstanding and comprehensive knowledge of microbiology and the related sciences; and the ability to plan, direct, and conduct extremely difficult microbiological work, where the work is of major significance and the incumbent must be recognized for the applicant's outstanding professional competence and leadership in the field, or have received wide recognition for personal attainment in the field, or (b) the ability to act as a consultant on work of similar nature and difficulty.

This experience must have afforded outstanding personal recognition in the field of biological research or have demonstrated the ability to plan, organize, and administer a major research program.

**SUBSTITUTION OF EDUCATION FOR EXPERIENCE**

**For GS-7:** Successful completion of 1 academic year consisting of a full program of graduate study creditable toward meeting the requirements of an advanced degree with major study in microbiology may be substituted for the 1 year of experience.

**For GS-9:** Successful completion of 2 academic years consisting of a full program of graduate study creditable toward meeting the requirements of an advanced degree with major study in microbiology may be substituted for the 2 years of experience.

**For GS-11:** Successful completion of all requirements, including the thesis, for a Ph.D. or equivalent degree in microbiology, or in a closely related field of science, where the total training can be applied directly to the type of microbiological work the applicant will be expected to perform may be substituted for the 3 years of experience.

**At the GS-12 and Higher Grades:** Except for applicants who qualify for the GS-12 grade on the basis of superior graduate study, graduate study may not be substituted for the required year of experience equivalent in difficulty to that of the next lower grade.

**QUALITY GRADUATES:** Persons who have either a bachelor's degree, master's degree, 2 years of graduate study, or a Ph.D. degree appropriate to microbiology work as described in this standard may be rated eligible for the next higher grade; i.e., GS-7, GS-9, GS-11, and GS-l2, as the case may be, provided the superior graduate criteria prescribed in OPM's "Operating Manual for Qualification Standards for General Schedule Positions," section II.E.4.(f) are met.

**STUDENT TRAINEE EXPERIENCE:** Appropriate student trainee experience which meets the criteria prescribed in OPM's "Operating Manual for Qualification Standards for General Schedule Positions," section II.E.3.(j), may be credited toward the GS-7 experience requirements on a month-for-month basis up to a maximum of 12 months.

**QUALITY OF EXPERIENCE REQUIRED:** For positions at grades GS-11 and below, applicants must show 1 year of experience at a level of difficulty comparable to that of the second lower grade in the Federal service. For grades GS-12 and above, applicants must show 1 year of experience at a level of difficulty comparable to that of the next lower grade in the Federal service. This requirement is met when applicants qualify on the basis of education as outlined above under substitution of education for experience, quality graduates, and student trainee experience.

For positions at GS-9 which involve a substantial amount of work in a specific specialized area or applied field of microbiology, at least 6 months of the experience at the second lower grade must have been in the appropriate area for which the applicant is being considered.

For the GS-11 and higher grades of such specialized positions, at least 1 year of experience must have been (1) sufficiently specialized to insure adequate familiarity with the area of specialization or applied field of microbiology involved and (2) equivalent in difficulty to that of the second lower grade in the Federal service.

For all grades and kinds of positions, in order to meet the minimum requirements, applicants must show that their total background of education, training, and experience has given them the specific knowledges, skills, and abilities needed to perform the duties of the position for which they are being considered, considering that they will be given a reasonable amount of orientation on the job.

**QUALIFYING FIELDS OF GRADUATE STUDY:** Graduate study used to meet the requirements of positions in grades GS-7 through GS-12 is generally considered to be fully qualifying if it placed major emphasis on such fields as microbiology or bacteriology, or on specific areas of study such as mycology, algology, protozoology, parasitology, immunology, serology, microbial genetics, or dealt with specific applied fields of microbiology, such as public health, epidemiology, etc. Graduate study in related fields, such as biochemistry, animal or plant physiology, genetics, plant pathology, insect disease control, etc., may also be pertinent, provided it involves or has direct application of microbiological work. The value of such study is judged on the basis of whether it was in a major or minor field of study, its contribution to the applicant's total background of experience and training, and its value in relation to the specific requirements of the positions for which the applicant is being considered.

**COMBINATIONS OF SUPERIOR COLLEGE OR GRADUATE WORK AND EXPERIENCE:** Applicants whose records show that they either met, or would have met, the superior college or graduate student requirements for GS-7, GS-9, GS-11, or GS-12 within 2 years of the time they are rated, but who did not enter the Federal service, provided their subsequent experience has been progressive and responsible and has kept them up to date in their field, and provided at least 1 year of the experience has been of a level and difficulty equivalent of the college work, may be rated eligible for the next higher professional grade, i.e., GS-9, GS-11, GS-12, or GS-13. (See OPM's "Operating Manual - Qualification Standards for General Schedule Positions.")

**CREATIVE OR OUTSTANDING RESEARCH:** Where applicants show positive evidence that they have performed highly creative or outstanding research, which has led or can lead to major advances in a specific area of research, or to a major advance in the field of microbiology, they may be rated on this basis for highly demanding research positions which require similar abilities in order to perform the work. Applicants who meet this criterion may be rated eligible for the next higher grade above that for which they would normally be rated, provided they have not been rated at this grade on the basis of meeting one of the superior college study requirements described in the preceding paragraphs.

To receive this credit, the work must have been creative in the sense that it developed a basic principle, concept, method, approach, or technique (or provided a body of basic information) which opened the way for major advances in the field of microbiology by providing a method of solving other problems,

opening areas of research, or providing the means of exploiting the application of the science in a major area.

**SUPERVISORY OR MANAGERIAL ABILITY:** The duties of some microbiologist positions involve supervisory and managerial responsibilities related to the operation of laboratories or laboratory programs, especially at the GS-12 and higher grades. For these positions, applicants must show that their experience and training have equipped them to manage a laboratory or laboratory program.

**QUALIFICATIONS INQUIRIES:** For all grades of these positions, confidential inquiries, including contacts with the applicants' supervisors and associates or with other persons familiar with their qualifications, may be made to obtain further information about their technical, professional, scientific, and personal qualifications, and their character and suitability for these positions.

**SELECTIVE CERTIFICATION:** As outlined under quality of experience, many positions in this series require highly specialized knowledges in one or more specific scientific areas or fields of microbiology, or the ability to apply highly specialized scientific techniques to problems peculiar to a specific type of research. Examining offices may restrict certification to eligibles meeting such specialized requirements or may establish registers of eligibles based upon such requirements.

**BASIS OF RATING:** No written test is required. Applicants' qualifications will be rated on a scale of 100, and will be evaluated on the basis of their education, training, and experience as shown in the application and on corroborative evidence obtained by Federal civil service examiners.

**PHYSICAL REQUIREMENTS:** Applicants must be physically and mentally able to efficiently perform the essential functions of the position without hazard to themselves or others. Depending on the essential duties of a specific position, usable vision, color vision, hearing, or speech may be required. However, in most cases, a specific physical condition or impairment will not automatically disqualify an applicant for appointment. The loss or impairment of a specific function may be compensated for by the satisfactory use of a prosthesis or mechanical aid. Reasonable accommodation may also be considered in determining an applicant's ability to perform the duties of a position. Reasonable accommodation may include, but is not limited to: the use of assistive devices, job modification or restructuring, provision of readers and interpreters, or adjusted work schedules.

# APPENDIX F22. QUALIFICATION STANDARD

**CLINICAL DIETETIC TECHNICIAN** **GS-640-4/6**

**AUTHORITY: 38 U.S.C. 7402**

**DESCRIPTION OF WORK:** Clinical Dietetic Technicians (CDTs) are paraprofessionals who assist and support professional Dietitians in providing nutrition care to patients. Under the guidance of a Clinical Dietitian, their duties include interviewing patients and using pre-established criteria to identify patients at nutritional risk; gathering information from, and documenting in, the medical record; developing nutritional care plans for patients not at nutritional risk; monitoring and assisting in the evaluation of food intake; adjusting meal patterns and nourishments for selected patients to accommodate preferences and tolerances; counseling selected patients about their prescribed diets; teaching selected classes for groups of patients.

**GENERAL REQUIREMENTS:** Candidates for CDT positions must possess the following knowledges, skills, abilities, and other characteristics (KSAOs):

1. **Knowledge of Human Nutrition Requirements In Health And Disease:** This includes knowledge of the nutrient needs and the indicators for nutritional care; ability to identify individuals at nutritional risk within the patient population using pre-established screening data; and ability to develop and/or adjust a nutritional care plan for patients not at nutritional risk.

2. **Ability to Gather Data from the Medical Record and Document Information Pertinent to Nutritional Care:** This requires knowledge of medical terminology, abbreviations, laboratory tests, clinical, social and anthropometric data sufficient to understand nutrition-related material in a medical record; ability to interpret a physician's diet order; and ability to record accurate and understandable nutrition care plan information, for example, diet history, screening data, etc.

3. **Ability to Monitor and Influence the Patient's Nutritional Intake:** This requires the ability to accurately observe and/or record dietary information from individual patients; knowledge of factors that influence or limit individual food choices, preferences and acceptance; knowledge of the psychological effect of food on the patient; ability to calculate the nutritional content of food intake; knowledge of the four basic food groups and the recommended amount of foods from each group; and knowledge of the principles and nutrient content of modified diets.

4. **Ability to Provide Nutrition Education for Selected Groups of Patients:** This includes the ability to identify basic nutrition education needs of individuals; ability to plan and present nutrition information for a pre-established patient outcome; ability to identify and use appropriate methods to determine a patient's understanding, compliance and use of nutrition principles; knowledge of meal planning, preparation, sanitation and food safety principles and the ability to teach them to patients.

5. **Skill in Patient Interviewing and Nutrition Counseling:** This includes knowledge of the principles of effective communication and ability to evaluate information obtained in a patient interview.

6. **Ability to Interact and Communicate Orally with People from a Variety of Backgrounds:** This includes other members of the health care team.

7. **Ability to Function Effectively in a Support Position within a Clinical Dietetic Section of a General Medical and Surgical and/or Psychiatric Hospital:** This involves the ability to follow oral and/or written instructions, ability to accomplish work within established time frames; ability to work under pressure with constant interruptions; and ability to maintain composure under adverse conditions.

**EDUCATION REQUIREMENTS:** Candidates must have successfully completed a course of study in an accredited college leading to an associate's degree in Dietetic Technology with an emphasis in Nutrition Care or the equivalent post-secondary education. In determining whether a candidate's education is equivalent, close attention should be paid to the numbers and types of courses completed and their content. The education should provide the candidate with the KSAOs listed above, particularly numbers 1 through 5 (KSAOs 6 and 7 can generally be acquired through experience). To do this it must have included instruction in nutrition care/diet therapy, the natural sciences (e.g., anatomy, physiology, biochemistry), social sciences (e. g., psychology, sociology), food sciences, medical terminology, communications and education. Because course titles vary, it is important to carefully evaluate course content in order to determine that these subjects are covered. In addition, qualifying education must include supervised field experience in a hospital or similar clinical setting.

**NOTE**: *Each permanent employee whose position description reflects the full range of CDT duties as of the issue date of this qualification standard and whose job is reclassified to that title is considered fully qualified. These employees may be promoted or reassigned within this occupation.*

Employees qualified for CDT positions under this provision who subsequently leave the occupation must meet the new qualification requirements to re-enter the occupation.

**GUIDANCE FOR EVALUATING EDUCATION:** An associate's degree in Dietetic Technology (Nutrition Care) from a program approved by the American Dietetic Association (ADA) is preferred. Because the occupational study on which this standard is based showed graduates of these programs to be better equipped to provide substantive assistance and support to Clinical Dietitians, they should be given preferential consideration in the applicant evaluation process.

Applicants with an associate's degree in Dietetic Technology without a designated subspecialty which included instruction in the subjects described in the preceding section EDUCATION REQUIREMENTS also meet minimum requirements. Those programs approved by the American Dietetic Association provide such instruction.

Individuals holding a Bachelor's degree in Dietetics also meet the requirements of this position. The role of CDTs, however, is to support and assist professional Dietitians. Because the focus of associate degree Dietetic Technician programs is specifically to train people for these support positions, it is the preferred degree and should be so credited in rating and ranking qualified applicants.

Candidates with an associate's degree in Dietetic Technology with an emphasis in Food Service Management generally do not possess the KSAOs required in a CDT position unless their degree has

been supplemented by additional courses in nutrition care or by clinical experience which demonstrates possession of the required KSAOs.

**EXPERIENCE REQUIREMENTS:** Candidates who meet the education requirements described above are fully qualified for the GS-4 level. To qualify for higher grades, candidates must have had progressively responsible experience in the field of clinical dietetic technology in which they have demonstrated successful use of the KSAOs listed in the General Requirements section of this standard. Candidates for GS-5 positions must have at least six months of specialized experience equivalent to GS-4. Candidates for GS-6 and above must have at least 1 year of specialized experience equivalent to the next lower grade.

**PHYSICAL REQUIREMENTS:** Applicants must be physically and mentally able to efficiently perform the essential functions of the position without hazard to themselves or others. Depending on the essential duties of a specific position, usable vision, color vision, hearing, or speech may be required. However, in most cases, a specific physical condition or impairment will not automatically disqualify an applicant for appointment. The loss or impairment of a specific function may be compensated for by the satisfactory use of a prosthesis or mechanical aid. Reasonable accommodation may also be considered in determining an applicant's ability to perform the duties of a position. Reasonable accommodation may include, but is not limited to: the use of assistive devices, job modification or restructuring, provision of readers and interpreters, or adjusted work schedules.

## QUALIFICATIONS GUIDELINES FOR UPWARD MOBILITY PROGRAMS

**Minimum Qualifications:** Applicants for Upward Mobility Programs which involve enrollment in a course of study leading to an Associate's degree in Clinical Dietetic Technology should meet all entrance requirements of the college in question.

**KSAOs:** The following KSAOs have been determined through a job analysis to be necessary for satisfactory performance as a CDT. Since these KSAOs, while they may be enhanced, are not necessarily acquired through college level coursework, applicants for the Upward Mobility Program should possess them to the degree needed to perform satisfactorily the duties of a CDT. Persons responsible for making minimum qualification determinations should use locally established criteria in ensuring that applicants have these KSAOs. The KSAOs are:

1. Ability to communicate orally and interact with people from a variety of backgrounds.

2. Ability to follow oral and written instructions.

3. Ability to work under pressure with constant interruptions.

4. Ability to maintain composure under adverse conditions.

**Rating and Ranking Criteria**

1. The following rating factors were shown by a job analysis to be useful in distinguishing superior from barely acceptable performance (They are provided for optional use in rating applicants for the Upward Mobility Program):

a. Ability to follow oral and written instructions.

b. Ability to accomplish work within established time frames.

c. Ability to work under pressure with constant interruptions while maintaining composure.

2. Persons developing crediting plans for Upward Mobility selections should keep in mind the likely applicant pool and include examples of experience, training, education, etc., which these individuals are likely to cite and which will aid in identifying the best qualified applicants. Because many applicants may not have had extensive work experience, it is particularly important to consider outside or unpaid activities and to include examples of these in quality levels. Many applicants may have demonstrated a high degree of these KSAOs through parenting, running a household or volunteer work in a church or community organization. These types of examples should be included in quality levels, and raters should be cautioned to give them appropriate weight in the rating process.

3. If, after applying the crediting plan, further distinctions need to be made to identify the best applicants, an individual or panel interview may be useful. The interview should be structured so consistent, job-related information can be obtained from each applicant who scored highly using the crediting plan. Particular attention should be paid to those skills and abilities which were not measured or not fully measured using the crediting plan. For example, oral communication skills are important to the CDT and can be easily demonstrated and observed in an interview. Also, since the Upward Mobility Program consists of enrollment in, and completion of, a course of study leading to an associate degree, career goals and motivation might be explored in the interview. A method for assessing applicant performance during the interview should be devised and followed consistently in evaluating each applicant.

## APPENDIX F23. QUALIFICATION STANDARD

**NUCLEAR MEDICINE TECHNICIAN SERIES GS-642**

**AUTHORITY:38 U.S.C. 7402**

**GENERAL REQUIREMENTS:** The qualification requirements for Nuclear Medicine Technician, found in the Group Coverage Qualification Standard for Technical and Medical Support Positions, in OPM's "Operating Manual - Qualification Standards for General Schedule Positions," section IV-A-7 to IV-A-11, have been approved for use in VA with the following additional requirements:

1. **Certification:** All applicants must be certified in Nuclear Medicine by one of the following:

a. The Nuclear Medicine Technology Certification Board (NMTCB), or

b. The American Registry of Radiologic Technology (ARRT).

2. **Exceptions for Applicants:** Uncertified applicants who otherwise meet the eligibility requirements for NMTCB or ARRT certification (see section 4, Certification Eligibility) may be given a temporary appointment not to exceed 1 year; **or** they may be appointed subject to obtaining the required certification during the probationary period. Those who fail to obtain NMTCB or ARRT certification in nuclear medicine during that year must be removed from the GS-642 series, which may result in termination of employment. A statement citing this condition of employment must be signed by each Nuclear Medicine Technician appointed or assigned under these provisions and filed in the employee's personnel folder. Requests for extending uncertified Nuclear Medicine Technicians beyond the probationary period are inappropriate.

If, after positive recruitment activities, there are no acceptable applicants who meet these requirements, the Chief Patient Care Services Officer may authorize a medical center director to recruit otherwise qualified applicants, who show evidence of training, experience and competence to be equally protective of patient health and safety. Requests to initiate broad-based recruitment using a modified standard that meets the requirements of chapter 2, section B, paragraph 9, this part, may be submitted, through channels, to the Deputy Assistant Secretary for Human Resources Management [and Labor Relations] (05[9]).

3. **Exceptions for Employees:** Each uncertified Nuclear Medicine Technician who was permanently employed on June 21, 1986, and whose competence in the safe administration of radiopharmaceuticals was affirmed in writing by a licensed VA physician not later than January 1, 1987, and documented in the employee's personnel folder, or any licensed Nuclear Medicine Technician hired before receipt of this standard, is considered fully qualified, and may be promoted, demoted or reassigned within the GS-642 occupation. Any employee initially retained in this manner who leaves this occupation in VA or transfers to another facility loses protected status and must meet the full requirements in effect at the time of reentry. A statement to this effect is to be signed and dated by the incumbent, the Chief, Nuclear Medicine Service and the Chief of Staff, and retained on the right side of the employee's personnel folder.

4. **Certification Eligibility:** NMTCB or ARRT certification eligibility requirements are normally satisfied by the following:

a. Graduation from an educational program in nuclear medicine technology accredited by the Committee on Allied Health Education and Accreditation;

b. National certification as a registered medical technologist, registered radiologic technologist, registered nurse, or a bachelor's or associate degree in one of the physical or biological sciences, and 4 years of clinical nuclear medicine technology experience.

**NOTE:** *Candidates who have obtained ARRT or NMTCB certification in nuclear medicine through methods other than those listed above meet minimum requirements for GS-5.*

## APPENDIX F28. QUALIFICATION STANDARD

**ASSOCIATE MEDICAL CENTER DIRECTOR (TRAINEE) GS-670-12/13**

**NOTE:** *Normal entry level is GS-12/13; however, in those exceptional instances in which higher level positions (including Medical Center Director Trainee) may be established, the provisions of this standard will apply.*

**AUTHORITY: 38 U.S.C. 7402**

### PART I

**DUTIES:** Associate Medical Center Director Trainees serve in a preceptorship under a health care facility director for the purposes of orientation and indoctrination in the specialized functions peculiar to health care administration.

In accordance with a planned, comprehensive training schedule, trainees rotate among assigned services, both medical and administrative, to observe and perform a variety of functions and activities so as to become thoroughly familiar with administrative and management problems encountered by Associate Medical Center Directors and Medical Center Directors in day-to-day operations. This includes participation in budget preparation and control, operational planning, and assignment to various committees. Trainees may also be involved in the completion of special studies, projects, and assignments, as assigned by the preceptor; as a, team member, in the Systematic External Review Program (SERP); and participation in appropriate management seminars.

Trainees may serve as Acting Associate Medical Center Director for designated periods with full responsibility and authority.

**EXPERIENCE REQUIREMENTS**

**General:** Candidates must have had 3 years of progressively responsible administrative experience which has provided a broad basic knowledge of methods, principles and practices of supervision, administration, and management.

**Specialized Experience:** Three years of progressively responsible administrative experience in a health care facility or in an office having supervisory, advisory, or directional authority over such facilities. This experience may be gained in administrative fields such as medical administration, human resources, fiscal, engineering, supply, building management, or management analysis; or in medical care and support fields such as nursing, social work, medical rehabilitation, dietetics, or psychology. The preceding list of functional areas is not intended to be all-inclusive, but rather is intended to illustrate some of the career fields in which an applicant could potentially gain the necessary specialized experience. Regardless of the functional area in which the experience is gained, it must have provided a general knowledge of the mission and organization of a health care facility and the procedures and attending administrative problems of such organizations.

**SUBSTITUTION OF EDUCATION FOR EXPERIENCE:** Undergraduate education successfully completed in an accredited college or university may be substituted for the required general experience at the rate of 1 academic year of education for 9 months of experience up to a maximum of 4 years of education for 3 years of general experience.

The completion of all the requirements for a master's degree in health care administration or public health, or a master's degree in business administration with major study in health care administration may be substituted for 1 year of the specialized experience. This master's degree, coupled with the successful completion of a 1-year residency in health care administration, may be substituted for 2 years of specialized experience.

**INSERVICE PLACEMENT PROVISIONS:** In inservice placement actions, the experience described below may be accepted as meeting the specialized experience requirements:

1. Three years of high level, progressively responsible administrative, management, or, professional experience in VA activities not directly involved in health care when such experience has provided a good knowledge of overall VA operations and the ability to plan, direct, and coordinate diverse activities. To be considered qualifying, there must be evidence that such experience, when considered in context of an applicant's composite qualifications, has provided potential to advance to positions with top-level executive responsibilities.

2. Illustrative of the type of assignments which would normally provide the necessary experience on an inservice basis are:

a. Division chief (or equivalent) or higher, level at VA field establishments.

b. Management or responsible staff positions in VA Central Office administration programs or in staff office functions at a level of responsibility comparable to that described in subparagraph a above.

**NOTE:** *These inservice provisions recognize the need to enhance career opportunities for VA career employees and, at the same time, provide reasonable assurance that those who qualify under these provisions have the potential to perform successfully in target assignments. It is also recognized that individual development plans for those who may be qualified and selected under these provisions will need to be adapted and adjusted to provide greater in-depth orientation and training in matters unique to health care delivery.*

**PERSONAL CHARACTERISTICS:** Associate Medical Center Director (Trainee) positions require frequent contact with the public and with patients. Applicants should possess the ability to work effectively with all types of people; the ability to communicate clearly and effectively both in writing and in speaking; the ability to delegate authority; and the ability to exercise good judgment, to work effectively under, pressure and to work effectively with a minimum of supervision or guidance.

**QUALITY OF EXPERIENCE:** For any grade the required amount of experience will not in itself be accepted as proof of qualification for, any of these positions. The candidate's record of experience and training must indicate ability to exercise sound judgment, the qualities of leadership, the ability to work harmoniously with other individuals and groups, and the ability to otherwise perform the duties of the

position. Candidates must show 1 year of qualifying experience at a level of difficulty comparable to that of the next lower grade in the Federal service.

**BASIS OF RATING:** No written test is required. Applicants will be rated on the extent and quality of their experience, education and training. Recency of experience, education and training will be considered.

**PHYSICAL REQUIREMENTS:** Applicants must be physically and mentally able to efficiently perform the essential functions of the position without hazard to themselves or others. Depending on the essential duties of a specific position, usable vision, color vision, hearing, or speech may be required. However, in most cases, a specific physical condition or impairment will not automatically disqualify an applicant for appointment. The loss or impairment of a specific function may be compensated for by the satisfactory use of a prosthesis or mechanical aid. Reasonable accommodation may also be considered in determining an applicant's ability to perform the duties of a position. Reasonable accommodation may include, but is not limited to: the use of assistive devices, job modification or restructuring, provision of readers and interpreters, or adjusted work schedules.

## PART II

## EXAMINING GUIDE

**RATING:** Some positions may require special knowledges or skills attained through additional specialized education, training and/or experience. In these instances selective certification or quality ranking procedures will be provided, when appropriate. Recency of education, training and experience will be considered in relative ranking, but will not be the sole basis of the rating.

## APPENDIX F29. QUALIFICATION STANDARD

**RESIDENT IN HOSPITAL ADMINISTRATION** **(File as GS-670)**

**AUTHORITY: 38 U. S.C. 7402**

**DESCRIPTION OF RESIDENCY:** Hospital administration residencies are provided at selected VA medical centers in collaboration with affiliated universities offering approved graduate degree programs in hospital administration. Their purpose is to complement the academic preparation of the graduate student by providing practical instruction and guided working experience in a hospital environment which is required by the university to satisfy the graduate degree requirements. The specific content of the resident's training program is devised by the medical center preceptor, in consultation with the resident's academic counselor, and in conformity with guidelines recommended by the American College of Health Care Administrators. Typically included are: orientation to the functions of all departments of the medical center; working assignments in selected administrative and professional activities or functions; participation in management activities, such as budgeting, staffing control, studies and investigations, reports and evaluations, and community relations. Residencies are normally of 12 months duration. However, additional training may be considered for the purpose of continuing research or for special development.

**REQUIREMENTS:** Applicants must have completed the academic work in a program of study in hospital administration leading to a graduate degree at an accredited college or university, which is required by that college or university for entrance into the residency. The program of study in hospital administration must be approved by: (1) the Accrediting Commission on Education for Health Services Administration, which has been accorded formal recognition by the National Commission on Accrediting and the U.S. Department of Education; or (2) the Council on Education for Public Health, an accrediting body of The Association of Schools of Public Health which is sanctioned by the Council on Post Secondary Education and the U.S. Department of Education. The education required for entrance into residency must be completed not later than the beginning date of the residency for which applicants are applying, and successful completion of a residency must be an essential curriculum requirement in order for the student to receive the graduate degree. Offer of appointment may be made prior to the completion of the required education; but, before their entrance on duty, applicants must submit to VA proof of completion of the academic requirements.

**BASIS OF RATING:** No written test is required. Eligibility will be based on the information shown in an individual's application and other available information.

**PHYSICAL REQUIREMENTS:** The following requirements apply to employees occupying positions covered by this standard as well as to applicants for such positions. Applicants and employees must have the capacity to perform the essential functions of the position without risk to themselves or others. In most cases, a specific medical condition or impairment will not automatically disqualify an applicant or employee. A physical condition or impairment may be disqualifying only if the condition, for good medical reason, precludes assignment to or warrants restriction from, the duties of the specific position. The loss or impairment of a specific function may be compensated for by the satisfactory use of a prosthesis or mechanical aid. Reasonable accommodation may also be considered in determining a

candidate's ability to perform the duties of a position. Reasonable accommodation may include, but is not limited to: the use of assistive devices, job modification or restructuring, provision of readers and interpreters, or adjusted work schedules.

In positions where there is exposure to environmental agents for which there are occupational/ environmental standards which require protective measures or medical surveillance, applicants and employees shall undergo initial and periodic medical evaluation in accordance with the surveillance requirements.

All positions involving Federal motor vehicle operation carry the additional medical requirements specified in 5 CFR, part 930, subpart A.

## APPENDIX F32. QUALIFICATION STANDARD

## [VETERINARY MEDICAL OFFICER (LABORATORY ANIMAL MEDICINE) GS-701-11/15

**AUTHORITY. 38 U.S.C. 7402**

**1. COVERAGE.** This qualification standard outlines the requirements for appointment as a Veterinary Medical Officer (VMO) (Laboratory Animal Medicine) in the Veterans Health Administration (VHA). VMOs provide support to VHA Research and Development (R&D) programs for the advancement of healthcare programs. Laboratory animal medicine is a veterinary medical specialty recognized by the American Veterinary Medical Association (AVMA), and in which VMOs achieve specialty board certification through the American College of Laboratory Animal Medicine (ACLAM). VMOs concentrating in laboratory animal medicine have gained specialized training and experience uniquely suited to ensure an adequate standard of care and use for laboratory animals and to support the ethical conduct of biomedical research using animals. VMOs function primarily as laboratory animal medicine practitioners but may also perform biomedical research regarding the causes, treatments, and prevention of human diseases.

**2. DUTIES.** VMOs perform duties that may include, but are not limited to, the following:

a. Direct the operation of the animal facility to ensure local program compliance with current animal welfare laws, regulations and policies and to support R&D programs using animal subjects.

b. Provide professional guidance, services and technical support to investigators at VA medical centers in planning, executing and directing R&D activities using animal subjects. This includes guidance and consultation on comparative biology and medicine, zoonotic disease, technology, husbandry, medical and surgical care and the selection, procurement, preparation, and use of laboratory animals.

c. Conceive and conduct independent and collaborative research including studies designed to gain new knowledge about laboratory animals, which will improve the quality of animal care and promote humane aspects of research through the selection of proper and new biological models, research environments and techniques.

d. Establish and maintain programs of appropriate veterinary medical care that include the use of methods to prevent, control, diagnose and treat diseases and injury and that will ensure the provision of adequate pre-procedural and post-procedural care.

e. Provide education and training for scientists and technicians on humane methods of animal care and experimentation.

f. Serve as the Attending Veterinarian on the Institutional Animal Care and Use Committee.

g. Contribute to the promotion of favorable community relations and increased public appreciation of the importance of animal studies in improving patient care and the quality of Veterans' lives.

h. Serve as a subject matter expert by contributing to efforts by VA Central Office intended to improve animal research through the support of R&D programs throughout the VA health care system, by assisting in the development of policies and guidance that pertain to animal research, and by participating in activities that assess animal research activities within VA.

i. Provide policy and regulatory guidance and oversight to VA animal research programs.

**3. BASIC REQUIREMENTS.** To qualify for appointment, all applicants must meet the basic education and licensure requirements.

a. **Education**

(1) Possess a Doctor of Veterinary Medicine (DVM) or equivalent degree, i.e., Veterinary Medical Doctor (VMD), obtained at a college or school of veterinary medicine accredited by the AVMA Council on Education; or

(2) Graduate from a foreign veterinary medical school not accredited by the AVMA Council on Education possessing one of the following:

(a) Proof of certification of final transcript by the Educational Commission for Foreign Veterinary Graduates (ECFVG); or

(b) Current, permanent, full and unrestricted license to practice veterinary medicine in a State, District of Columbia, the Commonwealth of Puerto Rico or a territory of the United States that includes successful completion of the North American Veterinary Licensing Examination (NAVLE) or its predecessors, the National Board Examination (NBE) and the Clinical Competency Test (CCT); or

(c) Proof that the education obtained in a foreign veterinary medical program is equivalent to that gained in a veterinary medical program that is accredited by the AVMA Council on Education. Under this provision, equivalency is established only if an AVMA-accredited veterinary medical school or college accepts the graduate's final transcript from the foreign veterinary medical school at full value for placement into an advanced degree, postgraduate educational program or training program (e.g., residency or graduate program); and

(d) Graduates of foreign veterinary medical programs must also provide proof of proficiency in the English language by successfully completing one of the nationally and internationally recognized examinations that incorporate assessments of reading, writing, listening and speaking skills. Examples of examinations that assess mastery of the English language include:

1. Test of English as a Foreign Language (TOEFL) — Minimum scores for the TOEFL are 560 for the paper-based version; 220 for the computer-based version; or overall score of 83 for the internet-based version (including 26 or higher in speaking, 26 or higher in listening, and 17 or higher in writing). For the computer-based and paper-based test versions, applicants must also complete the Test of Spoken English (TSE) and the Test of Written English (TWE). Minimum required scores are 55 for the TSE and 5.5 for the TWE; or

2. Academic tests (listening, writing and speaking) offered by the International English Language Testing System (IELTS). Applicants must achieve a minimum overall band score of 7.0, with at least 7.0 in speaking, 6.5 in listening, and 6.0 in writing; or

3. Canadian Academic English Language Assessment (CAEL). Applicants must achieve a minimum overall band score of 70, with at least 60 in speaking, 60 in listening, and 50 in writing.

b. **Licensure**

(1) Possess a current, permanent, full and unrestricted license to practice veterinary medicine in a State, District of Columbia, the Commonwealth of Puerto Rico or a territory of the United States that includes successful completion of the NAVLE or its predecessors, the NBE and the CCT.

(2) An employee who enters this occupation with the basic requirement for licensure, but fails to maintain licensure must be immediately removed from the occupation, which may also result in termination of employment. At the discretion of the appointing official, an employee who fails to maintain licensure may be reassigned to another occupation for which he/she qualifies if a placement opportunity exists.

**4. GRADE LEVEL REQUIREMENTS.** In addition to meeting the basic requirements, applicants must meet the grade level requirements for the position for which they wish to be considered. Applicants may qualify for each grade level through the attainment of specialized experience, advanced degree, residency or post-graduate training, or board certification as indicated below.

a. **Specialized Experience.** Specialized experience must demonstrate the ability of the applicant to independently perform the veterinary medical duties required for the position. Only experience gained after completing the basic education requirements described in paragraph 3 and in a biomedical research setting in which Public Health Service Policy and United States Department of Agriculture Animal Welfare Act Regulations were applied under the jurisdiction of the Institutional Animal Care and Use Committee is creditable. Experience gained at a pet veterinary clinic with species commonly used in research does not count towards meeting the specialized experience requirements. When calculating the length of specialized experience, applicants are considered to have gained 1 year of experience through the completion of either 12 months or 52 weeks of specialized experience, whichever comes first. Qualifying part-time specialized experience is credited according to its relation to the full-time workweek (i.e., 40 hours). The number of years of specialized experience required for each grade level is as follows:

(1) **GS-11.** No specialized experience required at the GS-11 grade level.

(2) **GS-12.** 1 year of specialized veterinary experience equivalent to the GS-11 grade level.

(3) **GS-13.** 1 year of specialized veterinary experience equivalent to the GS-12 grade level.

(4) **GS-14.** 1 year of specialized veterinary experience equivalent to the GS-13 grade level.

(5) **GS-15.** 1 year of specialized veterinary experience equivalent to the GS-14 grade level.

b. **Advanced Degrees.** Advanced degrees (i.e., graduate degrees) are creditable towards meeting the qualifications for the GS-12 and GS-13 grade levels. To be creditable, applicants must have earned the advanced degree at an accredited college or school in the area of specialization of laboratory animal medicine, laboratory animal science or in an area directly related to the practice of laboratory animal medicine. The advanced degree must have been earned in addition to the basic education described in paragraph 3 or earned in a dual DVM/graduate degree program. The type of qualifying advanced degrees creditable for each grade level is as follows:

(1) **GS-11.** No advanced degree required above the basic education requirement for the GS-11 grade level.

(2) **GS-12.** Master of Science in laboratory animal medicine, laboratory animal science or an area directly related to the practice of laboratory animal medicine.

(3) **GS-13.** Ph.D. degree in laboratory animal medicine, laboratory animal science or an area directly related to the practice of laboratory animal medicine.

(4) **GS-14.** None qualifying at the GS-14 grade level.

(5) **GS-15.** None qualifying at the GS-15 grade level.

c. **Residency and Post-Graduate Training.** Residency or post-graduate training in an ACLAM-approved program is creditable towards meeting the grade level requirements. The discipline or specialty of the residency or post-graduate training program must be laboratory animal medicine, laboratory animal science or in an area directly related to the practice of laboratory animal medicine. Applicants must demonstrate successful completion of a residency or post-graduate training program or a level of satisfactory progression in the residency or post-graduate training program. The number of years of residency or post-graduate training required is as follows:

(1) **GS-11.** 1 year of progressively responsible training in an ACLAM-approved internship, residency program or fellowship training program.

(2) **GS-12.** 2 years of progressively responsible training in an ACLAM-approved internship, residency program or fellowship training program.

(3) **GS-13.** 3 years of progressively responsible training in an ACLAM-approved internship, residency program or fellowship training program.

(4) **GS-14.** 4 years of progressively responsible training in an ACLAM-approved internship, residency program or fellowship training program.

(5) **GS-15.** 5 years of progressively responsible training in an ACLAM-approved internship, residency program or fellowship training program.

d. **Board Certification.** Board certification for the laboratory animal medicine specialty is demonstrated by ACLAM Diplomate status. ACLAM Diplomate status is creditable with specialized experience or residency and post-graduate training towards meeting the grade level requirements. ACLAM Diplomate status is awarded to individuals who have completed a rigorous post-graduate training or residency program or who have gained specialized laboratory animal experience. ACLAM Diplomates must also meet publication requirements and pass certifying exams. The certifying exams cover laboratory animal biology, laboratory animal resources management, clinical laboratory animal medicine and surgery, laboratory animal pathology and animal experimentation. **NOTE:** *Specialized experience and residency and post-graduate training requirements listed below must meet the criteria described in the applicable qualifying category above. An applicant with ACLAM Diplomate status may immediately qualify for a position up to the GS-13 grade level*. ACLAM Diplomate status is creditable for each grade level as follows:

(1) **GS-11.** ACLAM Diplomate status.

(2) **GS-12.** ACLAM Diplomate status and 1 year of specialized veterinary experience equivalent to the GS-11 grade level or ACLAM Diplomate status and 2 years of progressively responsible training in an ACLAM-approved internship, residency program or fellowship training program.

(3) **GS-13.** ACLAM Diplomate status and 1 year of specialized veterinary experience equivalent to the GS-12 grade level or ACLAM Diplomate status and 3 years of progressively responsible training in an ACLAM-approved internship, residency program or fellowship training program.

(4) **GS-14.** ACLAM Diplomate status and 1 year of specialized veterinary experience equivalent to the GS-13 grade level or ACLAM Diplomate status and 4 years of progressively responsible training in an ACLAM-approved internship, residency program or fellowship training program.

(5) **GS-15.** ACLAM Diplomate status and 1 year of specialized veterinary experience equivalent to the GS-14 grade level or ACLAM Diplomate status and 5 years of progressively responsible training in an ACLAM-approved internship, residency program or fellowship training program.

**5. SUPERVISORY POSITIONS.** Use the Supervisory Qualification Guide in the OPM Operating Manual for Qualification Standards for General Schedule Positions in conjunction with the requirements of this standard for supervisory or managerial positions.

**6. GRANDFATHERING PROVISION.** All persons employed in VHA in this occupation on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including education and licensure that are part of the basic requirements of the occupation. For employees who do not meet all of the requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

a. Employees grandfathered into the GS-701 occupational series under the provision of this paragraph may be reassigned, promoted up to the full performance level of a career ladder or changed to lower grade within the GS-701 occupation, but may not be promoted beyond the full performance level or placed in a supervisory or managerial position.

b. Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the qualification requirements of the standard.

c. Employees initially grandfathered into this occupation who subsequently obtain additional education and/or licensure that meet all basic requirements of the qualification standard must maintain the required credentials as a condition of employment in the occupation.

d. If an employee who is retained under this provision leaves the GS-701 occupational series, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

**7. FEE-BASIS UTILIZATION AND CONTRACT.** Applicants seeking employment through a fee-basis appointment or contract must meet all of the requirements of the VMO qualification standard. Employees who were appointed through a fee-basis appointment or contract prior to the effective date of the qualification standard may not have their appointment or contract extended or be reappointed until they fully meet the requirements of the standard.

**8. WAIVERS.** If after positive recruitment activities there are no acceptable applicants who meet these requirements, the Chief, Research and Development Officer (109P), may authorize a medical center director to recruit otherwise qualified applicants who show evidence of training, experience, and competence to be equally protective of patient health and safety. Requests to initiate broad-based recruitment using a modified standard that meets the requirements of chapter 2, section D, paragraph 9 of this part must be submitted through channels to the Office of Human Resources Management, Recruitment and Placement Policy Service (059).

**9. PHYSICAL REQUIREMENTS.** Applicants must be physically and mentally able to safely and efficiently perform the full range of duties of the position without creating hazards to themselves or others. In most cases, a specific physical condition or impairment will not automatically disqualify an applicant for appointment. Reasonable accommodation may also be considered in determining an applicant's ability to perform the duties of a position.

**10. ADDITIONAL REQUIREMENTS.** In addition to meeting the other requirements of this qualification standard, applicants must possess the writing, oral communication, and interpersonal skills necessary to perform the duties of the position to be filled. These personal competencies may be evaluated by means of an interview.]

## APPENDIX F33. QUALIFICATION STANDARD

**MEDICAL PHOTOGRAPHER** **GS-1060-4/12**

**AUTHORITY: 38 U.S.C. 7402**

### PART I

**DUTIES:** Photographers in a Medical Center make still and motion pictures of subjects of medical interest in which size, form, texture, color, and motion must be rendered with great accuracy through the use of a variety of photographic techniques and media. Medical photographers must use technical knowledge of the techniques and processes of photography, and must also exercise artistic ability in the course of their work. Many photographers carry out the laboratory work connected with developing and printing photographs. Medical photographers must have a knowledge and understanding of the problems involved in photographing severely ill or handicapped patients, physically and mentally.

Those in the higher grades perform medical photography relating to the development of comprehensive, concise and realistic sources of photographic reference used in medical research. Duties include constant improvisation and implementation of new photographic techniques and methods where no precedent exists in medical photographic literature or reference. They do photomicrography of pathology in organs and tissues, complicated laboratory setups, tests, and techniques. Those in the higher grades may also require technical supervision of the activities indicated above and supervision of subordinate photographers and technicians.

**EXPERIENCE REQUIREMENTS:** Applicants for these positions must show general and specialized experience of the types below and in the amounts indicated in the table following:

| Grade | General Experience (Years) | Specialized Experience (Years) | Total Experience (Years) |
|---|---|---|---|
| GS-4 | 2 | None | 2 |
| GS-5 | 3 | 0 | 3 |
| GS-6 | 3 | ½ | 3 ½ |
| GS-7 | 3 | 1 | 4 |
| GS-8 | 3 | 1 ½ | 4 ½ |
| GS-9 | 3 | 2 | 5 |
| GS-10 | 3 | 2 ½ | 5 ½ |
| GS-11 | 3 | 3 | 6 |
| GS-12 | 3 | 3 | 6 |

**GENERAL EXPERIENCE:** This is experience which has provided the applicant with knowledge in operating cameras and related equipment, performing developing and printing processes and techniques or a combination of both as required by the position. Experience gained in operating microfilming equipment or other kinds of photoduplicating equipment may be qualifying (up to 1 year of such experience) provided it demonstrates that the applicant has an understanding of the photographic

processes involved. Photographic experience gained in prevailing wage kinds of positions is considered qualifying provided it demonstrates the applicants' understanding of the photographic processes.

**SPECIALIZED EXPERIENCE:** This is experience in medical photography that may have been gained by responsible activities in a still or motion-picture photographic laboratory, or by planning and completion of very difficult still or motion-picture photographic work of high quality. For grades GS-7 and above, this specialized experience must have included photomicrography or motion picture photography.

**QUALITY OF EXPERIENCE:** Possession of the length of experience required for a grade will not of itself be accepted as proof of possession of qualifications for that grade. The applicant's record of experience and training must show that he has the ability to perform the work of the position. At all grade levels at least 6 months of the qualifying experience must be of a level comparable to the next lower grade of the Federal service, or 1 year of experience must have been at a level comparable to that of the second lower grade. For positions that involve supervisory duties, the applicant must have had appropriate supervisory experience or have demonstrated the aptitudes required to perform satisfactorily the duties of the position being filled.

**SUBSTITUTION OF EDUCATION FOR EXPERIENCE:** A successfully completed residence course in basic photography (either in high school or in the Armed Forces) consisting of at least 200 hours of instruction or supervised laboratory work may be substituted for 3 months of the required general experience in any grade.

Advanced photographic training in residence at a technical institute or trade school above high school level may be substituted year for year up to a maximum of 2 years for the required general experience in any grade.

**BASIS OF RATING:** No written test is required. Applicants will be rated on a scale of 100 on the extent and quality of their experience and training relevant to the duties of the position. The rating of experience will be based upon the applicants' statements in their application, upon the quality of samples submitted, if required, and upon any additional evidence secured by Federal civil service examiners.

**PHYSICAL REQUIREMENTS:** Applicants must be physically and mentally able to efficiently perform the essential functions of the position without hazard to themselves or others. Depending on the essential duties of a specific position, usable vision, color vision, hearing, or speech may be required. However, in most cases, a specific physical condition or impairment will not automatically disqualify an applicant for appointment. The loss or impairment of a specific function may be compensated for by the satisfactory use of a prosthesis or mechanical aid. Reasonable accommodation may also be considered in determining an applicant's ability to perform the duties of a position. Reasonable accommodation may include, but is not limited to: the use of assistive devices, job modification or restructuring, provision of readers and interpreters, or adjusted work schedules.

## PART II

**EVALUATING EXPERIENCE AND TRAINING:** In rating applications, experience and training must be evaluated in terms of being progressively responsible from the lower to the higher grades.

Training courses for photography are very limited in number and scope. Some courses are given in vocational schools, technical institutes and in the Armed Forces. These courses may be substituted for the general experience only. Specialized experience or training will be gained in most of all cases on the job. For credit toward the specialized requirements the training or experience must have been gained in responsible medical photography activities.

For grades GS-7 and above, the specialized experience must have included photomicrography or motion-picture photography.

**ARTISTIC ABILITY:** Most medical photographer positions, and especially grades GS-7 and above, require a degree of artistic ability in the taking and developing of pictures. This artistic ability can best be judged through evaluating samples of the applicant's work. If samples are required to properly evaluate the applicant's work, the evaluation of the samples should be done by a panel of technically qualified individuals, on the basis of a uniform set of standards. If samples are not used to evaluate artistic ability, then vouchers should be used to obtain information about the applicant's artistic ability from supervisors, clients, and teachers.

**HOBBY EXPERIENCE:** Hobby experience in photography is extremely common. At the same time it may be difficult to equate hobby experience for credit toward the required general experience required in the Qualification Standard. A hobbyist can submit samples showing kinds of photographic work done or may submit photographic awards of prizes as evidence of the applicant's achievement. When such samples or awards are evaluated by professional standards and clearly represent a level of achievement usually attained as a result of full-time photographic experience, appropriate credit may be granted for general experience. Hobby experience also may be used to evaluate the quality of the applicant's work even though it may not be feasible to consider it in meeting the time requirements.

**SUGGESTED RATING FACTORS**

1. Knowledge of equipment and processes.

2. Use of specialized camera and/or processing equipment.

3. Use of medical photographic equipment and processes.

4. Subject matter knowledge of medical photography including ability to deal with hospitalized patients.

5. Artistic ability.

6. Ability to operate independently.

# APPENDIX F36. QUALIFICATION STANDARD

**GENERAL ATTORNEY** **GS-0905-11/15**

**AUTHORITY:** 5 C.F.R., Part 6, Exceptions from the Competitive Service, (Rule VI)

1. **COVERAGE.** The requirements in this standard are for appointment as an Attorney in the Department of Veterans Affairs (VA). These requirements apply to all Attorneys in the General Schedule (GS)-0905 series. Attorneys within VA provide legal advice and services with respect to questions, regulations, practices, or other matters falling within the purview of VA; draft and review Department officials' decisions to ensure compliance with the law, regulation, practices, etc., and legal sufficiency; issue written legal opinions and prepare final decisions in adjudications and appeals involving Veterans' benefits under laws administered by VA; engage in judicial and administrative litigation on behalf of the Secretary at the Federal, state, and local levels; examine contracts; provide substantive recommendations to proposed legislation; prepare interpretive and administrative orders, rules, or regulations; negotiate on behalf of the Secretary with Federal, state, and local stakeholders and prepare final VA decisions and orders on the substantive merits of employment discrimination complaints filed by employees, former employees, or applicants for employment.

2. **BASIC REQUIREMENTS.**

   a. **Citizenship.** Be citizens of, or owe allegiance to, the United States.

   b. **Bar Membership Requirements.** All attorneys in the GS-0905 series must be active members in good standing of the bar of a state or territory of the United States or the District of Columbia and must hold a current, unrestricted license to practice law. Employees must maintain their compliance with this requirement. The duties of the position call for appearance in court. The applicant must be a member in good standing of the bar or be eligible for admission to the bar, of the state or territory of the United States or the District of Columbia where he/she will serve.

   c. **Loss of Good Standing/Bar Membership.** Employees must maintain good standing in a bar of a state or territory of the United States or the District of Columbia while employed as an attorney with VA. Failure to maintain good standing in a bar of a state or territory of the United States, or the District of Columbia provides grounds for removal and possible termination from employment with the VA.

3. **QUALIFICATIONS.** The applicant's experience and training must demonstrate he/she can successfully perform the position's duties. The Office of Personnel Management (OPM) Position Classification Standard for General Attorney Series, GS-0905, provides examples of duties performed at each grade level.

a. **Quality of Experience**. For each grade, applicants must have one or a combination of the following types of experience in the amounts indicated in paragraphs 3.c.(1) through (5):

(1) Practice of law includes private, state, or Federal practice in any field of law.

(2) Other legal experience of a responsible nature is experience in any one or a combination of the following performed in a law office, government office, or in the legal department of a business establishment, in the armed forces, or other Federal service:

(a) Conducting legal research, analyzing statutes, writing legal opinions;

(b) Writing authoritative or advisory legal opinions involving interpretation of state or Federal laws, regulations, and orders, or the drafting of such regulations or orders; or

(c) Drafting, analyzing, and other legal activities with respect to bills, regulations, Executive Orders, proclamations, or statutory provisions.

(3) Where the volume of legal work in one particular subject-matter field (such as administrative law, legislation, guardianship, loans, torts, or any of the several Veterans' benefits, litigations, etc.) requires the appointee to be specifically qualified in that field, this requirement will be identified as a selective factor through job analysis. Such specific qualifications will be documented in the position description.

b. **Exceptions**.

(1) **Law Clerk.** The occupational series, Law Clerk 0904, consists of employees who have completed the education and/or training required for admission to the bar and are pending admission. The entry grade level for an appointment is the GS-11 grade level. Employees serve in not-to-exceed positions and must earn admission to the bar of a state or territory of the United States or the District of Columbia within 14 months.

(2) **Legal Intern.** Legal Intern positions must use the Pathways Internship Program for appointment in accordance with Appendix N, Pathways Program.

(3) **Superior Law Student Program**.

(a) GS-11 and GS-12 candidates applying under this option are required to furnish certification from the registrar of ranking and other attainments in law school. Candidates who meet the requirements may be eligible for appointment Above the Minimum Entry Rate of the grade under 5 U.S.C. § 5333 and VA Handbook 5007, Part II, Chapter 3, Paragraph 4.

(b) Candidates must graduate in the upper one-third of their law class and

(c) Achieve one of the following accomplishments:

i. Work or achievement of significance on their school's Official Law Review;

ii. Special high-level honors for academic excellence in law school, such as election to the Order of the Coif;

iii. Winning a moot court competition or membership on the moot court team which represents the law school in competition with other law schools;

iv. Full-time or continuous participation in a legal aid program as opposed to intermittent or casual participation;

v. Significant summer law-office clerk experience; or

vi. Other equivalent evidence of superior achievement.

c. **Grade Determinations.** In addition to the basic requirements for employment identified in paragraph 2, the following criteria are the minimum qualifications for non-supervisory positions at each grade level.

(1) **GS-11.**

(a) One year of experience or less in the practice of law as described in paragraph 3a; or

(b) Meets qualification through the Superior Qualification Program.

(2) **GS-12**.

(a) Possession of a Master of Laws (LL.M.) degree;

(b) Possession of a Juris Doctor (JD) degree in a field of law directly pertinent to the work of the position to be filled as evidenced by transcripts and identified as a selective factor in the position description or subsequent position descriptions in a position ladder;

(c) Two years of progressively responsible experience as described in paragraph 3a of which a maximum of one year of the required experience may be acquired prior to admission to the bar, and that demonstrates experience performing similar legal work and responsibilities as described in Nature of Cases or Legal Problems, Type I, in the OPM Position Classification Standard for General Attorney Series, GS-0905; or

(d) Meets qualification through the Superior Qualification Program.

(3) **GS-13.** Three years of progressively responsible experience as described in paragraph 3a, of which a maximum of one year of the required experience may be acquired prior to admission to the bar, and that demonstrates experience performing similar work and responsibilities as described in Nature of Cases or Legal Problems, Type II, in the OPM Position Classification Standard for General Attorney Series, GS-0905.

(4) **GS-14.** Four years of progressively responsible experience as described in paragraph 3a, of which a maximum of one year of the required experience may be acquired prior to admission to the bar, and that demonstrates experience performing similar work and responsibilities as described in Nature of Cases or Legal Problems, Type III and Level of Responsibility D in the OPM Position Classification Standard for General Attorney Series, GS-0905.

(5) **GS-15.** Four years of progressively responsible experience as described in paragraph 3a, of which a maximum of one year of the required experience may be acquired prior to admission to the bar, and that demonstrates the professional and administrative abilities required to perform similar work and responsibilities as described in Nature of Cases or Legal Problems, Type III and Level of Responsibility E, in the OPM Position Classification Standard for General Attorney Series, GS-0905.

## 4. EXAMINING GUIDE.

a. In the absence of an occupational-wide examining guide, hiring officials must develop prescribed written rating and ranking methodologies, in consultation with Human Resources office staff, based on thorough job analyses if candidates are evaluated beyond minimum qualifications for vacancies.

b. In accordance with 5 C.F.R. § 302.101(c), Veterans' preference applies as far as administratively feasible. When candidates are determined to be approximately equally qualified for a particular vacancy, hiring preference will be given to Veterans or preference eligibles as defined in 5 U.S.C. § 2108. At a minimum, facilities must demonstrate from the written record why the qualifications of non-selected preference eligibles and other Veterans are not approximately equal to those of selected candidates who either lack preference or are non-Veterans. Upon request, hiring managers must provide qualified Veterans or preference eligibles with the reasons for non-selection.]

# PHYSICIAN QUALIFICATION STANDARD
## Veterans Health Administration

1. **COVERAGE.** The following are the overall requirements for appointment as a physician in the Veterans Health Administration (VHA).

2. **BASIC REQUIREMENTS.**

   a. **Citizenship**. Be a Citizen of the United States. (Noncitizens may be appointed when it is not possible to recruit qualified citizens in accordance with [38 U.S.C. § 7407(a)).]

   b. **Education.** Degree of Doctor of Medicine or an equivalent degree resulting from a course of education in allopathic medicine or osteopathic medicine. The degree must have been obtained from an institution whose accreditation was in place for the year in which the course of study was completed. Approved schools are:

      (1) Schools of medicine accredited by the Liaison Committee on Medical Education (LCME) for the year in which the degree was granted, or

      (2) Schools of osteopathic medicine approved by the Commission on Osteopathic College Accreditation of the American Osteopathic Association for the year in which the degree was granted.

      (3) For foreign medical graduates not covered in (1) or (2) above, facility officials must verify with the Educational Commission for Foreign Medical Graduates (ECFMG) that the applicant has met requirements for certification, and must obtain a copy of the ECFMG certificate, if claimed by the applicant. [If the applicant does not claim an ECFMG certificate, facility officials must still confirm that the medical school meets (or met) ECFMG eligibility requirements for the year the candidate graduated.] [

      NOTE: The Under Secretary of Health or designee in the VHA Central Office may approve the appointment under authority of 38 U.S.C. § 7405 of a physician graduate of a school of medicine not covered above if the candidate is to be assigned to a research, academic, or administrative position with no patient care responsibilities. The appointment will be made only in exceptional circumstances where the candidate's credentials clearly demonstrate high professional attainment or expertise in the specialty area.

   c. **Licensure and Registration.** Physicians must possess a current, full and unrestricted license to practice medicine or surgery in a state, territory, or Commonwealth of the United States, or in the District of Columbia. The physician must maintain current registration in the state of licensure if this is a requirement for continuing active, current licensure.

      (1) **Impaired Licensure.** A physician who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status may beappointed only in accordance with the provisions of this [Handbook 5005 part II,] chapter 3, section B, [paragraphs 13 and 14].

(2) **Waiver of Licensure.** Licensure requirements may be waived by the Under Secretary for Health or designee in the VHA Central Office for individuals in research, academic, or administrative assignments involving no direct patient care responsibilities in accordance with current regulations. In addition, the facility director may waive this licensure requirement if the physician is to serve in a country other than the United States and the physician has licensure in that country. (See [this Handbook 5005 part II,] chapter 3, section B, paragraph 14, on waiver of licensure provisions.)

NOTE: Individuals who have or have had multiple licenses and had any such license revoked for professional misconduct, professional incompetence or substandard care, or who surrendered such license after receiving written notice of potential termination of such license by the state for professional misconduct, professional incompetence, or substandard care, are not eligible for appointment to the position unless such revoked or surrendered license is fully restored (38 U.S.C. § 7402(f)). This requirement does not apply to licensed physicians on VA rolls as of November 30, 1999, provided they maintain continuous appointment and are not disqualified for employment by any subsequent revocations or voluntary surrenders of state license, registration or certification.

d. **Residency Training.** Physicians must have completed residency training, approved by the Secretary of Veterans Affairs in an accredited core specialty training program leading to eligibility for board certification. (NOTE: VA physicians involved in academic training programs may be required to be board certified for faculty status.) Approved residencies are:

(1) Those approved by the Accreditation Council for Graduate Medical Education (ACGME),

OR

[ ]

[(2) Those approved by the American Osteopathic Association (AOA),

OR

(3) Other residencies (non-US residency training programs followed by a minimum of five years of verified practice in the United States), which the local Medical Staff Executive Committee deems to have provided the applicant with appropriate professional training and believes has exposed the physician to an appropriate range of patient care experiences.NOTE: Residents currently enrolled in ACGME/AOA accredited residency training programs and who would otherwise meet the basic requirements for appointment are eligible to be appointed as “Physician Resident Providers” (PRPs). PRPs must be fully licensed physicians (i.e., not a training license) and may only be appointed on an intermittent or fee-basis. PRPs are not considered independent practitioners and will not be privileged; rather, they are to have a “scope of practice” that allows them to perform certain restricted duties under supervision. Additionally, surgery residents in gap years may also be appointed as PRPs. For more information, see Section 3a below.

e. **Board Certification:** Physicians are generally not required to be board certified for employment in VA; however, three circumstances in VA require physician board certification:

(1) If the position being filled is required to be a supervisor for medical students or physician residents (including fellows), the LCME, ACGME or AOA standards requiring a particular board certification credential will apply.

(2) If the position being filled will have faculty status with an affiliated medical school (for example, in joint recruitments with affiliated medical schools), then a medical school requirement for board certification will apply to the jointly recruited position.

(3) If the position being filled is required to be board certified by virtue of specific VHA policy (for example, as director of a cardiac catheterization laboratory or Director of Clinical Laboratory Medicine), then VHA policy requiring board certification will apply.]

f. **Physical Requirements.** See VA Directive and Handbook 5019.

g. **English Language Proficiency.** Physicians appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. § 7402(d) and 7407(d).

[h. **Grandfathering.** Currently employed physician(s) in VA who met the requirements for appointment under the previous qualification standard at the time of their initial appointment are deemed to have met the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the occupation at the time they were appointed, the following provisions apply:

(1) Such employees are considered to have met the basic qualification requirements for the purposes of transferring or reassignment to another physician position within VA.

(2) Employees who were appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) If a physician who was retained under this provision leaves the occupation or VA employment, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry or reemployment.]

## 3. PHYSICIAN STAFF REQUIREMENTS.

[a. **Physician Resident Providers (PRPs).** PRPs are fully licensed physicians who are currently enrolled in approved residency training programs. They perform specific duties within a scope of practice under the supervision of licensed independent practitioners. Facilities should develop PRP scopes of practice that are approved through the local medical staff process, and identify the supervising physician(s).

Duties approved through the scope of practice should correspond with the individual's postgraduate year level of responsibility and not exceed their level of training. For example PRPs may be allowed to provide inpatient consultation, post-operative follow-ups, or weekend clinics, under the supervision of a privileged physician]

[b.] **Staff Physician.** None beyond the basic requirements. The individual must qualify to perform duties as a physician, have completed an accredited residency and/or possess experience which has qualified the individual to perform general duties and some specialized functions and procedures without supervision. Staff physicians may also include attendings who train physician residents assigned in facilities with residency training programs, and consultants who are capable of giving authoritative views and opinions on subjects in their field of medicine.

[c.] **Leadership/Manager Positions.** Physician leadership and manager positions may be facility chiefs of staff, directors (i.e., medical center and Veterans Integrated Service Network (VISN)); selected positions in VHA Central Office; and service chiefs or service line managers. Positions are approved for these levels based on the scope and complexity of the assignment and the level of responsibility.

(1) **Chief of Staff.** A facility chief of staff must serve on a full-time basis [ ]. The chief of staff develops and maintains currently accepted management practices throughout the clinical services. The chief of staff develops and presents the budgetary requirements of the clinical services and assists in the formulation of the annual budget program. The chief of staff is fully responsible to the medical center director for programs of patient care and for the educational and research activities of the clinical services. To carry out these responsibilities, the chief of staff:

(a) Formulates and recommends plans for a comprehensive program of medical care,

(b) Develops the requirements of staff, facilities, equipment and supplies needed to support an integrated program, utilizing necessary reviews and controls, and

(c) Appraises the effectiveness of the various medical programs in meeting the needs of patient care.

(2) **Medical Center Director/VISN Director.** Physicians appointed as directors of medical centers (including facility and regional office center directors, directors of outpatient clinics (Independent) and Domiciliaries) or VISNs must meet the requirements specified in 38 U.S.C. § 7306. The individual assigned at this level will be a qualified Doctor of Medicine with demonstrated leadership ability.

(a) The medical facility director (includes directors of outpatient clinics (independent) and domiciliaries) has overall responsibility for planning, organizing, directing, coordinating and controlling medical, administrative, and supporting operations of a medical facility which administers a variety of medical care and treatment for a large geographic area. The director is responsible for maintaining and improving the health care facility and VA relationships through active participation in the administrative, educational, community and social events of Federal, state, local and other affiliated organizations involved in health care delivery, Veterans

service organizations, and appropriate civic organizations. These duties are geared to the successful accomplishment of the basic patient care mission, and additional missions for teaching and research.

(b) The VISN or regional office center director has delegated line authority and responsibility for executive level management of a consolidated VA health care and Veterans benefits facility covering a large geographic area. The director has responsibility for planning, organizing, directing, coordinating and controlling administrative and supporting operations and for establishing policies and procedures. The director delegates authority as appropriate to subordinate staff for program administration (often statewide), directing program planning, and the formulation and presentation of the annual budget for the facility. The director is responsible for maintaining and improving the health care facility and VA relationships through active participation in the administrative, educational, community and social events of Federal, state, local and other affiliated organizations involved in health care delivery, Veterans service organizations, and appropriate civic organizations. These duties are geared to the successful accomplishment of the basic patient care and Veterans benefits missions.

[ ]

[(3)] **Service Chief or Line Manager.** A service chief or line manager physician must demonstrate the following:

(a) Outstanding professional ability in the practice of medicine or a medical specialty; and

(b) Ability to guide the development and implementation of programs within their respective domain. These programs would include, but are not limited to medical practice, professional standards, personnel issues, and quality and performance improvement.

**Authority: 38 U.S.C.** § § **7402, 7403.]**

# [APPENDIX G3. DENTIST QUALIFICATION STANDARD
# GS-0680
# Veterans Health Administration

**1. COVERAGE.** The following are requirements for appointment as a Dentist in the Veterans Health Administration (VHA).

## 2. BASIC REQUIREMENTS

a. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when it is not possible to recruit qualified citizens in accordance with section A, chapter 3, paragraph 3g, this part.)

b. **Education.** Degree of doctor of dental surgery or dental medicine resulting from a course of education in dentistry. The degree must have been obtained from one of the schools approved by the Secretary of Veterans Affairs for the year in which the course of study was completed. Approved schools are:

(1) United States and Canadian schools of dentistry listed by the Commission on Dental Accreditation (CODA), in the list published for the year in which the course of study was completed.

(2) Schools (including foreign schools) accepted by the licensing body of a State, Territory, or Commonwealth (i.e., Puerto Rico), or the District of Columbia as qualifying for full and unrestricted licensure provided the licensure requirements include a written examination measuring science achievement and a performance examination measuring clinical competence.

**NOTE:** *The Under Secretary for Health or designee in Central Office may approve the appointment under authority of 38 U.S.C. 7405 of a graduate of a school of dentistry not covered above if the candidate is to be assigned to a research or academic position with no patient care responsibilities. The appointment will be made only in exceptional circumstances where the candidate's credentials clearly demonstrate high professional attainment or expertise in the specialty area. (Also see paragraph 2d(4) below on waiver of licensure provisions.) The Under Secretary for Health or designee may also approve the appointment of a graduate of a school of dentistry not covered above as a resident under 38 U.S.C. 7406.*

c. **Residency or Comparable Experience.** Completion of an approved residency program in general practice or specialty, or comparable experience as a dentist actively involved in treating medically compromised patients.

**NOTE:** *The appointing official may approve, under unusual circumstances, a waiver of Residency or Comparable Experience.*

d. **Licensure and Registration**

(1) **Dentists (Except Residents).** Current, full, and unrestricted license to practice dentistry in a State, Territory, or Commonwealth of the United States (i.e., Puerto Rico), or in the District of

Columbia. The dentist must maintain current registration in the State of licensure if this is a requirement for continuing active, current licensure.

(2) **Residents (Independent and Integrated Programs).** Graduates of approved United States and Canadian schools of dentistry must have a current, full and unrestricted license to practice dentistry in a State, Territory or Commonwealth of the United States, or in the District of Columbia before the second year of VA residency, *or*, for integrated programs, meet any licensure, registration or other equivalent requirements established for residents of non-VA hospitals with which the VA facility is affiliated for training purposes. The resident must maintain current registration in the State of licensure if this is a requirement for continuing active current licensure.

(3) **Impaired Licensure.** A dentist who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status may be appointed only in accordance with the provisions of section B, chapter 3, paragraphs 14 and 17c, of this part.

(4) **Waiver of Licensure.** Licensure may be waived by the Under Secretary for Health or designee in Central Office for individuals in research or academic assignments involving no direct patient care responsibilities in accordance with current regulations.

e. **Physical Requirements.** See VA Directive and Handbook 5019.

f. **English Language Proficiency.** Dentists, including residents, appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d) and 7407(d).

**3. DENTAL STAFF REQUIREMENTS**

a. **General Practice Resident.** None beyond the basic requirements.

b. **Residents in Dental Specialties**

(1) **First-Year Residents.** None beyond the basic requirements, however, paragraph 2c above does not apply to the appointment of general practice residents.

(2) **Second and Third Year Residents.** An individual at these levels must have the qualifications of the first-year resident, and in addition, the appropriate period of time (one to three years depending on specialty) of approved residency training in the specialty or its creditable equivalent.

c. **[ ] Staff**

(1) **Staff Dentist.** An individual that demonstrates the ability in the field of general dentistry or a dental specialty who is employed to perform the duties related to various professional activities of patient care and treatment without supervision. In addition to meeting the basic requirements, applicants must demonstrate ability in the general practice of dentistry; be capable of assisting in maintaining accepted standards of professional care in VA facilities; and be capable of accepting full responsibility for the proper care and treatment of assigned patients.

(2) **Attending.** A dentist who teaches and supervises fellows, residents, and students in the provision of dental treatment for Veterans. The attending dentist has primary responsibility for the care of the patient and provides direct patient care when not supervising trainees or performing other required duties. In addition to meeting the basic requirements, attendings must demonstrate the following:

(a) Ability in the field of dentistry and the ability to assist in maintaining accepted standards of professional care in VA facilities. Capable of accepting full responsibility for the proper care and treatment of assigned patients.

(b) Ability to train residents assigned to the service in facilities conducting residency training programs. An attending is a qualified dentist possessing privileges to perform all procedures being supervised. Attendings not holding a faculty appointment in an associated dental school must be recognized as an outstanding member of the profession of the caliber of a faculty member.

(3) **Consultant.** A dentist who is capable of giving authoritative views and opinions on subjects in dentistry. A consultant's expertise may consist of broad administrative or professional experience enabling the consultant to give advice of distinctive value. In addition to meeting the basic requirements, consultants must demonstrate all of the following:

(a) Outstanding professional ability and professional experience in a dental specialty or advanced dentistry; and

(b) Ability to direct the educational training of residents in the appropriate specialty in facilities affiliated with approved dental schools. A consultant not holding a faculty appointment in an associated dental school should possess equivalent professional qualifications.

**NOTE 1:** *A dentist who represents a specialty for which no specialty board exists may be appointed as a consultant if the individual possesses outstanding ability in the particular field of specialization.*

**NOTE 2:** *All dentists, including residents, consultants and attendings, will accomplish the numerous administrative requirements of medical staff members, including but not limited to: mandatory training, attendance on medical center committees, and computer and privacy compliance.*

(4) **Leadership/Manager Positions.** Dentist leadership and management positions may be Section Chiefs, Assistant Chiefs, Service Chiefs, VISN Lead Dentists, Service Line Managers, Central Office Program Positions, Chiefs of Staff, or Directors (i.e., medical center and Veterans Integrated Service Network (VISN)). Dentists in leadership positions must demonstrate outstanding professional ability in the practice of dentistry or a dental specialty, and healthcare administration, as well as the ability to guide the development and implementation of programs within their respective domain. These would include, but are not limited to dental practice, professional standards, personnel issues, quality and performance improvement.

(a) **Service Chief/Service Line Manager/Lead Dentist.** In addition to the above, Dentists in these roles must demonstrate effectiveness coordinating and managing interdisciplinary collaboration with both internal and external stakeholders to optimize the care of patients under their purview. It is expected individuals in these roles serve on a full-time basis.

(b) **Chief of Staff.** A Chief of Staff must serve on a full-time basis. The Chief of Staff develops and maintains currently accepted management practices throughout the clinical services. The Chief of Staff develops and presents the budgetary requirements of the clinical services and assists in the formulation of the annual budget program. The Chief of Staff is fully responsible to the Medical Center Director for programs of patient care and for the educational and research activities of the clinical services. To carry out these responsibilities, the Chief of Staff:

(i) Formulates and recommends plans for a comprehensive program of medical care;

(ii) Develops the requirements of staff, facilities, equipment and supplies needed to carry forward such an integrated program, utilizing necessary reviews and controls; and

(iii) Appraises the effectiveness of the various medical programs in meeting the needs of patient care.

(c) **Medical Center Director/VISN Director.** Dentists appointed as Directors of Medical Centers (including facility and Regional Office Center Directors, Directors of Outpatient Clinics (Independent) and Domiciliaries) or VISNs must meet the requirements specified in 38 U.S.C. § 7306. The individual assigned at this level will be a qualified dentist with demonstrated leadership ability.

(i) **The Medical Facility Director** (includes Directors of outpatient clinics (independent) and domiciliaries) has overall responsibility for planning, organizing, directing, coordinating and controlling medical, administrative, and supporting operations of a medical facility which administers a variety of medical care and treatment for a large geographic area. The Director is responsible for maintaining and improving health care facility and VA relationships through personal, active participation in the administrative, educational, community and social events of Federal, State, local and other affiliated organizations involved in health care delivery, Veterans service organizations, and appropriate civic organizations. These duties are geared to successful accomplishment of the basic patient care mission, as well as such additional missions as teaching and research.

(ii) **The VISN or Regional Office Center Director** has fully delegated line authority and responsibility for executive level management of a consolidated VA health care and Veterans benefits facility covering a large geographic area. The Director has responsibility for planning, organizing, directing, coordinating and controlling administrative and supporting operations and for establishing policies and procedures, delegating authority as appropriate to subordinate staff for program administration (often statewide), directing program planning, and directing and participating in the organization, formulation and presentation of the annual budget for the facility. The Director is responsible for maintaining and improving health care facility and VA relationships through personal, active participation in the administrative, educational, community and social events of Federal, State, local and other affiliated organizations involved in health care delivery, Veterans service organizations, and appropriate civic organizations. These duties are geared to successful accomplishment of the basic patient care and Veterans benefits missions.

**Authority: 38 U.S.C. 7304; 7402.]**

# APPENDIX G4. PODIATRIST QUALIFICATION STANDARD
# GS-0668
# Veterans Health Administration

1. **COVERAGE.** The following are the overall requirements for appointment as a Podiatrist in the Veterans Health Administration.

2. **BASIC REQUIREMENTS.**

   a. **Citizenship.** Candidates must be a United States citizen. (Noncitizens may be appointed when it is not possible to recruit qualified citizens, in accordance with chapter 3, section A, paragraph 3g, this part.)

   b. **Education.** Applicants must possess a doctor of podiatric medicine degree, or an equivalent degree resulting from a course of education in podiatric medicine and surgery. The degree must have been obtained from an institution whose accreditation was in place for the year in which the course of study was completed.

      (1) Approved schools are United States schools of podiatric medicine and surgery, approved by the Council on Podiatric Medical Education of the American Podiatry Medical Association in the year in which the degree was granted.

      NOTE: The Under Secretary of Health or designee in Central Office may approve the appointment under authority of 38 U.S.C. § 7405 for a podiatric graduate of a school of medicine not covered above if the candidate is to be assigned to a research, academic, or administrative position with no patient care responsibilities. The appointment will be made only in exceptional circumstances where the candidate's credentials clearly demonstrate high professional attainment or expertise in the specialty area.

   c. **Licensure or Registration.** Applicants must possess a current, full, and unrestricted license to practice medicine or surgery in a state, territory, or commonwealth of the United States, or in the District of Columbia. The podiatrist must maintain current registration in the state of licensure if this is a requirement for continuing active, current licensure.

      (1) **Impaired Licensure.** A podiatrist who has, or has ever had any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status may be appointed only in accordance with the provisions of chapter 3, section B, paragraph 14 of this part.

      (2) **Waiver of Licensure.** Licensure requirements may be waived by the Under Secretary for Health, or designee in Central Office, for individuals in research, academic, or administrative assignments, involving no direct patient care responsibilities, in accordance with current regulations. In addition, the facility

director may waive this licensure requirement if the podiatrist is to serve in a country other than the United States, and the podiatrist has licensure in that country. (See section B, chapter 3, paragraph 14 of this part, for waiver of licensure provisions.)

NOTE: Individuals who have or had multiple licenses, and had any such license revoked for professional misconduct, professional incompetence, or substandard care, or who surrendered such license after receiving written notice of potential termination of such license by the state for professional misconduct, professional incompetence, or substandard care, are not eligible for appointment to the position, unless such revoked or surrendered license is fully restored (38 U.S.C. § 7402(f)). This requirement does not apply to licensed podiatrists on VA rolls as of November 30, 1999, provided they maintain a continuous appointment and are not disqualified for employment by any subsequent revocations or voluntary surrenders of state license, registration, or certification.

d. **Residency Training.** Podiatrists must have completed residency training, or its equivalent, approved by the Secretary of Veterans Affairs in an accredited core specialty training program leading to eligibility for board certification. VA Podiatrists involved in academic training programs may be required to be board certified for faculty status. Approved residencies are:

(1) Those approved by the accrediting bodies for graduate medical education, the Council on Podiatric Medical Education, in the list published for the year the residency was completed, or

(2) Other residencies and training experiences, or their equivalents, which the local Professional Standards Board determines to have provided an applicant with appropriate professional training.

e. **Physical Standards.** See VA Directive and Handbook 5019.

f. **English Language Proficiency.** Podiatrists appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. § 7402(d), 7407(d).

## 3. PODIATRIST STAFF REQUIREMENTS

a. **Staff Podiatrist Medical.** None beyond the basic requirements. The individual must have completed an accredited residency, and/or possess experience to perform general podiatric duties and some specialized functions and procedures, without supervision. Staff podiatrists may also include attending podiatrists who train physician residents, assigned in facilities with residency training programs, and consultants who are capable of giving authoritative views and opinions on subjects in their field of medicine. These podiatrists perform office based procedures only and generally work a set 40-hour per-week schedule.

b. **Staff Podiatrist Surgical.** Should be board qualified or board certified by a Council on Podiatric Medical Education certification board, or other equivalent certification to grant surgical privileges. The individual must possess experience to perform duties as a podiatrist and surgeon, and have completed an accredited residency, and/or possess experience to perform general and surgical duties and some specialized functions and procedures, without supervision. Staff podiatrist surgeons also includes attending physicians who train podiatrist residents, assigned in facilities with residency training programs, and consultants who are capable of giving authoritative views and opinions on subjects in their field of medicine. These podiatrists will perform office based procedures and operating room procedures and are responsible for surgical patients 24 hours a day, seven days a week. Added work responsibilities may include seeing hospital patients daily and carrying a pager or be available by phone for emergency consultations.

c. **Chief of Staff**. A chief of staff must serve on a full-time basis and must be a Doctor of Medicine or podiatric medicine. The chief of staff develops and maintains currently accepted management practices throughout the clinical services. The chief of staff develops and presents budgetary requirements of the clinical services and assists in the formulation of the annual budget program. The chief of staff is fully responsible to the medical center director for programs of patient care and for the educational and research activities of clinical services. To carry out these responsibilities, the chief of staff:

(1) Formulates and recommends plans for a comprehensive program of medical care;

(2) Develops the requirements of staff, facilities, equipment, and supplies needed to carry forward such an integrated program, utilizing necessary reviews and controls; and

(3) Appraises the effectiveness of the various medical programs in meeting the needs of patient care.

d. **Medical Center Director/VISN Director.** Podiatrists appointed as directors of medical centers (including facility and regional office center directors, directors of outpatient clinics (independent), and (domiciliaries) or VISNs must meet the requirements specified in 38 U.S.C. § 7306. The individual assigned at this level will be a qualified Doctor of Medicine or podiatric medicine with demonstrated leadership ability.

(1) The medical facility director (includes directors of outpatient clinics (independent) and (domiciliaries) has overall responsibility for planning, organizing, directing, coordinating, and controlling medical, administrative, and supporting operations of a medical facility, which administers a variety of medical care and treatment for a large geographic area. The director is responsible for maintaining and improving the health care facility and VA relationships through personal, active participation in administrative, educational, community, and social events of federal, state, local,

and other affiliated organizations involved in health care delivery, Veterans service organizations, and appropriate civic organizations. These duties are critical to successfully accomplish the patient care mission, as well as teaching and research.

(2) The VISN or regional office center director has delegated authority and responsibility for executive level management of a consolidated VA healthcare and Veterans benefits facility, which covers a large geographic area. The director has responsibility for planning, organizing, directing, coordinating, and controlling administrative and supporting operations, and for establishing policies and procedures, delegating authority, as appropriate, to subordinate staff for program administration (often statewide), directing program planning, and directing and participating in the organization, formulation, and presentation of the annual budget. The director is responsible for maintaining and improving the healthcare facility and VA relationships through personal, active, participation in administrative, educational, community, and social events of federal, state, local, and other affiliated organizations involved in healthcare delivery, Veterans service organizations, and appropriate civic organizations. These duties are geared to successful accomplishment of the basic patient care and Veterans benefits missions.

e. **Distinguished Podiatrist.** A distinguished podiatrist will be nationally and internationally recognized for scientific, academic, and administrative medicine expertise.

f. **Service Chief, Section Chief or Line Manager.** A service chief or line manager podiatrist must demonstrate the following:

(1) Outstanding professional ability in the practice of medicine or a medical specialty; and

(2) Ability to guide the development and implementation of programs, within their respective domain. These programs would include, but are not limited to, medical practice, professional standards, personnel issues, and quality and performance improvement.

g. **Residency Director.** A residency director must demonstrate the following:

(1) Outstanding professional ability in the academic practice of medicine or a medical specialty; and

(2) Ability to guide the development and implementation of academic and training programs within their respective domain. These programs would include, but are not limited to, clinical training, didactic training, professional and ethical standards, personnel issues, and quality and performance improvement, and proper program administration, with regard to maintaining accreditation.

**Authority: 38 U.S.C. § 7304, 7402.**

# APPENDIX G5. OPTOMETRIST QUALIFICATION STANDARD

## Veterans Health Administration

**1. COVERAGE.** Following are the overall requirements for appointment as an optometrist in VHA.

**2. SECTION A. BASIC REQUIREMENTS**

a. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

b. **Education.** Degree of doctor of optometry resulting from a course of education in optometry. The degree must have been obtained from one of the schools or colleges approved by the Secretary of Veterans Affairs for the year in which the course of study was completed. Approved schools are:

(1) United States and Canadian schools or colleges of optometry listed as accredited by the Council on Optometric Education of the American Optometric Association, in the list published for the year in which the course of study was completed.

(2) Schools (including foreign schools) accepted by the licensing body of a State, Territory, or Commonwealth of the United States, or in the District of Columbia as qualifying for full or unrestricted licensure.

c. **Licensure or Registration**

(1) **Optometrist (Except Residents).** Licensed to practice optometry in a State, Territory, or Commonwealth of the United States, or in the District of Columbia. Optometrists are required to possess full and unrestricted licensure and to maintain a current registration in their State of licensure if this is a requirement of the particular State. The facility Director may waive this requirement if the optometrist is to serve in a country other than the United States and the optometrist has licensure in that country.

(2) **Residents.** Licensure in a State, Territory, or Commonwealth of the United States, or in the District of Columbia before completion of the first year of VA residency. Unlicensed residents must meet any registration or other equivalent requirements established for optometric residents of non-VA facilities or optometry clinics with which the VA facility is affiliated for training purposes during the first year of VA residency.

(3) **Impaired Licensure.** An optometrist who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed on a probationary status may be appointed only in accordance with the provisions of chapter 3, section B, paragraph 14, this part.

**NOTE:** *Licensure may be waived by the Under Secretary for Health or designee in Central Office, for individuals in research or academic assignments involving no direct patient care in accordance with current regulations.*

d. **Physical Standards.** See VA Directive and Handbook 5019.

e. **English Language Proficiency.** Optometrists appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

**3. SECTION B. GRADE REQUIREMENTS.** In addition to the basic requirements stated above, the following qualifications criteria must be met in determining the appropriate grade assignment of candidates.

a. **Associate Grade.** None beyond the basic requirements.

b. **Full Grade.** Two years of optometric practice or its equivalent. One year of approved residency training or its creditable equivalent acceptable to the Council on Optometric Education of the American Optometric Association is acceptable in lieu of the 2 years of practice. Candidate must have demonstrated the professional competence and performance necessary to provide independently the full range of clinical optometric diagnosis and treatment for all the most prevalent types of vision dysfunctions and the detection and referral of patients with ocular disease or ocular manifestations of systemic disease.

c. **Intermediate Grade.** Meets the requirements in paragraphs (1), (2), and (3) below:

(1) Four years of optometric practice or its equivalent. One year of approved residency training or its creditable equivalent acceptable to the Council on Optometric Education of the American Optometric Association is acceptable in lieu of 2 years of practice.

(2) The optometrist at this level has successfully passed the examinations of the National Board of Examiners in Optometry and has attained either of the following:

(a) The stature that would warrant appointment at the clinical instructor or higher level at a school or college of optometry.

(b) The professional ability and personal attributes which have merited significant recognition by a recognized professional organization, such as election to a Fellowship in the American Academy of Optometry.

(3) Has achieved a high level of professional attainment as illustrated by one or more of the following examples:

(a) Is a recognized expert in the diagnosis and treatment of unusual and complicated visual dysfunctions. Typically, in this capacity serves as a consultant to optometrist and other professionals in other health facilities or provides expert clinical services in such areas as the partially sighted or contact lenses for aphasics.

(b) Has assumed responsibility for a multi-faceted optometric program including clinical research and/or training requiring a high degree of competence and skill in developing innovative and new and

advanced instrumentation and treatment techniques. Typically, the program is in an educationally affiliated health care facility having an optometric training program of moderate scope involving liaison with other medical services and affiliated schools.

(c) Has played a significant part in the conduct of vision research in a problem area of considerable scope and complexity which required novel approaches and which resulted in answers to important questions or important changes in existing methods and techniques. Publications authored by the optometrist are of considerable value to others in the individual's field. Typically, overall contributions are recognized by serving on important committees or other bodies in the profession.

(d) Has had full responsibility for carrying out an optometric training program of significant size in which the optometrist has been responsible for maintaining liaison with the affiliated school and other educational institutions and professional or scientific organizations. Innovative approaches in development of curriculum and course content and in expanding and improving the educational program have been displayed by the individual.

d. **Senior Grade.** Meets the requirements for Intermediate grade and the requirements in paragraphs (1) and (2) below:

(1) The optometrist at this level possesses such academic stature as would warrant a faculty appointment of a professional level in an approved school or college of optometry.

(2) Has demonstrated recognized superior professional attainment as evidenced by one or more of the following examples:

(a) Has served as a team leader in attacking major optometric problems affecting the continued provision of quality care health services at a VISN, statewide, or national level. There is such confidence in the optometrist at this level that there is unusual support of the individual's recommendations and conclusions.

(b) Has had responsibility for carrying out a major optometric program segment on a national level.

(c) Has conducted high level studies in a difficult area of vision research which has contributed to a substantial advance in the health field, with important professional publications.

e. **Chief Grade.** Meets the requirements for Senior grade and must demonstrate a sustained very high level of professional performance with evidence of exceptional professional and/or administrative development by the following:

(1) Has assumed substantial professional and/or administrative responsibilities in which the individual is expected to fully advise and make professional clinical and educational recommendations as to courses of action on problems and considerations of national scope in all areas of optometry. Typically, the optometrist at this level has had responsibility for a major optometric program segment on a nationwide basis and has been consistently called upon to represent the organization in an authoritative manner in matters dealing with development of new and/or revised concepts and programs having a major impact upon the academic, medical, and optometric communities.

(2) Outstanding professional attainment. Examples of such attainment are:

(a) Achievement of outstanding results in research which are regarded as having a major impact on advancing the field.

(b) Significant number of noteworthy publications in professional journals.

f. **Optometric House Staff**

(1) **Residents (General Practice).** Meet requirements specified in section A.

(2) **Residents (Specialty).** Meet requirements specified in section A. In addition, must have completed at least 1 year of graduate level training in the health or other clinically related sciences or a suitable equivalent period of training, or (2) a general practice residency approved by the Council on Optometric Education of the American Optometric Association.

g. **Attendings**

(1) Meet all basic requirements specified in section A of this appendix.

(2) Possess a demonstrated satisfactory ability in optometry; be capable of assisting in maintaining accepted standards of professional optometric care in VA facilities; and be capable of accepting full responsibility for such proper care and treatment of their assigned patients.

(3) Be an outstanding member of the local optometry community of the caliber of a faculty member. Where the attending does not hold a faculty appointment at an affiliated optometry or other appropriate affiliated school or college, this would be evidenced by recommendation of the Deans Committee or equivalent body. The attending is capable of giving adequate training to optometric residents or students in facilities conducting residency and/or training programs and be sufficiently qualified so as to be capable to appropriate review committees for the direction of training.

h. **Consultants**

(1) Meet all basic requirements specified in section A of this appendix.

(2) Possess truly outstanding professional clinical ability in optometry; be capable of affording the facility Director and appropriate Chief of Service the benefits of their professional experience and counsel; and be capable of rendering such professional optometric services as may be required in maintaining the highest possible level of medical care in VA facilities.

(3) Be capable, when applicable, to serve as the didactic representatives of optometric or other appropriate affiliated schools or colleges and to accept responsibility for, and direction of, the educational training of optometric residents or students (if present) in their specialty in which they serve as the consultant at facilities conducting residency and student training programs. Consultants not holding faculty appointments at an affiliated optometry or other appropriate school or college should

possess the equivalent professional qualifications as evidenced by an appropriate recommendation for appointment from the Deans Committee or equivalent body responsible for the recommendation of consultant appointments to the facility.

**4. SECTION C. DEVIATION.** The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for optometrists whose composite record of accomplishments, performance, and qualifications warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

**Authority: 38 U.S.C. 7304; 7402.**

# APPENDIX G6. NURSE QUALIFICATION STANDARD

## Veterans Health Administration

## 1. SECTION A. COVERAGE

a. **Appointments**

(1) Effective December 10, 1999, individuals appointed to VHA RN positions will be subject to all qualification requirements stated in section B of this Qualification Standard. These requirements apply to:

(a) Individuals not on VA rolls;

(b) VA employees in other positions who are appointed or reappointed as RNs; and

(c) RNs who have had a break in service of more than one year who are subsequently considered for the same or different RN position.

(2) RNs who are reappointed to VA after a break in service of one year or less, are not considered to have had a break in service for purposes of applying all the qualification requirements effective on and after October 1, 2005.

(3) Employees separated due to work-related injuries, or restored based on military service are not considered to have had a break in service for purposes of applying all the qualification requirements in this Nurse Qualification Standard, provided the employee is reappointed within 1 year of becoming eligible for reappointment.

b. **Promotions and Advancements**

(1) RNs covered by this Qualification Standard who are eligible for promotion consideration shall be considered for promotion and advancement under the procedures in chapter 4 of part III, this Handbook.

[(2)] Effective October 1, 2005, all VA RNs will be considered for promotion and advancement based solely on the criteria in section B of this Standard.

[(3)] RNs appointed before December 10, 1999, who maintain continuous employment in VHA as a RN will not be reduced in grade based on application of this Standard.

[(4)] The Under Secretary for Health or designee is authorized to act upon requests for promotion reconsideration for RNs.

c. **Periodic Step Increases.** RNs appointed before December 10, 1999, will not be denied a periodic step increase on the basis of not meeting the educational requirements specified in section B of this Qualification Standard for their current grade.

## 2. SECTION B. NURSE QUALIFICATION STANDARD

a. **Basic Requirements**

(1) **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

(2) **Graduation from School of Nursing**

(a) Graduate of a school of professional nursing approved by the appropriate State agency, and accredited by one of the following accrediting bodies at the time the program was completed by the applicant. [**NOTE:** *See exception in subparagraph (b) below for candidates who are enrolled in a MSN Bridge Program.*]

1. The National League for Nursing Accrediting Commission (NLNAC), an accrediting arm of the National League for Nursing located at 61 Broadway, 33rd Floor, New York, New York 10006 or call (800) 669-1656 extension 153. The NLNAC accredits all levels of nursing programs. Additional information may be obtained from the NLNAC web site; **or**

2. The Commission on Collegiate Nursing Education (CCNE), an accrediting arm of the American Association of Colleges of Nursing (AACN). The CCNE accredits bachelors and masters degree programs, and is located at One Dupont Circle N.W., Suite 530, Washington, DC 20036 or call (202) 463-6930. Additional information may be obtained from the CCNE web site.

(b) [The completion of coursework equivalent to a nursing degree in a MSN Bridge Program that qualifies for professional nursing registration constitutes the completion of an approved course of study of professional nursing. In these programs, students are given a certificate of professional nursing to sit for the NCLEX and should submit this certification to VA prior to appointment. Students do not earn a BSN, but receive a MSN degree upon completion of course work. A copy of the MSN transcript must be provided to VA. Bridge programs that confer a master's degree also fully meet the education requirement, even though a Bachelor's Degree is not awarded.

(c)] In cases of graduates of foreign schools of professional nursing, possession of current, full, active, and unrestricted registration (see paragraph 2a(3)) will meet the requirement of graduation from an approved school of professional nursing.

**NOTE:** *Most individuals admitted as permanent residents or adjusting to permanent resident status as registered nurses on or after December 14, 1998, for the purpose of working as a registered nurse, must meet the certification requirements in Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act (Pub. L. 104-208, September 30, 1996). This certification involves a review of the alien's education, training, license(s), and experience, verification that the alien possess an acceptable level of competence in written and oral English, and a requirement that the individual has passed either the Commission on Graduates of Foreign Nursing Schools (CGFNS) Qualifying Examination or the National Council of State Boards of Nursing, Inc. examination, the NCLEX-RN. For additional information see Pub. L. 104-208, 63 Federal Register 55007-55012, dated October 14, 1998, and the CGFNS web site.*

(3) **Registration**

(a) **Condition of Employment.** A registered nurse (RN) will have a current, full, active and unrestricted registration as a graduate professional nurse in a State, Territory, or Commonwealth (i.e., Puerto Rico) of the U.S. or in the District of Columbia. The appointing official may waive this registration if the RN is to serve in a country other than the U.S. and the RN has registration in that country (e.g., Philippines). *The RN must maintain a current, full, active and unrestricted registration to continue employment with VA.*

(b) **Impaired Registration.** An impaired registration is any registration(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status. A registered nurse who has or ever had any such impairment to their registration as listed above may be appointed only in accordance with the provisions of chapter 3, section B, paragraph 15 of this part.

(4) **Physical Standards.** See VA Directive and Handbook 5019.

(5) **English Language Proficiency.** RNs appointed to direct patient care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d) and 7407(d).

(6) **Nurse Practitioners and Clinical Nurse Specialists**. On and after [March 17, 2009], registered nurses appointed or otherwise moving into these assignments must meet and maintain the following additional qualifications. This includes employees appointed before [March 17, 2009], who obtain such qualifications on or after [March 17, 2009.]

(a) **Nurse Practitioners.** A nurse practitioner must be licensed or otherwise recognized as a nurse practitioner in a State, possess a master's degree from a program accredited by the NLNAC or CCNE, and maintain full and current certification as a nurse practitioner from the American Nurses Association or another nationally recognized certifying body. [The certification must be in the specialty to which the individual is being appointed or selected.]

(b) **Clinical Nurse Specialists.** A clinical nurse specialist must possess a Masters degree from an academic program accredited by the NLNAC or CCNE [and maintain full and current certification as a clinical nurse specialist from the American Nurses Association or another nationally recognized certifying body. The certification must be in the specialty to which the individual is being appointed or selected.]

(c) **Prescriptive Authority.** This handbook does not address any additional requirements that nurse practitioners and clinical nurse specialists must meet before they are granted prescriptive authority.

b. **Definitions**

(1) **Successful Nursing Practice.** Documented evidence of experience as an RN that is determined to be sustained and consistently at or above an acceptable level of quality. This may include experience as a Graduate Nurse Technician (GNT) provided the candidate was utilized as a professional nurse and passed the State licensing (board) examination on the first attempt, and experience as a Nurse Technician Pending Graduation provided the candidate possessed an active, current registration to

practice nursing in a State and was utilized as a professional nurse (See chapter 3, section G, paragraph 5, this part). It may also include performance as a VA registered nurse that is at or above the fully satisfactory level. Professional nursing experience should be documented on the Proficiency Report, VA Form 10-2623, the VA Form 10-2850a, Application for Employment – Nurses and Nurse Anesthetists, or on a candidate's resume.

(2) **Length of Nursing Practice (Experience).** The amount of time documented on VA Form 10-2850a or on a candidate's resume. (A performance evaluation or reference covering the candidate's most recent employment as a RN is essential.) Part-time experience as a RN is credited according to the relationship it bears to the full-time workweek. For example, a RN who worked 20 hours a week (i.e., on a half-time basis) would receive one full-time workweek of credit for each 2 weeks of such service.

(3) [**Length of LPN Practice (Experience).** LPN experience may be counted towards successful nursing practice for an RN at the rate of ½ credit as compared to full credit for RN experience. The amount of time that may be credited toward RN experience may not exceed 5 years. For example, LPN experience would be counted as one full-time workweek of credit for each 2 weeks of such service. (A performance evaluation or reference covering the candidate's most recent employment as an LPN is essential.)

(4)] **Degree in a Related Field.** Baccalaureate and graduate degrees in fields related to nursing from a college or university which was accredited by the state at the time the candidate completed the program. Information on accredited colleges and universities is contained in Accredited Institutions of Post-secondary Education, published annually by the American Council on Education, One Dupont Circle NW, Washington, DC 20036 or call (202) 939-9300. Information can be obtained from the ACE web site.

[(5)] **Level Within a Grade.** The Locality Pay System (LPS) recognizes that some employees at the Nurse I grade have higher qualifications assignments than other employees within the same grade. The qualification requirements for attainment of a higher level within the Nurse I grade are contained in [paragraph c], Grade Determinations, below.

[(6) **Four**] **Dimensions of Nursing**

[(a) The Four Dimensions of Nursing are:

1. Practice

2. Professional Development

3. Collaboration

4. Scientific Inquiry

(b) Within the Four Dimensions of Nursing,] nine criteria define the performance requirements for RNs at each grade and/or level in the Nurse Qualification Standard. These requirements listed below, are based on the American Nurses Association (ANA) Standards of Care and Standards of Professional Performance.

[1.] **Practice.** Extent to which the RN effectively uses the nursing process components of assessment, diagnosis, outcome identification, planning, implementation, and evaluation in varied practice settings.

[2.] **Quality of Care.** Extent to which the RN systematically evaluates and improves the quality and effectiveness of nursing practice and health care delivery.

[3.] **Performance.** Extent to which the RN evaluates his/her own nursing practice as well as the performance of others.

[4.] **Education/Career Development.** Extent to which the RN acquires and uses current knowledge for self and others.

[5.] **Collegiality.** Extent to which the RN contributes to the professional development of peers, colleagues, and others.

[6.] **Ethics.** Extent to which the RN makes decisions and takes action in an ethical manner.

[7.] **Collaboration.** Extent to which the RN collaborates with clients, significant others, and other health care and service providers.

[8.] **Research.** Extent to which the RN uses research in practice.

[9.] **Resource Utilization.** Extent to which the RN considers factors related to safety, effectiveness, and cost in planning and delivering care.

[(c) The above criteria are conceptualized within the Four Dimensions of Nursing as follows:

1. Practice (Practice, Ethics, Resource Utilization)

2. Professional Development (Education/Career Development, Performance)

3. Collaboration (Collaboration, Collegiality)

4. Scientific Inquiry (Quality of Care, Research)

(d) Four career paths have been established to help guide the professional nurse toward a more comprehensive use of the qualification standards throughout their professional career. Nurses follow the career path that appropriately aligns with their functional statement. Opportunities exist to move between the career paths as the individual shifts among the diverse nursing roles. Movement among the career paths is a fluid and seamless transition as the individual assumes new roles during their career progression. The paths are as follows:

1. Clinical (Direct Care Nurse, Clinical Nurse Leader)

2. Advanced Practice (Clinical Nurse Specialist, Advanced Practice Nurse)

3. Consultant (Quality Manager, Recruiter, Educator, Researcher, Informatics, Infectious Disease)

4. Supervisory (Nurse Manager, Shift Supervisor)]

c. **Grade Determinations.** In addition to the Basic Requirements specified in paragraph a above, the following criteria must be met in determining the grade assignment of candidates, and if appropriate, the level within a grade. With regard to the "dimension" requirements, the requirements for all "dimensions" at a particular grade/level must be met in order for a RN to be qualified at that particular grade/level.

(1) **Nurse I Level 1**

*Scope:* Delivers fundamental, knowledge-based care to assigned clients while developing technical competencies.

**NURSE I LEVEL 1**

| EDUCATION | EXPERIENCE | DIMENSION REQUIREMENTS |
|---|---|---|
| Associate Degree or Diploma in Nursing | None | [**PRACTICE**<br><br>**1. Practice:** Uses the nursing process (assessment, diagnosis, outcome identification, planning, implementation, and evaluation). Accurately documents care of clients.<br><br>**2. Ethics:** Safeguards client privacy and confidentiality. Provides care in a non-judgmental, non-discriminatory manner, respecting the values and belief of members of all cultures.<br><br>**3. Resource Utilization:** Provides care in a safe and cost-effective manner.<br><br>**PROFESSIONAL DEVELOPMENT**<br><br>**1. Performance:** Participates in appraisal of own performance.<br><br>**2. Education/Career Development:** Seeks opportunities to acquire and develop basic skills.<br><br>**COLLABORATION**<br><br>**1. Collegiality:** Establishes professional relationships with peers. Seeks out colleagues for mutual information exchange.<br><br>**2. Collaboration:** Communicates with clients and other healthcare providers regarding client care.<br><br>**SCIENTIFIC INQUIRY**<br><br>**1. Quality of Care:** Describes the quality improvement process, roles and responsibilities, and identifies quality improvement activities on the unit.<br><br>**2. Research:** Assists in identifying problem areas in nursing practice.] |

**NOTE**: *As used in this and subsequent tables, "Experience" refers to total years of successful nursing practice rather than experience at current grade level.*

(2) **Nurse I Level 2**

*Scope*: Demonstrates integration of biopsychosocial concepts, cognitive skills, and technically competent practice in providing care to clients with basic or complex needs.

**NURSE I LEVEL 2**

| EDUCATION | EXPERIENCE | DIMENSION REQUIREMENTS |
|---|---|---|
| Associate Degree or Diploma in Nursing<br><br>(OR)<br><br>Associate Degree or Diploma in Nursing and bachelors degree in a related field<br><br>(OR)<br><br>Bachelor of Science in Nursing (BSN) | Approx. 1 year<br><br>None<br><br>None | [**PRACTICE**<br><br>**1. Practice:** Demonstrates competency using the nursing process in providing care for clients. Directs others who provide care.<br><br>**2. Ethics:** Assumes responsibility and accountability for individual nursing judgments and actions. Acts as a client advocate.<br><br>**3. Resource Utilization:** Plans and organizes care based on client needs and provider competencies to assure safe, efficient and cost-effective care.<br><br>**PROFESSIONAL DEVELOPMENT**<br><br>**1. Education/Career Development:** Seeks knowledge and skills appropriate to the practice setting to improve performance<br><br>**2. Performance:** Incorporates feedback regarding performance and interpersonal skills to enhance professional development. Participates in the performance evaluations of others.<br><br>**COLLABORATION**<br><br>**1. Collaboration:** Participates effectively on teams to plan and manage client care.<br><br>**2. Collegiality:** Shares knowledge/skills with colleagues/others.<br><br>**SCIENTIFIC INQUIRY**<br><br>**1. Quality of Care:** Uses quality improvement findings to guide and direct own practice.<br><br>**2. Research:** Demonstrates awareness of research application to practice.] |

(3) **Nurse I Level 3**

*Scope:* Demonstrates proficiency in practice based on conscious *and* deliberate planning. Self-directed in goal setting for managing complex client situations.

**NURSE I LEVEL 3**

| EDUCATION | EXPERIENCE | DIMENSION REQUIREMENTS |
|---|---|---|
| Associate Degree or Diploma in Nursing<br><br>(OR)<br><br>Associate Degree or Diploma in Nursing and bachelors degree in a related field.<br><br>(OR)<br><br>BSN<br><br>(OR)<br><br>Master's degree in nursing or related field with a BSN or bachelor's degree in a related field.<br><br>[If MSN obtained in a Bridge Program, no BSN required.] | Approximately 2-3 years<br><br>Approximately 1-2 years<br><br>Approximately 1-2 years<br><br>None | [**PRACTICE**<br><br>**1. Practice:** Demonstrates proficiency using the nursing process in providing care for clients with complex nursing care needs. Guides and directs others who provide care.<br><br>**2. Ethics:** Identifies ethical issues in practice and takes appropriate action.<br><br>**3. Resource Utilization:** Delegates care in a safe, efficient, and cost-effective manner. Assists clients in identifying and securing appropriate services.<br><br>**PROFESSIONAL DEVELOPMENT**<br><br>**1. Education/Career Development:** Implements an ongoing educational plan to support own professional development.<br><br>**2. Performance:** Conducts self-assessment of performance and identifies own learning needs. Assesses performance of others.<br><br>**COLLABORATION**<br><br>**1. Collaboration:** Refers to, consults with, and makes provision for continuity of care with other health care providers.<br><br>**2. Collegiality:** Provides feedback regarding the practice of others to improve client care.<br><br>**SCIENTIFIC INQUIRY**<br><br>**1. Quality of Care:** Participates in established quality improvement studies and/or activities.<br><br>**2. Research:** Uses a body of research to validate and/or change own professional practice.] |

**NOTE**: *Employees at Nurse I must successfully advance through each level of the grade before being promoted to Nurse II*

(4) **Nurse II**

*Scope:* Demonstrates leadership in delivering and improving holistic care through collaborative strategies with others.

**NURSE II**

| EDUCATION | EXPERIENCE | DIMENSION REQUIREMENTS |
|---|---|---|
| BSN<br><br>(OR)<br><br>Associate Degree or Diploma in Nursing and bachelors degree in a related field<br><br>(OR)<br><br>Master's degree in nursing or related field with BSN or bachelor's degree in a related field.<br><br>[If MSN obtained in a Bridge Program, no BSN required.]<br><br>(OR)<br><br>Doctoral degree in nursing or meets basic requirements for appointment and has doctoral degree in related field. | Approximately 2-3 years<br><br>Approximately 2-3 years<br><br>Approximately 1-2 years<br><br>None | [**PRACTICE**<br><br>**1. Practice:** Applies the nursing process to systems or processes at the unit/team/work group level to improve care. Demonstrates leadership by involving others in improving care.<br><br>**2. Ethics:** Supports and enhances client self-determination. Serves as a resource for clients and staff in addressing ethical issues.<br><br>**3. Resource Utilization:** Identifies and assesses resource utilization and safety issues, taking appropriate action.<br><br>**PROFESSIONAL DEVELOPMENT**<br><br>**1. Education/Career Development:** Acquires knowledge and skills to maintain expertise in area of practice. Participates in educational activities to improve clinical knowledge and enhance role performance.<br><br>**2. Performance:** Evaluates practice of self and others using professional standards, relevant statutes, and regulations. Takes action to improve performance.<br><br>**COLLABORATION**<br><br>**1. Collaboration:** Uses group process to identify, analyze, and resolve care problems.<br><br>**2. Collegiality:** Educates colleagues and/or students and serves as a preceptor and/or mentor.<br><br>**SCIENTIFIC INQUIRY**<br><br>**1. Quality of Care:** Initiates/participates in quality improvement activities that result in approved outcomes.<br><br>**2. Research:** Uses a body of research to validate and/or change work group practice.] |

(5) **Nurse III**

*Scope*: Executes position responsibilities that demonstrate leadership, experience, and creative approaches to management of complex client care.

**NURSE III**

| EDUCATION | EXPERIENCE | DIMENSION REQUIREMENTS |
|---|---|---|
| Master's degree in nursing or related field with BSN or bachelor's degree in a related field.<br><br>[If MSN obtained in a Bridge Program, no BSN required.]<br><br>(OR)<br><br>Doctoral degree in nursing or related field | Approximately 2-3 years<br><br>Approximately 2-3 years | [**PRACTICE**<br><br>**1. Practice:** Provides leadership in the application of the nursing process to client care, organizational processes and/or systems, improving outcomes at the program or service level.<br><br>**2. Ethics:** Provides leadership in identifying and addressing ethical issues that impact clients and staff, including initiating and participating in ethics consultations.<br><br>**3. Resource Utilization:** Manages program resources (financial, human, material, or informational) to facilitate safe, effective, and efficient care.<br><br>**PROFESSIONAL DEVELOPMENT**<br><br>**1. Education/Career Development:** Implements an educational plan to meet changing program or service needs for self and others. Maintains knowledge of current techniques, trends, and professional issues.<br><br>**2. Performance:** Uses professional standards of care and practice to evaluate programs and/or service activities.<br><br>**COLLABORATION**<br><br>**1. Collaboration:** Uses the group process to identify, analyze, and resolve care problems.<br><br>**2. Collegiality:** Coaches colleagues in team building. Makes sustained contributions to health care by sharing expertise within and/or outside the medical facility<br><br>**SCIENTIFIC INQUIRY**<br><br>**1. Quality of Care:** Initiates interdisciplinary projects to improve organizational performance.<br><br>**2. Research:** Collaborates with others in research activities to improve care.] |

**NOTE:** *Nurse III must demonstrate performance and leadership that is broad enough to improve the care for a group of patients. The Nurse III is responsible for the documented outcomes at the program or service level. Program or service level outcomes must be broad and complex and can be demonstrated at any organizational level within a facility, VISN, or VACO.*

In order to be considered for appointment or promotion to Nurse III, outcomes must be documented. Meeting the Practice dimension involves incorporating and implementing the requirements of the other qualification standards, including:

(a) Leading and organizing delivery of care to assure continuity of care and peer accountability for practice, including access to care and discharge planning.

(b) Using advanced clinical knowledge/judgment to promote staff involvement in planning, decision-making and evaluating outcomes.

(c) Functioning as an expert in clinical practice and/or in areas related to the assigned roles and responsibilities.

(d) Systematically evaluating current practice, and formulating outcomes for groups of patients and/or organizational processes within area of expertise.

(e) Guiding, developing and supporting staff from a leadership perspective.

(f) Using professional standards of care, scientific evidence and practice to evaluate programs and/or service activities.

(6) **Nurse IV**

*Scope*: Executes leadership that is characterized by substantial and continuous responsibility and accountability for population groups or integrated programs that cross service and/or discipline lines and influence organizational mission and health care.

**NURSE IV**

| EDUCATION | EXPERIENCE | DIMENSION REQUIREMENTS |
|---|---|---|
| Master's degree in nursing or related field with BSN<br><br>[If MSN obtained in a Bridge Program, no BSN required.]<br><br>(OR)<br><br>Doctoral degree in nursing or related field<br><br>(AND)<br><br>Appropriate basic or advanced certification desired | Approximately 4-5 years<br><br>Approximately 3-4 years | [**PRACTICE**<br><br>**1. Practice:** Uses an analytical framework, such as the nursing process, to create an environment that facilitates the delivery of care. Coordinates and evaluates integrated programs or demonstrates clinical excellence in management of population groups.<br><br>**2. Ethics:** Provides leadership in addressing ethical issues that impact clients and staff in or beyond the organization and the local health care community.<br><br>**3. Resource Utilization:** Designs, modifies, and implements systems compatible with professional standards and with the mission and goals of the organization to improve the cost-effective use of resources.<br><br>**PROFESSIONAL DEVELOPMENT**<br><br>**1. Education/Career Development:** Develops staff for career progression. Forecasts new knowledge needs for changing practice environments/population groups. Plans, implements, and evaluates strategies to meet those needs.<br><br>**2. Performance:** Implements standards of professional practice and accrediting bodies, and applicable regulations.<br><br>**COLLABORATION**<br><br>**1. Collaboration:** Demonstrates leadership in developing productive working relationships with groups in other programs, services, academic settings, and community agencies<br><br>**2. Collegiality:** Contributes to the professional growth and development of colleagues and other health care providers at the local, regional, state, or national level.<br><br>**SCIENTIFIC INQUIRY**<br><br>**1. Quality of Care:** Provides leadership in improving and sustaining the quality and effectiveness of care in diverse or complex programs.<br><br>**2. Research:** Collaborates with staff, other disciplines, faculty, and peers in developing, conducting, and evaluating research activities and programs.] |

(7) **Nurse V**

*Scope*: Practice of an executive nature, comprised of complex leadership and administrative components, associated with critical health care issues and activities that influence the organizational mission, health care, and policy.

**NURSE V**

| EDUCATION | EXPERIENCE | DIMENSION REQUIREMENTS |
|---|---|---|
| Master's degree in nursing or related field with BSN [or a Bachelors degree in a related field<br><br>If MSN obtained in a Bridge Program, no BSN required.]<br><br>(OR)<br><br>Doctoral degree (*preferred*) in nursing or related field<br><br>(AND)<br><br>Appropriate basic or advanced certification desired | Approximately 5-6 years<br><br>Approximately 4-5 years | [**PRACTICE**<br><br>**1. Practice:** Collaborates with health care executives in creating the organizational mission and vision. Directs the integration of nursing or nursing related activities in the mutual development and achievement of organizational goals.<br><br>**2. Ethics:** Advocates for ethical decision-making on behalf of the public and staff. Develops an environment for ethical decision-making at the organization/system level.<br><br>**3. Resource Utilization:** Develops resource utilization strategies to improve organizational performance. Strategies reflect the changing societal and health care environments and the economic climate.<br><br>**PROFESSIONAL DEVELOPMENT**<br><br>**1. Education/Career Development:** Mentors others in executive leadership positions. Forecasts knowledge needs for complex multi-system change<br><br>**2. Performance:** Develops policy related to professional practice and relevant statutes and regulations on community, regional, and/or national levels.<br><br>**COLLABORATION**<br><br>**1. Collaboration:** Collaborates with other executives for strategic planning, decision-making, and problem solving about health care services and organizational priorities.<br><br>**2. Collegiality:** Serves as an expert to communicate nursing and health care trends and issues at the local, regional, state, and/or national level.<br><br>**SCIENTIFIC INQUIRY**<br><br>**1. Quality of Care:** Improves the quality and effectiveness of the facility's overall health care program by providing leadership, coordinating, and facilitating the evaluation and improvement of a wide range of programs. Excellence is reflected in improved client outcomes and organizational performance.<br><br>**2. Research:** Promotes an environment that supports the conduct and utilization of research in practice and a spirit of inquiry.] |

d. **Deviations**

(1) **Waiver of NLNAC or CCNE Accreditation Requirement.** The approving official may authorize a waiver of the requirement for NLNAC or CCNE accreditation of any degree in nursing provided the college or university has regional accreditation or was State approved at the time of the candidate's graduation and the composite qualifications of the applicant warrant such consideration. Waivers at the doctoral level are not required; however, the program must be regionally accredited at the time of the candidate's graduation.

(2) **Waiver of Experience and/or Degree Requirements.** The approving official may authorize a waiver of experience and/or the degree requirements for individuals whose professional accomplishments, performance, and qualifications warrant such consideration based on demonstrated ability to meet the requirements for promotion to the next higher grade or advancement to a higher level within the grade. Waivers of degree requirements are not authorized for appointments. Waivers of degree requirements are also not authorized for Nurse IV and Nurse V.

[**NOTE:** *An RN is eligible for a waiver of one degree only. Waivers of two degrees are not authorized. Once an employee has obtained the degree that was initially waived they may be considered for waiver of another degree. For example: An Associate Degree prepared nurse receives an educational waiver of the bachelor's degree for promotion to Nurse II. The nurse then earns a bachelor's degree and is seeking promotion to Nurse III. If the nurse has met all of the dimension requirements as outlined in this qualification standard and all conditions for promotion are met in accordance with the qualification standard, an education waiver of the Master's degree would be considered.*]

[ ]

# [APPENDIX G7. NURSE ANESTHETIST QUALIFICATION STANDARD
## Veterans Health Administration

**1. COVERAGE.** Following are the overall requirements for appointment as a nurse anesthetist in the Veterans Health Administration (VHA).

## 2. SECTION A: BASIC REQUIREMENTS

a. **Citizenship.** Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit for qualified citizens in accordance with chapter 3, section A, paragraph 3g, of this part.)

b. **Education**

(1) A degree in nursing from a school of professional nursing approved by the appropriate state-accrediting agency and accredited by one of the following accrediting bodies at the time the program was completed by the applicant:

(a) The National League for Nursing Accrediting Commission (NLNAC), an accrediting arm of the National League for Nursing located at 61 Broadway, 33rd Floor, New York, New York 10006. Additional information may be obtained from the NLNAC Web site; or

(b) The Commission on Collegiate Nursing Education (CCNE), an accrediting arm of the American Association of Colleges of Nursing (AACN). The CCNE accredits bachelor's and master's degree programs and is located at One Dupont Circle, N.W., Suite 530, Washington, DC 20036. Additional information may be obtained from the CCNE Web site.

(c) In cases of graduates of foreign schools of professional nursing, possession of a current, full, and unrestricted registration (see basic requirement in subparagraph c below) and the possession of a Certificate from the Commission on Graduates of Foreign Nursing Schools (CGFNS) will meet the requirement of graduation from an approved school of professional nursing.

(2) Graduate of an accredited nurse anesthesia educational program approved by the American Association of Nurse Anesthetists (AANA) at the time the program was completed by the applicant. The AANA has compiled current listings of approved training institutions, which are published annually in the December issue of the *American Association of Nurse Anesthetists Journal.* The American Hospital Association in their "Guide to the Health Care Field" also publishes listings of approved training institutions annually in August.

c. **Registration**

(1) **Condition of Employment.** Current, full, active and unrestricted registration as a graduate professional nurse in a State, Territory or Commonwealth (i.e., Puerto Rico) of the United States or the District of Columbia. The nurse anesthetist must maintain a current, full, active and unrestricted registration to continue employment with VA. The appointing official may waive this requirement if the nurse anesthetist is to serve in a country other than the United States and has registration in that country (e.g. Philippines).

(2) **Impaired Registration.** A nurse anesthetist who has, or has ever had, any registration(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status may be appointed only in accordance with the provisions of chapter 3, section B, paragraph 15 of this part.

d. **Certification**

(1) On and after May 4, 1993, certification by the Council on Certification of Nurse Anesthetists is a requirement for employment. This requirement does not apply to non-certified nurse anesthetists employed by VA as a nurse anesthetist prior to May 4, 1993 and continuously thereafter. Any nurse anesthetist who leaves VA employment or vacates the nurse anesthetist occupation for another VA position, must meet the current requirement of certification for re-appointment as a nurse anesthetist. The CCNA and the Council on Recertification of Nurse Anesthetists have designated the AANA's web site as a display agent for their information.

(2) Nurse Anesthetists will maintain recertification by meeting the Council on Recertification of Nurse Anesthetist's requirements as a condition of employment.

e. **Loss of Credential.** An employee in this occupation who fails to maintain the required licensure/certification/registration must be removed from the occupation, which may also result in termination of employment (see VA Handbook 5005, part II, chapter 3, paragraph 17). An employee who fails to maintain the CCNA certification may, at the discretion of the appointing official, be reassigned to another occupation (i.e. staff RN) for which he/she qualifies, if a placement opportunity exists.

f. **Grandfathering Provision.** All nurse anesthetists employed in VHA on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education and licensure/certification/registration that are part of the basic requirements of the occupation. Nurse anesthetists who are grandfathered under the provisions of this subparagraph may be reassigned, promoted up to and including the full performance (journey) level (Nurse III), but may not be promoted beyond the journey level or placed in supervisory or managerial positions.

g. **Recent Graduates**

(1) A graduate nurse anesthetist who has applied to take the national Certification Examination and has been declared Certification Eligible may be given a temporary appointment for a period not to exceed one year as a graduate nurse anesthetist under the authority of 38 U.S.C. § 7405(a)(1)(D). The graduate nurse anesthetist must take the national Certification Examination at the earliest schedulable date following the date of their temporary appointment. At the time of appointment as a graduate nurse anesthetist, the Chief, Anesthesia Section or Service Chief/Product Line Manager will provide the graduate nurse anesthetist a copy of this section of the qualification standard and make clear the consequences for not becoming certified during the 1-year temporary appointment. Upon certification by the CCNA, the graduate nurse anesthetist will be converted to an appointment under 38 U.S.C. § 7401(1).

(2) Failure to become certified within the one year period will result in removal as a nurse anesthetist and may result in termination from employment.

h. **Physical Requirements.** See VA Directive and Handbook 5019.

i. **English Language Proficiency.** Nurse Anesthetists must be proficient in spoken and written English in accordance with chapter 2, section D, paragraph 5a, this part.

## 3. SECTION B. GRADE REQUIREMENTS

a. **General**

(1) **Recency and Quality of Experience.** Recency or quality of training and experience in anesthetic techniques should be carefully reviewed when determining the appropriate grade. To be creditable, experience must demonstrate possession of knowledge, skills and abilities related to the current practice of nurse anesthesia. The importance of specific types of experience or training may vary according to the intended assignment.

(2) **Grades.** The level that nurse anesthesia practice may be performed is based on a combination of education and experience. Beyond the minimum education requirements, grade determination upon appointment and advancement is dependent more on acquired knowledge, skills, and abilities than baseline education. As the nurse anesthetist acquires the knowledge and judgment that accrues with experience, the privilege of increased authority for patient care is expanded.

(3) **Research.** At any grade, nurse anesthetists may assist in or conduct approved research projects relative to anesthesia care that enhances their knowledge and skills in the profession.

b. **Part-Time Experience.** Part-time experience as a nurse anesthetist is credited according to the relationship to a full work week. For example, a nurse anesthetist employed 20 hours per week on a half-time basis would receive 1 full-time work week credit for 2 weeks of such service.

c. **Grade Determination.** In addition to the basic requirements stated above, the following qualification criteria must be met in determining the appropriate grade assignment of candidates:

(1) **Entry Level: (Nurse II)**

(a) **Experience and Education.** None beyond the basic requirements.

(b) **Demonstrated Knowledge, Skills and Abilities.** The following list of knowledge, skills and abilities present the minimum skill set expected of an Entry Level Nurse Anesthetist. Entry level into nurse anesthesia practice may include but are not limited to the following:

1. Ability to translate the principles of professional nursing practice in the care of assigned patients in order to provide appropriate care.

2. Ability to do a pre-anesthetic patient history and physical, which includes collecting pre-operative consults and data.

3. Ability to formulate an anesthetic plan and describe the anesthetic risks, benefits and options to the patient.

4. Ability to administer inhalation, regional, intravenous, local, and topical anesthetics and to detect unfavorable reactions in order to continuously evaluate the patient's physical status.

5. Ability to respond to emergency situations by providing airway management, administration of emergency fluids and drugs, and using appropriate resuscitation procedures for patient care.

6. Ability to provide patient care that is abreast of changing concepts and advancements in the profession.

7. Ability to work effectively in an interdisciplinary environment for improvement of services for patient care.

8. Ability to practice nurse anesthesia with colleagues and peers utilizing a collaborative team concept of anesthesia care.

(2) **Full Performance Level: (Nurse III)**

(a) **Experience and Education.** In addition to meeting the requirements for Entry Level, the CRNA has had progressively responsible experience in the administration of anesthetics as indicated in the knowledge, skills and abilities listed below. These individuals must demonstrate the ability to participate in a program for nurse anesthesia care and demonstrate knowledge of anesthetizing locations, methods, equipment and procedures. At this level, the CRNA has experience in the administration of anesthetics that has demonstrated the nurse anesthetist's ability to participate in team programs that are technically challenging and/or complicated. Typically candidates can demonstrate the knowledge, skills and abilities of Full Performance Level within 2 years from entering the occupation.

(b) **Demonstrated Knowledge, Skills, and Abilities.** Full Performance Level practice in nurse anesthesia includes but is not limited to the following:

1. Skill in conducting and managing anesthesia for a broad range of complex surgical procedures. In addition, the CRNA must be able to adapt/modify anesthesia techniques in order to optimize patient care.

2. Ability to complete work assignments selected to add depth and breadth to their technical knowledge and skill competence. Work assignments will vary at each facility depending on the progressive acuity required for anesthesia care.

**3. Ability to respond to emergency situations by providing airway management, administration of emergency fluids and drugs, and by the use of basic or advanced cardiac life support techniques in order to perform necessary resuscitation procedures.**

**4. Ability to effectively blend technology, skills, and competency for the advancement of anesthesia techniques, pharmacology, and equipment.**

**5. Ability to apply new developments and theories to develop and demonstrate the ability to recognize and solve various complex anesthesia situations.**

**6. Ability to practice nurse anesthesia with colleagues and peers in a team concept of anesthesia care and blend management skills with technical experience.**

**7. Ability to recognize clinical and technical aspects of anesthesia care and has in-depth knowledge of anesthesia methods and techniques for the practice of anesthesia.**

**8. Ability to perform as a mentor, preceptor, or nurse educator providing didactic and clinical instruction for graduate-level nurse anesthesia students and/or other anesthesia care providers.**

**9. Ability to participate in the development of anesthesia patient care audit processes involving in depth review and analysis of anesthesia records.**

**10. Ability to provide guidance and instruction in preparing others for positions of leadership and ethical practices which impact patient care.**

(3) **Chief/Educator Level: (Nurse IV)**

(a) **Specific Assignment: Chief Nurse Anesthetist/Administrative Nurse Anesthetist**

1. **Experience or Education.** At this level, emphasis is placed on strategic planning and administrative/managerial responsibilities. The Chief Nurse Anesthetist /Administrative Nurse Anesthetist makes recommendations that may significantly affect the content, interpretation, or development of VA policies or programs concerning critical matters or major issues within the anesthesia arena. They are assigned positions/studies where limited guidance exists as to the method of evaluation for the potential experience identified or, where possible, new experiences need to be identified. Regularly provides anesthesia care in unusually extensive and complex surgical procedures that are of prolonged duration and involve high-risk patients, including development of individualized programs of post-op anesthesia care. A specific assigned Chief Nurse Anesthetist/Administrative Nurse Anesthetist may be a first line supervisor and/or have administrative responsibility for anesthesia staff. Individuals assigned to this level generally require approximately 5 years of progressively responsible leadership assignments in clinical, administrative, educational and/or research related to nurse anesthesia practice.

**NOTE:** *The Deputy Director, National Anesthesia Service, is given the opportunity to comment on appointments of nurse anesthetists to Section Chief positions (see VA Handbook 5005, part II, appendix H6.)*

2. **Demonstrated Knowledge, Skills and Abilities.** Nurse Anesthetists at this level must have the ability to perform long and short-term planning goals for their anesthesia department. Chief Nurse Anesthetist /Administrative Nurse Anesthetist functions may include, but are not limited to, the following:

a. Ability to perform scheduling and supervise staff, students, or ancillary personnel to include conducting performance evaluations in order to effectively execute responsibilities.

b. Knowledge to accept substantial and continuing responsibility and accountability for planning, organizing, directing, and controlling an integrated program.

c. Ability to serve on committee meetings, departmental reviews, problem-focused studies, problem solving, interventions, and process oversight in order to justify program goals and motivate assigned personnel.

d. Skill in design and management of budget and cost benefit analysis in order to ensure optimal stewardship of resources.

e. Ability to exercise independent judgment, perform tasks of unusual difficulty along special technical, supervisory, or administrative lines. These practitioners may develop protocols of anesthesia practice.

f. Ability to provide analytical techniques and problem solving related to drug interaction and pathological changes during the anesthesia course.

g. Ability to provide leadership in the application of the nursing process to patient care, organization processes and/or systems, improving outcomes at the program or service level.

h. Knowledge to participate in the audit of anesthesia care, recommending changes where indicated.

(b) **Specific Assignment: Educator-Coordinator**

1. **General**

a. The CRNA Educator-Coordinator coordinates an education program, Phase I (non-clinical) and/or Phase II (clinical), for nurse anesthesia students or health care trainees who rotate through the VA Healthcare System. This CRNA will have an academic appointment from an accredited school of nurse anesthesia.

b. Assignment to the Educator-Coordinator role must represent a significant commitment to the education of students, beyond the occasional preceptorship. The Educator-Coordinator must also demonstrate a commitment to in-service training for staff, and facility continuing education in order to provide accurate information to the population serviced.

c. The Educator-Coordinator must have administrative and technical responsibility for maintaining professional standards of practice in accordance with the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). This may include development of the orientation programs for the students, journal club, scheduling, counseling and grading students, monitoring cases, assisting with research projects, coordinating with didactic instructors and clinical anesthesia staff for student progress.

d. The Educator-Coordinator must also assist and provide development opportunities for primary clinical instructors and other department members to maintain their skills and keep current with progressive technical knowledge.

2. **Demonstrated Knowledge, Skills and Abilities**

a. Ability to serve as interdepartmental liaison, interfacing with other departments such as nursing, surgery, PACU, outpatient surgery, admissions, administration, laboratory, pharmacy, etc., in order to incorporate the expertise of all disciplines in a comprehensive, integrated approach to care.

b. Knowledge to provide advice and assistance to other nurse anesthetists in unusually difficult or complex cases.

c. Ability to perform clinical and didactic teaching, commitment to in-service training for staff, and facility continuing education in order to provide accurate information to population serviced.

d. Ability to provide feedback to students, faculty and the Program Director in a timely fashion.

e. Skills for the development, implementation, evaluation and on-going updating of the clinical curriculum and evaluation.

f. Ability to administer, evaluate and provide sound statistical research, which may promote clinical and didactic evolution and expertise in the field of anesthesia.

g. Knowledge to implement educational strategies to meet changes, clinically, academically, and professionally, related to nurse anesthesia.

h. May chair or co-chair graduate level research in order to assist students in researching, reviewing/approving research proposal and finished product.

i. Knowledge to support and prepare for the program's accreditation process by the COA of Nurse Anesthesia.

j. Ability to facilitate communication between students, faculty, and other site coordinators to oversee/manage the clinical education of students.

(4) **Nurse V.** For highly qualified candidates with program responsibilities which significantly exceed the minimum scope and complexity of those described for Nurse IV, the Under Secretary for Health or designee may approve assignment at Nurse V on a case-by-case basis. Typically, this assignment (i.e. Deputy Director, Anesthesia Service, VACO) will be restricted to individuals who are responsible for managing a national program.

**4. DEVIATIONS**

a. The approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for nurse anesthetists in VHA whose composite record of

accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the educational or credential requirements be waived.

c. The placement of individuals in assignments at the highest grade level described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. 7304; 7402**]

# APPENDIX G8. PHYSICIAN ASSISTANT QUALIFICATION STANDARD [VN/AD]-0603 Veterans Health Administration

**1. COVERAGE.** The following are the requirements for appointment as a Physician Assistant (PA) in the Veterans Health Administration (VHA). [Within VHA, PAs practice with clinical oversight, consultation, and input by a designated collaborating physician.]

**2. BASIC REQUIREMENTS.**

a. **Citizenship.** Citizen of the United States [in accordance with section 7402(c) to title 38, United States Code (U.S.C.). Non-citizens may be appointed when it is not possible to recruit qualified candidates in accordance with 38 U.S.C. § 7407(a).]

b. **Education.** [Graduate of a training program which is accredited by the Accreditation Review Commission on Education of PA (ARC-PA) or one of its predecessor organizations. Additionally, candidates must meet one of the following:

(1) Master's degree in any discipline;

OR

(2) Bachelor's degree in any discipline with one year of experience as a PA.]

c. **Certification**. [Must have successfully passed the PA National Certifying Exam (PANCE).

NOTE: Current and continuous certification by the National Commission on Certification of Physician Assistants (NCCPA) is no longer required for employment in VHA. (See paragraph 3a in this standard for additional information regarding the certification requirement for employees grandfathered into the occupation.)

d. **Licensure**. PAs must possess an active, current, full, and unrestricted license to practice in a State, Territory, or Commonwealth of the United States, or in the District of Columbia. PAs must maintain current registration in the State of licensure if this is a requirement for continuing active and current licensure in that State.

(1) **Impaired Licensure.** A PA who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status may be appointed only in accordance with the provisions of chapter 3, section B, paragraph 13 of this part.

(2) **Exceptions for Graduate PAs.**

(a) PAs who otherwise meet the basic requirements, but do not possess the required licensure, may be appointed, pending licensure, as a graduate PA on a temporary full-time appointment not-to-exceed two years under the authority of 38 U.S.C. § 7405(c)(2)(B).

(b) Graduate PAs may only be appointed at the entry grade level and may not be promoted/converted until certification is obtained.

(c) Temporary graduate PA appointments may not be extended beyond two years or converted to a new temporary appointment.

NOTE: Individuals who have or have had multiple licenses and had any such license revoked for professional misconduct, professional incompetence or substandard care, or who surrendered such license after receiving written notice of potential termination of such license by the State for professional misconduct, professional incompetence, or substandard care, are not eligible for appointment to the position unless such revoked or surrendered license is fully restored (38 U.S.C. § 7402(f)). This requirement does not apply to licensed PAs currently employed by VA as of November 30, 1999, provided they maintain continuous appointment and are not disqualified for employment by any subsequent revocations or voluntary surrenders of State license, registration or certification.

(3) **Loss of Credentials.** An employee in this occupation who fails to maintain the required licensure or NCCPA certification when required under paragraph 3a below must be removed from the occupation, which may result in termination of employment (VA Handbook 5005, part II, chapter 3, paragraph 17).

(4) **Failure to Obtain Licensure.** In all cases, graduate PAs must actively pursue and obtain required licensure from the date of their appointments. The human resource office will provide the unlicensed PA in writing the date by which the license must be acquired and the consequences for not becoming licensed by the deadline. The written notice must be provided prior to the first date of employment. Failure to obtain required credentials by the prescribed date will result in termination of employment.

e. **Physical Requirements**. See VA Directive and Handbook 5019, Employee Occupational Health Service.

f. **English Language Proficiency.** Candidates must be proficient in spoken and written English to be appointed as authorized by 38 U.S.C. § 7403(f).

**3. GRANDFATHERING PROVISION.** All persons employed in VHA in this occupational series that are also performing the duties as described in the qualification standard on the effective date of this qualification standard are considered to have met all qualification requirements for

the grade held including positive education and licensure/certification. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

a. If a PA is certified by the NCCPA, but not licensed on the effective date of the qualification standard, they are not required to obtain or maintain a license to remain employed in VHA. However, if they lose or fail to maintain their NCCPA certification after this qualification standard is effective and do not possess a full, valid, and unrestricted license, they are no longer qualified for employment as a PA in VHA.

b. PAs may be reassigned, promoted up to and including the full performance level, or demoted within the occupation, but may not be promoted beyond the full performance level or placed in supervisory or managerial positions.

c. If a PA who was retained under this provision leaves the occupation, the employee will lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

d. PAs initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification and meet all the basic requirements of this qualification standard, must maintain the required credentials as a condition of employment in the occupation.

e. PAs who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

## 4. DEFINITIONS.

a. **Collaborating Physician.** The collaborating physician is a designated (allopathic or osteopathic) physician who provides clinical oversight, consultation, and patient care management assistance to the assigned PA.

b. **Part-Time Experience.** Part-time experience as a PA is credited per the relationship to a full work week. For example, a PA is employed 20 hours per week on a half-time basis would receive one full-time work week credit for two weeks of such service.

## 5. GRADE REQUIREMENTS.

a. **General.**

(1) **Recency and Quality of Experience.** Recency or quality of training and experience as a PA should be carefully reviewed when determining the appropriate grade. To be creditable, experience must demonstrate possession of knowledge,

skills and abilities related to the current practice of a PA. The importance of specific types of experience or training may vary per the intended assignment.

(2) **Grades.** The level of PA practice may be performed based on a combination of education and experience. Beyond the minimum education requirements, grade determination upon appointment, and advancement is dependent more on acquired knowledge, skills, and abilities than baseline education. As the PA acquires the knowledge and judgment that accrues with experience, the privilege of increased authority for patient care maybe expanded.

(3) **Research.** At any grade, PAs may assist in or conduct approved research projects relative to PA care that enhances their knowledge and skills in the profession.

b. **Grade Determination.** In addition to the basic requirements stated above, the following qualification criteria must be met in determining the appropriate grade assignment of candidates:

(1) **Physician Assistant-I (PA-I)**

(a) **Experience and Education.** None beyond the basic requirements. This is the entry level for PAs.

(b) **Demonstrated Knowledge, Skills, and Abilities.** The following list of knowledge, skills, and abilities (KSA) present the minimum skill set expected of an Entry Level PA. This practice may include, but is not limited to:

i. Ability to utilize the principles of PA practice in the care of assigned patients to provide appropriate care.

ii. Ability to perform patient history and physical.

iii. Ability to formulate a plan and provide treatment to the patient.

iv. Ability to provide patient care that is abreast of changing concepts and advancements in the profession.

(2) **Physician Assistant-II (PA-II)**

(a) **Experience and Education.** The PA at this grade is at the intermediate grade level and has had progressively increasing responsibility and experiences as indicated in the KSAs listed below. Individuals will have demonstrated the ability to analyze and solve more complex medical problems than at the entry level grade and can utilize their training in the successful practice of patient care and participate in team problem solving. Individuals demonstrate the KSAs of PA-II intermediate level by:

i. Two years of successful practice as a PA.

OR

ii. Successful completion of a PA post-graduate residency program sponsored by VHA Office of Academic Affiliations or other postgraduate residency programs accredited by VA, ARC-PA, U.S. Armed Forces, or another accrediting agency.

OR

iii. A doctoral degree in a health-related field from an accredited college or university recognized by the U.S. Department of Education.

(b) **Demonstrated Knowledge, Skills, and Abilities (KSAs).** PAs at this level are not required to meet each individual KSA listed below to qualify, but should be able to demonstrate, develop, or acquire those not met upon appointment for PA-II:

i. Skills to analyze and solve complex medical problems.

ii. Ability to function autonomously and make independent medical decisions.

iii. Skill to incorporate training and experience into the successful practice of patient care including telehealth medical care.

iv. Ability to work effectively in an interdisciplinary environment for improvement of services for patient care.

v. Ability to practice with colleagues and peers collaboratively.

(3) **Physician Assistant-III (PA-III)**

(a) **Experience and Education.** PAs at the PA-III grade are at the full performance level and lead and organize patient care independently, practice within multi-disciplinary teams, and coordinate all aspects of patient care across the health care system. They utilize advanced clinical knowledge and judgment in decision-making and evaluating outcomes. They function as experts in clinical practice and/or in areas related to the assigned roles and responsibilities, may serve as mentors for transitioning PAs, and may provide training for health care students. Individuals can demonstrate the KSAs for the full performance level by:

i. Three years of successful practice as a PA.

OR

ii. Successful completion of a PA post-graduate residency program sponsored by VHA Office of Academic Affiliations or other postgraduate residency programs accredited by VA, ARC-PA, U.S. Armed Forces, or another accrediting agency and one year of professional practice as a PA.

OR

iii. A doctoral degree in a health-related field from an accredited college or university recognized by the U.S. Department of Education and one year of professional practice as a PA.

(b) **Demonstrated Knowledge, Skills, and Abilities.** PAs at this level are not required to meet each individual KSA listed below to qualify, but should be able to demonstrate, develop, or acquire those not met upon appointment for PA-III:

i. Ability to clinically evaluate facility patient care delivery systems and validate or identify barriers to safe and effective patient care.

ii. Skill to consistently demonstrate an elevated level of expertise and autonomy in diagnosing and treating seriously ill, multi-symptomatic patients through facility Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE).

iii. Ability to present clinical findings and recommendations to appropriate management officials.

iv. Ability to clinically facilitate the delivery of patient care in collaboration with health professionals, health managers, and other health care personnel.

v. Ability to implement and initiate clinical changes to established treatment protocols based upon new medical literature research findings to enhance patient delivery care for improved patient outcomes.

vi. Ability to participate clinically in the development of the PA patient care audit processes involving in-depth review and analysis of medical records.

(4) **Physician Assistant-IV (PA-IV).** Positions may include but are not limited to: Facility or Veterans Integrated Service Network (VISN) Lead PA, Facility PA Education Lead, PA Residency Program Director, or other Clinical and/or Administrative leadership assignments.

(a) **PA (Facility Lead).** Facility lead PAs have a thorough understanding of the various functions involved in the care of patients, and the ability to interact effectively with

different medical and surgical specialists, health care team members, and administrative staff. Facility lead PAs have the knowledge and expertise pertaining to PA employment, credentialing, clinical practice, and appropriate utilizations of PAs. A lead PA can monitor patient care operations, polices, and work performance of fellow PAs.

i. **Experience.** PA facility leads require five years of experience, which includes progressively responsible leadership assignments, such as serving on any local committees, workgroups, or taskforces. The PA may exhibit knowledge of PA VHA employment and utilization of PAs through demonstrative actions as a facility point of contact (POC) for PA issues, policies, and directives.

ii. **Demonstrated Knowledge, Skills, and Abilities.** PAs at this level are not required to meet each individual KSA listed below to qualify, but should be able to demonstrate, develop, or acquire those not met upon appointment for PA-IV:

a. Ability to provide clinically and occupationally focused orientation to new PA appointees and mentoring other PA staff members.

b. Knowledge of the FPPE and OPPE processes to evaluate and assess patient care services provided by PA staff.

c. Knowledge of the educational needs of PAs.

d. Ability to provide leadership and clinical oversight of PAs at the facility.

e. Ability to exercise independent judgment, perform tasks involving special technical, supervisory, or administrative lines.

f. Ability to communicate effectively with a diverse group of professional clinical staff.

(b) **PA (Facility Education Lead or Residency Program Director).** PA Facility Education Leads and PA Residency Program Directors are responsible for the management, structure, and administration of the PA clinical trainee program. They ensure programs comply with VA Office of Academic Affiliations standards and accrediting bodies of sponsoring affiliated institutions while activities are being held at VA facilities. PA Education Leads and PA Residency Program Directors develop, implement, and enhance PA clinical education training programs.

i. **Experience.** PA Facility Education Leads and PA Residency Program Directors require five years of experience, which include educational assignments, such as proctoring PAs or medical students, setting up continuing medical education for

local VHA PAs or participating in community health events; serving as a PA director or assistant in a VHA residency program or stipend program; or serving as a member or staff of an academic PA program.

ii. **Demonstrated Knowledge, Skills, and Abilities.** PAs at this level are not required to meet each individual KSA listed below to qualify, but should be able to demonstrate, develop, or acquire those not met upon appointment for PA-IV:

a. Ability to develop and update VA PA clinical rotation guidelines within each clinical specialty to ensure students and preceptors understand the responsibilities prior to and upon completion of each clinical rotation.

b. Skills to maintain student evaluations and oversee changes that facilitate continuous enhancements and improvements of PA trainee clinical experiences.

c. Ability to give quality systematic feedback to the practitioner within a broad range of medical and surgical experiences that meets ARC-PA and affiliated institutional standards.

d. Ability to support trainees to allow open and ongoing feedback regarding collaborating practitioner, the training program, and VA site as a method of continuous improvement.

e. Skill to properly record and maintain established affiliation agreements and subsequent supporting documents required for VA clinical training programs.

f. Skill to maintain close relationships and open and ongoing communication with academic affiliates PA program directors and clinical coordinators participating in the PA trainee program.

(c) **PA (Clinical Leader/Administrative Leader).** PAs at the PA-IV grade level may serve as clinical leader or administrative leader. Clinical PA Leaders may be assigned to positions/studies where limited guidance exists as physician oversight is not required. Administrative PA Leaders are involved with strategic planning and administrative/managerial responsibilities for integrated programs that cross service and/or discipline lines and influence organizational mission and health care. A PA clinical leader/administrative leader may monitor or evaluate services or programs with interaction of senior administration.

i. **Experience.** PA clinical leaders/administrative leaders require five years of experience which included leadership assignments that involved formulating program objectives and priorities, implementing plans and practices, and

interpreting regulatory and organizational guidance to develop and implement policies and/or procedures.

ii. **Demonstrated Knowledge, Skills, and Abilities.** PAs at this level are not required to meet each individual KSA listed below to qualify, but should be able to demonstrate, develop, or acquire those not met upon appointment for PA-IV:

a. Ability to assess information and make recommendations that may significantly affect the content, interpretation, or development of programs concerning critical matters or key issues within the health care system.

b. Ability to schedule and supervise staff, students, or ancillary personnel, to include conducting performance evaluations.

c. Skill in planning, organizing, directing, and controlling an integrated program.

d. Skill in design, management of budget, and cost benefit analysis to ensure optimal stewardship of resources.

e. Ability to analyze complex medical care, organizational processes and/or systems, and develop and implement solutions that improve outcomes at the program or service level.

f. Ability to develop and recommend new or revised policies or procedures to justify program goals and motivate assigned personnel.

(5) **Physician Assistant-V (PA-V).** PA positions at this grade may include but are not limited to: VISN or VHA Central Office (VHACO) leadership or administrative positions that involve a high level of strategic planning of programs that cross integrated service lines and/or disciplines.

(a) **PA (VISN).** VISN PAs manage one or more large, complex patient care or administrative programs across one or more VISNs. They have full responsibility for the program(s) and significantly influences overall functioning of the program(s) throughout the VISN(s). They provide leadership, direction, and guidance on all aspects of the program(s). They coordinate with network and facility executives in developing and establishing the long and short-range organizational goals for the program(s), ensuring organizational goals and policies are aligned with VISN and national goals. PAs provide direct oversight to program operations at multiple sites across the VISN(s). They evaluate, develop, coordinate, implement, and improve program operations within the VISN(s). They manage the overall budget for the program VISN-wide, to include determining resource needs, allocating resources, and ensuring proper utilization in productivity, efficiency and cost effectiveness of operations. PAs may manage and supervise a large number of employees in

different disciplines and areas at multiple locations/facilities. They have full responsibility for clinical practice, program management, education, and human resources management of the employees. They establish and maintain effective relationships with all levels of medical center/network personnel service leaders at the facility and network levels. They interpret and apply national policy, as well as, develop VISN-wide supplemental guidance regarding the program(s). PAs assist medical center/network staff to carry out the functions and activities expected of them. They assist in policy-making activities and the overall functioning of administrative and clinical programs. They collaborate with other staff to establish and maintain programs that cross service and/or discipline lines and influence organizational mission and health care, as well as, investigate and solve issues or situations impacting health care services. They conduct and analyze studies and projects fundamental to planning, programming, and budgeting. They utilize forecasts of technological changes, utilization patterns, future workloads, staffing projection and cost comparisons to provide feedback and recommendations to VISN Leadership that reflects current standards and expectations provided by VHACO.

i. **Experience.** VISN PAs at this level require six years of experience that included assignments that involved directing and evaluating complex patient care or administrative programs, services or operations for a healthcare system or at multiple sites. The assignments would have required planning, organizing and assessing healthcare services or programs; implementing national initiative and organizational targets; developing long and short-term program goals, and analyzing, developing options and implementing solutions to health care operational or administrative problems.

ii. **Demonstrated Knowledge, Skills, and Abilities**. VISN PAs at this level are not required to meet each individual KSA listed below to qualify, but should be able to demonstrate, develop, or acquire those not met upon appointment for PA-V:

a. Ability to oversee specific regional level programs that cross service and/or discipline lines and influence organizational mission and health care operations.

b. Skill to provide management and budgeting of regional level programs.

c. Ability to analyze complex medical care systems and organizational needs of facilities within a region, other federal agencies and professional organizations and apply to healthcare programs within the region.

d. Knowledge of strategic planning processes to translate national and regional goals and objectives into efficient program operations.

(b) **PA (Central Office).** Central Office PAs manage a national VHA program or programs and provide overall administration of all aspects of the program(s) throughout VHA, to include planning, directing, and executing the program(s). They analyze and develop program specific plans, programs, and budgets for a national program office. They provide leadership and direction for the assigned program(s) that significantly impacts on the overall functioning of the program(s) VHA-wide, to include ensuring the program(s) meet VA mission requirements. They develop succession plans, monitoring trending data and academic preparation for the program(s). They develop national policies, directives, informal letters, white papers, and other guidance regarding the program(s). They coordinate and collaborate with Federal and State regulatory agencies when developing national policies, procedures, and operations for the program(s). They work with VA Central Office (VACO) and collaborate with other national program offices such as Regulatory Affairs, Legislative Affairs, and General Counsel. They provide agency-level interpretation and clarification of national policies and directives. They write or provide technical reviews of proposed legislation regarding the program for the agency. They respond to Congressional offices and other high-level inquiries from internal and external organizations related to the program(s) and/or program office. They interpret policies promulgated by senior VACO and VHACO leadership.

i. **Experience.** Central Office PAs at this level require six years of experience that included assignments which involved directing and evaluating complex patient care or administrative programs, services or operations for a healthcare system or at multiple sites. The assignments would have required planning, organizing and assessing healthcare services or programs; implementing national initiative and organizational targets; developing long and short-term program goals; and analyzing, developing options and implementing solutions to health care operational or administrative problems.

ii. **Demonstrated Knowledge, Skills, and Abilities.** Central Office PAs at this level are not required to meet each individual KSA listed below to qualify, but should be able to demonstrate, develop, or acquire those not met upon appointment for PA-V:

a. Ability to interpret, develop or revise VHA directives and handbooks pertinent to the national VHA program.

b. Skill in the design and management of budget as well as cost benefit analysis, to ensure optimal stewardship of resources.

c. Skill to collaborate with other VHA executives for strategic planning and problem-solving pertaining to national health care delivery systems and organizational priorities.

d. Ability to represent VHA in interacting with state, regional, and national professional, accrediting, and certifying bodies.

**6. DEVIATIONS.**

a. The approving official may, under unusual circumstances, approve reasonable deviations to the grade requirements at grade PA-III and below for PAs in VHA whose accomplishments, performance, and qualifications as well as current assignment warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances may the educational, certification, or licensure requirements be waived.]

c. The placement of individuals in grade levels or assignments not described in this qualification standard must be approved by the Under Secretary for Health or designee in VHA Central Office.

**Authority:** 38 U.S.C. [7301(b), 7402]

# APPENDIX G9. EXPANDED-FUNCTION DENTAL AUXILIARY QUALIFICATION STANDARD
## Veterans Health Administration

**1. COVERAGE.** Following are the overall requirements for appointment as an EFDA (Expanded-Function Dental Auxiliary) in VHA.

**2. SECTION A. BASIC REQUIREMENTS**

a. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

b. **Education.** Graduate of a dental auxiliary education program that included education and training in expanded functions acceptable to the appropriate VA Professional Standards Board. The program, such as a dental assistant or dental hygiene education program, must be accredited by the Council on Dental Education of the ADA (American Dental Association) and approved by the appropriate State accrediting agency at the time the program was completed.

c. **Licensure or Certification.** Individuals employed as EFDAs must possess active, current, full and unrestricted licensure as a dental hygienist from a State, Territory or Commonwealth, (i.e. Puerto Rico) of the United States or the District of Columbia; or evidence of certification from the American Dental Assistants Association as a CDA (Certified Dental Assistant). EFDAs who have, or have ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status may be appointed only in accordance with the provisions in paragraph 16 of chapter 3, section B, this part.

d. **Physical Standards.** See VA Directive and Handbook 5019.

e. **English Language Proficiency.** EFDAs appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

**3. SECTION B. GRADE REQUIREMENTS.** In addition to the basic requirements specified above in section A, the following qualifications criteria must be met in determining the appropriate grade assignment of candidates.

a. **Junior Grade.** The candidate must meet *one* of the following:

(1) For candidates who are licensed dental hygienists, none beyond basic requirements.

(2) Candidates who are CDAs (certified dental assistants) must possess *one* of the following:

(a) One year of progressively responsible experience in expanded functions or 2 years of progressively responsible experience as a dental assistant that did not include expanded functions.

(b) One year of experience as an instructor in an ADA-accredited dental auxiliary education program which included instruction in expanded functions.

(c). Two years of progressively responsible experience in a related health care occupation such as licensed practical nurse, health technician, independent medical corpsman, medical technician, or radiology technician.

(d) Bachelor's degree in a related health care occupation such as nursing, physician assistant, medical technology, or physical therapy; or a bachelor's degree in a related health science such as physiology, biology, or biochemistry.

b. **Associate Grade**

(1) The candidate must meet *one* of the following:

(a) Bachelor's degree in dental hygiene, or its equivalent.

(b) Bachelor's degree in a related health care occupation as defined above, or a bachelor's degree in a related health science as defined above, and 1 year of progressively responsible experience in expanded functions or as an instructor in an ADA-accredited dental auxiliary education program which included instruction in expanded functions.

(c) Completion of an ADA-accredited 2-year dental hygiene education program and 2 years of progressively responsible experience in expanded functions.

(d) Completion of an ADA-accredited 1 year dental assistant education program and 3 years of progressively responsible experience in expanded functions.

(2) The required experience for Associate grade must have included:

(a) Demonstrated competence in performance of expanded functions which are exceptionally difficult or responsible, *and*

(b) Demonstrated skill in observing and identifying patients' physical needs and in providing emotional support to patients, *or*

(c) Experience in a dental facility that delivers full comprehensive dental care including services in dental specialties.

c. **Full Grade.** See section C below.

**4. SECTION C. DEVIATIONS**

a. The appointing official may authorize a waiver of the grade requirements for Junior or Associate grade for EFDAs whose accomplishments, performance, and qualifications warrant such consideration based on demonstrated competence to meet the requirements of the proposed grade.

b. Under unusual circumstances, the appointing official may authorize appointment of an EFDA at Full grade when it is determined that the scope and complexity of the assignment and level of responsibility warrants this grade.

**Authority: 38 U.S.C. 7304; 7402.**

# APPENDIX G10. CERTIFIED RESPIRATORY THERAPIST QUALIFICATION STANDARD, GS-0640

## Veterans Health Administration (VHA)

1. **COVERAGE.** The following are the requirements for Certified Respiratory Therapists (CRT), GS-0640, [ ] who are employed in VHA as of the date of this publication and who perform [ ] technical work administering respiratory care and life support to patients with cardiopulmonary deficiencies and abnormalities.

   **a.** [As of the date of this qualification standard, new appointments or reassignments to this standard are prohibited. Employees currently employed in VHA as CRTs will remain CRTs in the GS-0640 occupational series and perform the duties defined in this qualification standard, unless "registration" credential is received. See Appendix G11, Registered Respiratory Therapist in this part.]

   **b.** 38 U.S.C. Chapters 73 and 74 refer to "certified or registered respiratory therapists." Since the National Board for Respiratory Care (NBRC), the certifying body for respiratory therapists, distinguishes between "certified respiratory therapist" and "registered respiratory therapists," VA is adopting "certified respiratory therapist" titling for this qualification standard.

2. [**BACKGROUND.** P.L. 98-160, The Veterans' Health Care Amendments of 1983. authorized full-time, permanent CRT appointments under the authority of 38 U.S.C. § 4104(3). Information and guidance on converting from title 5 to hybrid title 38 was provided in Circular 00-85-9, Employment of Certified or Registered Respiratory Therapist, Licensed Physical Therapist and Licensed Practical or Vocational Nurses under 38 U.S.C. Chapter 73, dated March 12, 1985 with amendments issued in 1987 and 1988 and supplemental circulars issued. A supplemental circular issued on April 26, 1988 provided notification that Respiratory Therapists would no longer be hired under title 5 and implemented the requirement for therapists to be certified and/or registered. As a result, respiratory therapists are no longer hired under the GS-0651 series since that series does not include the requirement to be certified or registered. The circulars and supplements provided guidance and processes for converting employees who provided evidence of certification and/or registration.]

3. **DEFINITIONS.**

   **a. Journey Level.** The full performance level for this qualification standard is the GS-07 grade level.

   **b. Creditable Experience.** Experience is only creditable if credentialed as a CRT and the experience is in respiratory care and directly related to the position being filled. To be creditable, the candidate's experience must demonstrate the use of

knowledge, skills and abilities associated with current practice in paid employment as a CRT.

c. **Part-Time Experience.** Part-time experience is credited according to the relationship it bears to the full-time workweek (e.g., a CRT who worked 20 hours a week would receive one full-time workweek of credit for each two weeks of service).

d. **Clinical Supervision.** Clinical supervision is between a credentialed and non- credentialed clinician or trainee in which the clinical work is reviewed and reflected upon with the aims of improving her/his work with clients, ensuring client welfare and supporting his/her work and professional development. This includes co-signing clinical notes and supervising an individual as she/he are working towards his/her credential.

e. **National Board for Respiratory Care (NBRC).** NBRC is the credentialing body to vet and administer tests and awards the credentials to become a CRT and Registered Respiratory Therapist (RRT).

f. **Certified Respiratory Therapist (CRT).** Upon graduation from an accredited program, Respiratory Therapists are eligible to take a national examination and, upon passing, are granted the CRT credential by the NBRC. CRTs are limited in duties and responsibilities and differ from those who hold an RRT credential.]

## 4. BASIC REQUIREMENTS.

a. **Citizenship.** Individuals must be a citizen of the United States. Noncitizens may be appointed when it is not possible to recruit qualified citizens in accordance with Chapter 3, Section A, paragraph 3g of this part. See 38 U.S.C. § 7407(a) for more information.

b. **Certification.** Individuals must hold a certificate as a CRT by the NBRC or a certificate from another body which the NBRC recognizes as its credentialing equivalent. This includes certification based on either:

**(1)** [Successfully completing a 2-year degree in respiratory care];

OR

**(2)** Holding a certificate as a respiratory therapist [ ] based on passing an entrance examination administered by the NBRC. [ ]

c. **Physical Requirements.** See VA Directive and Handbook 5019, Employee Occupational Health Service for requirements.

**d. English Language Proficiency.** CRTs appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. § 7403(f).

**5. GRANDFATHERING PROVISIONS.** There are no grandfathering provisions under this qualification standard.

**6. GRADE REQUIREMENTS.** In addition to meeting the basic requirements stated in paragraph 4, the following qualifications criteria must be met to determine the grade assignments.

**a. Certified Respiratory Therapist, GS-05.**

**(1) Education, Licensure and Experience.** None beyond the basic requirements.

**(2)** [**Assignments.** This is the developmental entry level position for this qualification standard. CRTs at this level perform basic therapeutic modalities in all areas of respiratory care environment under close clinical supervision by an RRT at the full performance level or higher. They deliver medication related to respiratory care; initiate and monitor oxygen therapy and assist with cardiopulmonary resuscitation, suctioning of artificial airway. They evaluate and perform aerosol humidification therapy. CRTs participate in care team rounds.]

**b. Certified Respiratory Therapist, GS-06.**

**(1) Education, Licensure and Experience.** Candidates must have successfully completed of one of the following:

(a) A minimum two years accredited educational program of study in respiratory care;

OR

(b) At least one year of experience comparable to [ ] the GS-05 grade level in respiratory care.

**(2)** [**Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, the candidate must demonstrate all the following KSAs:

(a) Knowledge of commonly used respiratory equipment, procedures and techniques.

(b) Knowledge of basic medical sciences and how they relate to the respiratory and cardiovascular systems.

(c) Skill in the assessment of oxygenation.

(d) Ability to perform basic therapeutic modalities related to respiratory care.

(e) Ability to collaboratively consult with physicians and other healthcare professionals for respiratory care to help provide favorable patient outcomes.]

**(3) Assignment.** CRTs at this developmental grade level perform basic therapeutic modalities in all areas of respiratory care environment under close clinical supervision by an RRT at the full performance level or higher. They deliver medication related to respiratory care. They initiate and monitor oxygen therapy. CRTs assist with cardiopulmonary resuscitation and suctioning of artificial airway. They evaluate and perform aerosol humidification therapy. CRTs participate in care team rounds.

**c. Certified Respiratory Therapist, GS-07.**

**(1) Education, License and Experience.** Candidates must have successfully completed at least one of the following:

(a) A four years or more accredited program of study leading to a bachelors or higher degree in respiratory care;

OR

(b) At least one year of experience comparable to [ ] the GS-06 grade level in respiratory care.

**(2)** [**Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, the candidate must demonstrate all the following KSAs:

(a) Knowledge of the full range of equipment, procedures and techniques used in respiratory care including the operating characteristics, capabilities and limitations of the complex equipment and anatomy, and physiology of the respiratory system.

(b) Skill in collaboratively consulting with physicians and other healthcare professionals for respiratory care to help provide favorable patient outcomes.

(c) Skill in management of oxygenation.

(d) Ability to perform therapeutic modalities related to respiratory care.

**(3) Assignment.** This assignment is the full performance level for CRTs. CRTs at this grade level are responsible for the majority of the following, dependent

on facility structure and facility complexity level, with minimal supervision from an RRT at the full performance level in both inpatient and/or outpatient. CRTs complete patient assessment through direct contact, chart review and other means, as appropriate, and share the information with health care team members. They place nasal and oropharyngeal airway; perform nasal and tracheal suctioning; and assist in placing artificial airways into patient's trachea. They perform duties in the critical area with close clinical supervision to include in-line suctioning, re-positioning and securing Endo Tracheal tube, Bag Valve Mask ventilation and assisting in patient transport and performing patient ventilator assessment. CRTs provide outpatient services such as positive airway pressure therapy and oxygen therapy.]

**7. DEVIATIONS.** There are no deviations under this qualification standard.

**Authority: P.L. 98-160, The Veterans' Health Care Amendments of 1983; 38 U.S.C. §§; 7401, Appointments in Veterans Health Administration; 7403, Period of appointments; promotions; 7405, Temporary full-time appointments, part-time appointments, and without-compensation appointments; 7407, Administrative provisions for section 7405 and 7406 appointments.**

# Appendix G11. REGISTERED RESPIRATORY THERAPIST, GS-0601

## Veterans Health Administration

1. **COVERAGE.** The following are the requirements for appointment and advancement as a Registered Respiratory Therapist, GS-0601, in the Veterans Health Administration (VHA). RRTs in VHA perform or supervise work concerned with administering respiratory care and life support to patients with cardiopulmonary deficiencies, diseases and abnormalities.

2. **BACKGROUND**. P.L. 98-160, The Veterans' Health Care Amendments of 1983, authorizes full-time, permanent appointments in three occupations under authority of 38 U.S.C. § 4104(3) which included RRTs. Prior to the enactment of this law, VA hired nonregistered or certified respiratory therapists and inhalation therapy technicians in the GS-0651 series. Information and guidance on the conversion and implementation from title 5 to title 38 was provided in Circular 00-85-9, Employment of Certified or Registered Respiratory Therapist, Licensed Physical Therapist and Licensed Practical or Vocational Nurse under 38 U.S.C. Chapter 73, dated March 12, 1985, with amendments issued in 1987 and 1988. Supplemental circular issued April 26, 1988, provided notification that Respiratory Therapists could no longer be hired under title 5 and implemented the requirement for a therapist to be certified and/or registered; therefore, Respiratory Therapists could no longer be hired under the GS-0651 series since it did not include the requirement to be certified or registered. The circulars and supplements provided guidance and processes for converting employees who provided evidence of certification and/or registration.

3. **DEFINITIONS.**

   a. **Journey Level**. The full performance level for this qualification standard is the GS-11 grade level.

   b. **Creditable Experience**. Experience is only creditable if credentialed as a Certified Respiratory Therapist (CRT) or RRT, the experience is in respiratory care, pulmonary function testing or polysomnography and directly related to the position being filled. To be creditable, the candidate's experience must have demonstrated the use of knowledge, skills and abilities (KSA) associated with current practice in paid employment as a CRT or RRT.

   c. **Part-Time Experience**. Part-time experience is credited according to its relationship to the full-time workweek (e.g., an RRT who worked 20 hours a week would receive one full-time workweek of credit for each two weeks of service).

   d. **Clinical Supervision.** Clinical supervision is between a credentialed and non- credentialed clinician or trainee in which the clinical work is reviewed and reflected upon, with the aims of improving work with clients, ensuring client

welfare and supporting professional development. This includes co-signing clinical notes and supervising an individual as he/she is working towards the credential.

e. **Administrative Supervision**. Administrative supervision is supervisory responsibility including but not limited to assigning and evaluating the work of subordinate staff, resolving complex problems to ensure patient services are met, making final decisions on selections, evaluating performance and taking disciplinary action when necessary. The employee has full administrative and professional responsibility for planning and directing the work.

f. **American Association for Respiratory Care (AARC)**. Professional organization responsible for oversight of the occupation/profession.

g. **Commission on Accreditation for Respiratory Care (CoARC)**. The accrediting body for respiratory programs at colleges and universities.

h. **National Board for Respiratory Care (NBRC)**. The credentialing body to vet and administer tests and award the credentials to become a CRT and RRT.

i. **Board of Registered Polysomnographic Technologists (BRPT).** An independent, nonprofit certification board that provides credential in sleep technology – the Registered Polysomnographic Technologist (RPSGT) credential. The RPSGT credential is accredited by the National Commission for Certifying Agencies (NCCA).

j. **Credential.** In the field of respiratory care there are two types of credentials granted in the credentialing process to becoming registered as defined below:

(1) **CRT.** Upon graduation from an accredited program, Respiratory Therapists (RT) are eligible to take a national examination and upon passing, the individual is granted the credential of CRT by the NBRC. RTs who hold a CRT credential are limited in duties and responsibilities and differ from those who hold an RRT credential.

(2) **RRT.** Upon graduation from an accredited program, RTs are eligible to take a national examination and upon passing, the individual is granted the credential of RRT by the NBRC.

k. **License.** Licensing within the respiratory occupation is outside of the credentialing process. Those who have obtained their degree from an accredited program in respiratory care and hold a CRT or RRT credential may be granted a license from a state.

l. **Certification.** Certifications are granted to RRTs who have successfully completed the appropriate requirements (e.g., education, training, examination)

in specialty areas (see certifications below). This examination goes above and beyond general respiratory care activities to focus specifically on competencies that are unique to diagnosing and treating sleep disorders.

(1) **Certified Pulmonary Function Technologist (CPFT).** A certification awarded by the NBRC after passing an examination which goes above and beyond general respiratory care activities to objectively measure the essential tasks required of pulmonary function technologists.

(2) **Registered Pulmonary Function Technologist (RPFT).** A certification awarded by the NBRC after passing an examination which goes above and beyond general respiratory care activities to objectively measure the essential tasks required of pulmonary function technologists.

(3) **Sleep Disorders Specialist (SDS).** A certification awarded by the NBRC after passing an examination which objectively measures the knowledge and skills of RRTs who perform sleep disorders testing and therapeutic intervention.

(4) **Registered Polysomnographic Technologists (RPSGT).** Certification awarded by the BRPT after passing an examination. The RPSGT certification is accredited by the NCCA.

(5) **Asthma Educator Certification (AE-C) Certification.** Certification awarded by the National Asthma Educator Certification Board (NAECB) following successful completion of an examination that assesses qualified health professionals' knowledge in asthma education.

(6) **Adult Critical Care Specialist.** A certification awarded by the NBRC after passing an examination which goes above and beyond general respiratory care activities to objectively measure the essential competencies that are unique to adult critical care.

(7) **Certified Tobacco Treatment Specialist.** A professional who has been awarded certification and possesses the knowledge, skills and training to assist individuals who want to stop using tobacco.

**m. Chronic Obstructive Pulmonary Disease (COPD) Educator Course.** A course recognized by the professional organization of AARC offered to those who are licensed and hold the credential of RRT is accepted for this qualification standard. The course focuses on diagnosis, assessment, treatment, oxygen therapy, medication and disease management as well as how to teach patients about COPD and how to motivate patients to control the disease.

n. **American Thoracic Society (ATS).** Professional organization focused on improving care for pulmonary care, critical illness and sleep-related breathing disorders.

**4. BASIC REQUIREMENTS.** To qualify for appointment as an RRT, all applicants must possess the following:

a. **Citizenship.** Citizen of the United States (U.S.). Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, of this part. See 38 U.S.C. § 7407(a) for more information.

b. **Education.** Individuals must have successfully completed a respiratory care program accredited by the CoARC or its successor.

c. **Licensure**. Persons appointed or reassigned to RRT positions in the GS-0601 series must possess and maintain for the duration of employment a full, current and unrestricted license from a state to practice as an RRT.

d. **Credential.** Persons appointed or reassigned to RRT positions in the GS-0601 series must possess and maintain for the duration of employment a valid, current, unrestricted credential of RRT.

(1) **Exception**. RT positions will be designated only to individuals who are in the process of obtaining credentials to become an RRT. These individuals will only be hired on a temporary appointment as provided below.

(a) VHA may waive the RRT credential requirement for persons who are otherwise qualified and pending completion of prerequisites for RRT credential. Individuals who have successfully completed a respiratory care program accredited by the CoARC or its successor, acquired the CRT credential, are fully licensed by their state and are working toward completion of their RRT credential may be given a temporary appointment as an RT. The temporary appointment is made under the authority of 38 U.S.C. § 7401(a)(1)(B) for a period not to exceed one year from date of employment. Candidates must hold an active, current, full and unrestricted RRT credential and be licensed to hold a position at or above the GS-07 level.

(b) RTs may only be temporarily appointed at the GS-05 level and may not be promoted/converted to a higher-level position as an RRT until the RRT credential is received.

(c) RTs must provide care only under the close supervision of an RRT.

(d) Temporary RT appointments may not be extended beyond one year or converted to a new temporary appointment.

(e) **Failure to Obtain Credential.** In all cases, RTs must actively pursue meeting national prerequisites for the RRT credential from the first day of their appointment. Failure to become credentialed within one year from date of appointment will result in removal from the GS-0601 RT series and may result in termination of employment. The Human Resources (HR) Office staff will provide RTs, in writing, the requirement to 1) obtain their RRT credential; 2) the date by which the RRT credential must be acquired; and 3) the consequences for not becoming RRT credentialed by the deadline. The HR Office staff must provide the written notice to selectees prior to entrance on duty date and maintain a copy in the electronic Official Personnel Folder.

(2) **Loss of Licensure, Certification or Credentials.** An employee in this occupation, who fails to maintain the required certifications, RRT credential or license must be removed from the occupation, which may also result in the termination of employment. Once credentialed, licensed or certified, RTs/RRTs must maintain a full, valid and unrestricted license, credential and certification to practice respiratory care.

e. **Physical Standards.** See VA Directive and Handbook 5019, Employee Occupational Health Service for requirements.

f. **English Language Proficiency.** RTs/RRTs appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. § 7403(f).

g. **Grandfathering Provision.** The following is the standard grandfathering policy for all hybrid title 38 qualification standards. Some of these provisions may not apply to this occupation. Please carefully review the qualification standard to determine the specific education, credential or certification requirements that apply to this occupation.

All persons employed in VHA in this occupational series or in another occupational series and performing the duties as described in the qualification standard on the effective date of this qualification standard are considered to have met all qualification requirements for the grade held, including positive education, credential or certification that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Employees in an occupation that does not require a licensure, certification or registration, may be reassigned, promoted or demoted within the occupation.

(2) Employees in an occupation that requires a licensure, certification or registration, may be reassigned, promoted up to and including the full performance level or demoted within the occupation, but may not be promoted beyond the full performance level or placed in supervisory or managerial positions.

(3) Employees in an occupation that requires a licensure, certification or registration only at higher grade levels must meet the licensure, certification or registration requirement before they can be promoted to those higher-grade levels.

(4) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(5) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure, certification or registration that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

(6) If an employee who was retained in an occupation listed in 38 U.S.C. § 7401(3) under this provision leaves that occupation or employment with the VA, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation and/or VA.

**5. GRADE REQUIREMENTS.** All individuals assigned to this occupation must meet all the basic qualification requirements above in paragraph 4 a-g and all basic qualification requirements defined in the specific assignment. All positions must be designated in one of the approved title or parenthetical title, as described below and duties must meet the definition of the assignment:

a. **Respiratory Therapist.** Respiratory Therapist GS-05 positions designated in this qualification standard are developmental positions under the 0601 series and do not have the same requirements as Respiratory Therapists in the 0651 series. The Respiratory Therapist title in this standard may only be used at the GS-05 level while the incumbent is working towards obtaining the RRT registration.

b. **Registered Respiratory Therapist.** Working titles, such as program coordinator, assistant chief, national program manager, etc., may be used at the organizational level to designate the work of the position.

c. Registered Respiratory Therapist (Pulmonary)

d. Registered Respiratory Therapist (Polysomnography)

e. Registered Respiratory Therapist (Pulmonary/Polysomnography)

f. Lead Registered Respiratory Therapist

g. Supervisory Registered Respiratory Therapist

**6. GRADE DETERMINATIONS.**

a. **Grade Determinations.** In addition to the basic requirements for employment in paragraph 3 above, all individuals referred and assigned to this occupation must meet all the qualification requirements and KSAs defined in the specific assignment as follows:

**(1) Respiratory Therapist, GS-05.**

(a) **Experience.** None beyond the basic requirements.

(b) **Education and Licensure.** This level assignment is designated as temporary under paragraph 4d(1) above for individuals who have successfully completed a respiratory care program accredited by the CoARC or its successor, acquired the CRT credential, licensed by their state and are working towards obtaining RRT credential.

(c) **Assignment.** This is the entry level developmental position. RTs at this grade level perform basic therapeutic modalities in all areas of respiratory care environment under close clinical supervision by an RRT at the full performance level or higher. RTs are responsible for such assignments as medication delivery related to respiratory care, initiating and monitoring oxygen therapy, assisting with cardiopulmonary resuscitation suctioning of artificial airway, evaluating and performing aerosol humidification therapy and participating in care team rounds.

**(2) Registered Respiratory Therapist, GS-07.**

(a) **Experience, Education, Licensure and Registration.** In addition to the basic requirements, candidates must possess their RRT credential.

(b) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Ability to perform therapeutic modalities related to respiratory care.

ii. Skill in analyzing physiological specimens obtained to include arterial blood gases, pulse oximetry, End tidal Co2 (ETCo2) monitoring, basic spirometry and other basic diagnostic procedures.

iii. Ability to collaboratively consult with physicians and other healthcare professionals for respiratory care to help provide favorable patient outcomes.

iv. Skill in assessing oxygenation and ventilation.

v. Ability to perform basic airway management to include artificial airways and mechanical ventilation.

(c) **Assignment.** This is a developmental position. RRTs at this grade level will be responsible for the following assignments with minimal clinical supervision from an RRT at the full performance level in both inpatient and/or outpatient settings. RRTs complete patient assessment through direct contact, chart review and other means as appropriate and share the information with health care team members. They use accepted measuring/monitoring tools for determining plan of care. They place nasal and oropharyngeal airway and perform nasal and tracheal suctioning. RRTs obtain, analyze and report arterial and venous blood gas samples. They perform duties in the critical area with close supervision to include in- line suctioning, re-positioning and securing Endo Tracheal tube, bag valve mask ventilation, assisting in patient transport and performing patient ventilator assessment. RRTs provide outpatient services, such as positive airway pressure (PAP) therapy, oxygen therapy and COPD care.

**(3) Registered Respiratory Therapist, GS-09.**

(a) **Experience or Education, Licensure and Credential.** Candidates must have:

i. One year of creditable experience equivalent to the GS-07 grade level demonstrating the clinical competencies described at that level;

OR

ii. A Master of Science degree in respiratory care AND a license AND an RRT credential.

(b) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Skill in performing therapeutic modalities related to respiratory care.

ii. Ability to collaboratively consult with physicians and other healthcare professionals to help provide favorable patient outcomes.

iii. Skill in assessing oxygenation and ventilation.

iv. Ability to perform airway management to include artificial airways and mechanical ventilation.

(c) **Assignments.** This is a developmental position. RRTs at this grade level are responsible for the following under general guidance in both inpatient and/or outpatient settings. RRTs obtain, interpret and analyze physiological specimens and data. They consult with physicians and other healthcare professionals to ensure quality of patient care within area of specialty. They manage and maintain the airway and ventilation of the patient through the use of appropriate mechanical means. RRTs assess and evaluate patients to determine and recommend intervention to develop and implement a plan of care, such as, implementing protocols, intubation, monitoring critical systems and uses advanced modes of ventilation. They provide outpatient services such as home ventilators, PAP therapy, oxygen therapy and COPD care.

**(4) Registered Respiratory Therapist, GS-11.**

(a) **Experience, Licensure and Credential.** Candidates must have:

i. One year of creditable experience equivalent to the GS-09 grade level demonstrating the clinical competencies described at that level.

ii. Hold an active license and RRT credential.

(b) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Ability to collaboratively consult with physicians and other healthcare professionals for complex respiratory care to develop care plans to provide favorable patient outcomes.

ii. Skill in evaluating the efficacies of therapeutic modalities.

iii. Skill in performing advanced airway and ventilation management.

(c) **Assignments.** This assignment is the full performance level. RRTs at this grade level work independently providing respiratory care in both inpatient and/or outpatient settings. The specific assignments are dependent on facility structure and complexity levels. They use data and patient assessment to establish appropriate plan of care and determine if outcomes are being met. They consult with physicians and other healthcare professionals to ensure quality of patient care within area of specialty. They manage and maintain the airway and ventilation of the patient using appropriate mechanical means. RRTs determine and implement complex respiratory care such as protocols, respiratory modalities, bronchoscopy, medications or supplemental oxygen and intubation. They monitor critical systems. They use advanced modes of ventilation and outpatient services,

such as home ventilators and COPD case management. RRTs suggest alternate modes of treatment where indicated based on assessment and analysis of patient response to treatment. RRTs at this grade level may perform invasive procedures such as arterial line placement. They serve as a preceptor to lower graded staff. They may lead projects developing new policies, procedures or protocols.

**(5) Registered Respiratory Therapist, GS-12.**

(a) **Experience, Licensure and Credential.** Candidates must have:

i. One year of creditable experience equivalent to the GS-11 grade level demonstrating the clinical competencies described at that level.

ii. Hold an active license and RRT credential. The following certifications are desirable but not required:

a. CPFT,

b. RPFT or

c. RPSGT.

(b) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Knowledge of complex pulmonary function testing and stress/exercise testing.

ii. Ability to maintain a quality control program related to pulmonary function testing.

iii. Ability to treat acute complications for all pulmonary function testing.

iv. Skill in performing polysomnographic studies to include obtaining both physiologic and diagnostic data.

v. Skill in calibrating and troubleshooting polysomnographic equipment and physiologic and diagnostic monitoring.

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. RRTs at this grade level in this position are designated for complexity level 3 facilities only. In addition to the assignments of the full performance

level position, incumbents are also responsible for performing home sleep testing, home oxygen evaluations and ordering, patient instruction on sleep disorders and use of therapeutic equipment along with a combination of the duties from the following assignments below as Registered Respiratory Therapist (Pulmonary), Registered Respiratory Therapist (Polysomnography) and Registered Respiratory Therapist (Pulmonary/ Polysomnography) under paragraphs(6)(a)-(c) and (7). This assignment is not appropriate and cannot be used in facilities designated at complexity level 1 and 2 (see assignments below beginning in paragraphs (6)(a)-(c) and (7) for facilities designated as complexity level 1 and 2).

**(6) Registered Respiratory Therapist, GS-12.**

The following assignments are advanced assignments. These advanced specialty assignments are limited in number and cannot be used for all or the majority of the staff/employees in the service/unit. The designated specialized areas in respiratory care include pulmonary, polysomnography and a combination of pulmonary/polysomnography. These three advanced specialized assignments are established for facilities where the structure and patient care supports the need for the assignment(s). The duties and responsibilities assigned to these positions are the full scope of the duties defined under the RRT, GS-11 full performance level assignment in conjunction with the duties defined below for the specialty. These specialized assignments are completed under the general supervision of a physician medical director who is qualified to supervise the RRT. Individuals assigned to one of these positions will use the designated title as shown below.

**(a) Registered Respiratory Therapist (Pulmonary).**

i. **Experience, Licensure and Credential.** Candidates must have:

a. One year of creditable experience equivalent to the GS-11 grade level demonstrating the clinical competencies described at that level.

b. Hold an active license and RRT credential.

ii. **Certification**. Incumbent must hold a CPFT or RPFT.

iii. **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

a. Knowledge of complex pulmonary function testing to include but not limited to cardiopulmonary stress testing, exercise testing, metabolic testing, bronchoprovocation testing and shunt testing.

b. Ability to establish a quality control program related to pulmonary function lab.

c. Skill in analyzing physiologic specimen and information from basic diagnostic procedures.

d. Skill in assessing for signs and symptoms of adverse actions to medications and or testing procedures.

e. Skill in determining appropriate intervention for adverse actions to medications and or testing procedures.

f. Ability to provide training in advanced pulmonary function procedures.

g. Ability to provide clinical consultation in advanced pulmonary function procedures.

iv. **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. RRTs at this grade level in this position compare and evaluate indications and contraindications for complex pulmonary function testing (PFT) and recognizes normal/abnormal results. They perform bronchoprovocation testing utilizing a variety of medications or methodologies. They monitor patients and recognize and initiate interventions for complications of testing. They perform an initial quality review of test results and ready them for physician interpretation and determine whether the patient meets the criteria for termination of testing. RRTs conduct quality control reviews of all tests performed and all pulmonary diagnostic equipment. They maintain lab records. They train and assess staff competencies in performing simple spirometry.

**(b) Registered Respiratory Therapist (Polysomnography).**

i. **Experience, Licensure and Credential.** Candidates must have:

a. One year of creditable experience equivalent to the GS-11 grade level demonstrating the clinical competencies described at that level.

b. Hold an active license and RRT credential.

ii. **Certification**. Candidates must hold a RPSGT.

iii. **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate the following KSAs:

a. Skill in performing polysomnographic studies to include obtaining both physiologic and diagnostic data.

b. Skill in calibrating and troubleshooting polysomnographic equipment.

c. Skill in monitoring both physiologic and diagnostic parameters.

d. Skill in scoring data both during and post diagnostic testing.

e. Skill in analyzing data both during and post diagnostic testing.

f. Skill in preparing output for physician interpretation of data obtained both during and post diagnostic testing.

g. Skill in the assessment of oxygenation, ventilation and adverse responses.

iv. **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. RRTs at this grade level in this position perform polysomnographic testing and titration studies including activities such as applying electrodes and various monitors to multiple body sites per protocol. They evaluate the relationship of events, sleep stages and possible medical conditions which influence or result from events occurring during sleep. They anticipate problems likely to occur during the sleep study, prepares for such situations and makes changes in established procedures. They obtain data measuring wake, sleep and breathing states and records various signals from the brain and airways, cardiac rate, oxygen saturation and position to enable the physician to assess and diagnose sleep and breathing disorders. RRTs troubleshoot and calibrate polysomnography, computer, oximeters, movement monitors and patient electrodes prior to the onset of each recording. They analyze and score patient data and summarize on report for physician interpretation. They monitor and initiate interventions for complications of testing and determines whether patient meets criteria for termination of testing. They perform electroencephalogram and home sleep testing and evaluate results.

**NOTE:** Individuals who are hired to perform polysomnography only must be filled under VA Handbook 5005, Appendix G27, Appendix I, Medical Instrument Technician (Polysomnography), GS-0649.

**(c) Registered Respiratory Therapist (Pulmonary/Polysomnography).**

i. **Experience, Licensure and Credential.** Candidates must have:

a. One year of creditable experience equivalent to the GS-11 grade level demonstrating the clinical competencies described at that level.

b. Hold an active license and RRT credential.

ii. **Certification**. Candidates must hold a CPFT or RPFT and RPSGT.

iii. **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above candidates must demonstrate all the following KSAs:

a. Knowledge of complex pulmonary function testing to include cardiopulmonary stress testing, metabolic testing and bronchoprovocation testing.

b. Ability to maintain all equipment related to pulmonary function and polysomnography testing.

c. Ability to maintain a quality control program related to pulmonary function and polysomnography testing.

d. Knowledge of treatment for acute complications for all pulmonary function and polysomnography testing.

e. Skill in scoring data during and post diagnostic testing.

f. Skill in analyzing data during and post diagnostic testing.

g. Skill in preparing output for physician interpretation of data obtained both during and post diagnostic testing.

h. Skill in the calibrations and troubleshooting of polysomnographic equipment.

i. Skill in monitoring both physiologic and diagnostic parameters.

iv. **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and

range of variety and must be performed by the incumbent at least 25% of the time. RRTs at this level compare and evaluate indications and contraindications for complex PFTs and recognizes normal/abnormal results. They administer a variety of medications or methods utilized for bronchoprovocation testing. They monitor and initiate interventions for complications of testing. They perform initial quality review of test results, ready them for physician interpretation and determine whether patient meets criteria for termination of testing. They conduct quality control expected by the ATS for all test performed and all pulmonary diagnostic equipment. They maintain lab records. RRTs perform polysomnographic testing and titration studies including activities such as applying electrodes and various monitors to multiple body sites. They evaluate the relationship of events, sleep stages and possible medical conditions which influence or result from events occurring during sleep. They anticipate problems likely to occur during the sleep study, prepare for such situations and make changes in established procedures. They obtain data measuring wake, sleep and breathing states and record various signals from the brain and airways, cardiac rate, oxygen saturation and position to enable the physician to assess and diagnose sleep and breathing disorders. RRTs troubleshoot and calibrate polysomnography, computer, oximeters, movement monitors and patient electrodes prior to the onset of each recording. They analyze and score patient data and summarize on report for physician interpretation. They monitor and initiate interventions for complications of testing and determines whether patient meets criteria for termination of testing. RRTs perform electroencephalogram and home sleep testing and evaluate results.

**(7) Registered Respiratory Therapist, GS-12.**

(a) **Experience, Education, Licensure and Certification.** Candidates must:

i. Have one year of creditable experience equivalent to the GS-11 grade level demonstrating the clinical competencies described at that level,

ii. Hold a Bachelor of Science degree from a nationally accredited college or university in respiratory care, cardiopulmonary science or a health-related field and

iii. Hold one of the education certifications for pulmonary disease for Patient Educator OR a certification for adult critical care specialist for Staff Educator.

(b) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Knowledge of instructional techniques to educate respiratory therapists in proper performance of respiratory processes and procedures.

ii. Ability to educate individuals of varying backgrounds.

iii. Skill in training RRTs, other staff and/or patients/caregivers on existing and newly acquired equipment, therapies and medications.

iv. Ability to determine the continuing education needs of staff to identify appropriate resources to meet those needs.

v. Ability to develop clinical policy, procedures, protocols, competencies and simulations relative to respiratory care.

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. This assignment is designated as an Educator and can be designated as a Patient Educator, Staff Educator or a combination of both areas. Educators are responsible for the overall educational program for the specific area (patient, staff or combination) in respiratory care. They participate in the department's quality assurance program, especially with respect to identifying opportunities for improvement and developing quality and performance assessment tools. They represent the department at interdisciplinary meetings.

i. **Staff Educators.** Staff Educators provide staff orientation and education on a wide variety of topics, including but not limited to; evidence based respiratory practice, clinical guidelines, clinical procedures, protocols, equipment, research, emerging knowledge from publications, standards of care, regulatory standards and VHA directives. They plan comprehensive teaching and training programs. They develop formal curriculum and administer clinical training programs for staff working towards completion of credentials, lower level RRTs and other facility staff, including physicians. They are instructors for the overall facility education program. They develop and implement the respiratory education program, including new employee orientation, continuous education and ongoing competency assessment. They create education plans, develop training materials and tools, create competencies, provide training and ensure continuing education credits are available for staff. They may provide the education/training in a classroom setting, electronically, via simulation or using any other acceptable method. They evaluate employees' progress and performance during orientation, provide feedback to supervisors and recommend interventions and remediation if needed. They keep abreast of current practice through literature review,

membership in professional organizations, participation in research and attending seminars. They perform regular needs assessments and recommend changes in content to promote proper orientation, maintain and improve clinical competence and facilitate professional growth. They are a resource and mentor to respiratory staff. They assist the supervisor by evaluating new medical practices and equipment.

ii. **Patient Educators.** Patient Educators educate patients, families and/or caregivers in all aspects of their cardiopulmonary disease and the care needed during and following hospitalization or a clinic visit. The education they provide includes, but is not limited to; underlying disease, medications, therapeutic modalities, disease management and action plans. Education may be provided one-on-one during a face-to-face visit, in a classroom setting or via telehealth or using any other acceptable method for providing patient education. They provide information on available education resources within VA and the community. They assess current levels of knowledge, identify attitudes toward and barriers to learning, develop patient-specific education plans and provide education in the most appropriate setting based on the patient's needs. They assess level of retention and provide additional follow up education, when indicated. They develop education materials and identify strategies to promote optimal health. They may plan a set curriculum and deliver formal education either individually or in a group classroom environment. Patient Educators participate in discharge planning and collaborates with provider to ensure successful implementation of the home respiratory care plan. Education is provided on a continuum, beginning in the hospital or clinic and continuing into the home environment. They keep abreast of current practices through literature review, membership in professional organizations, participation in research and attending seminars. They serve as a content expert and participate in regular review of respiratory related patient education materials used by the respiratory department and/or facility and recommends changes based on emerging knowledge. They train other staff in respiratory related topics and strategies for patient education.

**(8) Lead Registered Respiratory Therapist, GS-12.**

(a) **Experience, Licensure and Credential.** Candidates must:

i. Have one year of creditable experience equivalent to the GS-11 grade level demonstrating the clinical competencies described at that level. RRTs at this grade level in this assignment have experience demonstrating advanced practice skills and clinical judgment across many areas of respiratory care both inpatient and outpatient.

ii. Hold an active license and RRT credential.

(b) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Ability to assign personnel and tasks to be accomplished in a manner that assures completion of the workload.

ii. Ability to oversee and direct clinical guidance in a manner that assures completion of the workload.

iii. Ability to communicate with individuals of varying backgrounds to solve problems and provide conflict resolution.

iv. Ability to recommend uncommon or atypical interventions.

v. Ability to recommend ways to improve patient care and operations through independent research and evaluation of new equipment and therapies

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety and must be performed by the incumbent at least 25% of the time. Lead RRTs are found in higher complexity facilities (level 1 and 2) and the lead duties must be regular and reoccurring and must constitute at lead 25% of the duty time. This assignment may be established as day/evening/night and/or inpatient/outpatient. They ensure work is distributed among employees in accordance with established workflow or job specialization. Lead RRTs assure timely accomplishment of the assigned workload, assess the status, quality and progress of work and make day-to-day adjustments in accordance with established priorities. They provide clinical practice guidance for other respiratory staff and assist with technical work problems not covered by precedents or established policies for non-routine or complex procedures. They assist RRTs in determining treatment options for complex patients. They study the quality and quantity of work and operating effectiveness and take or recommend needed actions. They represent the department at interdisciplinary meetings.

**(9) Registered Respiratory Therapist, GS-12.**

(a) **Experience, Licensure and Credential.** Candidates must:

i. Have one year of creditable experience equivalent to the GS-11 grade level demonstrating the clinical competencies described at that level.

ii. Hold an active license and RRT credential. The following certifications are preferred but not required:

a. Certified Tobacco Treatment Specialist

b. Pulmonary Rehabilitation Certificate issued AARC

c. AE-C awarded by the NAECB

d. COPD Educator course offered by the AARC

(b) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Ability to develop policies and guidelines regarding new and emerging procedures.

ii. Ability to implement policies and guidelines regarding new and emerging procedures.

iii. Ability to maintain policies and guidelines regarding new and emerging procedures.

iv. Ability to make recommendations regarding new and emerging procedures.

v. Ability to perform complex analytical studies of patient care.

vi. Ability to interpret results to coordinate the management and evaluation of patient care.

vii. Ability to coordinate the work of subordinate staff.

viii. Ability to manage all aspects of a complex patient care program including day-to-day operation, training program resources and fiscal management.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. This assignment is designated as an RRT Program Coordinator, who oversees the administrative and clinical aspects of a major specialty program at complexity level 1 and 2 facilities only. Programs managed may include, but are not limited to; home oxygen, home ventilators, amyotrophic lateral sclerosis (ALS) clinic, pulmonary procedure lab, sleep/positive airway pressure (PAP) clinic. RRTs may supervise and administratively manage employees assigned to their program(s) by providing leadership, direction,

orientation, in-service training and continuing education programs for assigned staff. They perform analytical studies and interpret results to improve operations. They conduct all phases of service delivery, program resources and fiscal management. RRTs coordinate daily operations, develops and maintains policies and procedures for program operation and prepares reports and statistics for facility and Veterans Integrated Service Network use. They conduct a variety of audits, including clinical practice audits to evaluate operations and productivity and to ensure appropriate documentation of therapy, procedure, clinical outcomes and patient safety. They assist in determining quality and compliance data to be collected and investigates problems related to quality and quantity of work and operating effectiveness and recommends needed action. They make recommendations for program improvement and expansion based on research and emerging knowledge. They represent the department at interdisciplinary meetings.

**(10) Supervisory Registered Respiratory Therapist, GS-13.**

(a) **Experience, Licensure and Credential.** Candidates must:

i. Have one year of creditable experience equivalent to the GS-12 grade level demonstrating the clinical competencies described at that level.

ii. Hold an active license and RRT credential.

(b) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Ability to plan and assist in the establishment of a completely integrated respiratory care program.

ii. Ability to recommend improvements based on evaluation of facility operations.

iii. Ability to supervise employees.

iv. Ability to manage the fiscal aspects of the functions supervised.

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. Supervisory RRTs manage and supervise the respiratory department which includes, at a minimum, assigning and evaluating the work of subordinate staff, resolving problems which may interfere with patient examination or treatment, evaluating new procedures, products and equipment, reviewing

and recommending new and emerging procedures, providing instruction and training to new staff, interviewing candidates for positions, recommending selections, advancements and promotions, taking disciplinary action when necessary, providing guidance in more complex and non-standard cases and budget management. They represent the department at interdisciplinary meetings and on facility level committees. They conduct audits of inpatient and outpatient records to ensure appropriate documentation of plan of care, assessments, therapy, procedures, clinical outcomes and patient safety. They provide information to the Chief to ensure appropriate care and compliance with regulatory standards. Supervisory RRTs maintain established departmental policies and procedures, objectives and quality assurance programs. They assist in determining quality assurance and compliance data to be collected. They attend professional meetings and professional development events and monitor the technical and clinical competence of all personnel working in the department through appropriate training, review of results and quality control checks. They evaluate the effectiveness of new procedures and equipment. They investigate quality and quantity of work problems and operating effectiveness and take needed action.

**(11) Registered Respiratory Therapist, GS-13.**

(a) **Experience, Licensure and Credential.** Candidates must:

i. Have one year of creditable experience equivalent to the GS-12 grade level demonstrating the clinical competencies described at that level.

ii. Hold an active license and RRT credential.

(b) **Certification.** Candidates must hold a certification from one of the programs they are responsible for overseeing.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Skill in complex respiratory care in all inpatient and outpatient settings.

ii. Skill in monitoring production and performance priorities and standards.

iii. Ability to develop policies and guidelines.

iv. Ability to manage patient care programs to make recommendations to improve patient care and operations.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range

of variety and must be performed by the incumbent at least 25% of the time. This position is designated as an RRT Program Manager. RRT Program Mangers have broad program management responsibilities for a large program or multiple smaller programs located at one facility or multiple divisions of a facility. This assignment is appropriate for level 1 and 2 facilities only. They manage programs, which may include, but are not limited to home oxygen, home ventilators, ALS clinic, Sleep/PAP clinic, pulmonary procedure clinic, respiratory care in the Community Based Outpatient Clinics. They operate and manage key clinical, training, research or administrative programs, including the day-to-day activities, resource management and fiscal management of those programs. They oversee administrative and programmatic resources and deploy those resources in support of program needs. They may supervise staff less than 25% of the time, but this not required. They provide leadership, direction, orientation, coaching, mentoring, in-service training, staff development and continuing education programs for assigned staff. They provide strategic planning to ensure the provision of high-quality care and efficient use of program resources. They develop and implement short- and long-term goals and objectives consistent with the program and facility strategic plans. They develop and implement programs and establish policies and procedures to meet program goals and VHA policy. They initiate and conduct a variety of program and service audits to evaluate operations and productivity and to monitor outcomes using data- driven quality assurance processes. They determine quality and compliance data to be collected and investigate problems related to quality and quantity of work and operations effectiveness and takes needed action based on that data. They perform complex analytical studies. They interpret the results of these studies to develop and implement improvement strategies and prepare reports for facility, VISN and national use. They represent the department at interdisciplinary meetings and on facility level committees.

**(12) Supervisory Registered Respiratory Therapist, GS-13.**

(a) **Experience, Licensure and Credential.** Candidates must:

i. Have one year of creditable experience equivalent to the GS-12 grade level demonstrating the clinical competencies described at that level.

ii. Hold an active license and RRT credential.

(b) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Ability to assist in establishing a completely integrated patient care program.

ii. Ability to organize work, delegate tasks, evaluate performance, manage fiscal matters and meet multiple deadlines.

iii. Ability to supervise and manage subordinate employees.

iv. Skill in interpersonal relationships including conflict resolution.

v. Ability to establish and monitor standards and priorities for production and patient care.

vi. Skill in recommending improvements to operations based on evaluation of data.

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. This Supervisory RRT assignment is designated as the Chief. They manage complexity level 3 facilities whose work involves providing respiratory and related care in the facility or at multiple sites. These facilities may offer specialty care and services and may be affiliated with academic institutions. Supervisory RRTs at this grade in this assignment manage and supervise all aspects of respiratory care including clinical practice, program management, education, human resources management and supervision of the service. They manage staff members, assess the needs of patients and delegate tasks appropriately. They advise leadership on policy implications, key issues and relationships to both internal and external interest groups and recommend courses of action. They maintain interdepartmental relations with other services to accomplish medical center goals. They coordinate and negotiate resolutions to complex problems. They participate in the audit of respiratory care, identify opportunities for performance improvement and recommends changes where indicated. Supervisory RRTs maintain established departmental policies and procedures, objectives and quality assurance programs. They participate, identify and develop opportunities for performance improvement. They ensure compliance with regulatory requirements (Centers for Medicare & Medicaid Services, Joint Commission, Core Measures). They participate in respiratory teaching and training. They assess and evaluate staff qualifications and competency upon employment and on an ongoing basis. They recommendation appointments, advancements and disciplinary actions, when appropriate. They represent the department at interdisciplinary meetings and on facility level committees and represent the facility to VISN-level leadership.

**(13) Supervisory Registered Respiratory Therapist, GS-13.**

(a) **Experience, Licensure and Credential.** Candidates must:

i. Have one year of creditable experience equivalent to the GS-12 grade level demonstrating the clinical competencies described at that level. It is highly desirable that the candidate possess certification in one or more functional specialties.

ii. Hold an active license and RRT credential.

(b) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Ability to supervise employees.

ii. Ability to assist in establishing a completely integrated program.

iii. Skill in recommending improvements to operations, including new and emerging procedures based on evaluation of data.

iv. Ability to forecast resource needs and to manage fiscal matters.

v. Skill in problem solving including conflict resolution.

vi. Ability to communicate effectively and professionally with employees at varying levels of background.

vii. Knowledge of complex and non-standard examinations, treatments, procedures and techniques.

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. This assignment is designated as an RRT Assistant Chief. They serve as full assistant to a Service Chief in complexity level 1 and 2 facilities. These facilities may offer specialty care and services and may be affiliated with academic institutions. Individuals are typically assigned to this position at moderately to highly complex respiratory care services within the organization. Supervisory RRTs share the full scope of delegated managerial responsibilities and serve as the Acting Service Chief in the absence of the Chief. They support department functions at the direction of the Chief. They make decisions affecting staff and other resources with wide latitude of control and independent judgment. They independently provide respiratory services at all levels of complexity. They supervise staff members of different levels of assignments and/or occupation. They provide direction of the program services assigned to them including utilization of resources and budget. They may develop and initiate new programs, develop policies, protocols and procedures, assure compliance with regulatory requirements and monitor staff performance.

They assist in determining quality assurance and performance data to be collected. Supervisory RRTs maintain established policies, procedures, protocols and quality assurance programs. They participate in the development of a department level plan for financial and personnel resources. They encourage professional development, resolve conflicts which might interfere with the delivery of services, identify continuing education and training needs, create an environment of learning and serve as a mentor to staff. They attend professional meetings and take responsibility for professional development. They collaborate with other healthcare team members to generate new ideas for quality improvement with regards to administration and overall function of the department, patient care and accomplishment of facility goals. They represent the department at interdisciplinary meetings and on facility level committees.

**(14) Supervisory Registered Respiratory Therapist, GS-14.**

(a) **Experience, Licensure and Credential.** Candidates must:

i. Have one year of creditable experience equivalent to the GS-13 grade level demonstrating the clinical competencies described at that level. It is highly desirable that the candidate possess certification in one or more functional specialties such as critical care, pulmonary, education and sleep medicine.

ii. Hold an active license and RRT credential.

(b) **Education.** It is highly desirable that the candidate possess a Bachelor of Science degree from a nationally accredited college or university in respiratory care; cardiopulmonary science; or a health-related field.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Skill in implementing patient care and operations change by recognizing opportunities for improvement and analyzing data.

ii. Skill in the development and implementation of appropriate standards of care for respiratory care.

iii. Ability establish a completely integrated program that emulates “best practice” and follows national policies.

iv. Ability to supervise employees.

v. Ability to forecast resource needs to manage fiscal matters.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. RRTs at this grade in this assignment are designated as Chiefs. They manage complexity level 1 and 2 respiratory care department. They manage all administrative and clinical aspects of the organizational unit. The organizational unit may be located at one facility or multiple divisions of a facility. Decisions are made exercising wide latitude and independent judgment. They have broad and overall responsibility for the service-level department and full responsibility for clinical practice, program management, education, human resources management, budget management and supervision for employees whose work involves providing high acuity care. They provide leadership with objective, independent assessments and recommendations for policy, operational and administrative issues and initiatives requiring decision and action. They plan, assess and evaluate programs to ensure coordination between care delivered by the program and overall delivery of health care within the facility. Supervisory RRTs initiate and conduct audits and analyze a wide variety of data related to program planning and the specialized needs of the Veteran, the service and the medical center. They advise leadership on policy implications, key issues, relationships to both internal and external interest groups and recommend courses of action. They maintain interdepartmental relations with other services to accomplish medical center goals. They coordinate and negotiate resolutions to complex problems and report progress and resolution of problems in achieving goals and objectives to higher levels of management. They prepare special reports and responses, Congressional responses, briefing papers, issue briefs and decision papers for the medical center leadership, VISN or central office, which may be highly sensitive, confidential and of a complex nature. They develop policies, procedures and protocols, performance and quality standards, position descriptions and functional statements. They represent the department at interdisciplinary meetings and on facility level committees. They represent the facility to VISN-level leadership.

**(15) Registered Respiratory Therapist, GS-14.**

(a) **Experience, Licensure and Credential.** Candidates must:

i. Have one year of creditable experience equivalent to the GS-13 grade level demonstrating the clinical competencies described at that level.

ii. Hold an active license and RRT credential.

(b) **Education.** It is highly desirable that the candidate possess a Bachelor of Science degree from a nationally accredited college or university in respiratory care; or cardiopulmonary science; or a health-related field.

(c) **Membership.** Candidates must be a member of the American Association for Respiratory Care (AARC).

(d) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Knowledge of advanced practice skills in all aspects of respiratory care.

ii. Ability to communicate orally and in writing at varying levels both internal and external to the organization.

iii. Skill in communicating data, policies and regulations.

iv. Ability to develop resource materials.

v. Skill in the development and implementation of appropriate standards of care for respiratory care.

vi. Ability to establish a completely integrated program that emulates "best practice" and follows national policies.

(e) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. RRTs at this grade level in this assignment are designated as the Network/VISN RRT Program Manager who are responsible for the respiratory care program at the Network/VISN-level with direction from the national program office for pulmonary, critical care and sleep medicine. They lead the development and implementation of appropriate standards of care for respiratory care across the network. They ensure the delivery of respiratory care emulates" best practices" and follows national policies. They lead network-wide respiratory care staff in the development of consistent policies, procedures and protocols for respiratory care services. They direct the formulation, collection and analysis of data and other information regarding respiratory care for the network and the national program office. They advise leadership regarding staffing levels and capacity, recruitment and retention initiatives and emerging practice(s). They assist in plans for relevant education and training programs as directed by the network and national program office. RRTs coordinate and work closely with other program offices (example: Logistics, Biomed, Prosthetics) to assist with network purchases. They develop and direct implementation

of strategic plan regarding opportunities for initiation, maintenance and expansion of service delivery. They conduct site visits within network independently or in association with the national program office to audit quality of care, conformance with best practices and national guidelines and assist with developing improvement plans. They lead network workgroups related to respiratory care and participates in national workgroups at the request of the national program office. They actively participate in field advisory committees. They develop or assist in developing clinical research throughout all clinical program initiatives. They are the subject matter experts in the recruitment and selection process for RRT staff when the selecting official is not in the RRT occupation.

**(16) Registered Respiratory Therapist, GS-15.**

(a) **Experience, Licensure and Credential.** Candidates must:

i. Have one year of creditable experience equivalent to the GS-14 grade level demonstrating the clinical competencies described at that level.

ii. Hold an active license and RRT credential.

(b) **Education.** It is highly desirable that the candidate possess a Bachelor of Science degree from a nationally accredited college or university in respiratory care; or cardiopulmonary science; or a health-related field.

(c) **Membership.** Candidates must be a member of the American Association for Respiratory Care (AARC).

(d) **Demonstrated Knowledge, Skills and Abilities.** In addition to the requirements above, candidates must demonstrate all the following KSAs:

i. Ability to lead a large, diverse group of clinical and administrative professionals to facilitate collaboration and individual and organizational development.

ii. Ability to communicate program specific information, including changes to regulations and policies to staff and community partners.

iii. Skill in advising high level officials in adopting, conforming and monitoring performance measures of national program(s).

iv. Skill in advising high level officials in other policy guidelines related to national program(s).

v. Skill in advising high level officials in setting policy for national program(s) and directing staff in the monitoring of national program(s).

vi. Skill in advising high level officials in assessment and implementation of national program(s).

vii. Ability to develop and sustain strategic partnerships with key internal and external stakeholders and community partners on a national level.

viii. Skill in providing technical consultation and support for various projects and special initiatives, including responses to Congressional inquiries; developing high level briefing papers to convey findings and program positions.

ix. Ability to develop national program databases to track program data and trends.

x. Ability to respond to inquiries from within the Department, the Administration, Congress, Office of Management and Budget, the Government Accountability Office and others as appropriate.

(e) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and must be performed by the incumbent at least 25% of the time. This assignment is designated as the National RRT Program Manager for the Office of National Program Director for Pulmonary, Critical Care and Sleep Medicine and reports to the National Program Director. This RRT assists in leading the development and implementation of appropriate standards of care and performance measures for respiratory care across VHA. S/he assists to ensure that the delivery of respiratory care emulates "best practices" and follows national policies. S/he leads VHA respiratory care staff in the development and implementation of consistency in policies and procedures for respiratory care services. S/he directs the formulation, collection and analysis of data and other information regarding respiratory care and develops reports for the national program office and Congress. S/he advises leadership regarding nationwide access to respiratory care expertise, i.e., staffing levels and capacity. S/he develops and directs implementation of strategic plan regarding opportunities for initiation, maintenance and expansion of service delivery. S/he keeps abreast of emerging practice(s) and represents the VHA at the national conference of American Association of Respiratory Care or their successor and other national conferences as deemed appropriate by the national program office. This RRT develops plans for relevant education and training programs to be utilized nationwide in respiratory care and associated work groups. S/he coordinates and works closely with other program offices (example: Logistics, Biomed, Prosthetics) to assist with national purchases and contracts. S/he evaluates and provides clinical expertise and guidance in the treatment of patients. S/he makes site visits independently or in

association with the national program office to audit quality of care, conformance with best practices and national guidelines and assist with developing improvement plans. S/he creates reports to convey findings to national program office, VHA Central Office or Congress. This RRT establishes, leads or participates in national workgroups related to respiratory care. S/he disseminates information regarding changes in regulations, performance measures and national policies to VISN and facility level respiratory care leadership. S/he serves as surrogate at meetings as designated by the national program office. S/he supports clinical research and education and helps to emphasize this throughout all clinical program initiatives. S/he provides subject matter expertise in the recruitment and selection process of RRT staff when the selecting official is not in the RRT occupation.

**7. DEVIATIONS.**

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health in VHA Central Office prior to placement in the position.

c. Under no circumstances will the educational or credential requirement be waived for those occupations with a positive education requirement or when specific credentials are identified as necessary to meet minimum requirements, unless an exception is annotated in the qualification standard.

**Authority: P.L. 98-160, The Veterans' Health Care Amendments of 1983; 38 U.S.C. §§ 7401, Appointments in Veterans Health Administration; 7402, Qualifications of appointees; 7403, Period of appointments; promotions; 7405, Temporary full-time appointments, part-time appointments and without-compensation appointments; 7407, Administrative provisions for section 7405 and 7406 appointments.**

# [APPENDIX G12. PHYSICAL THERAPIST QUALIFICATION STANDARD GS-0633 Veterans Health Administration

**1. COVERAGE.** The following standard lists the requirements for appointment as a Physical Therapist (PT) in the Veterans Health Administration (VHA). The requirements will apply to all VHA PTs employed in the GS-0633 series that provide clinical services to address a vast array of problems that impact the health and function of a wide range of diverse patients. As independent practitioners, licensed physical therapists embrace evidenced based practice standards in diagnosis, examination, management, intervention, treatment and outcome measurement. Licensed physical therapists collaborate across the continuum of care. They ensure that services are coordinated, including ordering studies of value and being consumer-centered by referring, co-managing, engaging consultants, and independently supervising care.

## 2. DEFINITIONS

a. **Appointing Official**. The Human Resources Management Officer is delegated appointing authority to process and authenticate notifications of personnel actions, and authority to effect management-approved employment actions on behalf of officials, employees and facilities for which service is provided.

b. **Approving Official**. The Veterans Integrated Service Network (VISN) Director, facility Director, or designee is the approving official and will determine whether to approve or disapprove the appointment of employees in the hybrid occupations.

c. **Journey Level**. The full performance level for this qualification standard is the GS-12 grade level.

d. **Creditable Experience**. To be creditable, the experience must have required the use of knowledge, skills, abilities, and other characteristics (KSAs), also referred to as core competencies, and associated with the scope of physical therapy practice.

e. **Part-Time Experience**. Part-time experience is creditable according to its relationship to the full-time work week. For example, one week of full-time credit is equivalent to two weeks of part-time work.

f. **Direct Access.** As of January 1, 2015, all 50 states, the District of Columbia, and the US Virgin Islands allow patients to seek treatment from a licensed physical therapist without a prescription or referral. Patients are able to self-refer to physical therapists without being referred by a physician or other healthcare practitioner. Advanced clinical roles include managing direct access patients, as well as performing highly specialized clinical procedures such as dry needling, prescribing and training on assistive technology devices and durable medical equipment, ordering imaging studies and regenerative rehabilitation.

g. **Differential diagnosis**. This process provides the physical therapist with a consistent way to screen for systemic diseases and medical conditions that can mimic neuromuscular and musculoskeletal

problems. The model covers past medical history, risk factor assessment, clinical presentation, associated signs and symptoms, and review of bodily systems for each patient.

h. **Movement diagnosis**. The human movement system comprises the anatomic structures and physiologic functions that interact to move the body or its component parts. Physical therapists examine and evaluate the movement system (including diagnosis and prognosis) to provide a customized and integrated plan of care to achieve the individual's goal-directed outcomes.

i. **Content Specialty/Specialty area**. Specialized content areas of physical therapy include, but are not limited to, geriatrics, neurology, cardiopulmonary, orthopedics, spinal cord injury, amputee, wound care, chronic pain, pelvic health, polytrauma, brain injury, lymphedema, vestibular, assistive technology, seating and mobility. As health care evolves content specialty will change.

j. **Clinical Residency**. A clinical residency is a planned accredited program of post-professional clinical and didactic education for physical therapists that is designed to significantly advance a physical therapist resident's preparation as a provider of patient care services in a defined area of clinical practice. It combines opportunities for ongoing clinical supervision and mentoring with a theoretical basis for advanced practice and scientific inquiry.

k. **Board Certification**. Board certification means having successfully passed a Board Certification examination administered by the American Board of Physical Therapy Specialties (ABPTS).

l. **Post-graduate Fellowship.** A post-graduate fellowship is a planned program of post professional clinical and didactic education for a physical therapist who demonstrates clinical expertise in an area of clinical practice related to the practice focus of the fellowship. (Fellows are frequently post-residency prepared or board-certified specialists). A post-graduate fellowship program includes advanced clinical and didactic instruction within a subspecialty area of practice with mentored clinical experience and sufficient and appropriate patient population to create an environment for advanced clinical skill building.

**3. BASIC REQUIREMENTS.** The basic requirements for employment as a VHA physical therapist are prescribed by Public Law 96-151 codified in 38 U.S.C. § 7402. To qualify for appointment, all applicants for the position of physical therapist in VHA must meet the following:

a. **Citizenship.** Candidates must be a citizen of the United States. After a determination is made that it is not possible to recruit qualified citizens, necessary personnel may be appointed on a temporary basis under authority of 38 U.S.C. 7405 without regard to the citizenship requirements of 38 U.S.C. 7402 or any other law prohibiting the employment of or payment of compensation to a person who is not a citizen of the United States. Candidates must meet all other requirements for the grade and position concerned.

b. **Education and experience.** The individual must meet at least one of the requirements below:

(1) Bachelor’s degree in Physical Therapy AND five (5) years of progressively independent experience as a physical therapist.

(2) Master's degree in Physical Therapy AND two (2) years of progressively independent experience as a physical therapist.

(3) Doctorate degree in physical therapy.

**NOTE:** *Prior to 1995 the terminal degree for PT's was either a bachelors or master's degree. In 1995 CAPTE accredited all baccalaureate, master's, and Doctor of Physical Therapy terminal degree programs. Effective 2002, CAPTE changed its scope of accrediting activities of PT education programs to include only those programs that culminate in post-baccalaureate degrees(eliminating the baccalaureate degree). Effective 2015, professional physical therapy education programs have only offered the Doctor of Physical Therapy (DPT) degree to all new students.*

**NOTE:** Individuals must be a graduate of a Commission on Accreditation in Physical Therapy Education (CAPTE) accredited college or university. The CAPTE is the only accreditation agency recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) to accredit entry-level physical therapy programs. Verification of accredited programs may be obtained from the American Physical Therapy Association (APTA) at www.apta.org.

(4) **Foreign Graduates.** Graduates of foreign physical therapy programs meet the requirements in subparagraph 3b if they have a full unrestricted and current license to practice physical therapy in a State, Territory or Commonwealth of the United States, or in the District of Columbia. The Foreign Credentialing Commission on Physical Therapy (FCCPT) is a non-profit organization created to assist the United States (U.S.) Citizenship and Immigration Services (formerly INS) and U.S. state licensing authorities by evaluating the credentials of Foreign Educated Physical Therapists (FEPTs) who wish to immigrate and work in the U.S. Although the licensing of physical therapists in the U.S. is a right and responsibility of each jurisdiction, foreign educated individuals must undergo an educational credentials assessment for substantial equivalency to the first professional degree in the US. The Federation of State Boards of Physical Therapy (FSBPT) is committed to protect the public and to provide leadership within the field and practice of physical therapy. FSBPT's Foreign Educated Standards Committee has developed standards that represent "best practices" in evaluation services. The Credentials Evaluation Standards were developed with input from the physical therapy credentialing agencies that are licensed to use FSBPT's Coursework Tool.

c. **Licensure.** Individuals hold a full, current, and unrestricted license to practice physical therapy in a State, Territory or Commonwealth of the United States, or in the District of Columbia. Non-licensed PTs, who otherwise meet the basic requirements in this standard, may be given a temporary appointment as a graduate PT at the GS-11 grade level under the authority of 38 U.S.C. 7405 (a)(1)(D) for a period not-to-exceed two years from the date of employment on the condition that such PT provide care only under the supervision of a PT who is licensed. Failure to obtain licensure during that period is justification for termination of the temporary appointment.

**NOTE.** Individuals who have or have had multiple licenses and had any such license revoked for professional misconduct, professional incompetency or substandard care, or who surrendered such license after receiving written notice of potential termination of such license by the state for professional misconduct, professional incompetence, or substandard care, are not eligible for appointment to the position unless such revoked or surrendered license is fully restored (38 U.S.C 7402(f)). Effective

November 30, 1999, this is a requirement for employment. This requirement does not apply to licensed physical therapists on VA rolls as of November 30, 1999, provided the individual maintains a continuous appointment and is not disqualified for employment by any subsequent revocations or voluntary surrenders of State license, registration or certification.

d. **Loss of Credential**. A PT who fails to maintain the required license must be removed from the occupation, which may result in termination of employment. At the discretion of the appointing official, an employee may be reassigned to another occupation, if qualified, and if a placement opportunity exists.

e**. Grandfathering Provision.** All licensed PTs employed in VHA on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education and licensure that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Employees grandfathered into the GS-0633 occupational series as PTs may be reassigned, promoted up to and including the full performance (journey) level, or changed to lower grade within the occupation.

(2) PTs who are appointed on a temporary basis prior to the effective date of this qualification standard may not have their temporary appointment extended or be reappointed on a temporary or permanent basis until they fully meet the basic requirements of this standard.

(3) PTs initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration, meet all the basic requirements of this qualification standard and must maintain the required credentials as a condition of employment in the occupation.

(4) If PTs who are grandfathered under this provision leave the occupation, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

f. **Physical Requirements**. Pre-placement and periodic physical examinations are required for hybrid occupations to ensure workers are placed in positions where they can perform the essential functions of their job considering their physical, mental and emotional capacities, without endangering their health or the health of their co-workers. See VA Directive and Handbook 5019.

g. **English Language Proficiency**. Individuals appointed under authority of 38 U.S.C. chapters 73 or 74, to serve in a direct patient-care capacity in VHA must be proficient in written and spoken English. See Chapter 2, section D, paragraph 5a, this part.

**4. GRADE REQUIREMENTS**

a. **Creditable Experience**

(1) **Knowledge of Contemporary Professional Physical Therapy Practice**. To be creditable, a candidate must have demonstrated possession of the required knowledge, skills, and abilities associated with the scope of physical therapy practice. The candidate's experience may be evidenced by one or more of the following:

(a) Active professional practice. Active professional practice means paid/non-paid employment as a professional PT as defined by APTA or the appropriate licensing board. Experience gained after graduation but prior to licensure is creditable provided the candidate was utilized as a graduate PT and subsequently passed the licensure examination.

(b) Completion of a post-graduate fellowship or a post-graduate residency program may be substituted for creditable experience on a year for year basis.

(2) **Quality of Experience**. Experience is only creditable if it was post degree experience as a professional PT and is directly related to the duties to be performed. Qualifying experience must also be at a level comparable to or exceeding the professional PT experience at the next lower grade level.

b. **Grade Determination.** In addition to the basic requirements for appointment in paragraph 2, the following criteria must be used when determining the appropriate grade assignment of candidates.

(1) **GS-11 Physical Therapist (Entry)**

(a) **Education, Experience, and Licensure.** None beyond the basic requirements. (**NOTE:** *See exception to licensure requirement in subparagraph 3c above.)*

(b) **Assignment.** PTs at this level are responsible for providing assessment and treatment intervention. PTs plan and modify treatment based on a patient's response to intervention and/or change in medical condition. PTs at this level may be given general assignments in any physical therapy program area where advanced specialized knowledge is not required or may serve as the sole PT such as in an outpatient clinic. Licensed PTs may provide oversight and delegate patient care responsibilities to a Physical Therapist Assistant, and/or delegate non-patient care duties to non-licensed staff. PTs that are not licensed must practice under the close supervision of a licensed PT

(2) **GS-12 Physical Therapist (Full Performance Level)**

(a) **Education, Experience and Licensure.** In addition to the basic requirements, candidates must possess one year of experience equivalent to the GS-11 grade level, hold a valid unrestricted state license and demonstrate all the KSAs below:

(b) **Demonstrated Knowledge Skills and Abilities:**

1. Ability to make autonomous clinical decisions in a Direct Access environment. This includes ability to independently evaluate and treat patients who seek physical therapy services.

2. Skill in performing examinations and evaluations of individuals who have or may develop impairments, activity limitations, and participation restrictions related to conditions of the musculoskeletal, neuromuscular, cardiovascular, pulmonary, and/or integumentary systems while considering the effects attributable to unique psychosocial and environmental factors.

3. Ability to interpret findings from examination and evaluation, select appropriate test and measures, and integrate findings into the physical therapy plan of care for the full range of patient populations.

4. Ability to establish a diagnosis within the scope of physical therapy and identify the appropriate rehabilitation intervention, including referral to another provider for further consultation as clinically indicated.

5. Ability to determine physical therapy prognosis by incorporating examination findings with the patient's preferences in order to set clinically appropriate treatment goals, optimize outcomes and maximize functional independence.

6. Ability to independently provide clinical oversight of Physical Therapy Assistants as well as students on clinical affiliations who are in Doctoral PT Programs or PTA Programs.

(c) **Assignment.** At the full performance level, PTs are responsible for independently providing assessment and treatment interventions to inpatients and outpatients received through healthcare provider referrals and patient self-referrals. Guided by differential and movement diagnoses, PTs perform examinations and evaluations of individuals who have or may develop impairments, activity limitations, and participation restrictions related to conditions of the musculoskeletal, neuromuscular, cardiovascular, pulmonary, and/or integumentary systems while considering the effects attributable to unique personal and environmental factors. PTs interpret findings from examination, diagnostic studies/medical tests and, during evaluation, select appropriate clinical tests and measures, and then integrate findings into the physical therapy plan of care for the full range of patient populations. PTs establish a diagnosis within the scope of physical therapy and identify the appropriate intervention to treat and/or refer to another provider for further consultation when needed. They determine physical therapy prognosis by incorporating examination findings with the patient's preferences for meaningful level of function in order to set clinically appropriate treatment goals and optimize outcomes. Physical therapists select appropriate equipment needed to substitute for loss of function or to substitute for limited function of individuals they treat. Staff PTs at this level practice autonomously, making recommendations and referrals to other medical specialties/services as clinically indicated during ongoing assessment of patients under their care. The staff PT may also develop and provide individualized clinical training experiences for physical therapy students in facilities with established clinical experience rotations. PTs at this level may be given general assignments in any/all areas where physical therapy services are deemed necessary, and/or may serve as the sole PT at a less complex facility. Individuals may perform ancillary assignments as deemed appropriate given the needs of a facility on an occasional basis, where the amount of work is not substantial (less than 25% of the duty time).

(3) **GS-12 Physical Therapist (Lead)**

(a) **Experience.** In addition to meeting the basic requirements, one year of progressively complex experience equivalent to the GS-11 grade level. In addition, the candidate must demonstrate all the following KSAs.

(b) **Demonstrated Knowledge, Skills, and Abilities.**

1. Ability to coordinate workflow and clinical activities as well as monitor data reports within physical therapy section to ensure optimal patient care.

2. Ability to articulate and communicate to the clinical team the assignment, project, problem to be solved, actionable events, and objectives, as well as to advise on work methods, practices and procedures.

3. Ability to provide new staff orientation, staff development, and training.

4. Demonstrates advanced skill to serve as mentor and coach of the clinical team.

5. Ability to manage staffing requirements and priorities, and coordinate work in order to complete duties in an accurate and timely manner. This includes the ability to follow-up on pending issues and demonstrating an understanding of the impact of incomplete work.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety, and be performed by the incumbent at least 25% of the time. The Lead PT reports directly to a Supervisory PT. He/she monitors and makes work assignments, provides input on performance, resolves daily workplace issues and maintains efficient workflow. PTs at this level have experience that demonstrates the possession of advanced practice skills and judgment across many areas of physical therapy for both inpatient and outpatient clinics. Lead PTs are responsible for providing clinical practice guidance for other staff PTs and assist with problem solving. He/she assists PTs in determining treatment options for complex patients with multiple conditions. Lead PTs are responsible for ensuring work is completed by distributing and balancing workload among employees in accordance with established work flow or job specialization; assuring timely accomplishment of the assigned workload; and assessing the status, quality and progress of work, and making day-to-day adjustments in accordance with established priorities. Lead PTs obtain assistance from supervisors or managers on problems that arise. Lead PTs are generally found in higher complexity facilities, or in facilities of lesser complexity levels where large physical therapy departments are found. Individuals may perform ancillary assignments, including program management duties on an occasional basis, where the complexity and amount of work is not substantial.

(4) **GS- 13 Physical Therapist (Supervisory**)

(a) **Experience.** In addition to meeting the basic requirements, one year of progressively complex experience equivalent to the GS-12 grade level. In addition, the candidate must demonstrate all the following KSAs.

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of contemporary physical therapy across multiple areas of practice, and the demonstrated ability to apply this knowledge to provide clinical guidance to Staff PTs within the department.

2. Knowledge of human resources administration, including such functions as the ability to interview and select qualified applicants, monitor and evaluate performance, and maintain effective labor management relations within scope of responsibility.

3. Ability to effectively supervise, direct, and manage a diverse physical therapy staff.

4. Skill in forging positive interpersonal relationships and conflict resolution.

5. Ability to analyze clinically appropriate data effectively to optimize quality, performance, and productivity within the section.

6. Ability to set priorities, delegate tasks, and solve problems in order to meet multiple deadlines and identify/address organizational problems.

7. Ability to manage advocacy roles and planning activities within the VA and the greater rehabilitation community.

(c) A**ssignment**. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety, and be performed by the incumbent at least 25% of the time. Supervisory PTs are responsible for the supervision, administrative management, and direction of the physical therapy program in a rehabilitation service or equivalent service-level department which consists of three or more PTs or other multi-discipline staff. The incumbent provides supervision of key clinical and training programs, including the overall technical oversight of the staff that He/she administratively supervise. Supervisors are responsible for the development and implementation of policies and procedures to address focused clinical needs and the overall services delivered and provided within the section. He/she demonstrates autonomy in performing supervisory responsibilities that include, but are not limited to, assigning work to employees, monitoring workload and clinical volume, reviewing work of employees to assure accuracy and validity of submissions, assuring adequate clinical staffing, imposing disciplinary measures, and monitoring clinical privileges. He/she is required to provide overall clinical supervision that assures the proper coordination and delivery of care within the section and the facility.

(5) **GS- 13 Physical Therapist (Clinical Specialist)**

(a) **Experience**. In addition to meeting the basic requirements, one year of progressively complex experience equivalent to the GS-12 grade level and one of the following:

1. Evidence of a minimum of 2,000 hours of clinical practice directly in the specialty area. This time must be between the past two and five years; or

2. Board Certification in the specialty area recognized by the ABPTS; or

3. Completion of a fellowship program; or

4. An additional advanced degree in a related field. In addition, the candidate must demonstrate the all following KSAs.

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Advanced knowledge and expert skill in a range of specialized interventions and treatment modalities used in a specialized treatment area of physical therapy.

2. Ability to serve as a consultant and subject matter expert for health care providers regarding the delivery of care within a specialized content area of physical therapy (see paragraph 2i).

3. Ability to teach and mentor medical center staff in a specialized content area of physical therapy.

4. Ability to guide the work of a multi-disciplinary team in a specialized content area of physical therapy.

5. Advanced knowledge and expert skill to perform and interpret specialized procedures and tests in evaluating the treatment outcomes in the assigned specialty content area (see Definitions, paragraph 2. i.).

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety. Clinical Specialists spend at least 25% or greater of their time working with specialized population(s) within their department. Physical therapists at this level perform assignments in specialty areas such as geriatrics, neurology, cardiopulmonary, orthopedics, spinal cord injury, amputee, wound care, chronic pain, electromyography, women's health or pelvic health, polytrauma, brain injury, lymphedema, vestibular, assistive technology, seating and mobility. The individual is assigned responsibility for serving as the subject matter expert in the content specialty area and as a consultant to physical therapy and other medical center staff in evaluating and treating patients in the specialty area. Clinical Specialists have advanced knowledge and demonstrate expert clinical practice skills in providing assessment and treatment interventions across the continuum of care. He/she utilizes advanced knowledge and expertise to modify treatment plans and to identify therapeutic activity interventions based on the changing needs, goals and performance of patients. Clinical Specialists have advanced training in specialized technology related to their area of practice. He/she establishes and maintains contact with other health care providers involved in patient care via written, telephone, and personal communication on a regular basis. He/she exercises expert professional judgment to establish appropriate discharge planning recommendations to ensure safe discharge from inpatient or outpatient rehabilitation programs. If the medical center has a PT residency program, the clinical specialist may be on faculty for the program.

(6) **GS-13 Physical Therapist (Program Coordinator)**

(a) **Experience**. In addition to meeting the basic requirements, one year of progressively complex experience equivalent to the GS-12 grade level. In addition, the candidate must demonstrate all the following KSAs.

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Ability to apply advanced knowledge of contemporary physical therapy within specialty area to provide clinical guidance, training or education for internal and external stakeholders.

2. Ability to serve as a consultant within the assigned program area for intra-agency and interagency planning and to provide service coordination to optimize program continuity, efficiency and effectiveness.

3. Knowledge of and skill in management, administration and/or education methodologies. This includes the ability to monitor and track data, utilize available resources effectively, evaluate program quality, and generate reports for local, and/or VISN and/or VACO leadership.

4. Ability to develop and coordinate treatment and/or educational programs within a concentrated field or specialty area, such as, but not limited to, amputee, spinal cord injury, chronic pain, student clinical education/residency programming, polytrauma/traumatic brain injury.

5. Ability to establish and maintain collaborative relationships within department and with other departments or affiliated programs.

6. Ability to guide the work of a multi-disciplinary team.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety, and be performed by the incumbent at least 25% of the time. PTs at this level have experience that demonstrates advanced practice skills and judgment across one or more areas of physical therapy. The individual may be assigned broad administrative responsibility. The individual is assigned a major content specialty area to include assessing, planning, evaluating and delivering care within a special clinical program or component of a Rehabilitation Service, which usually involves multiple disciplines. See the definition for specialty areas in paragraph 2. i, that includes Polytrauma/Traumatic Brain Injury, Chronic Pain, Amputation, Spinal Cord Injury and clinical education programs. PTs provide administrative direction and decisions related to the program. The Physical Therapy Program Coordinator is responsible for the coordination of multiple professionals from a variety of disciplines for optimal clinical care and educational programming. He/she implements programs, policies, and procedures to meet program goals, policy and external accreditation requirements. He/she monitors outcomes, participates in strategic planning and implements strategies for program improvement particularly in assigned content specialty area. The Program Coordinator supports the rehabilitation service and serves as a point of contact providing guidance to facility leadership on matters related to specialty content area. He/she collaborates with Clinical Specialists and with Rehabilitation Service leaders to assist with administrative processes to

obtain resources and equipment for operations of content specialty area. He/she assists with developing local policy for new or emerging practices and technologies.

(7) **GS-14 Physical Therapist (Supervisor, Service Care Line Manager or Service Chief)**

(a) **Experience**. In addition to meeting the basic requirements, one year of progressively complex experience equivalent to the GS-13 grade level. In addition, the candidate must demonstrate all the following KSAs.

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Advanced knowledge of evidence-based practices and clinical practice guidelines in multiple professional areas.

2. Skill in managing interpersonal relationships and conflict resolution in dealing with a diverse range of employees, discipline lead(s), and administrators.

3. Ability to translate extensive rehabilitation knowledge into local policy development.

4. Ability to effectively supervise staff by providing clinical and administrative oversight. This includes ability to manage resources, evaluate employees and assign work.

5. Ability to collaborate with strategic planning committees at local, VISN or national levels for new ventures addressing patient care delivery systems, facilities management, system reorganizations, etc.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety, and be performed by the incumbent at least 25% of the time. Supervisory PTs at this level are responsible for the professional and administrative management of an assigned area in a large physical therapy service or a rehabilitation service with multiple therapy related disciplines, including but not limited to the Physical Therapy (PT), Occupational Therapy, Kinesiotherapy, Speech & Language Pathology, Recreation Therapy, and Blind Rehabilitation. Supervisors manage staff, maintain effective interdepartmental relations, and cooperate with other services to accomplish the medical facility's mission and goals. He/she develops performance standards, assures the program area is compliant with all regulatory and accrediting body requirements, designs and implements orientation and training programs for staff, and develops and maintains systems to monitor the performance of staff activities. He/she develops local policies and procedures relative to their assigned area. He/she is responsible for determining resource needs, allocating resources, ensuring proper utilization in productivity, efficiency, and cost effectiveness of the operation. He/she formulates objectives and priorities and implements plans consistent with the long term interest of the service or facility, capitalizing on opportunities and managing risks. Individuals at this level would generally be found at a highly complex facility.

(8) **GS-14 Physical Therapist (VISN/National/Regional Program Coordinator)**

(a) **Experience**. In addition to meeting the basic requirements, one year of progressively complex experience equivalent to the GS-13 grade level. In addition, the candidate must demonstrate all the following KSAs.

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of and skill in management/administration, consultation, negotiation and compliance.

2. Advanced knowledge in the specialty program with application to interdisciplinary team function, goals and outcomes across multiple areas of practice.

3. Ability to serve as a consultant and liaison to local, regional or national coordinators and/or national program offices as well as other providers regarding the delivery of rehabilitation care within the specialty program area.

4. Demonstrates ability to serve as facilitator and/or negotiator in coordinating program initiatives among local, regional or national coordinators and interdisciplinary teams to improve quality of care for patients. Ability to evaluate, monitor and report on the status and progress of the specialty programs within the region.

5. Ability to develop and coordinate treatment programs within the specialty field nationally or within the region.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety, and be performed by the incumbent at least 25% of the time. PTs at this level manage all aspects of a distinct rehabilitation program or service at the VISN, national and/or region level and are generally found at regional centers or assigned to the national program office in VA Central Office. This position would include but not be specifically limited to programs such as amputee, spinal cord injury, chronic pain, Prevention of Amputation for Veterans Everywhere (PAVE), Polytrauma/TBI. This includes policy development, quality resources and specialty functions unique to the program to optimize program and patient outcomes. The program coordinator is knowledgeable about facility, regional and national policies to ensure compliance. This assignment requires administrative direction and decision making skills, but does not necessarily require formal supervisory responsibility for personnel. Physical Therapists in this role are responsible for strategic planning to ensure the provision of high quality services meet the needs of the Veterans being served. They are also responsible for developing and implementing short and long term goals and objectives consistent with the program's strategic plan. Responsibilities include operation and management of key clinical, training, research, or administrative programs. He/she develops and implements programs, policies, and procedures to meet program goals, policy and external accreditation requirements at the VISN, national and/or regional level. He/she monitors outcomes and implements strategies for program improvement.

(9) **GS-15 Physical Therapist (National PT Executive)**

(a) **Experience**. In addition to meeting the basic requirements, one year of progressively complex experience equivalent to the GS-14 grade level. In addition, the candidate must demonstrate all the following KSAs.

(b) **Demonstrated Knowledge, Skills, and Abilities.**

1. Demonstrates advanced knowledge of health care organization operations and systems to resolve policy implementation issues with medical center directors/chiefs of staff, regional management, and various professional service representatives.

2. Ability to oversee national or large scale development of specialized clinical programs, recommending solutions to implementation problems.

3. Demonstrates advanced knowledge of the inter-relationships between the health care organization and subgroups within the system. This includes the ability to communicate effectively orally and in writing with a diverse group of professional staff and management officials who are often at the highest management levels.

4. Ability to influence high level officials in adoption of and conformance to performance measures, monitors, and other policy guidelines.

5. Skill in leading senior management officials in policy development.

(c) **Assignment**. The PT assigned to this position is responsible for providing national VA policy guidance in the overall administration of a system-wide physical therapy health care service. The Executive Lead is responsible for establishing over-arching VA physical therapy policy, providing guidance and clarification, establishing scopes of practice and credentialing, and suggesting staffing levels and appropriate utilization of PTs and PTAs throughout the VHA System of Care. He/she collaborates with other discipline executive leads within VA, American Physical Therapy Association, regulatory agencies outside VA to develop national policies and procedures for the advancement of physical therapy throughout the entire VA system. Responsibilities include overall planning, direction, and execution of the area of responsibility. Consultation is provided to high level officials in the field, at the VISN, and at VA Central Office (VACO) as it relates to establishing policy. He/she may author and coordinate white papers, issue briefs, and similar official documents and is responsible for responding to a variety of high level inquiries such as congressional, General Accounting Office as well as others.

**5. DEVIATIONS.**

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance, and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the education requirements be waived.

c. The placement of individuals in grade levels or assignments not described in this standard may only be approved by the Under Secretary for Health, or designee, in VHA Central Office prior to placement in the position.

**Authority: 38 U.S.C. 7304; 7402]**

# APPENDIX G13. LICENSED PRACTICAL OR VOCATIONAL NURSE QUALIFICATION STANDARD
## Veterans Health Administration

**1. COVERAGE.** Following are the overall requirements for appointment as an LPN or LVN (licensed practical or vocational nurse) in VHA [. Such individuals engage] in nursing care [ ] which [requires] the [knowledge] and skills represented by licensure as an LPN or LVN [in a State, Territory, Commonwealth (i.e., Puerto Rico) of the United States, or District of Columbia. In their role as members of the discipline of nursing, LPNs/LVNs actively participate in and subscribe to the legal and ethical tenets of the nursing profession.]

**2. SECTION A. BASIC REQUIREMENTS**

a. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

b. **Education.** Graduate of a school of practical or vocational nursing approved by the appropriate State [ ] agency and/or [accredited by] the National League for Nursing [Accrediting Commission (NLNAC)] at the time the program was completed by the applicant. Verification can be obtained from the State approving agency [or] the National League for Nursing [Accrediting Commission], 61 Broadway, 33rd Floor, New York, NY 10006. [Additional information may also be obtained from the NLNAC Website. Exceptions include:]

(1) Health care education in the military service or training in the military service which is accepted by the licensing body in the jurisdiction in which the individual is licensed as qualifying for full LPN/LVN licensure will be accepted as meeting the education requirements for VHA employment.

(2) [ ] VHA employees who were converted to appointments under 38 U.S.C. 7401(3) in implementation of Public Law 98-160, enacted November 21, 1983, and for VHA employees converted to appointments under 38 U.S.C. 7405 in implementation of Public Law 99-576, enacted October 28, 1986; and for their future personnel actions under this authority. The waiver will not apply to persons appointed under 38 U.S.C. 7401(3) or 7405 after these conversions.

[(3) Individuals granted a license by a jurisdiction that does not require graduation from an approved school. See paragraph 4, section C.]

c. **Licensure.** Full, active, current and unrestricted licensure as a [ ] licensed practical or vocational nurse in a State, Territory or Commonwealth (i.e., Puerto Rico) of the United States, or District of Columbia. An LPN[/LVN] who has or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status may be appointed only in accordance with the provisions in chapter 3, section B, paragraph 16 of this part.

d. **Physical Standards.** See VA Directive and Handbook 5019.

e. **English Language Proficiency.** Licensed practical or vocational nurses appointed to direct patient care positions must be proficient in [both] spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

## 3. SECTION B. GRADE REQUIREMENTS

a. **Definitions**

(1) Qualifying experience is successful nursing practice [as an LPN/LVN,] maintaining acceptable standards within a health care setting under the direction of a registered nurse [(RN)] or physician [(MD/DO)]. This may include experience as a GPN [or GVN] (graduate practical [or vocational] nurse) provided the candidate was utilized as a practical or vocational nurse and passed the State licensure examination on the first attempt.

(2) To be creditable, practical nursing experience (as an LPN or LVN) must be documented on the application and verified in an employment reference or through other [independent] means.

(3) Part-time experience is credited according to the relationship it bears to the full-time workweek (e.g., an LPN[/LVN] who worked 20 hours per week, i.e., half-time, would receive 1 full-time workweek of credit for each 2 weeks of such service.)

[(4) The only exception to paragraphs 3a(1) through (3) would be qualifying experience for GS-4. See paragraph 3b(2)(b) below.

(5) For the purposes of this Handbook, the term "State" includes States, Territories of the United States, the Commonwealth of Puerto Rico, and the District of Columbia.]

b. **Grade Determination.** In addition to the basic requirements stated in section A, the following qualification criteria must be met for each grade. The candidate's qualifications must clearly demonstrate the level of competence required for the grade.

(1) **GS-3.** None beyond the basic requirements. [LPNs at this grade level are expected to perform all duties within the scope of their license (e.g., medication administration); however, completed work may require routine or detailed higher level review depending upon the complexity of the duties involved.]

(2) **GS-4.** [Employees may be appointed at or advanced to GS-4 if they meet any of the criteria in paragraphs 3b(2)(a) through (c) below:

(a) Six months of qualifying experience as an LPN or LVN; or

(b) Graduation from an approved school (which may be waived as provided in paragraph 4 of Section C) and one year of experience that involved nursing care work in a hospital, outpatient clinic, nursing home, or other supervised medical, nursing, or patient care facility that provided a practical knowledge of human body structure and sterile techniques and procedures; or

(c) Graduation from an approved school of at least 24 months duration.

(d) LPNs at the GS-4 grade level perform all duties expected of employees at the GS-3 grade level; however, they are expected to exercise greater judgment, require less supervision, and to operate in accordance with all established policies, procedure, and techniques.]

(3) **GS-5**

(a) Completion of at least 1 year of qualifying experience at the GS-4 level or equivalent.

(b) Demonstrated knowledge and ability to provide a full range of practical nursing care to patients with a variety of physical and/or behavioral problems. [Works with the RN and/or MD/DO to appropriately orient/train less experienced LPNs/LVNs and/or Nursing Assistants (NAs)/Health Technicians (HTs) in relation to acceptable standards of practice in promoting optimal patient care delivery. Provides effective education to patients and/or family members in relation to common disease processes, medication, and /or prescribed treatment regimes.]

(c) Demonstrated ability to serve as a responsible member of the nursing team and interact [in an appropriate manner] with patients, family members, professional and [other] supportive personnel [involved in the delivery of] patient care, [incorporating acceptable, established customer service standards into practice.

(d) Knowledge and skill sufficient to prepare, administer, and appropriately document actions taken specific to commonly prescribed oral, topical, subcutaneous, intramuscular, and/or intravenous medications as permitted by approved local facility policies and procedures. Observation and documentation will include patient's response to medication administered and the reporting of any noted change in patient's condition to RN or MD/DO.

(e) Knowledge and ability to recognize the need for and to institute emergency measures when indicated, promptly seek the assistance of the RN or MD/DO, and assist in resuscitation procedures in cardiac and/or pulmonary arrest.

(f) Recognizes and appropriately responds to breakage/malfunction or loss of equipment, safety hazards, and supply deficiencies, promptly reporting to appropriate personnel for corrective action.

(g) Completed work is under the general supervision of an RN or MD/DO. Individuals at this grade level are expected to have a broad working knowledge of practical nursing procedures. However, completion of more complex practices or procedures may be subject to closer higher-level review.] [ ]

(4) **GS-6**

[(a) Completion of] at least [one (1)] year of [additional] qualifying experience at the GS-5 level or equivalent [, fully meeting all performance requirements for the GS-5 LPN/LVN.

(b) Technically proficient in initiating, performing and completing assigned duties in providing care to variable patient populations.

(c) Knowledge and ability to appropriately carry out assigned patient care based on the patients' conditions; to use judgment in selecting the appropriate order and sequence of procedures and treatments; and to accurately recognize, report and record relevant] patient information. Completed work [should need] only a general review by a registered nurse [(RN) or physician (MD/DO)] for [ ] appropriateness and conformity with [established policies/procedures.

(d)] [ ] Ability to observe, identify and respond to the patient's needs for [care, including] medication, [ ] equipment-assisted care and [patient/family education]. In [organizing and delivering] care [ ], the [LPN/LVN recognizes and] considers [ ] emotional [, cultural, spiritual, socio-economic, and age-related] factors.

[(e) Prepares and administers prescribed medications (oral, topical, subcutaneous, intramuscular and/or intravenous) and performs treatments according to established policies/procedures. Observes for physical and/or emotional changes in patient's condition from prescribed medications/treatments, promptly and accurately documenting noted changes, and reporting any deviations from normal to RN or MD/DO.

(f) Knowledge and ability to recognize urgent or emergent patient care situations, seek assistance of the RN and/or MD/DO, and initiate appropriate emergency interventions as directed.

(g) Knowledge and understanding of human behavior, patient motivations and reactions to situations, and ability to appropriately utilize this knowledge in working effectively with patients, family members, and other staff.

(h) Establishes constructive relationships with individual patients and their families to elicit feelings and attitudes, and to promote positive relationships, communication and socialization skills. Fosters an environment of respect for individual patient and family rights to privacy and dignity in all aspects of care delivery. Effectively incorporates knowledge and understanding of established customer service standards in all interactions with patients, family members, and/or other internal/external customers.

(i) Knowledge and skill in performing support duties for complex diagnostic tests and/or specialized practices or procedures, which include preparing the patient, assisting in the diagnostic examination, preparing and handling specialized instruments or other specialized equipment, and monitoring the patient's condition before, during, and following the procedure. Serves as a preceptor in orienting, educating, and training less experienced LPNs/LVNs or NAs/HTs related to support duties for these more complex, specialized tests/procedures.

(j) Actively seeks out educational opportunities to enhance nursing knowledge and skills, sharing new knowledge gained with other staff to improve and advance nursing practice.

(5) **GS-7.** The GS-7 grade level is for select, complex LPN/LVN positions, as established by each health care facility. To be advanced, employees must meet all of the following standards, provided the standard is part of their assignment.

**NOTE:** Determinations concerning placement of positions at this grade level shall take into consideration the skill mix and the availability of supervision in the work unit. Although these positions

*are under the supervision of an RN and/or MD/DO, employees in such settings successfully and consistently demonstrate the exercise of independent technical judgment (without the need for readily available supervision), as well as a comprehensive and thorough working knowledge of the most complex or difficult practices and procedures. Such individuals may also serve as leaders or co-leaders in a nursing unit or for a specifically identified group of patients.*

(a) Completion of at least one (1) year of additional qualifying experience at the GS-6 level or equivalent, fully meeting all of the performance requirements for the GS-6 LPN/LVN.

(b) Knowledge and skills necessary to carry out more specialized patient care duties, including assignments in selected, more complex inpatient and/or outpatient care settings. Knowledge base promotes the incorporation of current patient care data in actively contributing to the development of the patient's overall health plan and in carrying out assigned nursing interventions. Positions at this grade level require broader knowledge and skills because supervision is more general and employees are expected to be involved to a greater degree in the development and modification of treatment plans.

(c) Ability to assist RN and/or MD/DO to appropriately prioritize overall patient care needs and adjust plans for care delivery. Makes astute observations of subtle, less obvious changes, both physical and emotional, in patient's condition, and accurately and thoroughly documents care delivered and patient's response to care that could require immediate modification of the patient's care plan. Appropriately seeks assistance and guidance by informing RN or MD/DO of changes in patient's condition requiring higher-level intervention. At this grade level, the LPN/LVN is expected to participate to a greater degree in prioritizing, and, as appropriate, modifying patient care treatment. They must also possess the ability to observe more subtle physical and emotional changes in patients and demonstrate taking appropriate action based on those observations.

(d) Ability to proactively assist the RN or MD/DO in addressing patient's needs for medication/treatments, accurately administering prescribed medications/treatments according to established policies/procedures and appropriately recording administration and patient's response to medications/treatments received. (This may include restricted medication locally authorized for administration by employees at this grade level.) Demonstrates the knowledge and ability to readily recognize the more subtle signs and symptoms of potential or actual drug reactions, promptly inform the RN or MD/DO of observed changes in patient's condition and initiate appropriate, prescribed interventions. Employees at this grade level demonstrate broader knowledge and skill with respect to these responsibilities than employees at lower grade levels.

(e) Knowledge and skill to promptly recognize potential urgent or emergent patient care situations, seek assistance of the RN and/or MD/DO for appropriate team intervention and effectively intervene, as directed, to assure the continuation of optimal, safe and therapeutic patient care delivery. At this grade level, the LPN/LVN must have a broader knowledge of the patient treatment process and exercise judgment that demonstrates the ability to effectively intervene when appropriate.

(f) Assists individuals or groups of patients and their families to take an active role in promoting healthy lifestyles for more positive patient outcomes. Exercises skill in influencing and communicating with unusually difficult to care for or communicate with patients and/or family members who may exhibit problems with lack of self-control, resistant or abusive behaviors, or impediments in their ability

to understand or follow instructions. This includes the ability to effectively deal with the above types of patients under very general supervision.

(g) Exhibits skill, creativity and initiative in contributing to the improvement of overall care delivery and patient and/or family satisfaction levels through active participation in committees/task forces, research projects or in developing educational materials/media. Actively promotes and effectively incorporates established customer service standards in all aspects of their practice.

(h) Possesses comprehensive practical nursing knowledge and skills in specialized procedures and practices to serve as a resource person for other staff in organizing and implementing more complex/specialized patient care. Serves as a role model and mentor to other nursing staff in the application of more complex technology, effectively guiding and directing their continuing practice in these areas.

(i) Supports the RN or MD/DO in monitoring the practice of unlicensed nursing or non-medical staff in patient care delivery. Promptly reports any deviations from normal practice patterns to the RN or MD/DO. In addition to responsibilities at the lower grade level, the LPN/LVN is responsible for monitoring the practice of non-licensed nursing and medical staff.

(j) Work of considerable difficulty and responsibility is performed under general supervision. Individuals in these positions are, to a considerable extent, expected to exercise independent technical judgments and to possess and apply a comprehensive working knowledge of the principles, art and science of practical nursing. The staff mix is such that employees at this grade level are expected to perform practical nursing duties of considerable difficulty and responsibility under very general supervision.

(k) Actively seeks out educational opportunities to enhance nursing knowledge and skills, and providing leadership in assisting other staff improve and advance their nursing practice.]

## 4. SECTION C. DEVIATIONS

a. In cases where the application of the grade requirements [in Section B] will result in an inappropriate grade assignment, the appointing official may authorize deviations from the established requirements. [However, the basic requirements in Section A may not be waived, nor may individuals be assigned to grade levels above the GS-7 level.]

b. The appointing official may [waive] the education requirement in section A to permit [ ] appointment of [an attendee or] graduate of a school of professional (registered) nursing when the individual's qualifications warrant such consideration [, provided that the applicant meets the basic requirements for licensure as an LPN/LVN as stated in Section A, paragraph 2c. Graduate nurses with no experience may be appointed at GS-4, provided they have successfully completed the amount of education required to take the licensing examination, successfully pass the examination, and are granted a license by the State.]

c. [Appointing officials may waive the education requirement in Section A, paragraph 2b, if an LPN/LVN was licensed in a jurisdiction that does not require graduation from an approved school, provided the individual has demonstrated successful practice as an LPN/LVN. One year of successful practice is considered the equivalent of graduation from an approved school of 12 months duration.

d.] In exceptional circumstances, the appointing official may waive the experience requirement for LPNs[/LVNs] whose accomplishments, performance and qualifications warrant such consideration based on demonstrated ability to meet the requirements of the proposed grade.

**Authority: 38 U.S.C. 7304; 7402.**

# [APPENDIX G14. OCCUPATIONAL THERAPIST QUALIFICATION STANDARD GS-0631 Veterans Health Administration

1. **COVERAGE.** The following are requirements for appointment as an occupational therapist (OT) in the Veterans Health Administration (VHA). These requirements apply to all OTs in the General Schedule (GS) GS-0631 series, including those assigned to VA medical centers, community-based outpatient clinics, [readjustment counseling service/Vet centers], Veterans Integrated Service Network (VISN) offices, the VHA National Center for Organizational Development, and VHA Central Office. This work may include any one, or a combination of the following: providing professional clinical services, conducting research, carrying out education and training activities, clinical consultation, supervision, and administration. In performing these duties, [ ] OTs demonstrate professional knowledge of and skill in applying a wide range of theories, principles, and methodologies for the practice of occupational therapy.

2. **DEFINITIONS.**

   a. **Appointing Official.** The Human Resources Management Officer is delegated appointing official to process and authenticate notifications of personnel actions, and authority to effect management-approved employment actions on behalf of officials, employees and facilities for which service is provided.

   b. **Approving Official.** The VISN director, facility director, or designee is the approving official and will determine whether to approve or disapprove the appointment of employees in hybrid occupations.

   c. **Journey Level.** The full performance level for this qualification standard is GS-12.]

   d. **Creditable Experience.** [ ] To be creditable, the experience must have required the use of knowledge, skills, and abilities associated with current professional occupational therapy practice. Creditable experience can be obtained through employment as an OT. This may be evidenced by one or both of the following:

      (1) Active professional practice. Active professional practice includes paid/non-paid employment as a professional OT, and as defined by the American Occupational Therapy Association (AOTA). Experience gained after graduation but prior to licensure/certification is creditable, provided the candidate was utilized as a graduate OT and subsequently passed the National Board for Certification in Occupational Therapy (NBCOT) certification, and the required state regulatory requirements.

      (2) Completion of a post-graduate fellowship or a post-graduate residency program can be substituted for creditable experience on a year for year basis. Fellowships or post-graduate training programs are typically in specialty areas such as advanced

practice, research, mental health, gerontology, enhanced education, health policy, leadership and therapeutic sciences.

(3) **Quality of Experience.** Experience is only creditable if it is post-graduate experience as a professional OT directly related to the duties to be performed. Qualifying experience must be at a level comparable to professional occupational therapy experience at the next lower level. For all assignments above the full performance level, the higher level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

e. **Part-Time Experience.** Part-time experience is creditable according to its relationship to a full-time workweek. For example, an OT employed 20 hours per week, or on a half time basis, would receive one (1) full-time workweek of credit for each two (2) weeks of service.

[f.] **Content Specialty/Specialty area.** Specialized content areas of occupational therapy include, but are not limited to, geriatrics, mental health, neurology, cardiopulmonary, spinal cord injury, amputee, low vision, chronic pain, polytrauma, brain injury, lymphedema, assistive technology, hand therapy, driving and community mobility, and seating and mobility. As health care evolves content specialty will change.

**3. BASIC REQUIREMENTS.** The authority to set requirements is provided by 38 U.S.C. § 7402(b)(14).

a. **Citizenship.** Be a citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with 38 U.S.C. § 7407(a)).

b. **Education [and/or Experience.]**

[(1) The individual must meet at least one of the following requirements below:

(a) Bachelor's degree in occupational therapy and two (2) years of experience as an occupational therapist;

NOTE: The baccalaureate degree must be from an approved program prior to the AOTA January 1, 2005 decision that the Accreditation Council for Occupational Therapy Education (ACOTE) would only accredit master or doctoral degree programs in occupational therapy.

or

(b) Bachelor's degree in occupational therapy and two (2) full years of graduate education in a related field;

NOTE: The baccalaureate degree must be from an approved program prior to the AOTA January 1, 2005 decision that ACOTE would only accredit master or doctoral degree programs in occupational therapy.

or

(c) Master's Degree or higher in occupational therapy.

(2) Individuals must be a graduate of] a degree program in occupational therapy approved by the ACOTE or predecessor organizations. This is inclusive of an internship (supervised fieldwork experience required by the educational institution). ACOTE is the only accreditation agency recognized by the United States Department of Education and the Council for Higher Education Accreditation. Degree programs may be verified by contacting the American Occupational Therapy Association website or at their office address: American Occupational Therapy Association, P.O. Box 31220, Bethesda, MD 20824-1220.

[c. **Foreign Graduates.** Graduates] of foreign occupational therapy programs meet the requirements of subparagraph [3b(2)] if they have a current, full, active and unrestricted license referred to in subparagraph [3e] of this appendix.

[d. **Certification.** Candidates must possess a current NBCOT certification as an OT.]

[e. **State Licensure**. Candidates must possess] a full, current, and unrestricted state license [ ], to practice occupational therapy in a state, territory or Commonwealth of the United States (i.e., Puerto Rico), or in the District of Columbia.

f. **Loss of Credential.** An employee in this occupation who fails to maintain [the required state or territorial licensure and the NBCOT certification, both current and in good standing,] must be removed from the occupation, which may result in termination of employment.

g. **Exceptions for the Graduate Occupational Therapist.**

(1) OT graduates from an approved occupational therapy program [who otherwise meet the minimum qualification requirements,] but who do not possess NBCOT certification and/or [ ]state [licensure], may be [appointed, pending certification and/or licensure,] as a graduate OT [on a full-time temporary appointment] not-to-exceed two years under the authority of 38 U.S.C. § 7405(c)(2).

[(2) Graduate OTs may only be appointed at the GS-9 grade level and may not be promoted/converted to the GS-11 level until licensure and/or certification is obtained. For grades levels at or above the developmental GS-11 grade level, the OT must be certified and licensed.

(3) A graduate OT may provide care only under the direct supervision of a licensed] OT who meets all state regulatory requirements.

[(4) Temporary graduate OT appointments may not be extended beyond two years, or converted to a new temporary appointment.

h. **Failure to Obtain Licensure/Certification.** In all cases, graduate OTs must actively pursue obtaining required credentials (i.e., NBCOT certification and/or state licensure) from the date of their appointment. The human resource office will notify the uncertified/unlicensed OT in writing of the requirement to obtain certification/licensure, the date by which the certification/license must be acquired, and the consequences for not becoming certified/licensed by the deadline date. The written notice must be provided prior to the entrance on duty date. Failure to obtain required credentials by the prescribed date will result in termination of employment.]

i. **Grandfathering Provision.** All [persons] employed in VHA [in this occupational series or in another occupational series that are also performing the duties as described in the qualification standard on the effective date of this] qualification standard are considered to have met all qualification requirements for the [ ] grade held including positive education and [ ] licensure/certification/registration [that are part of the basic requirements of this occupation]. [ ] Employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) They may be reassigned, promoted up to and including the full performance level, or changed to lower grade within the occupation, but may not be promoted beyond the full performance level or placed in supervisory or managerial positions.

(2) If an OT who was retained under this provision leaves the occupation, the employee will lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

(3) OTs initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration that meet all the basic requirements of this qualification standard, must maintain the required credentials as a condition of employment in the occupation.

(4) OTs who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

j. **Physical Requirements.** See VA Directive and Handbook 5019.

k. **English Proficiency.** [Candidates must be proficient in spoken and written English to be appointed as authorized by 38 U.S.C. § 7403(f).]

**4. GRADE [DETERMINATIONS.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.]

**a. Occupational Therapist, GS-9 [ ]**

(1) **Education, Experience, or Licensure.** None beyond the basic requirements.

(2) **Assignments.** [Individuals assigned at the GS-9 grade level serve as OT practitioners in a career development position progressively expanding their ability to provide assessment and treatment interventions for a wide range of human function systems. The entry level therapist has a basic foundation of OT and generally practices independently. OTs at this level typically have guidance from more experienced therapists. OTs that are not licensed must practice under the supervision of a licensed OT.]

**b. Occupational Therapist, GS-11**

(1) **Education, Experience, or Licensure.**

(a) Completion of one year of experience equivalent to at least the GS-9 grade level and directly related to the position being filled;]

or

(b) Three years of progressively higher level graduate education leading to a degree in occupational therapy or a directly related field;

[or

(c) Doctorate in occupational therapy.]

(2) **Demonstrated [Knowledge, Skills, and Abilities (KSAs)].** In addition to the [experience or education above, the candidate] must demonstrate all of the following KSAs:

[(a) Knowledge of occupational therapy practice.

(b) Ability to administer/interpret evaluation findings to develop and coordinate intervention plans, including goals and methods of treatment.

(c) Ability to implement intervention plans directly or in collaboration with others.

(d) Skill in monitoring an individual's response to interventions and modify treatment plans and reevaluating as indicated.

(e) Ability to communicate and or collaborate with patients, family members, caregivers, interdisciplinary professionals and/or other individuals verbally and in writing.

(f) Knowledge of health and safety regulations to minimize risk in the provision of patient care and the environment of care.

(g) Knowledge of applicable regulations governing documentation, reimbursement and workload entry in accordance with established professional practice.]

(3) **Assignment.** [OTs at this grade level practice independently and are responsible for the assessment of functional and occupational roles using standardized tools. The OT modifies standardized and non-standardized evaluation tools. OTs select and provide direct occupational therapy interventions and procedures with routine complexity to enhance safety, wellness, performance in activities of daily living (ADL); and instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Occupational therapists require guidance with higher complexity conditions. OTs demonstrate an understanding of the theories of treatment in occupational therapy and their proper application through the use of activity analysis, behavioral intervention, frame of references, and therapeutic procedures. They are assigned to all program areas within VHA and provide professional, independent occupational therapy services.]

**c. Occupational Therapist, GS-12**

(1) **Education, Experience, and Licensure.** [ ] Completion of one year of experience equivalent to at the [GS-11 grade level and directly related to the position being filled.]

(2) **Demonstrated KSAs.** In addition to the [experience above, the candidate] must demonstrate all of the following KSAs:

[(a) Knowledge of occupational therapy principles and techniques consistent with current clinical standards based on OT theory and evidence based practice. Knowledge is inclusive of physical, occupational, cognitive, and psychosocial functional deficits.

(b) Ability to collaborate and communicate orally and in writing with all internal and external stakeholders.

(c) Ability to use critical analysis, clinical reasoning, and creativity to independently solve complex problems related to adapting and modifying assessments, treatment plans, activities and procedures to meet the needs of patients.

(d) Skill in procuring, fabricating, adjusting, adapting, and modifying orthoses, splints, and adaptive equipment for activities of daily living (inclusive of durable medical equipment).

(e) Ability to conduct OT related in-service and clinical training.]

(3) **Assignment.** [OTs at this level practice independently and are responsible for comprehensive assessment of functional and occupational roles using standardized and non-standardized evaluation tools. OTs select and provide direct occupational therapy interventions and procedures with varying degrees of complexity to enhance safety, wellness, and performance in ADL, instrumental IADL, education, work, play, leisure, and social participation. OTs demonstrate a full professional understanding of the theories of treatment in occupational therapy and their proper application through the use of activity analysis, behavioral intervention, frame of references, and therapeutic procedures. They are assigned to all program areas within VHA and provide professional, independent occupational therapy services. OTs at this level may be given assignments in any area where advanced specialized knowledge is not required on a recurring basis due to the patient population served and complexity of the facility and/or treatment area. Individuals may perform ancillary assignments, including program management duties on an occasional basis, where the complexity and amount of work is not substantial (less than 25% of the duty time).]

**d. Occupational Therapist [(Clinical Specialist)], GS-13**

(1) **Education, Experience, and Licensure.** Completion of one year of experience equivalent to at least the [GS-12 grade] level and directly related to the position being filled [and one of the following]:

[(a) A minimum of 2,000 hours of clinical practice directly in the advanced practice area. This time must be within the past five years;

(b) Certification in an area recognized by the AOTA;

(c) Completion of a fellowship/residency or advanced degree program in the advanced practice area; or

(d) An additional advanced degree in a related field.]

[(2) **Demonstrated KSAs.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:]

(a) Knowledge of contemporary occupational therapy across multiple areas of practice[ ].

(b) [Ability to provide clinical guidance in the advanced practice area to other OT practitioners.

(c) Knowledge of advanced specialized evaluation, interventions and services to independently develop treatment strategies for area of specialization.

(d) Skill in developing protocols and procedures for intervention programs based on current occupational therapy theory, recent research, and practice.

(e) Ability to provide consultation to other health care practitioners and outside groups about occupational therapy scope of practice for area of specialization.

(f) Ability to implement, revise/update evidence based occupational therapy services and programming in area of specialization.]

(3) **Assignment.** [Clinical OT specialists at this grade level serve as subject matter experts and as consultants to occupational therapists and other medical center staff in evaluating and treating patients in the areas of occupational therapy that are beyond the general practice of occupational therapy. This individual must demonstrate skills and techniques for a specific patient population that has highly complex occupational and/or psychosocial impairments. Clinical OT specialist may initiate, lead, and support research projects related to clinical needs. This may include grant writing, guiding others in the process, and direct clinical participation in research.]

**e. [Lead] Occupational Therapist, GS-13**

[(1)] **[Education, Experience, and Licensure.** Completion of one year of experience equivalent to at least the GS-12 grade level and directly related to the position being filled.

(2) **Demonstrated KSAs.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of contemporary occupational therapy across multiple areas of practice.

(b) Ability to apply advanced occupational therapy knowledge to provide clinical guidance and mentorship to OT practitioners.

(c) Ability to independently monitor and evaluate clinically appropriate treatment programs.

(d) Ability to act as a liaison between OT practitioners and the supervisor by coordinating clinical activities, program development, outcome management, and strategic planning.

(e) Ability to assess, prioritize, and address interpersonal or programmatic conflicts at the lowest possible level.

(f) Ability to implement, revise and update evidence based protocols, procedures and approved competencies for occupational therapy services.]

(3) **Assignment.** [Lead OTs provide professional guidance and consultation for OT practitioners. They monitor and evaluate clinically appropriate treatment programs with great autonomy. Individuals assigned as a lead OT are responsible for completing complex evaluations and treatments. They are required to apply advanced evaluation methodologies and treatment theories in the provision of care to a vast array of functional impairments and patients. They provide clinical practice guidance for other OT practitioners. Lead OTs collaborate with staff throughout the medical center to coordinate care and triage operations for their assignment. Lead OTs generally would be found in more complex facilities or departments.]

**f. [Supervisory Occupational Therapist, GS-13**

(1) **Education, Experience, and Licensure.** Completion of one year of experience equivalent to at least the GS-12 grade level and directly related to the position being filled.

(2) **Demonstrated KSAs.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to balance multiple responsibilities, set priorities, delegate tasks, meet multiple deadlines, analyze organizational problems, and develop and implement effective solutions.

(b) Ability to analyze organizational and operational problems to develop and implement solutions that result in efficient operations and use data effectively to manage workload, quality performance, and productivity within the service.

(c) Skill in dealing with employees, team leaders, and managers to include conflict resolution.

(d) Ability to utilize evidence-based practices and clinical practice guidelines in a professional area and to guide the staff in applying these tools.]

(3) **Assignment**. [Supervisory OTs at this level are generally found at complex facilities. The supervisory occupational therapist is responsible for the supervision, administrative management and direction of the occupational therapy program in an OT section or equivalent work group. They have oversight for planning and directing the staff assignments in a variety of clinical settings. The supervisory OT provides a Veteran/client centered environment while enhancing staff engagement. Typical duties include: assigning work; monitoring clinical performance; resolving staff conflicts; identifying continuing education and training needs; and preparing performance standards and ratings. They interview candidates for positions; recommend appointments, advancements, or when appropriate, disciplinary actions; administer leave; and coordinate staffing needs. Supervisory OTs may provide occupational therapy and have capacity to care for more complex patients. They develop/initiate new treatment programs which integrate outcomes and

advancements in practice from current research findings. The supervisory OT serves as an instructor in the facility's in-service clinical training program. They serve as an advocate and resource consultant to the therapy staff and facility-at-large through communication with other departments, physicians, external agencies and other groups regarding programs and operation of the occupational therapy section.]

**g. [Occupational Therapist (Program Coordinator), GS-13**

(1) **Education, Experience, and Licensure.** Completion of one year of experience equivalent to at least the GS-12 grade level and directly related to the position being filled.

(2) **Demonstrated KSAs.** In addition to the experience above, the candidate must demonstrate all the following KSAs:

(a) Knowledge of contemporary occupational therapy within specialty area to provide clinical guidance, training, or education for internal and external stakeholders.

(b) Ability to set priorities, delegate tasks, meet multiple deadlines, and balance responsibilities.

(c) Ability to articulate and communicate the assignment, project, problem to be solved, actionable events, and objectives; as well as provide direction on work methods, practices and procedures in administration and/or education methodologies.

(d) Ability to monitor and report on the status and progress of work, evaluate the program to ensure that methods, deadlines and quality have been met, and ensure adjustments to the work process are in accordance with priorities.

(e) Ability to develop and coordinate treatment and/or educational programs within a concentrated field or specialty area, such as amputee, spinal cord injury, chronic pain, student clinical education/residency programming, polytrauma/traumatic or brain injury.

(f) Ability to effectively motivate and manage a diverse clinical staff with widely divergent backgrounds, interests, and points of view.]

(3) **Assignment.** [Occupational therapy program coordinators in this assignment evaluate, plan and direct a program to ensure proper coordination of care within the local facility inclusive of regional/national stakeholders such as The Joint Commission and the Commission on Accrediation of Rehabilitation Facilities (CARF), Universities, AOTA, and the VHA, Office of Academic Affiliation as appropriate. The OT program coordinator has full responsibility for managing the day-to-day activities of the program. They may be responsible for the coordination of assignments for multiple professionals comprising of an interdisciplinary team.

These programs may include but are not limited to polytrauma/traumatic brain injury, chronic pain, amputation, caregiver support program, spinal cord injury and clinical education programs. The OT program coordinator successfully collaborates with leadership, supervisors and staff to facilitate efficient and effective delivery of patient-centered care. They develop and modify standard operating procedures and ensure procedures are applicable to the assigned program. This assignment requires administrative direction and decision making skills, but does not necessarily require formal supervisory responsibility. The OT program coordinator makes decisions that affect staff and other resources with a wide latitude of control and independent judgment. They assist with special administrative projects such as strategic planning, performance improvement, and coordination and training of interdisciplinary team members.]

**h. Supervisory Occupational Therapist, GS-14**

(1) **Education, Experience, and Licensure.** [ ]Completion of one year of experience equivalent to at least the GS-13 level and [directly related to the position being filled]. [ ]

(2) **[Demonstrated KSAs.** In addition to the experience above, the candidate must demonstrate all the following KSAs:]

a. [ ] Knowledge of evidence-based practices and clinical practice guidelines in multiple professional areas [ ] to use these resources to guide the program staff in providing clinically appropriate treatment interventions.

b. Skill in interpersonal relationships and conflict resolution in dealing with a diverse range of employees, team leaders, and administrators.

c. Ability to manage [resources] for a large, integrated service including not only occupational therapy, but also other focused rehabilitation, ancillary, or other health care services.

d. Ability to communicate effectively orally and in writing with a diverse group of professional staff.

e. Ability to translate extensive rehabilitation knowledge into cogent and useful policy in complex facilities and/or across multiple sites.

f. [ ] Skill in providing clinical and administrative oversight [and supervision of] multidisciplinary rehabilitation programs in complex facilities and/or across multiple sites.

g. Ability to collaborate with strategic planning committees at local, VISN or national levels for new ventures addressing patient care delivery systems, facilities management, and system reorganizations.

(3) **Assignment.** [The supervisory OT, service care line manager or service chief is responsible for the supervision, administrative management, and direction of an occupational therapy program or equivalent service-level department which typically consists of a multi-discipline staff and/or multiple facilities that may be separated geographically. The incumbent provides supervision of clinical and training programs, including the overall technical oversight of the OT practitioners whom they supervise. They are responsible for the development and implementation of policies and procedures that address focused clinical needs and the overall services provided within the section or service. They provide a Veteran/client centered environment while enhancing staff engagement. OTs at this level demonstrate a great deal of autonomy in performing responsibilities that include, but are not limited to, assigning work to employees, monitoring workload and clinical volume, reviewing work of employees to assure accuracy and validity of submissions, assuring adequate clinical staffing, imposing disciplinary measures, and monitoring clinical privileges. The OT supervisor, service care line manager or service chief serves as an advocate and resource consultant to the therapy staff and facility-at- large through communication with other departments, physicians, and external agencies. They select and monitor quality and performance measures for process improvement and patient satisfaction; obtain data from national and local databases; review and analyze various reports and complex data, complete trend analysis relating to quality improvement to ensure desired outcomes; monitors clinical service's compliance with the standards of external bodies and accrediting agencies; and recommends and assures remedial action. This level of assignment is typically located at VA medical centers or healthcare systems that are complex in nature and are affiliated with local colleges and universities.

**i. Occupational Therapist [ ] (Program Coordinator), GS-14**

(1) **Education, Experience, and Licensure.** Completion of one year of experience equivalent to at least the GS-13 grade level and directly related to the position being filled.

(2) **Demonstrated KSAs.** In addition to the experience above, the candidate must demonstrate all the following KSAs:

(a) Ability to plan, evaluate and coordinate the wide ranging programmatic elements for services provided in concert with internal and external stake holders.

(b) Ability to serve as a facilitator and/or negotiator in coordinating program initiatives among local, regional or national coordinators and interdisciplinary teams to improve quality of care for patients.

(c) Ability to set priorities, delegate tasks, meet multiple deadlines and balance responsibilities and work with great autonomy.

(d) Ability to articulate and communicate the assignment, project, problem to be solved, actionable events and objectives; as well as provide direction on work methods, practices and procedures.

(e) Knowledge of internal and external resources related to the program managed.

(3) **Assignment.** OTs at this level serve as a VISN/national/regional program coordinator and manage all aspects of a program or service at the VISN, national and/or region level and are generally found at regional centers or assigned to the national program office and function with great autonomy. The program coordinator is knowledgeable about local, regional and national policies to ensure compliance. OTs in this assignment are responsible for strategic planning to ensure the provision of high quality services that meet the needs of the Veterans being served. OTs in this assignment are responsible for developing and implementing short and long term goals and objectives consistent with the program's strategic plan. They may supervise employees assigned to the program. The coordinator may be responsible for tracking and maintenance of program outcomes, providing information and pertinent data elements for continuous quality improvement and adherence to all applicable standards such as The Joint Commission, CARF or other pertinent stakeholders.

**j. Occupational Therapist, GS-15**

(1) **Education, Experience, and Licensure.** Completion of one year of experience equivalent to at least the GS-14 grade level and directly related to the position being filled.

(2) **Demonstrated KSAs.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of operations and systems to resolve policy implementation issues with medical center directors/chiefs of staff, VISN management, and various professional service representatives.

(b) Ability to oversee program development of assigned specialized national clinical programs.

(c) Advanced knowledge of health care organizations and inter-relationships of subgroups within health care and rehabilitation organizations.

(d) Advanced skill in managing advocacy roles and planning activities within the Rehabilitation and Prosthetics Service and the greater rehabilitation community.

(e) Ability to generate protocols, to write and coordinate directives, handbooks, program guides and other administrative products relevant to rehabilitation.

(f) Skill in data analysis and review from a national perspective.

(g) Ability to develop new programs in support of the field and coordinate with intra/inter agency stakeholders.

(3) **Assignment.** The OT is a key program official in the VHA program office and is aligned with physical medicine and rehabilitation services. The incumbent is responsible for the management of national initiatives having a high degree of visibility and a significant impact on health care across VHA. Provides direct consultation via telecommunications and onsite visits for the purpose of data management, performance compliance and policy implementation, and problem resolution from a national perspective. Examples include national initiatives in the care and treatment of patients, educational programs, program evaluation, quality assurance, etc. These programs typically include collaboration with other Federal and state agencies, professional organizations, and services within VHA. This position affects changes at VHA-level and has higher reaching impact than the GS-14 level. OTs in this assignment will administratively coordinate national contracts that have a significant financial impact and understand the budget process to assure appropriate funding for program development. OTs in this assignment may provide data and documents to congress and other legislative entities.

**5. DEVIATIONS.**

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance, and qualifications, as well as current assignment warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will education be waived. Under no circumstances will certification/state licensure requirements be waived above the GS-9 level.

c. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office prior to placement in the position.]

**Authority: 38 U.S.C. §§ 7402, 7403**]

# [APPENDIX G15. LICENSED PHARMACIST QUALIFICATION STANDARD GS-660 Veterans Health Administration

**1. COVERAGE.** Requirements for appointment as a Licensed Pharmacist in Veterans Health Administration (VHA) are as follows:

## 2. BASIC REQUIREMENTS

a. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

b. **Education**

(1) Graduate of an Accreditation Council for Pharmacy Education (ACPE) accredited College or School of Pharmacy with a baccalaureate degree in pharmacy (BS Pharmacy) and/or a Doctor of Pharmacy (Pharm.D.) degree. Verification of approved degree programs may be obtained from the Accreditation Council for Pharmacy Education, 20 North Clark Street, Suite 2500, Chicago, Illinois 60602-5109; phone: (312) 664-3575, or through their Web site at: http://www.acpe-accredit.org/. (**NOTE:** *Prior to 2005 ACPE accredited both baccalaureate and Doctor of Pharmacy terminal degree program. Today the sole degree is Doctor of Pharmacy*.)

(2) Graduates of foreign pharmacy degree programs meet the educational requirement if the graduate is able to provide proof of achieving the Foreign Pharmacy Graduate Examination Commission (FPGEC) Certification, which includes passing the Foreign Pharmacy Graduate Equivalency Examination (FPGEE) and the Test of English as a Foreign Language Internet-Based Test (TOEFL iBT).

c. **Licensure.** Full, current and unrestricted license to practice pharmacy in a State, Territory, Commonwealth of the United States (i.e., Puerto Rico), or the District of Columbia. The pharmacist must maintain current registration if this is a requirement for maintaining full, current, and unrestricted licensure. A pharmacist who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status may be appointed only in accordance with the provisions in VA Handbook 5005, Part II, Chapter 3, section B, paragraph 16.

**NOTE:** *Individuals who have or have had multiple licenses and had any such license revoked for professional misconduct, professional incompetence or substandard care, or who surrendered such license after receiving written notice of potential termination of such license by the State for professional misconduct, professional incompetence, or substandard care, are not eligible for appointment to the position unless such revoked or surrendered license is fully restored (38 U.S.C. § 7402(f)). Effective November 30, 1999, this is a requirement for employment. This requirement does not apply to licensed pharmacists on VA rolls as of that date, provided they maintain continuous appointment and are not disqualified for employment by any subsequent revocations or voluntary surrenders of State license, registration or certification.*

(1) **Exception.** Non-licensed pharmacists who otherwise meet the eligibility requirements may be given a temporary appointment at the entry level as a Graduate Pharmacist under the authority of

38 U.S.C. § 7405(c)(2)(B). The appointing official may waive the requirement of licensure for a period not to exceed 2 years for a pharmacist that provides care under the supervision of a licensed pharmacist. For grade levels above the GS-11, the candidate must be licensed.

(2) **Failure to Obtain License.** In all cases, pharmacists must actively pursue meeting state prerequisites for licensure starting from the date of their appointment. At the time of appointment, the supervisor will provide the unlicensed pharmacist with the written requirement to obtain licensure, the date by which the license must be acquired, and the consequences for not becoming licensed by the deadline. Failure to become licensed within 2 years from date of appointment will result in removal from the GS-0660 Pharmacist series and may result in termination of employment.

d. **Grandfathering Provision.** All licensed pharmacists employed in VHA in this occupation on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education and licensure/certification/registration that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Employees grandfathered into the GS-660 occupational series may be reassigned, promoted up to and including the full performance (journey) level, or changed to lower grade within the occupation, but may not be promoted beyond the journey level or placed in supervisory or managerial positions.

(2) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard. Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration, that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

(3) If a licensed pharmacist who was retained under this provision leaves the occupation, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

e. **Physical Requirements.** See VA Directive and Handbook 5019.

f. **English Language Proficiency.** Pharmacists must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

## 3. GRADE REQUIREMENTS

a. **Creditable Experience**

(1) **Knowledge of Professional Pharmacy Practices.** To be creditable, the experience must have demonstrated the use of knowledge, skills, and abilities associated with professional pharmacy practice. Professional practice means paid/non-paid employment as a professional or unlicensed graduate pharmacist as defined by the appropriate licensing board.

(2) **Residency and Fellowship Training.** Residency and fellowship training programs in a specialized area of clinical pharmacy practice may be substituted for creditable experience on a year-for-year basis. The pharmacy residency program must be accredited by the American Society of Health-System Pharmacists (ASHP). A fellowship program that is not accredited by the American College of Clinical Pharmacy (ACCP) will need to have comparable standards for experience to be creditable (Professional Standards Board refers to the Deputy Chief Consultant for Professional Practice for the determination).

(3) **Quality of Experience.** Qualifying experience must be at a level comparable to pharmacy experience at the next lower level. Experience as a Graduate Pharmacist is creditable provided the candidate was used as a professional pharmacist (under supervision) and subsequently passed the appropriate licensure examination.

(4) **Part-time Experience.** Part-time experience as a professional pharmacist is credited according to its relationship to the full-time workweek. For example, a pharmacist employed 20 hours a week, or on a 1/2-time basis, would receive 1 full-time workweek of credit for each 2 weeks of service.

b. **Grade Determinations.** In addition to the basic requirements for employment in paragraph 2, the following criteria must be met when determining the grade of candidates.

(1) **GS-11 Pharmacist**

(a) **Experience, Education, and Licensure.** None beyond the basic requirements. (**NOTE:** *See exception to licensure requirement in subparagraph 2c(1) above.)*

(b) **Assignment.** Pharmacists at this grade level serve in a developmental capacity.

(2) **GS-12 Clinical Pharmacist (Full Performance Level)**

(a) **Experience or Education.** In addition to the basic requirements, candidates must meet one of the following:

1. 1 year of experience equivalent to the next lower grade level, or

2. Completion of an ACPE-accredited Pharm.D. program.

(b) **Assignment.** A pharmacist in this assignment handles routine medication-related activities in accordance with local, Veterans Integrated Service Network (VISN), and national policies and regulations. These include, but are not limited to: reviewing, interpreting, and verifying medication orders for appropriateness; processing and filling medication orders; interacting with and making

recommendations to other clinical staff regarding medication therapy ordered to ensure safe and effective care; reviewing the patient's medications, allergies, labs, and other pertinent information from the medical record to identify and solve medication-related problems; contacting providers as appropriate; documenting recommendations and interventions; providing refill extensions and partial medication supplies; taking health and medication histories; performing medication reconciliation; providing drug information; assisting in formulary management including therapeutic substitutions, nonformulary reviews and medication usage evaluations; documenting and assessing adverse drug events (ADEs); assisting in medical emergencies; providing oversight of technical staff in all aspects of medication distribution. Pharmacists assigned to this position must demonstrate the following knowledge, skills and abilities (KSAs):

1. Knowledge of professional pharmacy practice.

2. Ability to communicate orally and in writing to both patients and health care staff.

3. Knowledge of laws, regulations, and accreditation standards related to the distribution and control of scheduled and non-scheduled drugs and pharmacy security.

4. Skill in monitoring and assessing the outcome of drug therapies, including physical assessment and interpretation of laboratory and other diagnostic parameters.

(3) **GS-13**

(a) **Experience.** In addition to the GS-12 requirements, must have 1 year of experience equivalent to the next lower grade level.

(b) **Assignments.** Candidates at this grade level are to be in one of the assignments listed below. For all assignments above the full performance level, the higher level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

1. **Clinical Pharmacy Specialist.** The clinical pharmacy specialist (CPS) functions at the highest level of clinical practice, works independently under their scope of practice as defined by the individual medical center to directly care for patients. A CPS plays a defined role in budgetary execution and serves as a mid-level provider who functions to initiate, modify or discontinue medication therapy and as a consultant for intensive medication therapy management services. This includes, but is not limited to, the following: designing, implementing, assessing, monitoring and documenting therapeutic plans utilizing the most effective, least toxic and most economical medication treatments; helping achieve positive patient centric outcomes through direct and indirect interactions with patients, providers, and interdisciplinary teams in assigned areas; performing physical assessments; and ordering laboratory and other tests to help determine efficacy and toxicity of medication therapy. Pharmacists assigned to this position must demonstrate the following KSAs:

a. Ability to communicate orally and in writing to persuade and influence clinical and management decisions.

b. Expert understanding of regulatory and quality standards for their program area.

c. Ability to solve problems, coordinate and organize responsibilities to maximize outcomes in their program area or area of clinical expertise.

d. Expert knowledge of a specialized area of clinical pharmacy practice or specialty area of pharmacy.

e. Advanced skill in monitoring and assessing the outcome of drug therapies, including physical assessment and interpretation of laboratory and other diagnostic parameters.

2. **Facility Program Manager.** Manages all aspects of a distinct program to include policy development, quality resources and specialty functions unique to the program to optimize cost effectiveness (budget) and patient outcomes. Coordinates a single program area of a complex pharmacy operation, or multiple program areas within a facility to develop, organize, manage, and control complex pharmacy programs. Develops, organizes, coordinates and manages single or multiple program areas within the medical facility; this may include a single program area at multiple facilities. The Program Manager title is reserved for those individuals who have one or more of the following: supervisory responsibilities for various sections within Pharmacy Service; a complex program requiring coordination of multiple locations such as medical center care facilities, Community Based Outpatient Clinics (CBOCs), rural health, telemedicine, etc; specialized areas of a complex nature such as nuclear pharmacy, quality assurance, pharmacy informatics, clinical applications coordinator, Home Based Primary Care, pharmacoeconomist or liaison pharmacist duties requiring the coordination of processes with other medical facilities or VISNs. Pharmacists assigned to this position must demonstrate the KSAs identified in subparagraph 3b(3)(b)1 above.

3. **Pharmacy Supervisor.** Responsible for the professional and administrative management of an assigned area in pharmacy service, to include budgetary execution. Such individuals have responsibilities for supervising multiple pharmacists and technicians. Manages people, maintains effective interdepartmental relations, and cooperates with other services to accomplish the medical facility's mission and goals. Develops performance standards, assures that the program area is compliant with all regulatory and accrediting body requirements, designs and implements orientation and training programs for staff, and develops and maintains systems to monitor the performance of staff activities. Develops policies and procedures relative to their assigned area. Pharmacists assigned to this position must demonstrate the following KSAs:

a. Ability to effectively supervise subordinate staff.

b. Ability to communicate orally and in writing to persuade and influence clinical and management decisions.

c. Expert understanding of regulatory and quality standards pertaining to pharmacy.

d. Skill in managing people or programs.

4. **Associate Service Chief/Associate Consolidated Mail Outpatient Pharmacy (CMOP) Director.** Responsible for coordinating multiple programs in pharmacy service in a medical facility. Serves as the Acting Service Chief in the absence of the Service Chief. Develops and maintains a system of internal reviews that ensure service programs operate at a satisfactory level of performance and in compliance with regulatory and accrediting bodies. Has extensive responsibility for pharmacy utilization of resources and budget. Makes selections, assigns personnel, and serves as a mentor to help employees develop their full potential. (**NOTE:** *Associate Service Chief/Associate CMOP Director positions should be graded one grade below the grade of the Chief of Pharmacy Service or CMOP Director*.) Pharmacists assigned to this position must demonstrate the following KSAs:

a. Ability to negotiate to influence clinical and management decisions.

b. Ability to effectively communicate orally and in writing regarding complex clinical and technical issues.

c. Skill in utilizing regulatory and quality standards to develop and implement operational programs.

d. Skill in managing multiple and diverse people or programs.

e. Skill in utilizing available resources to support the mission and goals of the organization.

f. Ability to plan, organize, and direct the functions of the pharmacy staff.

(4) **GS-14**

(a) **Experience.** In addition to the GS-13 requirements, must have 1 year of experience equivalent to the next lower grade level.

(b) **Assignments.** Candidates at this grade level are to be in one of the assignments listed below. . For all assignments above the full performance level, the higher level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

1. **National or VISN Program Manager.** Responsible for the management of national or VISN level programs. These programs include collaboration with other Federal agencies (e.g., National Institutes of Health, Public Health Service, Department of Defense, Food and Drug Administration (FDA), Centers for Disease Control, etc.) or organizations outside the Federal health care system. Programs of this magnitude are directed by VA Central Office or a VISN. (**NOTE:** *VISN Pharmacist Executives are not included in this category*.)

2. **Associate Service Chief/ Associate CMOP Director.** Responsible for coordinating multiple programs in pharmacy service in a medical facility. Serves as the Acting Service Chief in the absence of the Service Chief. Develops and maintains a system of internal reviews that ensure service programs operate at a satisfactory level of performance and in compliance with regulatory and accrediting bodies. Responsible for pharmacy utilization of resources and budget. Makes selections, assigns personnel, and

serves as a mentor to help employees develop their full potential. (**NOTE:** *Associate Service Chief/ Associate CMOP Director positions should be graded one grade below the grade of the Chief of Pharmacy Service or CMOP Director*.)

3. **Service Chief.** Individual is assigned as Chief at Facility Complexity Level 2 or 3 medical facility but assignment does not have the high level of complexity to support a GS-15 grade as defined in paragraph (5)(b) below. Responsible for all aspects of pharmacy services at a medical facility by maintaining effective interdepartmental relationships, demonstrating active problem resolution skills and close cooperation with other programs and services in accomplishing the medical facility mission and goals. Responsible for budget management, determining resource needs, allocating resources, ensuring proper utilization in productivity, efficiency, and cost effectiveness of the operation. Formulates objectives and priorities and implements plans consistent with the long term interest of the organization, capitalizing on opportunities and managing risks. Responsible for compliance with all safety, regulatory, and accrediting body requirements. Delegates authority to several supervisory and program levels to meet the goals of the service and staff. Ensures orientation and training programs are established to ensure staff development, oversees academic affiliations, and participates in medical facility, VISN, National, other external governmental agencies, and professional associations.

(c) **Demonstrated KSAs.** The KSAs shown below apply to all assignments at this grade level, and the specific KSA designated by an asterisk (*) applies to assignment 2 and 3.

1. Skill in persuading others and gaining cooperation to accomplish goals.

2. Ability to effectively communicate orally and in writing regarding complex clinical and technical issues.

3. Skill in utilizing regulatory and quality standards to develop and implement operational programs.

4. Skill in managing multiple and diverse people or programs.

5. Skill in utilizing available resources to support the mission and goals of the organization.

*6. Ability to plan, organize and direct the functions of the pharmacy staff.

(5) **GS-15**

(a) **Experience.** In addition to the GS-14 requirements, must have 1 year of experience equivalent to the next lower grade level.

(b) **Grade Level Criteria.** At the GS-15 level, Chiefs of Pharmacy must meet the following:

1. Individuals are assigned as Chiefs of Pharmacy at Complexity Level 1a, 1b or 1c VHA facilities; or

2. Individuals are assigned as Chief of Pharmacy at Complexity Levels 2 or 3 **and** must meet the criteria noted in 2a and b below.

a. Must meet **all** of the following requirements:

(1) Manages a complex medical center based pharmacy program that is defined as having multiple practice settings (e.g. hospital ambulatory care, long-term care, behavior health care) that require Joint Commission review as separate standards.

(2) In addition to the medical center pharmacy, has responsibility for pharmacy services at one or more of the following: CBOCs, Rural Health Program, domiciliary, or provides dispensing and/or clinical services to State Veterans Home.

(3) Presence of advanced clinical pharmacy programs that include pharmacist(s) that have approved scopes of practice with prescriptive privileges.

(4) Pharmacy provides clinical pharmacist services to three (3) or more specialty areas such as, but not limited to, hemodialysis, oncology, operating room or an emergency department.

b. In addition to the requirements listed in 2a above, must meet at least **two** of the following:

(1) An ASHP Accredited Pharmacy Residency Program.

(2) A Research Program that is accredited by the Association for the Accreditation of Human Research Protection Programs (AAHRPP).

(3) Actively involved in committees or advisory/work groups at the VISN and/or National level.

(4) An ongoing pharmacy student rotation in both the intermediate and advanced practice experience settings.

(c) **Assignments.** Candidates at this grade level are to be in one of the assignments listed below. For all assignments above the full performance level, the higher level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

1. **Service Chief.** Responsible for all aspects of pharmacy services at a medical facility by maintaining effective interdepartmental relationships demonstrating active problem resolution skills and close cooperation with other programs and services in accomplishing the medical facility mission and goals. Responsible for budget management, determining resource needs, allocating resources, ensuring proper utilization in productivity, efficiency, and cost effectiveness of the operation. Formulates objectives and priorities and implements plans consistent with the long term interest of the organization, capitalizing on opportunities and managing risks. Responsible for compliance with all safety, regulatory, and accrediting body requirements. Delegates authority to several supervisory and program levels to meet the goals of the service and staff. Ensures orientation and training programs are established to ensure staff development, oversees academic affiliations, and participates in medical facility, VISN, National, other external governmental agencies, and professional associations.

2. **CMOP Director.** Responsible for all programs and services provided by the CMOP. Provides prescription mail-out services to multiple VA facilities across geographic regions. Services include filling, labeling, shipping, and tracking shipment of prescription medications and medical supplies. Ensures all prescriptions transmitted from the medical centers are processed in a timely and cost-effective manner. Responsible for all resources that affect the outcome of the CMOP's daily workload.

3. **Veterans Integrated Service Network (VISN) Pharmacist Executive (VPE).** VPEs are program managers responsible for the administration and management of Pharmacy Benefits Management (PBM) Services for an entire network. Serves on the National Formulary Committee and makes decisions on the structure and content of the National Formulary. Serves as an advisor to VACO for development of PBM policy. Assignment may be collateral duty or a separate position within the VISN. Serves as the network pharmacy lead on all aspects of facility pharmacy operations within a network, including new pharmacy construction, pharmacy physical requirements, inpatient, outpatient and controlled substance distribution models used, as well as all pharmacy processes including drug research, clinical pharmacy practice, pharmacy automation, adverse drug event reporting, drug recalls, and related pharmacy issues. Serves as the point of contact for VISN pharmacy contracts, including diabetes test strip selection, first/urgent fill pharmacy contract and Veteran State Home Contracts/Agreements. Responsible for oversight of the total network drug and CMOP budget. Reports to the Network Director or designee but works closely with the VISN Chief Financial Officer (CFO) and/or other VISN level clinical positions in areas involving pharmacy services.

4. **National Pharmacist Executive.** National Pharmacist Executives serve as national program managers for PBM. Responsible for multiple programs at the national level and interact with other government agencies and standards organizations.

(d) **Demonstrated KSAs.** The KSAs shown below apply to all assignments at this grade level, and the specific KSAs designated by an asterisk (*) apply to assignment 1 and 2.

1. Skill in persuading others and gaining cooperation to accomplish goals.

2. Ability to effectively communicate orally and in writing regarding complex clinical and technical issues.

3. Skill in utilizing regulatory and quality standards to develop and implement operational programs.

4. Skill in managing multiple and diverse people or programs.

*5. Skill in utilizing available resources to support the missions and goals of the organization.

*6. Ability to plan, organize and direct the functions of the pharmacy staff.

## 4. DEVIATIONS

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance, and qualifications, as well as current assignment warrants such action.

b. Under no circumstances will the educational requirement be waived. Under no circumstances will the licensure requirement be waived above the GS-11 level.

c. The placement of individuals in grade levels not described in the qualification standard must be approved by the Under Secretary for Health or designee in VHA Central Office.

**Authority: 38 U.S.C. 7304; 7402**]

# [APPENDIX G16. DOCTOR OF CHIROPRACTIC QUALIFICATION STANDARD
## Veterans Health Administration

**1. COVERAGE.** The following are the overall requirements for appointment as a doctor of chiropractic in the Veterans Health Administration (VHA).

**2. SECTION A. BASIC REQUIREMENTS**

a. **Citizenship**. Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

b. **Education.** Degree of doctor of chiropractic, or its equivalent, resulting from a course of education in chiropractic. The degree must have been obtained from one of the schools or colleges approved by the Secretary of Veterans Affairs for the year in which the course of study was completed. Approved schools are:

(1) United States schools or colleges of chiropractic listed as accredited by the Council on Chiropractic Education, at http://www.cce-usa.org/, or equivalent agency, in the list published for the year in which the course of study was completed.

(2) Schools (including foreign schools) accepted by the licensing body of a State, Territory, or Commonwealth of the United States (i.e., Puerto Rico), or in the District of Columbia as qualifying for full or unrestricted licensure.

c. **Licensure or Registration**

(1) **Doctor of Chiropractic (Except Residents).** Current, full and unrestricted license to practice chiropractic in a State, Territory, or Commonwealth of the United States, or in the District of Columbia. The facility Director may waive this requirement if the doctor of chiropractic is to serve in a country other than the United States and the doctor of chiropractic has licensure in that country.

(2) **Residents.** Licensure in a State, Territory, or Commonwealth of the United States, or in the District of Columbia before completion of the first year of a VA residency. Unlicensed residents must meet any registration or other equivalent requirements established for chiropractic residents of non-VA facilities or chiropractic clinics with which the VA facility is affiliated for training purposes during the first year of VA residency.

(3) **Impaired Licensure.** A doctor of chiropractic who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed on a probationary status may be appointed only in accordance with the existing VA provisions applicable to other independent licensed practitioners, in chapter 3, section B, paragraph 14, this part.

**NOTE:** *Licensure may be waived by the Under Secretary for Health or designee in Central Office, for individuals in research or academic assignments involving no direct patient care in accordance with current regulations.*

d. **Physical Standards**. See VA Directive and Handbook 5019, Occupational Health.

e. **English Language Proficiency**. Doctors of chiropractic appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d) and 7407(d).

**3. SECTION B. GRADE REQUIREMENTS**. In addition to the basic requirements stated above, the following qualifications criteria must be met in determining the appropriate grade assignment of candidates.

a. **Associate Grade.** None beyond the basic requirements.

b. **Full Grade.** Two years of full-time chiropractic practice or its equivalent. One year of full-time post-graduate residency specialty training from a chiropractic school or college accredited by the Council on Chiropractic Education, or equivalent agency approved by the Secretary of Veterans Affairs, is acceptable in lieu of the 2 years of practice. Candidate must have demonstrated the professional competence and performance necessary to provide independently the full range of clinical diagnosis and chiropractic treatment for the most prevalent neuro-musculoskeletal conditions including subluxation complex.

c. **Intermediate Grade.** A doctor of chiropractic at the Intermediate grade meets the requirements for Full grade and the requirements in subparagraphs 3c(1) <u>and</u> (2):

(1) A total of 4 years of chiropractic practice or its equivalent. Acceptable in lieu of 4 years of practice is completion of a 3-year full-time post-graduate residency program from an accredited U.S. chiropractic college, as evidenced by documentation of completion (e.g., transcript), which renders the doctor of chiropractic eligible for certification by a specialty board recognized by the American Chiropractic Association, the International Chiropractors' Association, or the American Board of Chiropractic Specialties to obtain Diplomate status.

(2) Demonstrates a high level of professional attainment. Examples of such attainment are:

(a) Is a recognized expert in dealing with a variety of unusually difficult chiropractic cases which are referred by other facilities for resolution and recommended courses of action to provide for maximum rehabilitation. Typically, in this capacity serves as a consultant to doctors of chiropractic or other professionals in other health care facilities.

(b) Has assumed responsibility for a multi-faceted chiropractic program including clinical research and/or training requiring a high degree of competence and skill in developing innovative, new and advanced diagnostic and treatment techniques. Typically, the program is in an educationally affiliated health care facility having a chiropractic training program of moderate scope involving liaison with other medical services and affiliated schools.

(c) Played a significant part in the conduct of research in a problem area of considerable scope and complexity that required novel approaches and which resulted in answers to important questions or important changes in existing methods and techniques. Publications authored by the doctor of

chiropractic are of considerable value to others in the individual's field. Typically, overall contributions are recognized by serving on important committees or other bodies in the profession.

(d) Has full responsibility for carrying out a chiropractic training program of significant size in which the doctor of chiropractic is responsible for maintaining liaison with the affiliated school and other educational institutions and professional or scientific organizations. The individual has displayed innovative approaches in development of curriculum and course content and in expanding and improving the educational program.

d. **Senior Grade.** The Senior grade is restricted to selected leadership positions. The individual's qualifications, as well as the scope and complexity of the assignment, are considered. A doctor of chiropractic at the Senior grade meets the requirements for Intermediate grade and the requirements in subparagraphs 3d(1) and (2):

(1) The doctor of chiropractic at this grade will meet one or more of the following:

(a) Possesses such academic stature as would warrant a faculty appointment of a professorial level (i.e., full professor) in a school or college of chiropractic or other appropriate affiliated school or college.

(b) Has been awarded Diplomate status by a specialty board recognized by the American Chiropractic Association, the International Chiropractors' Association, or the American Board of Chiropractic Specialties and is currently in good standing with the specialty board.

(2) Demonstrates superior professional attainment. Examples of such attainment are:

(a) Serves as a team leader in addressing major chiropractic problems affecting the continued provision of quality care health services at a Veterans Integrated Service Network or national level. The recommendations and conclusions of the doctor of chiropractic are highly regarded.

(b) Has assumed responsibility for carrying out a major chiropractic program segment on a national level.

(c) Conducts research in a difficult area of major scientific interest that has contributed to a substantial advance in the chiropractic health field with important professional publications.

e. **Chief Grade.** The Chief grade is restricted to selected leadership positions. The Individual's qualifications, as well as the scope and complexity of the assignment, are considered. A doctor of chiropractic at the Chief grade meets the requirements for Senior grade and must demonstrate a sustained very high level of professional performance with evidence of the exceptional professional and/or administrative development in subparagraphs 3e(1) and (2):

(1) Has assumed substantial professional and/or administrative responsibilities in which the individual is expected to fully advise and make professional clinical and educational recommendations as to courses of action on problems and considerations of national scope. The doctor of chiropractic at

this level has responsibility for a major chiropractic program segment on a nationwide basis and is consistently called upon to represent the organization in an authoritative manner in matters dealing with development of new and/or revised concepts and programs having a major impact upon the academic, medical, and chiropractic communities.

(2) Has demonstrated outstanding professional attainment. Examples of such attainment are:

(a) Achievement of outstanding results in research that is regarded as having a major impact on advancing the field.

(b) Significant number of noteworthy publications in nationally recognized professional journals.

f. **Chiropractic House Staff.**

(1) **First-Year Residents.** Meets requirements specified in section A of this Appendix. Obtain licensure to practice chiropractic in a State, Territory, or Commonwealth of the United States, or in the District of Columbia during the first year of VA residency.

(2) **Second-Year Residents.** Meet requirements specified in section A. In addition, must have competed 1 year of approved residency training or its credible equivalent from an accredited U.S. chiropractic college.

(3) **Third-Year Residents (if applicable)**. Have the qualifications of the second-year resident. In addition, must have competed 2 years of approved residency training or its credible equivalent from an accredited U.S. chiropractic college.

g. **Attendings.**

(1) Meet all basic requirements specified in section A of this appendix.

(2) Possess a demonstrated satisfactory ability in chiropractic; be capable of assisting in maintaining accepted standards of professional chiropractic care in VA facilities; and be capable of accepting full responsibility for such proper care and treatment of their assigned patients.

(3) Be an outstanding member of the local chiropractic community of the caliber of a faculty member. Where the attending does not hold a faculty appointment at an affiliated chiropractic or other appropriate affiliated school or college, this would be evidenced by a recommendation of the Deans Committee or equivalent body. The attending is capable of giving adequate training to chiropractic residents or students in facilities conducting residency and/or training programs and be sufficiently qualified as to be acceptable to appropriate training review committees for the direction of training.

h. **Consultants.**

(1) Meet all basic requirements specified in section A of this appendix.

(2) Possess outstanding professional clinical ability in chiropractic; be capable of affording the facility Director and appropriate Chief of Service, the benefits of their professional experience and counsel; and be capable of rendering such professional chiropractic services as may be required in maintaining the highest possible level of chiropractic care and services in VA facilities.

(3) Be capable of accepting the responsibility for, and direction of, the educational training of residents in the program for which they serve as the consultant at facilities conducting residency training programs. Consultants not holding faculty appointments at an affiliated chiropractic or other appropriate school or college should possess the equivalent professional qualifications as evidenced by an appropriate recommendation for appointment from the Deans Committee or equivalent body responsible for the recommendation of consultant appointments to the VA facility.

**4. SECTION C. DEVIATION.** The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements in section B for doctors of chiropractic whose composite record of accomplishments, performance, and qualifications warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

**Authority: 38 U.S.C. 7304; 7402.**]

# DEVELOPMENT OF QUALIFICATION STANDARDS FOR VETERANS HEALTH ADMINISTRATION (VHA) POSITIONS FILLED UNDER 38 U.S.C. § 7401(3)

**1. SCOPE.** This appendix provides VA procedures for the development of qualification standards by VHA Central Office program officials and occupation-specific subject matter experts, working with representatives of the Office of Human Resources Management and Labor Relations, for VHA positions under 38 U.S.C. § 7401(3). Authority is given to the Secretary under 38 U.S.C. § 7402 to prescribe qualifications for occupations identified in § 7401(3).

**2. BACKGROUND.** The following provides basic information about qualification standards and specific information about VA qualification standards.

a. A qualification standard is a statement of the minimum requirements that an individual must meet to be qualified for entry into and promotion in the occupation. This includes education, experience, citizenship, credentialing requirements (licensure, registration, certification), physical requirements and specific competencies (knowledge, skills, abilities and personal characteristics).

b. The basic qualification requirements for individuals appointed under 38 U.S.C. § 74 in occupations identified in section 7401(3), are contained in VA qualification standards approved by the Secretary of Veterans Affairs upon recommendation of the Under Secretary for Health.

c. The Assistant Secretary for Human Resources and Administration is authorized to approve for the Secretary, qualification standards and examining guides that are established within the Department.

d. Qualification standards for individuals appointed under 38 U.S.C. § 7401(3) are based primarily on the rank-in-person concept where the combination of individuals' accomplishments, performance and qualifications determine their grade level. This differs from the Title 5 rank-in-position concept where the grade level is based solely on the duties and responsibilities of the position held. For positions above the full-performance (journey level) the complexity of the assignment and scope of responsibility are considered in establishing grade levels.

e. The qualification standards will be used extensively by members of the occupation who are not human resources professionals. Therefore, the language of Title 38 Hybrid qualification standards must be plain and clear without excessive use of human resources references.

f. These standards apply to all appointments in Title 38 Hybrid occupations under authority of 38 U.S.C. § 7401(3) regardless of the nature or tenure of the appointment.

g. Current VA qualification standards for Title 38 Hybrid positions are located in VA Handbook 5005, Part II, I-G1 through the last appendix.

**3. IMPLICATION.** Qualification standards are critically important documents necessary for the identification of candidates with the needed knowledge, skills, and abilities to perform VA's work. Qualification standards establish basic requirements which are predictive of successful performance. The application of qualification standards in VHA is an integral part of ensuring a fully qualified workforce is available to care for our patients.

**4. INTERPRETING QUALIFICATION STANDARDS.** The following information is pertinent to the interpretation of VA qualification standards:

a. VHA appointing officials, Professional Standards Boards, [and Human Resources Officers] act for the Under Secretary for Health in applying the qualification standards in a fair and consistent manner. Such decisions are made through an analysis of personal data and/or experience records. [Training will be provided to Human Resources Officers and management officials regarding the interpretation of qualification standards.]

b. When there is disagreement on the interpretation of a qualification standard, the appropriate HRM Officer may request an interpretation or decision from the Deputy Assistant Secretary for Human Resources Management [ ](059). A courtesy copy of such request will be sent to the appropriate VHA Program Official in VA Central Office, and representatives of union organizations at the national level.

**5. RESPONSIBILITIES.** The following is an explanation of responsibilities associated with the development of VA qualification standards:

a. Qualification standards are developed by teams with representatives from the Office of Human Resources Management [ ] and subject matter experts from VHA. At least 25% of the VHA team membership will be non-managerial members who are performing the work as a full time practitioner.

b. VHA Field facilities may be requested to review and comment on drafts of VA qualification standards.

**6. GENERAL GUIDELINES**

a. **Education and Experience Requirements.** When developing VA qualification standards, the principle of equal pay for equal work will be followed. The framework for determining grade levels for positions is contained in
5 U.S.C. § 5104 and shall be used for Title 38 Hybrid positions. Other legal provisions providing guidance include: Equal Pay Act, 29 U.S.C. § 206; Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e et seq.; Age Discrimination in Employment Act of 1967, 29 U.S.C. § 621 et seq.; Title I of the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq.

b. **Education and Grade Equivalents for one-grade interval positions.** The following table should be used as a guideline for determining appropriate grade levels based on education substitution alone. Specific education substitutions will be included in the individual occupation qualification standard.

**Appropriate Grade Levels and Qualifying Education**

| Grade | Qualifying Education |
|---|---|
| GS-2 | High school graduation or equivalent |
| GS-3 | 1 year above high school with courses related to the occupation<br>(Completion of an intensive, specialized course of study of less than l year may meet in full the experience requirements for GS-3) |
| GS-4 | 2 years above high school with courses related to the occupation or associate's degree |
| GS-5 | 4 academic years above high school leading to a bachelor's degree with courses related to the occupation,<br>**or**<br>Bachelor's degree |
| GS-6 and above | Graduate education or an internship may be used to substitute for specialized experience *only* in those instances where it is directly related to the position being filled. |

c. **Education and Grade Equivalents for two-grade interval positions.** The following table should be used as a guideline for determining appropriate grade levels based on education substitution alone. Specific education substitutions will be included in the individual occupation qualification standard. In some VHA occupations graduate education leading to a degree may not be substituted for the full degree.

**Appropriate Grade Levels and Qualifying Education**

| Grade | Qualifying Education |
|---|---|
| GS-5 | 4 academic years above high school leading to a bachelor's degree,<br>**or**<br>Bachelor's degree |
| GS-7 | See Advanced Entry-Level Placement Criteria (for two-grade interval work) |
| GS-9 | Master's degree (or equivalent graduate degree such as LL.B. or J.D.)<br>**or**<br>2 academic years of progressively higher level graduate education in a related field |
| GS-11 | Ph.D. or equivalent doctoral degree<br>**or**<br>3 academic years of progressively higher level graduate education leading to a degree in a related field |

**NOTE:** *Educational training programs, such as an internship, practicum, etc., that are included in, or supplemental to, an academic degree are not creditable for professional experience. Such programs are considered part of the basic requirements for professional practice in the field.*

d. **Criteria for Advanced Entry-Level Placement.** Applicants who meet all qualification requirements for the GS-5 grade level of **two-grade** interval occupations may be appointed at the GS-7 grade level if they possess **one** of the following:

(1) Bachelor's degree from an accredited college or university in a major field of study related to the Title 38 Hybrid occupation, including those occupations that have a positive education requirement.

(2) Bachelor's degree from an accredited college or university unrelated to the Title 38 Hybrid occupation that included or was supplemented by at least one of the following:

(a) At least 30 semester hours (or at least the same number of hours required by the educational institution for a major field) of directly related, upper level undergraduate courses (e.g., at least 200-course level or higher, or as identified by the college or university) for the hybrid occupation, or one full year of graduate level coursework (typically at least 15-18 semester hours) for the hybrid occupation; or

(b) Directly related practicum/internship in the hybrid occupation, either included in the degree or post-degree; or

(c) Directly related certification/licensure/registration for the hybrid occupation.

(3) Bachelor's degree from an accredited college or university, with an exemplary academic record as demonstrated by at least one of the following:

(a) Class Standing: Applicants must be in the upper third of the graduating class in the college, university, or major subdivision, such as the College of Liberal Arts or the School of Business Administration, based on completed courses.

(b) Grade-Point Average (GPA): Applicants must have a grade-point average of:

1. 3.0 or higher out of a possible 4.0 ("B" or better) as recorded on their official transcript, or as computed based on 4 years of education, or as computed based on courses completed during the final 2 years of the curriculum; or

2. 3.5 or higher out of a possible 4.0 ("B+" or better) based on the average of the required courses completed in the major field or the required courses in the major field completed during the final 2 years of the curriculum.

(c) Election to Membership in a National Scholastic Honor Society: Applicants can be considered eligible based on membership in one of the national scholastic honor societies. These honor societies are listed in the *Association of College Honor Societies: Booklet of Information* (1992-95) and/or Baird's *Manual of American College Fraternities* (1991). Membership in a freshman honor society cannot be used to meet the requirements of this provision.

e. **Intervening Grade Levels.** In general, standards for two-grade interval work (e.g., professional/scientific) are written in a two-grade interval progression whereas standards for *technical/medical support* work are written in a one-grade interval progression. In writing qualification standards, intervening grades in two-grade interval standards may be used to denote assignments of

unusual responsibility/complexity, such as the sole practitioner, team leader, or other special circumstance unique to the occupation. In addition, intervening grade levels may be included in grandfather clauses for current employees. VHA Program Officials in VA Central Office who wish to include intervening grade levels in the qualification standard for a particular occupation must submit such request, with supporting documentation, through the Under Secretary for Health (10) to Human Resources and Administration (006). Final determination on all grade levels will be made during the job analysis process.

f. **Full Performance Levels.** For occupations covered by these guidelines, the full performance (journey) level may vary depending on the complexities of the assignment or the competencies possessed by the individual and is not dependent on the entry level grade of the occupation. In this rank-in-person system, the promotion potential of positions may not be limited to grades below the full performance level as identified in the qualification standard.

g. **Pay Determinations.** Grade levels should not be used to address pay issues or problems. Recruitment or retention incentives (e.g., special salary rates, recruitment bonuses, relocation bonuses, retention bonuses, etc.) may be used to address pay-related recruitment or retention issues.

## 7. EIGHT STEPS TO DEVELOPING A TITLE 38 HYBRID QUALIFICATION STANDARD

a. For the development of a Title 38 Hybrid qualification standard for which there is little to no current occupational information or no current and usable job analysis, all eight steps will need to be completed.

b. For the development of a Title 38 Hybrid qualification standard for which there is current occupational information and/or a current and usable job analysis, but some significant changes to the basic requirements for the profession are anticipated, some steps may not need to be completed.

c. If an existing Title 5 qualification standard is being converted to the Title 38 Hybrid system <u>and</u> there are no changes to the basic requirements for the profession, only half the steps will be needed. Steps 1 through 3 will need to be completed in order to identify the appropriate knowledge, skills, and abilities at each grade level that will be listed in the qualification standard. The product of Step 8 is the actual qualification standard itself, and will need to be completed.

d. Subject-matter experts should review this guide and identify which steps to complete in consultation with their Human Resources Advisor and the Recruitment and Placement Policy Service (059) in the Office of Human Resources Management and Labor Relations. For each step, a required product is described.

(1) Step 1. Gather classified position descriptions (including signed OF-8) and/or task/job statements, as appropriate. These descriptions should represent the full range of assignments at different types and sizes of facilities, including outpatient clinics, small and large medical centers, etc. Identify representative assignments, duties, tasks, performance requirements/measurements, etc. for each grade level. Identify and describe special assignments at appropriate grade levels and the routine supervision/guidance received when performing these tasks.

Product: Representative critical duties/task statements and performance requirements/measurements for all grade levels and special assignments.

(2) Step 2. Compare representative critical duties/task statements and performance requirements/measurements to statutory descriptions for each grade level.

Product: Analysis demonstrating how the grade levels assigned to representative critical duties/task statements meet the statutory descriptions for each grade level.

(3) Step 3. Conduct analysis to identify knowledge, skills, abilities and other characteristics (KSAOs) required to perform the work of the position.

Product: A job analysis worksheet for each separate grade level that identifies the duties performed and the KSAOs required to perform each duty, and a list of the most important KSAOs required for each grade level.

(4) Step 4. Identify the source or means by which each KSAO is obtained, for example, through specific education, training, or experience.

Product: Itemized list of KSAOs and means by which they are obtained.

(5) Step 5. Gather information on private sector practices regarding licensure, certification, registration, and positive educational/training requirements.

Product: Summary of findings with supporting documents attached.

(6) Step 6. Compare findings of Step 5 with results of Step 4.

Product: List of duties with respective required KSAOs, and required certification, licensure, and registration, and positive education/training requirements identified.

(7) Step 7. Review product of Step 6 with statutory descriptions for grade levels.

Product: Analysis discussing results of comparison.

(8) Step 8. Write qualification standard in Title 38 Hybrid format.

Product: Qualification standard with all supporting documents from Steps 1 through 8.

**8. NEW QUALIFICATION STANDARD PACKAGE SUBMISSIONS.** VHA Program Officials must submit new qualification standard packages and supporting documentation through the Under Secretary for Health (10) to Human Resources and Administration (006). All qualification standard packages should contain:

a. The new qualification standard.

b. A copy of the old qualification standard.

c. Explanation of the need (if any) to tailor the standard grandfather provision set forth in paragraph 10.c.

d. Required products of the Eight Steps to Developing a Qualification Standard, including the following documentation of the Job Analysis:

(1) Date and location of the job analysis;

(2) Names, series, grade, job titles and duty stations of all SMEs and HR Advisor;

(3) SME participants and demographic data;

(4) Task Statement/Inventory List (VA Form 5-4771);

(5) Knowledge, Skills, Abilities, and Other Characteristics (KSAO) List (VA Form 5-4772);

(6) Task/KSAO linkage sheet (any data sheet in the VA Form 7051 series); and

(7) Certifications from all subject-matter experts (SMEs): SMEs must indicate by their signatures that they concur in the results of the job analysis. This may be done by having them sign in the spaces provided on the Task Statement List and KSAO List and on the data sheet used to align tasks and KSAOs.

e. OPM Issuances such as:

(1) Classification standards; and

(2) Qualification standards.

f. VA Issuances/Data such as:

(1) Copies of classified position descriptions or functional statements, as appropriate;

(2) Organizational charts;

(3) Distribution of incumbents in the series by grade and job title (if applicable);

(4) Minority representation within series by grade;

(5) VHA Directives relating to the occupation scope of practice and positions functioning in the field.

(6) VA Human Resource Letters (HRMLs) relating to the use and proper classification of the position; and

(7) Comparative data by grade level within VHA.

g. Published Materials such as:

(1) *Dictionary of Occupational Titles*; and

(2) Professional standards, ethics, and criteria for accreditation from professional associations.

h. Curricula review based on curricula and course catalogs from various colleges and universities around the country which offer degrees in the occupation

i. Employment Practices Survey derived from:

(1) Job descriptions and qualifications required by private sector facilities nationwide;

(2) Material from the occupation's professional organizations (i.e., occupational studies or job analysis); and

(3) Survey information (if a qualification standard already exists)

**9. CHANGES TO EXISTING QUALIFICATION STANDARD PACKAGE SUBMISSIONS.** VHA Program Officials requesting changes to existing qualification standards must submit such changes through the Under Secretary for Health (10) to Human Resources and Administration (006). Such packages should contain:

a. The new qualification standard.

b. A copy of the old qualification standard.

c. Explanation of the reason for the change to the existing standard.

d. Certifications from all subject-matter experts (SMEs) regarding the rationale for the change as well as products of any of the Eight Steps to Developing a Qualification Standard that were necessary to demonstrate and support the change.

e. Any additional material described in paragraph 8, e. through i., which demonstrates and supports the need for the change.

f. Justification and impact statement for changes to the grade structure and/or qualifications. Documentation should address fiscal impact, changes in industry/professional standards, impact on recruitment and diversity, and consistency with grades for similar, comparable occupations.

**10. MINIMUM ELEMENTS FOR QUALIFICATION STANDARDS**

a. **Coverage.** Include a brief description of the occupation.

b. **Basic Requirements.** Include U.S. citizenship requirements, education and/or experience required, required credentials (licensure, certification, registration), physical requirements, and English language proficiency requirement.

c. **Grandfathering Provision Clauses.** Include, if applicable, the following standard statement. If the statement is tailored for the specific occupation, a supporting explanation must be included in the package submission described in paragraph 8 of this appendix:

**Grandfathering Provision.** The following is the standard grandfathering policy for all Title 38 hybrid qualification standards. [The grandfathering provision does not apply to a newly established occupation and the related qualification standard that is implemented for that occupation in the VHA.] Some of these provisions may not apply to this occupation. Please carefully review the qualification standard to determine the specific education and/or licensure/certification/ registration requirements that apply to this occupation.

[All persons employed in VHA in this occupational series or in another occupational series that are also performing the duties as described in the qualification standard on the effective date of this qualification standard are considered to have met all qualification requirements for the grade held, including positive education and licensure/certification/registration that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:]

Such employees in an occupation that does not require a licensure/certification/registration, may be reassigned, promoted, or demoted within the occupation.

Such employees in an occupation that requires a licensure/certification/registration, may be reassigned, promoted up to and including the full performance level, or demoted within the occupation, but may not be promoted beyond the full performance level or placed in supervisory or managerial positions.

Such employees in an occupation that requires a licensure/certification/registration only at higher grade levels must meet the licensure/certification/registration requirement before they can be promoted to those higher grade levels.

Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.
Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

d. **Grade Requirements.** Include definitions and determinations (education and/or experience requirements; required KSAOs; and typical assignments). Identify all grade levels covered within the occupation to include the full performance level (FPL) and KSAOs at each grade level. Provide specific examples of all assignments above the FPL (both supervisory and/or non-supervisory) that are necessary at each of those grades, including the specific KSAOs appropriate to each assignment. For assignments

above the FPL, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

e. **Deviations.** Include, if applicable, the following standard statement. If the statement is tailored for the specific occupation, a supporting explanation must be included in the package submission.

"The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance, and qualifications, as well as current assignment warrants such action. The placement of individuals in grade levels not described in the qualification standard must be approved by the Under Secretary for Health or designee in VA Central Office, pursuant to delegated authority from the Secretary. Under no circumstances will the educational or credential requirement be waived for those occupations with a positive education requirement, or when specific credentials are identified as necessary to meet minimum requirements."

f. **Loss of Credential.** The qualification standard for an occupation that requires a license, certification, and/or registration must include the following statement regarding the loss of that credential:

"An employee in this occupation who fails to obtain licensure/certification/registration within the required time frame, or who fails to maintain the required licensure/certification/registration must be removed from the occupation, which may also result in termination of employment.
For occupations which require an active credential (licensure/certification/registration) at all grade levels, at the discretion of the appointing official, an employee may be reassigned to another occupation for which he/she qualifies if a placement opportunity exists. For occupations which require an active credential (licensure/certification/registration) in assignments above the full-performance level only, at the discretion of the appointing official, an employee may remain at an appropriate lower grade level in the occupation when both of the following apply: the credential is not a requirement and a placement opportunity exists."

## 11. GLOSSARY OF TERMS

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| Accredited college or university | An educational institution, beyond the high school level, which has been accredited by an accrediting institution recognized by the U.S. Department of Education. |
| Certification | See Credentials |
| Complex[1] | Complex may refer to a program within a service (such as Rehabilitation Medicine Service) that offers the full range of available services (for example, in regard to Audiology, hearing conservation, advanced audiologic and electrophysiologic assessment and interpretation, comprehensive tinnitus evaluation, treatment, and retraining therapies, advanced central auditory function assessment and treatment, assessment and treatment of patients with surgically-implanted bio-electric or cochlear implants, intraoperative (surgical) monitoring, advanced vestibular assessment and rehabilitation, and analysis and fitting of advanced amplification technology involving acoustic signal processing algorithms). This is compared to a program which offers a limited range of available services. |
| Complex[2] | Complex may refer to an individual assignment that has a range of variety and technical difficulty that covers at least the full range of professional practice of the occupation and may include assignments of greater difficulty, scope, and variety. |
| Credentials (Certification, Registration, Licensure) | Evidence of successful competence by an individual in a specific occupation which has been awarded by professional organizations with responsibility for establishing the guidelines necessary to acquire, and maintain, professional credentials appropriate to a career field.<br><br>Licensure refers to a specific license which has been issued by a state to an individual to perform a specified function. |

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| Full Performance Level | This is also called the journey level. The independent level of operation for a particular type of work. This is not necessarily the highest level of non-supervisory work, but does represent the typical level for an independent worker. All individuals who perform successfully and acquire the required competencies may progress without competition to the full performance level. |
| Grandfather clause | A provision which allows for individuals who are officially assigned to a given occupation at the time of an approved change in the qualification requirements for that occupation to remain in that occupation at their current grade whether or not they meet the revised/new qualification requirements. |
| Intervening grades | This term applies to occupations which normally progress in two grade intervals from GS-5 through GS-11. It means the even numbered grade levels (that is, GS-6, GS-8, GS-10) which are between the usual progression of grades, would generally not exist. However, specific exceptions to this general rule may appear in some two-grade interval standards to cover unique circumstances. |

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| Job Analysis | A job review to identify the tasks involved in any job and the associated knowledge, skill, ability, or other characteristics required to successfully perform the identified tasks and succeed in the job. Job analysis is conducted by Subject Matter Experts (SMEs) with a Human Resources advisor. Job analysis is done to guard against possible discrimination in employee selection.<br><br>A systematic method for gathering, documenting, and analyzing information about the content, context, and requirements of a job. It demonstrates that there is a clear relationship between the tasks performed on the job and the competencies/KSAs required to perform the tasks. Job analysis information is used to develop employee selection procedures, identify training needs, define performance standards, and for other uses. |
| KSAs/Competencies | This acronym stands for Knowledge, Skill, and Ability. Sometimes the letter "O" is added to indicate other characteristics. |

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| Leader | Leadership and supervision may be thought of as points along a continuum from nonsupervisory to managerial work.<br><br>Team Leaders usually also perform work that is of the same kind and level as the highest level of work accomplished by the team led.<br><br>For occupations classified in one-grade intervals work leaders as a regular and recurring part of their assignment lead three or more employees in accomplishing work by performing a range of duties such as distributing workload, instructing employees in specific tasks and job techniques, giving on the job training to new employees, checking on work in progress, resolving simple informal complaints, monitoring working conditions, and amending or rejecting work.<br><br>For occupations classified in two-grade intervals leaders as a regular and recurring part of their assignment and at least 25% of their duty time lead a team of employees in accomplishing two-grade interval work. They work with team members to achieve specific tasks, produce work products and services, and meet program and production goals. Typically they assist the team through knowledge and application of leadership and team building skills and techniques such as group facilitation, coordination, coaching, problem solving, interpersonal communication, integration of work processes and products, obtaining resources, and liaison with the supervisor. |
| Licensure | See Credentials |
| Loss of Credential | A situation which exists when a specific certification, registration, or license is suspended or revoked by the issuing organization or when allowed to expire by the individual holding the credential. |

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| One-grade interval positions | One grade interval occupations progress by single grade increments, for example, GS-4 to GS-5. These include technical occupations. |
| Organizational Title | A title commonly given to a position by the employing organization which is not an official title established by the classification and/or qualification standard applicable to the position. For example the official title might be Supervisory Orthotist but the organizational title could be Chief, Orthotics Laboratory. |
| Positive Educational Requirement | This generally refers to a professional occupation requiring education and training in the principles, concepts, and theories of the occupation that typically can only be gained through completion of a specified curriculum at a recognized college or university.<br><br>A specific educational requirement that all individuals in a given occupation have completed in order to enter the occupation. This may be defined in terms of a specific degree (associate, bachelors, masters, or doctoral) or in terms of specific coursework. |
| Post-doctoral experience | This refers to any work experience in the occupation which is gained AFTER the Ph.D or similar doctoral degree has been awarded by a university. |
| Post-master's experience | This refers to any work experience in the occupation which is gained AFTER the master's degree has been awarded by a university. |
| Program Coordinator/Program Manager | A supervisory or non-supervisory assignment that includes professional and highly technical work including responsibility for development, evaluation, and promotion of a program. Such programs may vary in scope and complexity. |

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| Progressively higher level graduate education | Education beyond the bachelor's degree level which involves more difficult and specialized coursework. This education is generally leading to an advanced degree. For example, coursework for a second master's degree in a different field would not be progressively higher level graduate coursework. |
| Qualification Standard | A statement of the minimum requirements that an individual must meet to be qualified for entry into and promotion in an occupation. |
| Registration | See Credentials |
| Signatory Authority | Delegated authority to sign documents obligating the VA to pay for provided services and products. |
| Statutory descriptions | Title 5, United States Code, governs the classification of positions in the Federal Service. This law provides that positions shall be classified based on the duties and responsibilities assigned and the qualifications required to do the work. Section 5104 of Title 5 provides definitions for the grade levels of the General Schedule. These grade levels are the foundation upon which the classification standards are built. |
| Subject Matter Expert (SME) | A person with bona fide expert knowledge about what it takes to do a particular job. First-level supervisors are normally good SMEs. Superior incumbents in the same or very similar positions and other individuals may also be used as SMEs if they have a current and thorough knowledge of the job's requirements. |
| Substitution of education | A provision within a specific qualification standard which allows an individual to qualify for a grade level based on identified education rather that experience. |

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| Supervisory position | Supervisory work, at a minimum, includes responsibility for planning and scheduling work; assigning work to employees; accepting, amending, or rejecting completed work; assuring that production and accuracy requirements are met; appraising performance and recommending performance standards and ratings; approving leave; and effecting disciplinary measures. Additionally, the duties of a supervisor typically include prioritizing and scheduling work and finding ways to improve the quality and/or quantity of the work directed. |
| Two-grade interval positions | Two-grade interval occupations progress by two grade increments from GS-5 to GS-11 and include professional and administrative occupations defined by the Office of Personnel Management. |

# [APPENDIX G18. PSYCHOLOGIST QUALIFICATION STANDARD
# GS-0180
# Veterans Health Administration

**1. COVERAGE.** The following are requirements for appointment as a psychologist in the Veterans Health Administration (VHA). Psychologists are Licensed Independent Providers who engage in professional and scientific work which relates to behavior, capacities, personality, interests, emotions and mental disorders. These requirements apply to all VHA psychologists in the GS-0180 series, including those assigned to VA medical centers, Community-Based Outpatient Clinics (CBOCs), free-standing VA Outpatient Clinics, Veterans Outreach Centers, Veterans Integrated Service Network (VISN) offices, the VHA National Center for Organization Development and VHA Central Office. This work may include any of the following: providing professional clinical services, conducting research, carrying out education and training activities, carrying out program evaluation activities, clinical consultation, supervision and administration.

**2. BASIC REQUIREMENTS.** The basic requirements for employment as a VHA psychologist are prescribed by Public Law 96-151 codified in 38 U.S.C. § 7402. To qualify for appointment, all applicants for the position of psychologist in VHA must meet the following:

a. **Citizenship.** Be a citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3.g, this part.)

b. **Education**

(1) Have a doctoral degree in psychology from a graduate program in psychology accredited by the American Psychological Association (APA), the Psychological Clinical Science Accreditation System (PCSAS), or the Canadian Psychological Association (CPA) at the time the program was completed. The specialty area of the degree must be consistent with the assignment for which the applicant is to be employed. For the purpose of meeting this requirement, the term "specialty area" refers to the specific specialty areas recognized by the accrediting body and not to specific job duties that might require special skills. Currently, APA accredits doctoral programs in the specialty areas of clinical psychology, counseling psychology, school psychology, or combinations of two or more of those areas. PCSAS accredits doctoral programs in psychological clinical science. CPA accredits doctoral programs in clinical psychology, counseling psychology, clinical neuropsychology, and school psychology. There are no job assignments in VHA that require the skills of a school psychologist; therefore, an applicant with a degree in the specialty area of school psychology is not eligible for appointment. Strictly for the purpose of determining eligibility for appointment as a psychologist in VHA, there is no distinction between the specialty areas (with the exception of school psychology).

**OR**

(2) Have a doctoral degree in any area of psychology and, in addition, successfully complete a re-specialization program (including documentation of an approved internship completed as part of the re-specialization program) meeting both of the following conditions:

(a) The re-specialization program must be completed in an APA or a CPA accredited doctoral program; and,

(b) the specialty in which the applicant is retrained must be consistent with the assignment for which the applicant is to be employed.

**NOTE:** *The applicant must provide an official transcript and/or certificate documenting the completion of the re-specialization program, which includes completion of an APA or CPA internship. [Psychologists who have successfully completed a re-specialization program as described above and who were employed by the Department of Veterans Affairs prior to the implementation of this standard are considered to have fully met the educational requirements of these qualification standards.]*

[**OR**

(3) Have a doctoral degree awarded between 1951 and 1978 from a regionally-accredited institution, with a dissertation primarily psychological in nature.]

**AND**

(4) Internships

(a) Have successfully completed a professional psychology internship training program that was accredited by APA or CPA at the time the program was completed and that is consistent with the assignment for which the applicant is to be employed.

**OR**

(b) New VHA psychology internship programs that are in the process of applying for APA accreditation are acceptable in fulfillment of the internship requirement, provided that such programs were sanctioned by the VHA Central Office Program Director for Psychology and the VHA Office of Academic Affiliations at the time that the individual was an intern;

**OR**

(c) VHA facilities that offered full-time, one-year pre-doctoral internships prior to PL 96-151 (pre-1979) are considered to be acceptable in fulfillment of the internship requirement;

**OR**

(d) Applicants who completed an internship that was not accredited by APA or CPA at the time the program was completed may be considered eligible for hire *only* if they are currently board certified by the American Board of Professional Psychology in a specialty area that is consistent with the assignment for which the applicant is to be employed. (**NOTE:** *Once board certified, the employee is required to maintain board certification.*)

**[OR**

(e) Applicants who have a doctoral degree awarded between 1951 and 1978 from a regionally-accredited institution with a dissertation primarily psychological in nature may fulfill this internship

requirement by having the equivalent of a one-year supervised internship experience in a site specifically acceptable to the candidate's doctoral program. If the internship experience is not noted on the applicant's official transcript, the applicant must provide a statement from the doctoral program verifying that the equivalent of a one-year supervised internship experience was completed in a site acceptable to the doctoral program.

**NOTE:** *Psychologists who meet the requirements of this revision and who were employed by the Department of Veterans Affairs prior to the implementation of this standard are considered to have fully met the requirements of this qualification standard.]*

c. **Licensure.** Hold a full, current, and unrestricted license to practice psychology at the doctoral level in a State, Territory, or Commonwealth of the United States, or the District of Columbia.

(1) **Exception.** Non-licensed applicants who otherwise meet the eligibility requirements may be given a temporary appointment as a "graduate psychologist" at the GS-11 or GS-12 grade under the authority of 38 U.S.C. § 7405 [(c)(2)(B)] for a period not to exceed two years from the date of employment on the condition that such a psychologist provide care only under the supervision of a psychologist who is licensed. Failure to obtain licensure during that period is justification for termination of the temporary appointment.

(2) **Loss of Credential.** A psychologist who fails to maintain the required licensure must be removed from the occupation, which may result in termination of employment. At the discretion of the appointing official, an employee may be reassigned to another occupation if qualified and if a placement opportunity exists.

d. **Board Certification and Loss of Credential**

(1) **Board Certification**. Persons hired to psychology positions in the VHA who completed an internship that was not accredited at the time the program was completed must be board certified by the American Board of Professional Psychology in a specialty area that is consistent with the assignment for which the applicant is to be employed. The board certificate must be current and the applicant must abide by the certifying body's requirement for continuing education.

(2) **Loss of Credential**. Once board certified, psychologist must maintain a full, valid and unrestricted board certification to remain qualified for employment. A psychologist who fails to maintain the required board certification must be removed from the occupation, which may result in termination of employment. At the discretion of the appointing official, an employee may be reassigned to another occupation if qualified and if a placement opportunity exists.

e. **Grandfathering Provision.** [All persons employed in VHA as a psychologist on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education (i.e., degree and internship requirements) and licensure/certification that are part of the basic requirements of the occupation.

(1) Employees grandfathered under this provision for this revision may be reassigned, promoted up to and including the full performance (journey) level, or changed to lower grade within the occupation, but

may not be promoted beyond the journey level or placed in supervisory or managerial positions or beyond the assignment currently held for those being grandfathered to assignments above FPL.]

(2) Psychologists who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed on a temporary or permanent basis until they fully meet the basic requirements of the standard.

(3) Psychologists initially grandfathered into this occupation who subsequently obtain additional education and/or licensure that meet all of the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

[**NOTE:** *If psychologists who are grandfathered under this provision leave the occupation, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation*.]

f. **Physical Requirements.** See VA Directive and Handbook 5019.

g. **English Language Proficiency.** Psychologists must be proficient in spoken and written English in accordance with VA Handbook 5005, Part II, Chapter 3, section A, paragraph 3j.

## 3. GRADE REQUIREMENTS

a. **Creditable Experience**

(1) **Current Professional Psychology Practice.** To be creditable, psychological work experience can be obtained through paid or non-paid employment providing psychological work or through participating in a supervised postdoctoral psychology training program (i.e., fellowship or residency). Psychological work experience must have occurred after the doctoral degree was obtained and must have required the use of knowledge, skills, abilities, and other characteristics associated with current professional psychology practice. "Professional psychology practice" includes but is not limited to the following psychology-oriented job duties: providing professional clinical services, conducting research, carrying out education and training activities, carrying out program evaluation activities, clinical consultation, supervision and administration.

(2) **Quality of Experience.** Experience is only creditable if it is post-doctoral experience as a professional psychologist directly related to the duties to be performed. Qualifying experience must also be at a level comparable to or exceeding professional psychology experience at the next lower level.

(3) **Part-time Experience.** Part-time experience is creditable according to its relationship to a full-time workweek. For example, a psychologist employed 20 hours per week, or on a half time basis, would receive one full-time workweek of credit for each two weeks of service.

(4) **Post-Doctoral Degree Fellowships.** Postdoctoral fellowships or residencies are training programs in an advanced area of clinical practice. Training as a fellow or resident is considered to be creditable experience on a year-for-year basis.

b. **Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates:

(1) **Staff Psychologist, GS-11** (Entry Level)

(a) **Experience.** None beyond the basic requirements.

(b) **Assignment.** Staff psychologists at this level diagnose mental disorders, conduct psychological or neuropsychological assessments, treat mental disorders through a variety of modalities, provide adjunctive interventions for treatment of medical disorders, and may conduct research. They may be assigned to any program area. Psychologists who are not licensed must practice under the close supervision of a licensed psychologist.

(2) **Staff Psychologist**, **GS-12** (Developmental Level)

(a) **Experience.** At least one year of experience as a professional psychologist equivalent to the next lower grade level (GS-11). Psychologists who are not licensed must practice under the supervision of a licensed psychologist but with less intense supervision than at the GS-11 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Knowledge of and ability to apply a wide range of professional psychological treatments or assessment methods to a variety of patient populations.

2. Ability to design and implement effective treatment strategies.

3. Ability to incorporate new clinical procedures.

4. Ability to conduct research activities, such as designing and implementing clinical research projects (staff psychologists with specified research job duties).

5. Ability to perform basic research tasks of scholarship and research execution within the context of an established research team, including research participant relations, research documentation, data acquisition, maintenance, and collaboration.

(c) **Assignment.** Staff psychologists at this level diagnose mental disorders, conduct psychological or neuropsychological assessments, treat mental disorders through a variety of modalities, provide adjunctive interventions for treatment of medical disorders, and may conduct research. They may be assigned to any program area.

(3) **Staff Psychologist, GS-13 (Full Performance, Level)**

(a) **Experience.** At least two years of experience as a professional psychologist, with at least one year equivalent to the GS-12 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Knowledge of, and ability to apply, professional psychological treatments to the full range of patient populations.

2. Ability to provide professional advice and consultation in areas related to professional psychology and behavioral health.

3. Knowledge of clinical research literature.

(c) **Assignment.** This is the full performance level for staff psychologists. At this level, psychologists are licensed to practice independently in the provision of psychological services, consulting with peers and supervisors as appropriate. They may be assigned to any VHA program and setting, such as inpatient or outpatient medicine, primary care, surgery, mental health, neurology, rehabilitation medicine, geriatrics, Compensation and Pension, Vet Centers, and the VHA National Center for Organization Development. Psychologists diagnose mental disorders, conduct psychological or neuropsychological assessments, treat mental disorders through a variety of modalities, and provide adjunctive interventions for treatment of medical disorders. Among the modalities provided are individual, family, and group psychotherapies and other interventions such as behavioral health and community interventions. Psychologists consult with medical center staff on a wide variety of patient care issues. Staff psychologists may be involved in program evaluation, teaching, training, and research activities.

(4) **Psychologist Clinician Investigator, GS-13**

(a) **Experience.** At least two years of experience as a professional psychologist, with at least one year equivalent to the GS-12 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Knowledge of and ability to apply advanced professional psychological treatments to the full range of patient populations.

2. Ability to provide professional advice and consultation in areas related to professional psychology and behavioral health.

3. Knowledge of clinical research literature and fluency in scientific information discovery.

4. Knowledge of and ability to apply structured scientific paradigms to research involving existing protocols and established scientific methods, including knowledge of research design and analysis as applied to their area of expertise, that has resulted in recognition at the local and regional level and that is developing into national recognition (e.g., speaking at national conferences and/or publishing in nationally-distributed scientific journals).

5. Ability to perform essential research tasks of scholarship and research execution, including research participant relations and management, research documentation, data acquisition and maintenance, human subjects protection, budget oversight, supervision of project staff, and collaboration.

6. Ability to formulate results within a scientific framework and organize scientific reporting.

7. Knowledge of methods and ability to increase the basic research skills of others via research mentoring.

(c) **Assignment.** The psychologist clinician investigator devotes a majority of the time allocated to his/her job duties to research responsibilities in addition to providing clinical services. These research responsibilities can include grant funded research as well as research development or program-related research that may or may not be grant funded. The psychologist clinician investigator may function as the principal investigator on grant(s) or assume significant supporting roles (e.g., co-investigator, study psychotherapy lead, lab management, and complex grant project management) within funded research programs. They publish articles in peer-reviewed professional literature, present findings at major regional or national scientific meetings, and may attain substantive, non-adjunctive academic appointments at the affiliated university (usually at the rank of Assistant Professor or its institutional equivalent). Other responsibilities may include membership on local research service committee and/or boards, such as Research and Development (R & D) Service, Health Services Research and Development (HSR & D) Service, or Institutional Review Boards (IRB), serving as reviewers for peer-reviewed journals, serving on VA scientifically-driven expert panels (e.g., consensus panels to develop care guidelines based on empirical data), and serving as grant reviewers for VA and non-VA research.

(5) **Psychologist Clinician Investigator, GS-14**

(a) **Experience.** At least three years of experience as a professional psychologist, with at least one year equivalent to the GS-13 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Knowledge of, and ability to apply, appropriate scientific methods in the design and execution of basic and applied research.

2. Ability to coordinate work across multiple settings.

3. Ability to convey scientific concepts and methodological principles to individuals with diverse levels of technical expertise.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. Psychologist Clinician Investigators have achieved significant professional

recognition by making published scientific contributions to research projects with potential for substantial impact. In addition to active involvement in peer-reviewed research and other peer review activities as noted above, this recognition must be demonstrated by attainment of at least three of the following: multiple publications in peer-reviewed professional literature; a consistent record of presentation of findings at national scientific meetings; attainment of an academic appointment at an affiliated medical school or local university, usually at the rank of associate professor or equivalent; or responsibility for multiple funded research projects with evidence of sustainability. Examples include but are not limited to psychologists assigned to research programs at the local, VISN or National level, including Mental Illness Research, Education and Clinical Care programs (MIRECCs), Centers of Excellence (CoEs), the National Center for Posttraumatic Stress Disorder, or similar research-focused settings. Psychologist clinician investigators are actively involved as principal investigators or co-principal investigators in peer-reviewed VA, National Institutes of Health (NIH), or comparably rigorous intramural or extramurally funded research programs. Psychologist Clinician Investigator responsibilities include peer review activities for VA and non-VA research, such as grant review for VA or NIH proposals, local research service committees or boards (such as R&D Service, HSR&D Service, or IRB), and service as a consulting editor (i.e., on an editorial board) for peer-reviewed journals.

(6) **Psychology Program Manager, GS-14**

(a) **Experience.** At least three years of experience as a professional psychologist, with at least one year equivalent to the GS-13 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Ability to organize work, set priorities, delegate tasks, and meet multiple deadlines.

2. Knowledge of and ability to utilize evidence based practices and clinical practice guidelines appropriately and ability to guide staff in using these tools.

3. Ability to deal effectively with individuals or groups representing widely divergent backgrounds, interests, and points of view.

4. Skill in managing and directing the work of others to accomplish program goals and objectives.

5. Ability to translate management goals and objectives into well-coordinated and controlled work operations.

6. Ability to establish and monitor production and performance priorities and standards.

7. Ability to analyze organizational and operational problems and to develop and implement solutions that result in sound operation of the program.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety, and be performed by the incumbent at least 25% of the time. Psychologist program managers have broad program management

responsibilities for a specific program or programs that are designed to deliver specialized, complex, highly professional services that are important program components of the facility and that significantly impact the health care provided to Veterans. Programs include but are not limited to addiction, posttraumatic stress disorder (PTSD), mental health intensive case management (MHICM), mental health compensation and pension examination (C&P) programs, Psychosocial Rehabilitation and Recovery Centers, inpatient mental health, residential rehabilitation, domiciliary, palliative care, neuropsychology, and internship and postdoctoral fellowship training programs; management of an off-campus site; psychology program oversight and coordination throughout the facility and its affiliated clinics as a psychology executive, typically at lower complexity facilities. Decisions made by the Program Manager affect staff and other resources associated with the programs managed and are made while exercising wide latitude and independent judgment. The type of program managed and scope of responsibility are critical aspects of the assignment at this level. Responsibilities include operation and management of key clinical, training, research, or administrative programs to include full responsibility for managing the day to day activities of those programs. Responsibility may include supervision of staff but is not required. Psychologist Program Managers are responsible for strategic planning to ensure the provision of high quality services to meet the needs of the Veterans being served and planning, and developing and implementing short- and long-term goals and objectives consistent with the program's strategic plan. They have oversight of administrative and programmatic resources and deploy those resources in support of the program needs. They develop and implement programs, policies, and procedures to meet program goals, VHA policy and external accreditation requirements, and monitor outcomes using data-driven quality assurance processes, and implement strategies for improvement based on data analysis.

(7) **Psychologist, GS-14 (Assistant Chief)**

(a) **Experience.** At least three years of experience as a professional psychologist, with at least one year equivalent to the GS-13 gradelevel.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Knowledge of and ability to utilize evidence based practices and clinical practice guidelines appropriately and ability to guide staff in using these tools.

2. Ability to provide professional advice and consultation in areas related to professional psychology and behavioral health.

3. Ability to organize work, set priorities, delegate tasks, and meets multiple deadlines.

4. Ability to supervise and manage subordinate employees effectively.

5. Skill in interpersonal relationships, including conflict resolution.

6. Ability to establish and monitor production and performance priorities and standards.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. Psychologist Assistant Chiefs serve as full assistant to a Service Chief, share the full scope of delegated managerial responsibilities, and serve as the Acting Service Chief in the absence of the Service Chief. They make decisions that affect staff and other resources with wide latitude of control and independent judgment. They may be delegated full administrative and clinical responsibility for planning and directing the staff assignments in a variety of clinical settings. They encourage professional development, create an environment of learning, and serve as a mentor to staff. Examples include but are not limited to assignment to a clinical service, such as a Psychology Service, Mental Health Service, or other clinical or research service area. Within that service, they may be assigned to specific program areas and may be involved in program evaluation and research activities. Psychologist Assistant Chiefs are responsible for the supervision, administrative management, and direction of the program services assigned to them. The Psychologist Assistant Chief may assure compliance with accrediting agency and regulatory requirements, may monitor staff performance, and may develop and implement programs based upon Veterans' needs and current research findings. Duties include but are not limited to resolving staff conflicts which might interfere with the delivery of services, identifying continuing education and training needs, and other clinical and administrative responsibilities to ensure that the mission of the service and the medical center has been satisfied. They may interview candidates for positions, recommend appointments, advancements, or disciplinary actions when appropriate. They may develop position descriptions and functional statements and are responsible for professional and administrative management of an assigned area. They may make selections, assign personnel, and serve as a mentor to help employees develop their full potential. The Psychologist Assistant Chief maintains interdepartmental relations with other services to accomplish medical center goals and fosters and maintains community contacts. They may develop and initiate new treatment programs and may develop policies and procedures. Psychologist Assistant Chiefs independently provide psychological services at all levels of complexity and consult with peers and supervisors as appropriate.

(8) **Psychologist, GS-14 (Service Chief)**

(a) **Experience.** At least three years of experience as a professional psychologist, with at least one year equivalent to the GS-13 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Ability to organize work, set priorities, delegate tasks, and meets multiple deadlines.

2. Knowledge of and ability to utilize evidence based practices and clinical practice guidelines appropriately and ability to guide staff in using these tools.

3. Ability to deal effectively with individuals or groups representing widely divergent backgrounds, interests, and points of view.

4. Skill in managing and directing the work of others to accomplish program goals and objectives.

5. Ability to translate management goals and objectives into well-coordinated and controlled work operations.

6. Ability to establish and monitor production and performance priorities and standards.

7. Ability to analyze organizational and operational problems and to develop and implement solutions that result in sound operation of the program.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. The Psychologist Service Chief manages a stand-alone Service, Product Line or Service Line. They typically have line and staff authority for resource allocations within the area of responsibility, and ensure the efficient operation of the organizational unit. Decisions are made exercising wide latitude and independent judgment. They have broad and overall responsibility for the service-level department and full responsibility for clinical practice, program management, education, human resource management and supervision for the service, as appropriate. They autonomously manage substantive parts of specialized, complex, professional services which significantly impact the care provided to Veterans. They provide leadership with objective, independent assessments and recommendations for policy, operational and administrative issues and initiatives requiring decision and action. Examples include but are not limited to discipline-specific programs (typically in the role of Psychology Service Chief) or the overall system of mental health programs (typically in the role of Associate Chief of Staff for Mental Health), typically at lower level complexity facilities such as level 2 (medium complexity) or level 3 (low complexity). The Service Chief has overall responsibility for planning, assessing, and evaluating programs to ensure coordination between care delivered by the program and overall delivery of health care within the facility. They interpret a wide variety of data and process data related to program planning and the specialized needs of the Veteran, the service, and the medical center. They assure compliance with accrediting agency and regulatory requirements and assure corrective action is initiated as needed. Service Chiefs ensure policies or issues have been fully coordinated, vetted, and staffed. They advise leadership on policy implications, key issues, and relationships to both internal and external interest groups, and recommend courses of action. They maintain interdepartmental relations with other services to accomplish medical center goals. Service Chiefs coordinate and negotiate resolutions to complex problems. They may prepare special reports and responses, Congressional responses, briefing papers, issue briefs, and decision papers for the medical center leadership, which may be highly sensitive, confidential, and of a complex nature as requested. They are responsible for professional and administrative management of an assigned area which may include budget execution. Service Chiefs develop policies and procedures and may develop performance standards, position descriptions and functional statements. They conduct performance appraisals and perform other clinical and administrative responsibilities related to management of staff to ensure that the mission of the service and the medical center has been satisfied. They may set training objectives and delegate responsibilities to subordinate sections.

(9) **Psychologist, GS-14 (VISN Manager)**

(a) **Experience.** At least three years of experience as a professional psychologist, with at least one year equivalent to the GS-13 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Knowledge of and ability to understand and communicate existing policies and regulations.

2. Knowledge of and ability to utilize resource materials as well as ability to develop new materials when needed.

3. Ability to relate to individuals at many different levels both within and external to the organization.

4. Ability to communicate effectively orally and in writing with a diverse group of professional staff.

5. Ability to provide information about policy to various stakeholders or audiences in a useable and understandable manner.

6. Ability to develop and recommend new or revised policies that are consistent with organizational goals and objectives.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. The VISN Manager at this level directs program-specific mental health, behavioral health, or other patient care or administrative program or programs at the VISN level. The administrative or technical work is of substantial difficulty, and responsibilities are significant. Individuals at this level have delegated authority to determine long range work plans and assure that implementation of the goals and objectives is carried out for the programs. VISN Managers may be responsible for VISN level management and oversight of one or more mental health programs across the VISN. Examples include but are not limited to any of the range of specific specialty programs, such as addiction therapy or PTSD, within mental health services, organizational development programs, or system redesign programs. The Psychologist VISN Manager serves as the program official, advisor, and analyst for the programs for which they are responsible. They develop and implement the organizational vision for those programs and provide leadership, consultation, and operational guidance in compliance with established regulations, policies, and procedures. The incumbent applies specialized knowledge of health care and management for planning, organizing, and directing services. Duties include but are not limited to: responsibility for implementing national initiatives for the care and treatment of Veterans; educational programs; program evaluation; quality assurance; policy and procedure formulation for the programs; and providing guidance at the individual program level for facility implementation. They develop policy and procedures related to delivery of services and may provide reporting and data analysis of performance outcomes at the local and VISN level. Incumbent may provide field support through mentoring activities and tracking of outcome trends. They resolve policy implementation issues with appropriate field leaders and may serve as consultants to other management officials in the field or VISN. They coordinate and complete action items from VA Central Office and may author and coordinate white papers and issue briefs as clarification documents, providing technical expertise.

(10) **Psychologist, GS-14 (National Manager)**

(a) **Experience.** At least three years of experience as a professional psychologist, with at least one year equivalent to the GS-13 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Knowledge of and ability to understand and communicate existing policies and regulations.

2. Knowledge of and ability to utilize resource materials as well as ability to develop new materials when needed.

3. Ability to relate to individuals at many different levels both within and external to the organization.

4. Ability to communicate effectively orally and in writing with a diverse group of professional staff.

5. Ability to provide information about policy to various stakeholders or audiences in a useable and understandable manner.

6. Ability to develop and recommend new or revised policies that are consistent with organizational goals and objectives.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. Psychologist National Managers at this level direct specific mental health, behavioral health, or other patient care, administrative or organizational development program or programs. The administrative or technical work is difficult in nature, and responsibilities are considerable. Responsibilities include but are not limited to: authority to determine long range work plans and assure that implementation of the goals and objectives are carried out; serve as consultants to other management officials at the field, VISN, or national level; serve as key program official, advisor and analyst for their programs of assignment; develop and implement their program's vision across VHA. Psychologist National Managers provide leadership, consultation, and operational guidance in compliance with established external agencies and policies and procedures within psychology service. They are responsible for the management and planning of national initiatives having a high degree of visibility and a significant impact on healthcare services and delivery. Examples include but are not limited to mental health or other clinical or administrative programs at the national level (including managers within specific programs and Technical Assistance positions). The incumbent applies specialized knowledge of health care and management for planning, organizing and directing national initiatives in the care and treatment of Veterans, educational programs, program evaluation, quality assurance, and policy and procedure formulation. They develop national policy and procedures related to delivery of care including VHA directives, handbooks, and manuals, training guides, information letters, clinical practice guidelines, standards and criteria for the programs they are responsible for.

They provide field support through mentoring and consultative activities as a technical expert and monitor and track outcome trends. They may plan initiatives in a myriad of assignments that cross multiple organizational lines as well as federal and state agencies. They resolve policy implementation issues with appropriate VA Central Office, VISN, regional, and facility field leaders or external review organization representatives. They may collaborate and coordinate services with other Federal and State agencies, external professional organizations, program offices and services within VHA. Psychologist National Managers may provide consultation at the individual program level for facility implementation.

(11) **Senior Psychologist Program Manager, GS-15**

(a) **Experience.** At least four years of experience as a professional psychologist, with at least one year equivalent to the GS-14 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Skill in managing and directing the work of large, complex organizational units and in applying effective management practices.

2. Skill in persuasion, negotiation, and motivation to negotiate multiple program policies.

3. Skill in interpersonal relationships in dealing with employees and other managers using advanced consultation and problem solving skills.

4. Skill in the application and analysis of measurement tools to systems issues.

5. Ability to balance responsibilities in a complex environment and to work with great autonomy; ability to set priorities and delegate tasks, meet multiple deadlines, analyze complex organizational problems; and ability to develop and implement effective solutions for those problems.

6. Ability to assess need for basic and complex services across multiple programmatic contexts.

7. Ability to coordinate the efforts of multiple program elements across a complex system.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. Psychology Program Managers at the GS-15 level generally manage large, complex programs in Complexity Level 1 (High Complexity) facilities, or in facilities of lesser complexity levels that have large psychology or mental health services. Responsibilities may include supervision. Senior psychologist program managers have very broad responsibility for multiple programs or have responsibility for a large service organization that is of considerable scope, size, and complexity. Programs include but are not limited to addiction, posttraumatic stress disorder (PTSD), mental health intensive case management (MHICM), mental health compensation and pension examination (C&P) programs, Psychosocial Rehabilitation and Recovery Center, inpatient mental health, residential rehabilitation, domiciliary, palliative care, neuropsychology, and internship and

postdoctoral fellowship training programs; managers of an off-campus site; psychology program oversight and coordination as a psychology executive; and program oversight and coordination for education programs (typically seen in roles such as ACOS for Education) or research programs (typically seen in roles such as ACOS for Research). Responsibilities include strategic planning to ensure the provision of quality services to meet the needs of the Veterans being served, development of short- and long-range goals and plans; development and implementation of policies and procedures to ensure that plans are carried out and goals are met; management of administrative and programmatic resources; and monitoring outcomes using data-driven quality assurance processes. Decisions affect staff and other resources associated with the programs managed; decisions are made exercising very wide latitude and independent judgment. They have oversight of administrative and programmatic resources and deploy those resources in support of the program needs. The programs managed are substantial and deliver specialized, complex, highly professional services, significantly impacting the health care provided to Veterans. Senior Psychologist Program Managers have full responsibility for oversight of the professional practice of psychology in medical centers or health care systems and ensure the highest quality of psychological care provided to Veterans throughout the facility and its affiliated clinics.

(12) **Senior Psychologist Clinician Investigator, GS-15**

(a) **Experience.** At least four years of experience as a professional psychologist, with at least one year equivalent to the GS-14 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Ability to translate national research goals or priorities into specific scientific project activities of significant complexity and sufficient sustainability.

2. Ability to create, organize, manage, and maintain high quality (e.g., funded, peer reviewed) research programs independently.

3. Knowledge of budget control procedures that include funding from multiple sources which may vary annually.

4. Skill in managing and directing the work of large, complex research projects and in applying effective management practices.

5. Skill in persuasion, negotiation, and motivation to negotiate multiple program requirements.

6. Skill in interpersonal relationships in dealing with employees and other managers using advanced consultation and problem solving skills.

7. Ability to balance responsibilities in a complex environment and to work with great autonomy; to set priorities and delegate tasks, meet multiple deadlines, analyze complex organizational problems; develop and implement effective solutions for those problems; and assess need for basic and complex services across multiple programmatic contexts.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety, and must be performed by the incumbent at least 25% of the time. Senior psychologist clinician investigators perform assignments at the highest level of investigative independence involving complex research programs or multi-site trials. Their contributions substantially advance the field of psychology and are often internationally recognized. They have a substantial number of peer-reviewed publications and have a consistent record of presenting their findings at national or international scientific meetings. Research Psychologists may be assigned to research programs at the local, VISN or National level, including Mental Illness Research, Education and Clinical Care programs (MIRECCs), Centers of Excellence (CoEs), the National Center for Posttraumatic Stress Disorder, or similar research-focused settings. Responsibilities include active involvement as principal investigators for peer reviewed VA, NIH, or comparably rigorous intramural or extramural funded research programs, high-level peer review activities for VA and non-VA research (e.g., membership on standing scientific review panels for VA or NIH proposals), service as editor, associate editor, or action editor of major peer-reviewed journals, and service on national scientific advisory boards for Federal funding agencies (e.g., VA, Department of Defense, NIH), Federally-funded scientific and translational research centers (e.g., NIH research centers, VA centers of excellence) and large-scale national research consortia in Federal or non-federal realms. Characteristic of the senior psychologist clinician investigator position is recognition at the national and international level for scientific excellence. In addition to high level involvement in peer-reviewed research and other peer review activities, this recognition must be demonstrated by attainment of at least four of the following: an extensive publication record in the nationally recognized peer-reviewed professional literature; a consistent record of presentation of findings at national and international scientific meetings; recognition by VA or NIH as a senior career scientist or its equivalent (e.g. Senior Research Career Scientist); an academic appointment at a VA-affiliated medical school or local university at the rank of Full Professor or equivalent; or full responsibility for direction of a complex research program, multi-site trial, or multiple funded research projects.

(13) **Senior Psychologist, GS-15 (Service Chief)**

(a) **Experience.** At least four years of experience as a professional psychologist, with at least one year equivalent to the GS-14 level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Ability to supervise and manage a large group of professional staff effectively.

2. Skill in interpersonal relationships, including conflict resolution and ability to work collaboratively with supervisors from other units.

3. Ability to accurately apply the qualification standards, assesses the potential of current and prospective employees, and promotes their professional development.

4. Ability to develop appropriate productivity standards for professional staff, often across multiple program lines.

5. Knowledge of the goals and objectives of the medical center and VISN and ability to communicate these to subordinates.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Senior Psychologist Service Chief at the GS-15 level generally manages programs in Complexity Level 1 (High Complexity) facilities or in facilities of lesser complexity levels that have large psychology or mental health programs. They are responsible for all professional, management, and administrative aspects of the service or organizational entity. Supervision and resource management involve major decisions, and work activities and supervision significantly affect the ability of staff to provide comprehensive services to Veterans. The service or organizational entity is a major component of the medical center and the services or programs supervised are highly professional, technical, and complex. Examples include but are not limited to discipline-specific programs (typically in the role of Psychology Service Chief), the overall system of mental health programs (typically in the role of Associate Chief of Staff for Mental Health), research programs (typically in the role of Associate Chief of Staff for Research), or education programs (typically in the role of Associate Chief of Staff for Education). Responsibilities include oversight of a large, complex organization that encompasses several component parts integral to the functioning of the medical center or, alternatively, one large service or organization. They have broad and overall responsibility for a service-level organizational unit and have full responsibility for clinical practice, program management, education, human resource management, and supervision for the service. They autonomously manage substantive parts of specialized, complex, professional services which significantly impact the care provided to Veterans. They provide leadership with objective, independent assessments and recommendations for policy, operational, and administrative issues and initiatives requiring decision and action. They monitor work performance to ensure that requirements are satisfied; interpret and process a wide variety of data related to program planning and specialized needs of the Veterans, the service, and the medical center; ensure policies or issues have been fully coordinated, vetted, and staffed; advise leadership on implications, key issues, and relationships to interest groups (both internal and external) and recommend courses of action. They coordinate and negotiate resolutions to complex problems. They assure compliance with accrediting agencies and regulatory requirements and assure corrective action is initiated as needed. They are responsible for professional and administrative management of an assigned area which may include budget execution. They maintain interdepartmental relations with other services to accomplish medical center goals. They may prepare special reports and responses, Congressional responses, briefing papers, issue briefs, and decision papers for the medical center leadership, which may be highly sensitive, confidential, and of a complex nature. They develop policies and procedures and may develop performance standards, position descriptions and functional statements. They monitor the clinical performance of staff, conduct performance appraisals, and perform other clinical and administrative responsibilities to ensure that the mission of the service and the medical center has been satisfied. They may set training objectives for staff and delegate responsibilities to subordinate sections.

(14) **Senior Psychologist, GS-15 (VISN Manager)**

(a) **Experience.** At least 4 years of experience as a professional psychologist, with at least one year equivalent to the GS-14 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Knowledge of and ability to communicate existing policies and regulations effectively.

2. Knowledge of and ability to utilize resource materials and to develop new materials when needed.

3. Ability to communicate effectively orally and in writing with a diverse group of professional staff and management officials who are often at the highest management levels.

4. Ability to develop and recommend new or revised policies that are consistent with organizational goals and objectives.

5. Skill in leading senior management officials in policy development.

6. Ability to influence high level officials in adoption of and conformance to performance measures, monitors, and other policy guidelines.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. The Senior Psychologist (VISN Manager) at this level direct a large, complex mental health, behavioral health, or other patient care or administrative program or may have responsibility for several large and complex programs at the VISN. The VISN Manager position is characterized by the scope and high level of complexity of their duties. They have the overall responsibility for implementing, planning, organizing, directing, coordinating, reviewing, evaluating, and improving the operations of their area of responsibility within the VISN. They provide overall leadership, guidance, and direction for their programs or services across the VISN. The Senior Psychologist VISN Manager exerts a major, significant, and VISN or VHA-wide impact on the overall functioning of the organizational entity. Assignments may include but are not limited to the system of mental health programs across the VISN (typically in the role of the VISN Chief Mental Health Officer); systems redesign programs, or organizational development programs. Responsibilities include overall planning, direction, and execution of the area of responsibility. Consultation is provided to high level officials in the field, at the VISN, and at VA Central Office (VACO). The incumbent applies specialized knowledge of health care and management for planning, organizing, and directing services. They provide guidance to the field regarding their area of responsibility and often act as a conduit of information between VACO and the field. They monitor and support VISN compliance with relevant VHA directives, handbooks, manuals, memoranda, policies, program guides, and information letters. They are responsible for implementing national policies and procedures, and they resolve policy

implementation issues as they arise. They develop, implement, and lead team management groups to effectively accomplish goals, focus on customer needs, ensure and maintains quality, and accomplish the mission and vision. They develop and expand their area's capacities, responsiveness, and image within the VISN and community. They may author and coordinate white papers, issue briefs, and similar official documents. They provide leadership in their area of responsibility to the VISN management and to the field and develop or provide guidance in developing policies that are aligned with the network's goals. They may supervise subordinate positions assigned to their area.

(15) **Senior Psychologist, GS-15 (National Manager)**

(a) **Experience.** At least 4 years of experience as a professional psychologist, with at least one year equivalent to the GS-14 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Knowledge of and ability to communicate existing policies and regulations effectively.

2. Knowledge of and ability to utilize resource materials and to develop new materials when needed.

3. Ability to communicate effectively orally and in writing with a diverse group of professional staff and management officials who are often at the highest management levels.

4. Ability to develop and recommend new or revised policies that are consistent with organizational goals and objectives.

5. Skill in leading senior management officials in policy development.

6. Ability to influence high level officials in adoption of and conformance to performance measures, monitors, and other policy guidelines.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. Senior Psychologist National Managers at this level direct a large, complex mental health, behavioral health, or other patient care or administrative program at the VA Central Office (VACO) level or may have responsibility for several programs at the VACO level. The National Manager position is characterized by the scope and high level of complexity of their duties. The administrative or technical work is of substantial difficulty, and responsibilities are significant. They provide overall leadership, guidance, and direction for their programs or services across the VHA. The Senior Psychologist National Manager exerts a major and significant impact on the overall functioning of the organizational entity and the impact is VHA-wide. Assignments include but are not limited to mental health or other clinical or administrative programs at the national level (including National Mental Health Director and Deputy Director positions or Senior Consultant positions), or research or education programs (such as the Mental Illness, Research, and Education Clinical Center). The

incumbent applies specialized knowledge of health care and management for planning, organizing, and directing national initiatives in the care and treatment of Veterans, educational programs, program evaluation, quality assurance, and policy and procedure formulation. They direct large programs of substantial size and impact on VHA as a whole, and work cooperatively with other programs in VA in support of their strategic goals and objectives. They secure the resources necessary to implement their programs and to educate others. Responsibilities include overall planning, direction, and execution of the area of responsibility. Consultation is provided to high level officials in the field, at the VISN, and at VA Central Office (VACO). They provide guidance to the field regarding their area of responsibility and often act as a conduit of information between VACO and the field. They are responsible for developing and implementing national policies and procedures, and they resolve policy implementation issues as they arise. They plan initiatives in a myriad of assignments that cross multiple organizational lines as well as federal and state agencies. They may author and coordinate white papers, issue briefs, and similar official documents. They provide leadership in their area of responsibility to VACO management and to the field and develop or provide guidance in developing policies that are aligned with VHA's goals. They may develop performance standards, position descriptions and functional statements. They conduct performance appraisals and perform other clinical and administrative responsibilities related to management of staff to ensure that the mission of the program is accomplished.

**4. DEVIATIONS**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for psychologists in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances may the educational or licensure requirements be waived.

c. The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. §§ 7402, 7403]**

# APPENDIX G19. NUCLEAR MEDICINE TECHNOLOGIST QUALIFICATION STANDARD GS-[0]601 Veterans Health Administration

**1.** COVERAGE**.** The following are requirements for appointment as a [Nuclear Medicine Technologist (NMT)] in the Veterans Health Administration (VHA). [NMTs] perform a wide variety of functional studies of organs and/or systems involving static and dynamic imaging procedures, the injection of radionuclides and radiopharmaceuticals, and the use of such specialized equipment as integrated computer/imaging system[ ], single photon emission tomography, [positron emission tomography], etc., in combination with a variety of in vitro laboratory procedures. [Technologists also perform advanced therapeutic procedures and fusion imaging.] The work requires a professional knowledge of the field of nuclear medicine technology, and those aspects of chemistry, physics, mathematics, and the biomedical sciences that relate to nuclear medicine.

**2. [DEFINITIONS.**

a. **Journey Level**. The full performance level for this qualification standard is the GS-9 grade level.

b. **Creditable Experience**. To be creditable, the experience must have required the use of knowledge, skills, and abilities (KSAs), and other characteristics, also referred to as core competencies, associated with the scope of NMT practice.

c. **Quality of Experience.** Experience is only creditable if it is earned after passing the Nuclear Medicine Technology Certification Board (NMTCB) or American Registry of Radiologic Technology (ARRT) (N) certification exams. Experience as a graduate NMT is creditable provided the candidate worked as a NMT and subsequently passed the certification examination.

d. **Part-Time Experience.** Part-time experience as a NMT is creditable according to its relationship to the full-time workweek. For example, a NMT would receive 1 week of full-time credit for each 2 weeks of half-time work.

**3. BASIC REQUIREMENTS.** The basic requirements for employment as a NMT are prescribed in 38 U.S.C. § 7402(b)(14). To qualify for appointment as a NMT, all applicants must possess the following:]

a. **Citizenship.** Be a citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3.g., of this part.)

b. **Certification.** All applicants must be certified in nuclear medicine technology by the Nuclear Medicine Technology Certification Board (NMTCB) or the American Registry of Radiologic Technology (ARRT) (N). NMTCB or ARRT (N) certification eligibility requirements are normally satisfied by one of the following:

[(1) Completion of a NMTCB-recognized nuclear medicine technology program,

OR

(2) Completion of a nuclear medicine technology program accredited by the Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT), or other accrediting agencies as recognized by the U.S. Department of Education (DOE), culminating in a certificate, associate, baccalaureate, or master's degree. Educational programs must have structured clinical training sufficient to provide clinical competency in radiation safety, instrumentation, clinical procedures, and radio-pharmacy, as deemed acceptable by the NMTCB.

**NOTE:** Technologists functioning as multi-modality technologists require additional specific certifications as stated in assignment descriptions below.]

c. **Exceptions.** Non-certified applicants, who otherwise meet the eligibility requirements for NMTCB or ARRT (N) certification, may be given a temporary appointment as a graduate NMT under the authority of 38 U.S.C. § 7405 (a)(1)(D). Failure to obtain certification [within 1 year from the date of appointment] is justification for termination of the temporary appointment. This may result in termination of employment.

[(1) **Failure to Obtain Credential.** In all cases, NMTs must actively pursue meeting certification requirements starting from the date of their appointment. Failure to become certified within 1 year from date of appointment will result in removal from the GS-0601 NMT occupation and may result in termination of employment.]

(2) **Loss of Credential.** [Once certified, NMTs must maintain a full, valid, and unrestricted certification. Loss of credential will result in removal from the GS-0601 NMT occupation and may result in termination of employment.] For occupations which require an active certification at all grade levels, at the discretion of the appointing official, an employee may be reassigned to another occupation for which he/she qualifies if a placement opportunity exists. For occupations which require an active credential (licensure/certification/registration) in assignments above the journey level only, at the discretion of the appointing official, an employee may remain at an appropriate lower grade level in the occupation when both of the following apply: the credential is not a requirement and a placement opportunity exists.

d. **Grandfathering Provision.** [ ]All persons employed in VHA [as a NMT] on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education and certification that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

[ ]

(1) Such employees in an occupation that requires a [certification], may be reassigned, promoted up to and including the journey (full performance) level, or [changed to lower grade] within the occupation, but may not be promoted beyond the journey level or placed in supervisory or managerial positions.

(2) Such employees in an occupation that requires a certification only at higher grade levels must meet the certification requirement before they can be promoted to the higher-grade levels.

(3) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(4) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or certification that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

(5) If an employee who was [in the NMT] occupation listed in 38 U.S.C. § 7401(3) under this provision leaves that occupation, the employee loses protected status, and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

e. **Physical Requirements.** See VA Directive and Handbook 5019[, Employee Occupational Health Service.]

f. **English Language Proficiency.** [NMTs] must be proficient in spoken and written English in accordance with chapter 2, section D, paragraph 5a, of this part.

**4. GRADE REQUIREMENTS.**

a. [**Nuclear Medicine Technologist.** All individuals assigned to this occupation must have an approved title or parenthetical title, as described below:

(1) Nuclear Medicine Technologist

(2) Nuclear Medicine Technologist (Fusion Imaging Technologist)

(3) Nuclear Medicine Technologist (Multi-Modality Technologist)

(4) Lead Nuclear Medicine Technologist

(5) Supervisory Nuclear Medicine Technologist

(6) Supervisory Nuclear Medicine Technologist (Chief)

(7) Nuclear Medicine Technologist (National or Regional Technologist)

(8) Supervisory Nuclear Medicine Technologist (Imaging Program Administrator)]

GRADE DETERMINATIONS.]

a. **Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates:

(1) [**Nuclear Medicine Technologist, GS-5**]

(a) **Experience or Education.** None beyond the basic requirements. [Certification as described in the basic requirements in paragraph 3.b. above is required.]

[ ]

[(b)] **Assignments.** Candidates at this grade level, serve as [entry level] NMTs [and] receive guidance from more experienced staff members for more complex patients and require daily direct [(i.e., immediate)] supervision.

(2) [**Nuclear Medicine Technologist, GS-7**]

(a) **Experience** [**or Education**]

i. [**Developmental Level**]**.** Certification, as described in the basic requirements in paragraph [3.b.] above, [and for the developmental level assignment,] completion of 1 year of [creditable experience] equivalent to the next lower grade level, directly related to the position to be filled (i.e., experience that demonstrates possession of the knowledge, skills, abilities, and other characteristics needed to provide nuclear medicine technology services at that level) [is required.]

OR

ii. **Advanced Entry Level Placement**. See VA Handbook 5005, Part II, Appendix G17.

(b) **Assignments.** Candidates at this grade level [may serve as advanced entry level or developmental level] NMTs. [They receive guidance from more experienced staff members for more complex patients and require general supervision.] At this grade, NMTs utilize the proper methods of receipt, use, storage, and disposal of radioactive material; perform and evaluate basic quality control on all imaging and non-imaging instrumentation and auxiliary equipment, and provide basic patient care, recognizing and responding to emergency conditions.

(c) **Demonstrated Knowledge, Skills, and Abilities.** [In addition, the candidate must demonstrate all of the following KSAs:]

i. Knowledge of Nuclear Regulatory Commission (NRC) regulations [that pertain to nuclear medicine technology practices.]

ii. Knowledge of the medical sciences such as anatomy, physiology, chemistry, and physics and how they relate to the cardiovascular, skeletal, endocrine, respiratory, gastrointestinal, and genitourinary systems of the human body.

iii. Knowledge of radioactive package types, package surveys, and radioactive materials record management.

[iv. Ability to independently use and interpret Geiger-Mueller meter.]

(3) [**Nuclear Medicine Technologist, GS-9**]

(a) **Experience.** Completion of 1 year of [creditable] experience equivalent to the next lower grade level directly related to the position to be filled (i.e., experience that demonstrates possession of the knowledge, skills, abilities, and other characteristics needed to provide nuclear medicine technology services at that level) [is required.]

(b) **Assignments.** Candidates at this grade level serve as staff NMTs [at the journey level. NMTs at this level have a full understanding of proper methods of receipt, use, storage, and disposal of radioactive material; properly and independently handle unusual circumstances; perform and evaluate daily, weekly, monthly, and quarterly quality control on all imaging and non-imaging instrumentation and auxiliary equipment, provide basic patient care, and can recognize and respond to emergency conditions. It is expected that they routinely and independently perform the full scope and complexity of these responsibilities and receive guidance from higher-level or supervisory staff members for only the most complex patients.]

(c) **Demonstrated Knowledge, Skills, and Abilities**. [In addition, the candidate must demonstrate all of the following KSAs:]

i. Ability to document excessive radiation exposure in the working environment.

ii. Knowledge of medical events requiring documentation and the ability to properly document them and make recommendations to the radiation safety officer (RSO).

iii. Ability to communicate orally and in writing post iodine-131 therapy radiation safety precautions.

iv. Ability to troubleshoot gamma camera and auxiliary equipment problems.

v. Ability to analyze computer generated data for technical quality and artifacts and initiate corrective measures.

(4) [**Nuclear Medicine Technologist,**] **GS-11**

(a) **Experience.** [For assignments above the journey level, the candidate must have 1 year of creditable experience equivalent to the next lower grade level directly related to the position being filled, and must fully meet the KSAs at that level.

(b) **Assignments.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. NMTs at this level are fully functional as an advanced NMT and carry out their assigned tasks independently. NMTs at this level serve in advanced assignments and will have varying assignments, including special and complex imaging procedures, advanced therapies, clinical instruction, and quality management duties within the program. Advanced therapies may include, but are not limited to, yttrium-90, radium, and palliative bone pain therapy. Regardless of the nature of the specific assignment, the work must be of sufficient scope and complexity to meet the knowledge, skills, and abilities to perform at this level.

(c) **Demonstrated Knowledge, Skills, and Abilities.** The candidate must demonstrate all of the following technical KSAs:

i. Ability to produce and assess high quality scans and quality control images using independent judgement to recognize abnormal or unacceptable results.

ii. Knowledge and skill in use of ancillary equipment with an understanding of how the results will affect the study outcome.

iii. Knowledge of physiologic processes as they relate to altered radiopharmaceutical uptake and/or artefactual findings.

iv. Ability to obtain, assess, and document pre-therapy patient preparation information and provide post-therapy patient education following proper administration of advanced therapy dose.

v. Ability to develop new protocols for imaging procedures.

vi. Ability to analyze instances of increased radiation exposure levels and recommend measures to reduce.

vii. Ability to analyze consequences of improper packaging of radioactive material and take appropriate actions.

(5) **Nuclear Medicine Technologist (Fusion Imaging Technologist), GS-11**

(a) **Experience.** For assignments above the journey level, the candidate must have 1 year of creditable experience equivalent to the next lower grade level directly related to the position being filled, and must fully meet the KSAs at that level.

(b) **Assignments.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. NMTs at this level are fully functional as an advanced NMT and carry out their assigned tasks independently. NMTs in this assignment perform fusion imaging such as positron emission tomography/computed tomography (PET/CT), single photon emission computed tomography/computed tomography (SPECT/CT) and/or **positron emission tomography** (**PET**) and **magnetic resonance** (PET/MR) procedures that include non-diagnostic low dose CT attenuation corrected or MR fused images. They carry out these complex assignments independently. Assignments may include advanced therapies. The work must be of sufficient scope and complexity to meet the knowledge, skills, and abilities to perform at this level.

(c) **Demonstrated Knowledge, Skills, and Abilities.** The candidate must demonstrate all of the following technical KSAs:

i. Ability to produce and assess high quality fusion and quality control images using independent judgement to recognize abnormal or unacceptable results.

ii. Practical knowledge and skill in the use of ancillary equipment with an understanding of how the results will affect the study outcome.

iii. Knowledge of physiologic processes as they relate to altered radiopharmaceutical uptake and/or artefactual findings.

iv. Knowledge of CT and/or MR radiographic techniques utilized in quality control and acquisition parameters.

v. Ability to recognize and correct fusion imaging system errors.

(6) **Nuclear Medicine Technologist (Multi-Modality Technologist), GS-11**

(a) **Experience.** For assignments above the journey level, the candidate must have 1 year of creditable experience equivalent to the next lower grade level directly related to the position being filled, and must fully meet the KSAs at that level.

(b) **Assignments.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. NMTs at this level are fully functional as an advanced NMT and carry out their assigned tasks independently. NMTs in this assignment perform fusion imaging such as PET/CT, SPECT/CT and/or PET/MR procedures that include diagnostic nuclear medicine, CT, and/or MR fused images. Multi-modality technologists must hold appropriate specific certifications in nuclear medicine (NMTCB or ARRT(N)), as well as CT (NMTCB(CT)) or ARRT (CT)), and/or MR (ARRT (MR)) applicable to independently perform the assignment duties. They carry out these complex assignments independently as part of nuclear medicine procedures. Assignments may include injection of contrast and recognition of allergic reaction, contraindications, and medication interactions. The work must be of sufficient

scope and complexity to meet the knowledge, skills, and abilities to perform at this level.

(c) **Demonstrated Knowledge, Skills, and Abilities.** The candidate must demonstrate all of the following technical KSAs:

i. Knowledge of contrast media, side effects, medication allergic reactions, drug interactions, and extravasation assessment.

ii. Skill to differentiate multi-modality protocols and adjust protocols according to patient needs, body mass index, or area of interest.

iii. Knowledge of unique scanning and processing parameters required of multi-modality imaging.

iv. Ability to troubleshoot and make simple repairs to PET/CT and/or PET/MR imaging systems.

v. Ability to care for patients during all stages of the procedure and provide emergency response care when necessary.

vi. Knowledge of all contraindications for performing CT and/or MR scans.

(7) **Lead Nuclear Medicine Technologist, GS-11**

(a) **Experience.** For assignments above the journey level, the candidate must have 1 year of creditable experience equivalent to the next lower grade level directly related to the position being filled, and must fully meet the KSAs at that level.

(b) **Assignments.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. NMTs at this level are fully functional as an advanced NMT and carry out their assigned tasks independently. The candidate functions as a lead technologist for a group of NMTs at and below the journey level (GS-9) and other unit staff. The lead technologist is responsible for assignment of work to ensure effective unit operation and maximizing use of unit resources. This position provides a full range of nuclear medicine procedures, has a broad knowledge of the different modalities within the diagnostic radiologic area, and is accountable to the next higher-level supervisor.

(c) **Demonstrated Knowledge, Skills, and Abilities.** The candidate must demonstrate all of the following technical KSAs:

i. Ability to motivate and mentor staff.

ii. Ability to respond to decrease staffing levels or increase in workload involving all parties that restructure work assignments.

iii. Ability to communicate effectively with supervisor and staff.

(8) **Supervisory Nuclear Medicine Technologist, GS-11**

(a) **Experience.** For assignments above the journey level, the candidate must have 1 year of creditable experience equivalent to the next lower grade level directly related to the position being filled, and must fully meet the KSAs at that level.

(b) **Assignments.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. NMTs at this level are fully functional as an advanced NMT and carry out their assigned tasks independently. Individuals in this assignment assume full administrative and professional responsibility for planning and directing the nuclear medicine program at a medical center or independent outpatient clinic, to include budget, staffing, inventory, equipment, and safety. They also have full supervisory responsibility over NMTs at and below the journey level (GS-9), and may include clerical/administrative staff, for a unit, including staff evaluation, interviewing, selection, and disciplinary processes.

(c) **Demonstrated Knowledge, Skills, and Abilities.** The candidate must demonstrate the following technical KSAs and, as designated by an asterisk (*), demonstrate the potential to acquire the assignment specific KSAs:

i. Ability to perform complex nuclear medicine studies.

ii. Skill in motivating and mentoring technical and administrative staff.

iii. Ability to develop continuing education standards for nuclear medicine staff.

iv. *Ability to communicate orally and in writing with higher level authorities (i.e., National Health Physics Program (NHPP), The Joint Commission (TJC), NRC, Inspector General (IG), executive leadership).

v. *Ability to interview candidates for subordinate positions in the section; recommend appointments, advancements, or, when appropriate, disciplinary actions; evaluate performance; and identify continuing education and training needs.

vi. *Ability to forecast and plan for the effective operation of the unit, including staffing, advancing technology, equipment, and resource needs.]

(9) [**Supervisory Nuclear Medicine Technologist (Chief),**] **GS-12**

(a) **Experience.** [At this level,] completion of 1 year of [creditable] experience equivalent to the next lower grade level directly related to the position to be filled, i.e., experience that demonstrates possession of the KSAs and other characteristics needed to provide nuclear medicine technology and administrative services [is required.] This experience must have provided the candidate with an in-depth knowledge of common and uncommon nuclear

medicine procedures, in-depth knowledge of radiation safety practices, and knowledge of staffing levels, financial management, personnel management, and supply management.

(b) **Assignments.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Individuals in this assignment assume full administrative and professional responsibility for planning and directing the nuclear medicine program and [technologists above the journey level at] a medical center or independent outpatient clinic.

(c) [**Demonstrated Knowledge, Skills, and Abilities.** The candidate must demonstrate all the following technical KSAs and demonstrate the potential to acquire the assignment specific KSAs as designated by an asterisk (*):]

i. Ability to provide complex nuclear medicine patient procedures.

ii. *Ability to develop and initiate new protocols which apply current research findings.

iii. *Skill in providing [and interpreting] administrative reports to management orally and in writing.

(10)[**Supervisory Nuclear Medicine Technologist, GS-12]**

(a) **Experience.** [For assignments above the journey level, the candidate must have 1 year of creditable experience equivalent to the next lower grade level directly related to the position being filled, and must fully meet the KSAs at that level.

(b) **Assignments.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. NMTs at this level are fully functional as an advanced NMT and carry out their assigned tasks independently. Individuals in this assignment assume full administrative and professional responsibility for planning and directing the nuclear medicine program and technologists above the journey level at a medical center or independent outpatient clinic. They also have supervisory responsibility over a program.

[(c) **Demonstrated Knowledge, Skills, and Abilities.** The candidate must demonstrate all the following technical KSAs and demonstrate the potential to acquire the assignment specific KSAs as designated by an asterisk (*):]

i. *Ability to assign and evaluate work of subordinate staff as well as resolve problems that may interfere with the delivery of nuclear medicine services by staff members.

ii. Skill in providing complex nuclear medicine patient procedures.

iii. *Ability to develop and initiate new protocols which apply to current research findings.

iv. *Skill in providing administrative reports both orally and in writing [with higher level authorities (i.e., NHPP, TJC, NRC, Inspector General, executive leadership)].

v. *Ability to interview candidates for positions in the section; recommend appointments, advancements, or, when appropriate, disciplinary actions; evaluate performance; and identify continuing education and training needs.

[(11) **Nuclear Medicine Technologist (National or Regional Technologist), GS-13**

(a) **Experience.** Completion of 1 year of experience equivalent to the next lower grade level directly related to the position to be filled, i.e., experience that demonstrates possession of the KSAs and other characteristics needed to provide nuclear medicine technology and administrative services is required.

(b) **Assignments.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. NMTs at this level function as clinical program specialists responsible for the management of Veterans Integrated Systems Network (VISN) or national nuclear medicine initiatives having a high degree of visibility and a significant impact on VHA health care delivery. Examples include VISN or national initiatives in the care and treatment of patients, educational programs, program evaluation, quality assurance, etc. These programs typically include collaboration with other federal and state agencies, professional organizations, etc. Due to the scope of regional/national responsibilities, it is expected there may generally be one regional level technologist per VISN, if and where warranted, but no more than two.

**(c) Demonstrated Knowledge, Skills, and Abilities.** The candidate must demonstrate all of the following technical KSAs and demonstrate the potential to acquire the assignment specific KSAs as designated by an asterisk (*):

i. Extensive working knowledge of regional or national initiatives and/or intra-agency or similar workgroups or committees.

ii. Ability to develop and/or recommend national and/or regional policies and/or directives impacting program operations.

iii. *Ability to perform national and/or regional special projects, activities, and co-chair related national nuclear medicine committees.

iv. Skill in managing resources and work flow, i.e., space, equipment, supplies, personnel at a regional and/or national level.

v. Ability to provide expert consultation for national and/or regional nuclear medicine policies, program, and quality initiatives.

vi. Skill in developing and providing oversight of national or regional program requirements regarding continuing education for nuclear medicine technologists at facilities nationwide.

(12) **Supervisory Nuclear Medicine Technologist (Imaging Program Administrator), GS-13]**

(a) **Experience.** [For assignments above the journey level, the candidate must have 1 year of creditable experience equivalent to the next lower grade level directly related to the position being filled and must fully meet all the KSAs at that level.

(b) **Assignments.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. NMTs at this level are fully functional as an advanced NMT and carry out their assigned tasks independently. The supervisory NMT (imaging program administrator) is responsible for the direction of a consolidated imaging program that includes nuclear medicine and one or both of diagnostic radiology and/or radiation oncology programs. The incumbent ensures professional competence and performance of clinical and clerical staff by establishing professional standards, protocols, and policies and procedures. This position has supervisory responsibility for a large staff of subordinate personnel in various disciplines and sections noted above and would likely include at least one subordinate supervisor at the next lower level, and may include various clerical and administrative support personnel. Responsibilities include oversight of business operations and planning for complex medical centers with strong academic affiliations that include both graduate medical education and medical imaging training programs. Responsibilities include oversight of multiple complex imaging services and providing annual budget information; monitoring expenditures; identifying variances and recommending corrective actions. In collaboration with the facility leadership, this position develops strategic short-term and long-term business, market, and operational plans focused on the growth of clinical, academic, and financial performance. The supervisory NMT (imaging program administrator) monitors and evaluates progress toward implementing strategic goals and objectives. This position is responsible for contributing information for strategic plans and reviews; implementing production, productivity, quality, and patient-service standards; resolving problems and identifying system improvements. The supervisory NMT (imaging program administrator) is accountable for outcomes and performance targets, including but not limited to, patient and staff satisfaction surveys, industry performance benchmarks, and quality outcomes. The supervisory NMT (imaging program administrator) works closely with departmental staff to improve quality results by evaluating accuracy and quality of services, and providing assistance with the implementation of new techniques, equipment, and procedures. This NMT oversees, supports, and makes contributions to patient safety, implementing systems to conduct root cause analysis and correction of errors, reporting of adverse occurrences, near misses, and safety concerns. This position develops, implements, maintains, and enforces departmental programs, policies, procedures, and protocols. The supervisory NMT (imaging program administrator) ensures and maintains required documentation for compliance with safety, environmental and infection control standards, and with local, state, and federal regulations. This position monitors compliance with standards, identifies variances or inabilities to meet established targets, and implements actions to ensure that targets are met.

**(c) Demonstrated Knowledge, Skills, and Abilities.** The candidate must demonstrate all the following technical KSAs and demonstrate the potential to acquire the assignment specific KSAs as designated by an asterisk (*):

i. Ability to provide the full range of supervisory duties, which includes responsibility for assignment of work, performance evaluations, selection of staff, and recommendation of awards, advancements, and disciplinary actions.

ii. *Skill in administrative management (e.g., budgeting, contracting, procurement, and property management) in accordance with regulations.

iii. *Ability to work collaboratively with other disciplines, upper management, regional, or headquarters level staff.

iv. Ability to plan and execute short-term and long range programs and/or goals using project management and tactical/strategic planning, as well as, developing and overseeing complex quality programs by addressing outcome and performance benchmarks.

v. Advanced knowledge of concepts, principles and methodologies of a significantly high level imaging program that includes complex subsections such as diagnostic radiology, nuclear medicine and/or radiation oncology operations in order to assess program effectiveness and provide authoritative guidance for operations, personnel, and management.

vi. Ability to develop, implement, maintain, and enforce departmental program policies, procedures, and protocols to maintain required documentation for compliance with safety, environmental and infection control standards, and with TJC, Food and Drug Administration, NRC-NHPP, American College of Radiation, Health Insurance Portability and Accountability Act, and other federal regulations. This includes the ability to monitor compliance with standards, identify variances or inabilities to meet established targets, and implement action to ensure that targets are met.]

## 6. DEVIATIONS.

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for NMTs in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the certification requirements be waived.

c. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. §§ 7402, 7403.**

# APPENDIX G20. DIETITIAN QUALIFICATION STANDARD

## GS-0630

## Veterans Health Administration

1. **[COVERAGE.** The following are requirements for appointment or placement as a Dietitian in the Veterans Health Administration (VHA). These requirements apply to all VHA Dietitians in the General Schedule (GS)-0630 occupational series. Dietitians are experts in the disciplines of nutrition and food. They translate the complex science of nutrition into healthy, real-world solutions for customers. Dietitians within VHA are fully integrated into a health care team and work within a variety of settings, including but not limited to inpatient, outpatient, long-term care, food operations and community clinics. Dietitians in a clinical setting are responsible for utilizing the Nutrition Care Process (NCP) framework to provide patient-centered care using evidenced-based guidelines to make decisions. Dietitians in the food service setting are responsible for the scientific preparation and service of high-quality food by selection, requisition, receipt, storage, issuance and transportation of food and supplies. They ensure robust and effective sanitation, safety, competency and training programs.

2. **DEFINITIONS.**

   a. **Appointing Official.** The Human Resources Officer has appointing authority to process and authenticate notifications of personnel actions and authority to effect management-approved employment actions on behalf of officials, employees and facilities for which service is provided.

   b. **Approving Official.** The VISN Director, Facility Director or Under Secretary for Health or designee (for VHA central office appointments) is the approving official and will determine whether to approve or disapprove the appointment of employees in hybrid occupations.

   c. **Journey Level.** The full performance level for this qualification standard is the GS-11 grade level.

   d. **Creditable Experience.** To be creditable, the experience must have required the use of knowledge, skills and abilities (KSAs) associated with current professional dietetic practice and must have been gained post registration. This may be evidenced by one or more of the following:

      (1) The equivalent of 1 year of active professional practice. Active professional practice means paid/non-paid employment as a registered Dietitian.

      (2) Academic course work leading to an advanced graduate degree in nutrition or a related health care field.

e. **Quality of Experience.** Qualifying experience must be comparable to dietetic experience at the next lower grade level of the position being filled. For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

f. **Part-Time Experience.** Part-time experience as a registered Dietitian is credited according to its relationship to the full-time workweek. For example, a registered Dietitian employed 20 hours per week, or on a half-time basis, would receive 1 full-time work week of credit for each 2 weeks of service.

g. **Accreditation Council for Education in Nutrition and Dietetics.** Accreditation Council for Education in Nutrition and Dietetics (ACEND®) is the Academy of Nutrition and Dietetics' accrediting agency for education programs preparing students for careers as registered Dietitian Nutritionists (RDN).

h. **Registered Dietitian Nutritionist and Registered Dietitian.** RDN and Registered Dietitian (RD) credentials are the same and both are qualifying. The difference between RDN and RD is in name only due to a change by the professional academy in 2014. In this standard, the term RDN will be used.

## 3. BASIC REQUIREMENTS.

a. **Citizenship.** Be a citizen of the United States (U.S.). Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with 38 U.S.C. § 7407(a).

b. **Registration.**

(1) All applicants must hold the RDN credential from the Commission on Dietetic Registration (CDR) the credentialing agency of the Academy of Nutrition and Dietetics. Note: Applicants who hold the RDN credential have met the education requirement (e.g. bachelor’s degree or higher) of CDR, as such this occupation is considered professional and scientific with a positive education requirement and the procedures in Part I, Chapter 4 of this Handbook will be followed when applying Veteran’s preference.

(2) **Exception for Dietitians who do not possess the RDN credential.**

(a) Non-credentialed Dietitians who meet the basic qualification requirements and have fulfilled the requirements below, but do not possess the RDN credential, may be given a temporary full-time appointment not to exceed one year under the authority of 38 U.S.C. § 7405(c)(2).

i Non-credentialed Dietitians must have fulfilled each of the following:

A Earned a bachelor's or higher degree from a U.S. regionally accredited college, university or foreign equivalent (refer to ii below).

B Completed an ACEND® accredited experiential or supervised practice program and provide a verification statement from the program director that conveys eligibility to take the CDR registration exam as a prospective RDN. A list of ACEND® accredited programs is located on the ACEND® website or at ACEND Accredited Programs Directory.

ii **Foreign Education.** To be creditable, college and/or university degrees earned outside the U.S and its territories must be evaluated by ACEND® and meet ACEND®'s International Dietitian Education standards which are designed to provide graduates with the knowledge and competencies to sit for the CDR credentialing exam.

(b) Non-credentialed Dietitians may only be appointed at the GS-07 or GS-09 grade level and may not be promoted/converted until they obtain their RDN credential.

(c) Non-credentialed Dietitians must provide care under the supervision of a RDN at or above the full performance level.

(d) Temporary appointments of non-credentialed Dietitian will not be extended beyond one year or converted to a new temporary appointment.

(e) **Failure to Obtain Registration.** In all cases, Dietitians must actively pursue meeting registration requirements starting from their appointment date. At the time of appointment, servicing Human Resources (HR) staff in collaboration with the supervisor, will provide non-registered Dietitians the written requirement to obtain registration, the date by which they must acquire it and the consequences for not doing so by the deadline. Failure to obtain registration within one year from the date of appointment will result in removal from the Dietitian, GS-0630 occupation and may result in termination of employment.

c. **Loss of Credential.** In collaboration with HR Office staff, management officials must immediately relieve employees who fail to maintain the required registration/certification of duties and responsibilities associated with the

occupation and/or assignment, which may also result in separation from employment.

d. **Grandfathering Provision.** Employees in VHA in this occupation, under a permanent, appropriate and legal placement on the effective date of the qualification standard, are considered to have met all qualification requirements for the grade and/or assignment held, including positive education and registration/certification, where applicable. Employees appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, either on a temporary or permanent basis until they fully meet the basic requirements of the standard. The following provisions apply to employees who do not meet all the qualification requirements:

(1) Employees may be reassigned, promoted up to and including the full performance (journey) level or changed to a lower grade within the occupation, but may not be promoted beyond the journey level or be newly placed in a supervisory or managerial position.

(2) Employees must meet the assignment-specific certification/education requirements to be placed in Dietitian (Advanced Level Practice) or Dietitian (Dietetic Internship Director) assignments.

(3) Employees initially grandfathered into this occupation who subsequently obtain additional education and/or registration/certification that meet all the qualification standard's basic or assignment-specific requirements must maintain the required credentials as a condition of employment in the occupation/assignment.

(4) Employees retained in this occupation under this provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of re-entry in the occupation.

e. **Physical Requirements.** See VA Directive and Handbook 5019, Employee Occupational Health Service for requirements.

f. **English Language Proficiency.** Dietitian candidates must be proficient in spoken and written English in accordance with 38 U.S.C. § 7403(f).

**4. OFFICIAL POSITION TITLES.** All positions must use an approved title and grade level as described below and duties must meet the definition of the assignment:

a. Dietitian (Clinical), GS-07

b. Dietitian (Clinical), GS-09

c. Dietitian (Clinical), GS-11

d. Dietitian (Informatics), GS-07

e. Dietitian (Informatics), GS-09

f. Dietitian (Informatics), GS-11

g. Supervisory Dietitian (Informatics), GS-11

h. Dietitian (Advanced Level Practice), GS-12

i. Dietitian (Dietetic Internship Director), GS-12

j. Dietitian (Facility Program Coordinator), GS-12

k. Supervisory Dietitian (Food Operations), GS-12

l. Supervisory Dietitian (Clinical Nutrition), GS-12

m. Supervisory Dietitian (Clinical Nutrition), GS-13

n. Supervisory Dietitian (Food Operations), GS-13

o. Supervisory Dietitian (Facility Program Coordinator), GS-13

p. Dietitian (VISN Program Coordinator), GS-13

q. Dietitian (National Program Coordinator), GS-13

r. Supervisory Dietitian (Chief, Nutrition and Food Services), GS-13

s. Supervisory Dietitian (Chief, Nutrition and Food Services), GS-14

t. Dietitian (VISN Program Coordinator), GS-14

u. Dietitian (National Program Coordinator), GS-14

**5. GRADE DETERMINATIONS.** All individuals assigned to this occupation must meet all the basic qualification requirements in paragraph 3 a-f and all the requirements defined in the specific assignment.

a. **Dietitian (Clinical), GS-07.**

(1) **Experience or Education.** None beyond the basic requirements.

(2) **Assignment.** Employees in this assignment serve in a Dietitian (Clinical) entry-level developmental position. They work under the guidance of a Dietitian who is at the full performance level or above, performing

increasingly complex tasks designed to prepare them for promotion. Clinical Dietitians conduct nutrition assessments for patients with lower acuity using the NCP while developing skills to apply evidence-based nutrition practice guidelines. Clinical Dietitians learn to interpret research, apply whole health principles and develop patient-centered goals. They develop skills in accurate record keeping of clinical activities and complete patient encounters using approved systems. Clinical Dietitians comply with The Joint Commission (TJC) requirements and other accrediting agency standards to ensure safe and quality patient care. They collaborate with the Food Operations Section to enhance the Veterans' dining experience and ensure patient satisfaction.

b. **Dietitian (Clinical), GS-09.**

(1) **Experience.** At least one year of experience equivalent to the next lower grade level.

OR

(2) **Education.** Master's degree from a regionally accredited university or college.

(3) **Knowledge, Skills and Abilities.** In addition to the experience or education above, the candidate must demonstrate the following KSAs:

(a) Knowledge of various accrediting and regulatory requirements.

(b) Knowledge of virtual technology to provide nutrition care.

(c) Ability to deliver patient care using the NCP (e.g., assessment, diagnosis, intervention, monitoring and evaluation).

(d) Ability to apply evidence-based nutrition practices to improve patient outcomes.

(e) Ability to develop patient-centered goals.

(f) Ability to collect data for performance improvement studies.

(g) Ability to collaborate with stakeholders.

(4) **Assignment.** Employees in this assignment serve in a Dietitian (Clinical) developmental position. They perform increasingly complex tasks under general supervision. Clinical Dietitians conduct nutrition assessments using the NCP. They develop skills in applying evidence-based nutrition practice guidelines, interpreting research and utilizing whole health principles to develop patient-centered goals and improve outcomes. Clinical Dietitians also utilize virtual care technology to improve access to care. They

maintain accurate record keeping of daily clinical activities and patient encounters using approved systems. Clinical Dietitians comply with TJC and other accrediting agency standards to ensure safe and quality patient care. They collect data related to performance improvement activities within Nutrition and Food Services (NFS) and assist in implementing new initiatives. Clinical Dietitians collaborate with the Food Service Section to enhance the Veterans' dining experience, support patient satisfaction and serve as a liaison between clinical units and the food service section.

c. **Dietitian (Clinical), GS-11.**

(1) **Experience.** At least one year of experience as an RDN equivalent to the next lower grade.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Skill in delivering patient care using the NCP (e.g., assessment, diagnosis, intervention, monitoring and evaluation).

(b) Skill in interpreting research to apply evidence-based nutrition practices to improve patient outcomes.

(c) Skill in developing patient-centered goals.

(d) Skill in analyzing data for performance improvement studies.

(e) Skill in collaborating with stakeholders.

(f) Ability to comply with various accrediting, regulatory and agency authorities.

(3) **Assignment.** Employees in this assignment serve in a Dietitian (Clinical) full performance level position. Clinical Dietitians conduct comprehensive nutrition assessments for Veterans using the NCP (e.g., assessment, diagnosis, intervention, monitoring and evaluation), assuring high-quality nutrition care. They apply evidence-based nutrition practice guidelines, interpret research and utilize whole health principles to develop patient-centered goals and improve outcomes. Clinical Dietitians also utilize virtual care technology to improve access to care. They are accountable for independent and accurate record keeping, autonomous coverage of daily clinical activities and efficiently completing patient encounters using approved systems. Clinical Dietitians are knowledgeable of and ensure work accomplishments comply with TJC and other accrediting agency standards and ensure continuous improvement of safe and quality care. They collect and analyze data related to performance improvement activities within NFS, lead activities in the implementation of new initiatives

and collaborate with stakeholders. Clinical Dietitians frequently collaborate with the food service section and leadership staff to enhance the Veteran's dining experience, support patient satisfaction and serve as a liaison between clinical units and the Food Service Section.

d. **Dietitian (Informatics) GS-07.**

(1) **Experience or Education**. None beyond the basic requirements.

(2) **Assignment.** Employees in this assignment serve in a Dietitian (Informatics) entry-level developmental position. Informatics Dietitians work under the guidance of a Dietitian at the full performance level or above, performing increasingly complex tasks designed to prepare them for promotion. Informatics Dietitians acquire skills in food service technology, working toward coordinating and implementing technology into the operation. They gain skills in the operation of VHA- supported software programs and/or commercial off-the-shelf software (COTS) to support the effective management of food operations and patient meal services. Informatics Dietitians gain skills in using technology for meal production, meal service and temperature control. They learn to create and revise menus, complete nutrient analyses and ensure menus follow required diet guidelines. Informatics Dietitians participate in a menu committee. They learn to standardize recipes and estimate the cost to ensure they are economical and within budgetary constraints. Informatics Dietitians review educational materials and references for compliance with policy and procedures for the Nutrition Communication Center (NCC). They assist in the review of NCC productivity reports and support downtime procedures and train employees. Informatics Dietitians gain knowledge of technical and technological developments in nutrition informatics and dietetics and oversee/complete all aspects of employee training related to computer systems, menus and informatics. They assist in the department Automated Data Processing Application Coordinator (ADPAC) role. They review and update the NFS SharePoint site. Informatics Dietitians collaborate with the clinical nutrition section to enhance the Veterans dining experience and support patient satisfaction.

e. **Dietitian (Informatics), GS-09.**

(1) **Experience.** At least one year of experience equivalent to the next lower grade level.

OR

(2) **Education.** Master's degree from a regionally accredited university or college.

(3) **Knowledge, Skills and Abilities.** In addition to the experience or education above, the candidate must demonstrate the following KSAs:

(a) Knowledge of nutritional standards and requirements.

(b) Ability to manage computer software programs relative to food service systems.

(c) Ability to develop training and reference materials.

(d) Ability to evaluate data to improve outcomes.

(e) Ability to provide training related to food service systems technology.

(f) Ability to collaborate with stakeholders.

(4) **Assignment.** Employees in this assignment serve in a Dietitian (Informatics) developmental position. Informatics Dietitians perform increasingly complex tasks under general supervision. They develop skills to plan, coordinate and implement food service technology as well as offer recommendations for improvement within the service. Informatics Dietitians develop skills in the management of VHA-supported software programs and/or COTS to support food operations and patient meal services. They utilize technology for meal production, meal service and temperature control. Informatics Dietitians create and revise menus, complete nutrient analyses and ensure menus follow required diet guidelines and are signed off on by a higher-level Dietitian. They assist in leading a menu committee. Informatics Dietitians have become increasingly independent in standardizing recipes and ensuring costs are within budget. They develop and maintain educational materials and references, ensuring they comply with policy and procedures as needed for the NCC. Informatics Dietitians review NCC productivity reports and support downtime procedures, helping ensure procedures remain updated so that employees can be trained on the implementation. They are knowledgeable of technical and technological developments in nutrition informatics and dietetics and oversee/complete all aspects of employee training related to computer systems, menus and informatics. Informatics Dietitians participate as the service ADPAC between administration, food services, clinical staff and the Office of Information Technology (OI&T) regarding clinical information system processes. They review and update the NFS SharePoint site. Informatics Dietitians collaborate with the clinical nutrition section to enhance the Veteran's dining experience, support patient satisfaction and serve as a liaison between the food service section and the clinical units.

f. **Dietitian (Informatics), GS-11.**

(1) **Experience.** One year of experience as an RDN Dietitian equivalent to the next lower grade level.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Skill in managing computer software programs relative to food service systems.

(b) Skill in applying nutritional knowledge to develop menus ensuring nutritional standards are met.

(c) Skill in developing training and reference materials.

(d) Skill in evaluating data to improve outcomes.

(e) Skill in providing training related to food service systems technology.

(f) Skill in collaborating with stakeholders.

(3) **Assignment.** Employees in this assignment serve in a Dietitian (Informatics) full performance level position. Informatics Dietitians are thoroughly knowledgeable of and responsible for planning, coordinating and implementing food service technology as well as ensuring continuous evaluation and improvement within the service. They independently manage VHA-supported software programs and/or COTS to support the effective management of food operations and patient meal services including entering and maintaining ingredients, recipes, nutritional data and menus. Informatics Dietitians fully oversee the technology used for meal production, meal service and temperature control. They lead a menu committee. Informatics Dietitians ensure recipes are standardized, costed and within budgetary constraints. They create, revise and sign off on menus, complete nutrient analyses of regular and modified menus and ensure menus follow required diet guidelines. Informatics Dietitians oversee and are responsible for developing and maintaining training and reference materials for the NCC. They manage productivity reports and complete audits for the NCC. Informatics Dietitians coordinate and support downtime procedures for the NCC, ensuring procedures remain up to date. As a subject matter expert in nutrition informatics and food service technology, Informatics Dietitians use their expertise to complete all aspects of training related to computer systems, menus and informatics for NFS employees. They frequently collaborate with the clinical nutrition section and leadership staff to enhance the Veteran's dining experience and support patient satisfaction. Informatics Dietitians act as a department ADPAC serving as the liaison between administration, food services, clinical staff and OI&T regarding clinical information system processes. They manage and update the service SharePoint site.

g. **Supervisory Dietitian (Informatics), GS-11.**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Skill in managing computer software programs relative to food service systems.

(b) Skill in applying nutritional knowledge to develop menus ensuring nutritional standards are met.

(c) Skill in developing training and reference materials.

(d) Skill in evaluating data to improve outcomes.

(e) Skill in providing training related to food service systems technology.

(f) Skill in collaborating with stakeholders.

(g) Ability to supervise subordinate staff (i.e., plan, organize, delegate, direct, control and review activities and performance).

(3) **Assignment.** Employees in this Supervisory Dietitian assignment serve as a Supervisory Informatics Dietitian and oversee the NCC. The incumbent must spend 25% or more of their time providing administrative and technical supervision. They serve as technical advisors to staff and represent the NCC on projects, committees and/or workgroups. Supervisory Informatics Dietitians supervise NCC wage grade and/or GS employees at grades 6 or below; and provide oversight, leadership and personnel management. They exercise full authority to plan, direct and assess the workload and competence of all subordinate staff members. Supervisory Informatics Dietitians use electronic programs to produce reports, analyze data and improve personnel efficiency and productivity in the NCC. They are thoroughly knowledgeable of and responsible for planning, coordinating and implementing food service technology as well as ensuring continuous evaluation and improvement. Supervisory Informatics Dietitians independently manage VHA-supported software programs and/or COTS to support the effective management of food operations and patient meal services including entering and maintaining ingredients, recipes, nutritional data and menus. They fully oversee the technology used for meal production, meal service and temperature control. Supervisory Informatics Dietitians lead a menu committee and

ensure recipes are standardized, costed and within budgetary constraints. They create, revise and sign off on menus, complete nutrient analyses of regular and modified menus and ensure menus follow required diet guidelines. Supervisory Informatics Dietitians oversee and are responsible for developing and maintaining training and reference materials for the NCC. They manage productivity reports and complete audits for the NCC. Supervisory Informatics Dietitians coordinate and support downtime procedures for the NCC, ensuring procedures remain up to date. As a subject matter expert in nutrition informatics and food service technology, they complete all aspects of training related to computer systems, menus and informatics for NFS employees. Supervisory Informatics Dietitians frequently collaborate with the clinical nutrition section and leadership staff to enhance the Veteran dining experience and support patient satisfaction. They act as a service ADPAC as the liaison between administration, food services, clinical staff and OI&T regarding clinical information system processes. Supervisory Informatics Dietitians manage and update the service SharePoint site.

h. **Dietitian (Advanced Level Practice), GS-12.**

(1) **Experience**. One year of experience equivalent to the next lower grade level.

(2) **Certification**. Must hold an advanced practice certification from a nationally recognized certifying body such as the Commission on Dietetic Registration, the Association of Diabetes Care and Education Specialists or the National Board of Nutrition Certification. The certification must be directly related to the assignment being filled. For example, where the assignment requires diabetes management, a Board Certified-Advanced Diabetes Management or Certified Diabetes Care and Education Specialists certification is qualifying. Commonly held certifications include Board Certified Specialist in Renal Nutrition; Board Certified Specialist in Gerontological Nutrition; Registered Dietitian Nutritionist-Advanced Practitioner; Certified Nutrition Support Clinician.

(3) **Knowledge, Skills and Abilities**. In addition to the experience and certification above, the candidate must demonstrate the following KSAs:

(a) Skill in leading a team in the implementation of nutrition-related activities.

(b) Skill in utilizing evidence- based practice guidelines to establish or modify goals and improve patient outcomes.

(c) Ability to communicate in writing to develop policies and standard operating procedures.

(d) Ability to serve as a nutrition expert, providing technical guidance, direction and staff development.

(e) Ability to lead research or performance improvement studies.

(f) Ability to present complex nutrition information to a large group of health care providers to persuade and influence provision of care.

(4) **Assignment**. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety and be performed by the incumbent at least 25% of the time. Employees in this assignment serve as an Advanced-Level Dietitian. They conduct comprehensive nutrition assessments for Veterans using the NCP assuring high-quality nutrition care under an advanced and expanded scope of practice. Advanced-Level Dietitians lead a multi-disciplinary team developing nutrition-related services, policies, procedures and/or protocols. They provide consultative services regarding advanced therapies and research in providing quality nutritional care. Advanced-Level Dietitians develop, monitor and direct practice-specific benchmarks based on standards of care or national initiatives. They utilize knowledge, expertise, principles and/or current research to plan, implement and evaluate organizational initiatives. Advanced-Level Dietitians lead the implementation of new nutrition initiatives or a change in practice to achieve strategic goals. They establish goals, measure outcomes and report progress toward meeting goals to medical center committees, health care teams and/or professional groups. Advanced-Level Dietitians lead staff, create and validate competencies and develop training activities. They lead nutrition research studies or performance improvement and communicate findings through reports, abstracts, presentations and/or peer-reviewed professional publications. Advanced-Level Dietitians present at seminars, workshops and lectures to convey current nutrition information on new and changing concepts. This assignment must represent substantial additional responsibility over and above that required at the full performance grade level and cannot be used as the full performance level of this occupation.

i. **Dietitian (Dietetic Internship Director), GS-12.**

(1) **Experience**. Three years of experience post registration.

(2) **Education.** Master's degree or higher from an accredited university or college.

(3) **Knowledge, Skills and Abilities**. In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Skill in utilizing data for program improvement to ensure compliance with various accrediting, regulatory and agency authorities.

(b) Ability to coordinate class schedules, training activities, seminars and supervised practice experience within the health care system and affiliated sites.

(c) Ability to implement all aspects of an internship program including developing program goals and objectives, curriculum and policies and procedures to ensure compliance with accreditation and regulatory requirements.

(d) Ability to oversee the process for the selection of students for the internship program.

(e) Ability to evaluate progress towards meeting core competencies.

(4) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and variety and be performed by the incumbent at least 25% of the time. Employees in this assignment serve as Dietetic Internship Director. They are responsible for administering all aspects of an accredited dietetic internship program. Dietetic Internship Directors oversee the daily operations of the program and ensure education, curriculum, policies and procedures are in compliance with the ACEND® requirements and are compatible with regulations and procedures for Associated Health Trainees set forth by the VA Office of Academic Affiliations. They develop, document, track and assess program goals to ensure the program produces measurable results through data evaluation and improved program outcomes and customer experience. Dietetic Internship Directors are responsible for writing the self-study for re-accreditation and facilitating the ACEND® site visit. They are responsible for maintaining up-to-date program information accessible through online sources, coordinating program marketing events such as an intern open house, outreach and selection of dietetic interns. This includes establishing an intern selection committee, selection criteria for application to the program and reviewing and evaluating all applications prior to selection. Dietetic Internship Directors are responsible for planning and coordinating intern rotations, class schedules and outside seminars with preceptors, presenters and community affiliations. This may include establishing, administering, maintaining and coordinating affiliations with community programs (local food bank; Women, Infants and Children; etc.) and/or with affiliated universities for the combined master's intern program curriculum. They coordinate maintenance of affiliation agreements between the VA facility and affiliated agencies and resolve policy, program and project issues associated with combined master's program and outside affiliations.

Dietetic Internship Directors provide and/or coordinate preceptor training and ensure ongoing preceptor competency. They provide direction, orientation, coaching, in-service training and ongoing education programs related to the dietetic internship program. Dietetic Internship Directors ensure timely completion of rotation evaluation and meet with interns to ensure progress towards program completion. They issue the trainee verification statement of internship completion and maintain permanent records as required by ACEND®. In accordance with ACEND® requirements, Dietetic Internship Directors in VA must be full-time employees.

j. **Dietitian (Facility Program Coordinator), GS-12.**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of program administration establishes program goals and objectives, coordinates activities, evaluates accomplishments and solves problems.

(b) Skill in developing quality improvement or research activities.

(c) Skill in developing training and reference materials.

(d) Ability to develop policies and procedures.

(e) Ability to provide program-specific coordination to include leadership, technical advice and staff development.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and variety and be performed by the incumbent at least 25% of the time. Employees in this assignment serve as Facility Dietitian Program Coordinator leading a multi-disciplinary team. Dietitian Program Coordinators may provide direct patient care by developing and implementing comprehensive nutrition therapy, practicing within their scope/clinical privileges. They are administratively responsible for a specialty program and provide program-specific leadership, guidance and direction, technical advice and staff development. Dietitian Program Coordinators oversee responsibilities for program, policy and procedure development, set goals, monitor and redefine priorities and may have an active role in the fiscal management for the program. They direct or participate in the design of research activities or quality improvement studies, including data collection and analysis. Dietitian Program

Coordinators have oversight of and are responsible for developing and maintaining training and reference materials. They maintain program information through approved social media outlets. Dietitian Program Coordinators may supervise up to two employees. This assignment must represent substantial additional responsibility over and above that required at the full performance grade level and cannot be used as the full performance level of this occupation.

k. **Supervisory Dietitian (Food Operations), GS-12.**

(1) **Experience**. One year of experience equivalent to the next lower grade level.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of standards to assess staff compliance and implement performance improvements.

(b) Skill in establishing goals and objectives to coordinate activities, evaluate accomplishments and solve problems.

(c) Skill in applying nutritional knowledge to ensure menus meet nutrition standards.

(d) Ability to utilize Evidence-Based Nutrition Practice Guidelines in order to develop, implement and coordinate best practices.

(e) Ability to serve as a food operations expert, providing technical guidance, direction and staff development.

(f) Ability to supervise subordinate staff (i.e., plan, organize, delegate, direct, control and review activities and performance).

(g) Ability to analyze data in order to recommend allocation of resources.

(3) **Assignment.** For all supervisory assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, difficulty, variety and be performed by the incumbent as a major duty at least 25% of the time. The incumbent must spend 25% or more of their time providing administrative and technical supervision over staff who are at the full performance level or below. Employees in this Supervisory Dietitian (Food Operations) assignment oversee a food service and production operation. They serve as professional and technical advisor to staff and other health care professionals and represents the food operations section on projects, committees and/or workgroups. Supervisory Dietitians supervise wage system positions including at least a

supervisor or leader and other wage grade positions. They provide food service systems-specific leadership and exercise a full range of supervisory and personnel management authorities and responsibilities in planning, directing and assessing the work and competence of subordinate staff. Supervisory Dietitians provide administrative management and direction of the Food Operations Section. They develop procedures and guidelines for food operations, monitor compliance with regulatory standards, policies and procedures and lead the action planning process to attain goals and resolve deficiencies. Supervisory Dietitians are responsible for implementing the Hazard Analysis and Critical Control Point program, ensuring that requisitioning, receipt/storage, preparation and service of food conforms to quality/quantity standards. They evaluate food operations to ensure proper allocation of resources, devise solutions and implement action plans to resolve issues and meet service goals and objectives, leading to improved patient satisfaction and quality food operations. Supervisory Dietitians are integral in ensuring menus meet nutritional and budgetary requirements. They assess technological equipment innovations and review specifications, making recommendations for equipment purchases. Supervisory Dietitians build and implement contingency plans within the section, ensuring continuity of food operations during internal and external emergencies and unusual circumstances. They manage emergency feeding cache and ensure menus and supplies meet facility and TJC requirements. Supervisory Dietitians execute the training plan for the food operations section. They ensure evidence-based guidelines are integrated into food operations. Supervisory Dietitians collaborate closely with the clinical nutrition section to enhance the Veteran's dining experience and support the strategic goals of the clinical nutrition section.

I. **Supervisory Dietitian (Clinical Nutrition), GS-12.**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of accrediting requirements in clinical nutrition to assess staff compliance and implement performance improvements.

(b) Skill as a nutrition expert to provide technical guidance, direction and staff development.

(c) Skill in Evidence-Based Nutrition Practice Guidelines to develop, implement and coordinate best practices.

(d) Skill in establishing goals and objectives to coordinate activities, evaluate accomplishments and solve problems.

(e) Ability to supervise subordinate staff (i.e., plan, organize, delegate, direct, control and review activities and performance).

(f) Ability to analyze data in order to recommend allocation of resources.

(3) **Assignment.** For all supervisory assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, difficulty, variety and be performed by the incumbent as a major duty at least 25% of the time. The incumbent must spend 25% or more of their time providing administrative and technical supervision over staff at the full performance level or below and may supervise advanced practice and/or program coordinator Dietitian(s). Supervisory Dietitians Clinical Nutrition in this assignment oversees the Clinical Nutrition Section and serve as the professional and technical advisors to staff and other health care professionals. They represent the Clinical Nutrition Section on projects, committees and/or workgroups. Supervisory Dietitians provide Clinical Nutrition Section-specific leadership and exercise a full range of supervisory and personnel management authorities and responsibilities in planning, directing and assessing the work and competence of subordinate staff. They provide administrative management and direction of the clinical nutrition section. Supervisory Dietitians develop procedures and guidelines for clinical operations and monitor compliance with regulatory standards and policies and procedures. They lead the action planning process to attain goals and resolve deficiencies. Supervisory Dietitians build and implement contingency plans within the section, ensuring continuity of clinical operations in all internal and external emergencies. They execute the training plan for the clinical section and ensure staff remain updated on advances and changes in medical nutrition therapy. Supervisory Dietitians analyze data (i.e., event capture, clinic utilization) to recommend the allocation of clinical nutrition resources. They ensure evidence-based guidelines are integrated into clinical practice. Supervisory Dietitians collaborate closely with the food service section to enhance the Veteran dining experience and support the strategic goals of the food service section.

m. **Supervisory Dietitian (Clinical Nutrition), GS-13.**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Skill in written communication including policy development and standard operating procedures.

(b) Skill in strategic planning to develop goals, objectives and action plans.

(c) Skill in analyzing data to monitor progress towards improving and sustaining outcomes.

(d) Ability to negotiate.

(e) Ability to supervise subordinate staff (i.e., plan, organize, delegate, direct, control and review activities and performance).

(3) **Assignment.** For all supervisory assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, difficulty, variety and be performed by the incumbent as a major duty at least 25% of the time. The incumbent must spend 25% or more of their time providing administrative and technical supervision over Dietitians at the GS-12 level or below. Supervisory Dietitians in this Clinical Nutrition assignment report to the NFS Chief. They make decisions based on intricate and unrelated information and assumptions from inconclusive or variable data in all aspects of nutrition operations. They provide clinical nutrition section-specific leadership and exercise a full range of supervisory and personnel management authorities and responsibilities in planning, directing and assessing the work of subordinate staff. Supervisory Dietitians establish a training plan for the clinical section. They develop and lead clinical nutrition operations, establish strategic goals and ensure priorities align with the strategic plan of the NFS department, VISN and national programs. Supervisory Dietitians identify and prioritize problems, set long and short-term goals, develop action plans and analyze data to evaluate progress to improve outcomes. They are responsible for developing and updating policies and procedures and establishing and overseeing a system for regulatory compliance. Supervisory Dietitians solicit support and/or negotiate with facility managers to influence decision-making and garner support to ensure clinical nutrition operations succeed. They collaborate closely with the food operations section to enhance the Veteran's dining experience and to support the strategic goals of the food service section and NFS.

n. **Supervisory Dietitian (Food Operations), GS-13.**

(1) **Experience**. One year of experience equivalent to the next lower grade level.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of business administration practices such as budget planning, contracting and food and supply purchasing to operate a food service program successfully.

(b) Skill in written communication including policy development and standard operating procedures.

(c) Skill in strategic planning to develop goals, objectives and action plans.

(d) Skill in analyzing data to monitor progress towards improving and sustaining outcomes.

(e) Ability to supervise subordinate staff (i.e., plan, organize, delegate, direct, control and review activities and performance).

(f) Ability to negotiate.

(3) **Assignment.** For all supervisory assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, difficulty, variety and be performed by the incumbent as a major duty at least 25% of the time. The incumbent must spend 25% or more of their time providing administrative and technical supervision over staff who are at the full performance level or above. Employees in this Supervisory Dietitian Food Operations assignment report to the NFS Chief. They supervise a complex Veteran-Centric food operation consisting of four distinct sections (Informatics, Food Service, Production and NCC). Supervisory Dietitians make decisions based on intricate and unrelated information and assumptions from inconclusive or variable data in all aspects of food operations. They provide food-operations-specific leadership and exercise a full range of supervisory and personnel management authorities and responsibilities in planning, directing and assessing the work of subordinate staff. Supervisory Dietitians establish a training plan for the food operations section. They develop and lead food operations, establish strategic goals and ensure priorities align with the strategic plan of the NFS department, VISN and national programs. Supervisory Dietitians identify and prioritize problems, set long and short-term goals, develop action plans and analyze data to evaluate progress to improve outcomes. They are responsible for developing and updating policies and procedures and establishing and overseeing a system for regulatory compliance. Supervisory Dietitians manage the budget and other resources, anticipating future trends and inflation, new service opportunities, recommendations for growth, efficiencies and strategic efforts are factored into resource requests and brought to the Chief. They direct staff in the management of contracts, subsistence, supply purchasing for NFS and submitting reports to the NFS Chief. Supervisory Dietitians solicit support and/or negotiate with facility managers to influence

decisions to support food operations section success. They collaborate closely with the clinical nutrition section to enhance the Veteran dining experience and to support the strategic goals of the clinical nutrition section and NFS.

o. **Supervisory Dietitian (Facility Program Coordinator), GS-13.**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of program administration to establish and modify program goals and objectives, coordinate activities, evaluate accomplishments and solve problems.

(b) Skill in developing quality improvement or research activities.

(c) Skill in developing training and reference materials.

(d) Ability to supervise subordinate staff (i.e., plan, organize, delegate, direct, control and review activities and performance).

(e) Ability to develop policies and procedures.

(f) Ability to provide program-specific coordination to include leadership, technical advice and staff development.

(3) **Assignment.** For all supervisory assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, difficulty, variety and be performed by the incumbent as a major duty at least 25% of the time. The incumbent must spend 25% or more of their time providing administrative and technical supervision over staff at the GS-11 or above. Supervisory Dietitians in this assignment serve as a Supervisory Dietitian Program Coordinator at a facility and report to a GS-13 or above. Supervisory Dietitian Program Coordinators lead a multi-disciplinary team. Supervisory Dietitian Program Coordinators provide program-specific leadership and exercise a full range of supervisory and personnel management authorities and responsibilities in planning, directing and assessing the work of subordinate staff. They establish performance standards and evaluate the overall performance of employees; define competency requirements, identify developmental and training needs and take necessary actions to ensure subordinate personnel maintains and enhance technical expertise. Supervisory Dietitian Program Coordinators formulate budget and staffing requirements in managing organizational changes and ensuring multi-year and long-range national

mission directives and program goals/objectives are met. They are administratively responsible for a specialty program. Supervisory Dietitian Program Coordinators may provide direct patient care as they develop and implement comprehensive nutrition therapy, practicing within their scope/clinical privileges. They provide program-specific guidance and direction and technical advice and staff development. Supervisory Dietitian Program Coordinators have oversight responsibilities for program and policy and procedure development, set goals and monitor and redefine priorities and may have an active role in fiscal management for the program. They direct or participate in designing clinical research activities or quality improvement studies, including data collection and analysis. Supervisory Dietitian Program Coordinators oversee and are responsible for developing and maintaining training and reference materials. They maintain program information through approved social media outlets.

p. **Dietitian (VISN Program Coordinator), GS-13.**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Skill in developing quality improvement or research activities.

(b) Skill in developing training and reference materials.

(c) Ability to develop policies and procedures.

(d) Ability to provide program-specific coordination to include leadership, technical advice and staff development.

(e) Ability to administer a program including establishing and modifying program goals and objectives, coordinating activities, evaluating accomplishments and solving problems.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and variety and be performed by the incumbent at least 25% of the time. Dietitian Program Coordinators in this assignment serve at the VISN and lead multiple facilities in initiatives focused on specific areas of care within a larger program. Programs may include Healthy Teaching Kitchen (HTK) Program, employee wellness, MOVE, food insecurity, etc. VISN Dietitian Program Coordinators may provide direct patient care as they develop and implement comprehensive nutrition therapy, practicing within their scope/clinical privileges. They are administratively responsible for a specialty program and provide program-specific leadership, guidance and

direction, technical advice and staff development. VISN Dietitian Program Coordinators have oversight responsibilities for program, policy and procedure development, set goals, monitor and redefine priorities and may have an active role in the fiscal management of the program. They direct or participate in the design of research activities or quality improvement studies, including data collection and analysis. VISN Dietitian Program Coordinators oversee and are responsible for developing and maintaining training and reference materials. They maintain program information through approved social media outlets. VISN Dietitian Program Coordinators may supervise up to two employees.

q. **Dietitian (National Program Coordinator), GS-13.**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Skill in developing quality improvement or research activities.

(b) Skill in developing training and reference materials.

(c) Ability to develop policies and procedures.

(d) Ability to provide program-specific coordination to include leadership, technical advice and staff development.

(e) Ability to administer a program including establishing and modifying program goals and objectives, coordinating activities, evaluating accomplishments and solving problems.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and variety and be performed by the incumbent at least 25% of the time. Dietitian Program Coordinators in this assignment serve at the national level and lead multiple facility initiatives focused on specific areas of care within a larger program. Programs may include HTK Program, employee wellness, MOVE, food insecurity, national food service software, national subsistence procurement, national contracts, national information security, etc. National Dietitian Program Coordinators may provide direct patient care by developing and implementing comprehensive nutrition therapy, practicing within their scope/clinical privileges. They are administratively responsible for a specialty program and provide program-specific leadership, guidance and direction, technical advice and staff development. National Dietitian Program Coordinators have oversight responsibilities for program, policy and procedure development, set goals, monitor and

redefine priorities and may have an active role in the fiscal management for the program. They direct or participate in the design of research activities or quality improvement studies, including data collection and analysis. National Dietitian Program Coordinators have oversight of and are responsible for developing and maintaining training and reference materials. They maintain program information through approved social media outlets.

r. **Supervisory Dietitian (Chief, Nutrition and Food Services), GS-13.**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of security measures within food operations to ensure patient and staff safety.

(b) Knowledge of business administration to include budgeting, contracting and purchasing.

(c) Knowledge of organizational structure to assess impact on program operations.

(d) Skill in strategic planning to develop goals, objectives and action plans.

(e) Skill in written communication to include policy development and standard operating procedures.

(f) Skill in analyzing data to monitor progress towards improving and sustaining outcomes.

(g) Ability to lead a diverse group of professionals to facilitate collaboration, organizational development and establish and achieve strategic goals.

(h) Ability to oversee the planning of new initiatives or projects addressing patient care delivery systems and system reorganizations

(i) Ability to supervise subordinate staff (i.e., plan, organize, delegate, direct, control and review activities and performance).

(j) Ability to negotiate.

(3) **Assignment.** For all supervisory assignments above the full performance level, the higher-level duties must consist of significant scope, complexity,

difficulty, variety and be performed by the incumbent as a major duty at least 25% of the time. The incumbent must spend 25% or more of their time providing administrative and technical supervision over staff from both clinical nutrition and food operations sections, one of which may be a GS-13 Dietitian and NFS administrative staff. Supervisory Dietitians in this assignment serve as Chief of NFS. Chief NFS provides leadership and guidance, with wide latitude for the exercise of independent judgment, to ensure the diverse activities of the department are closely coordinated, integrating clinical nutrition and food operations. They exercise a full range of supervisory and personnel management authorities and responsibilities in planning, directing and assessing the work of subordinate staff. Chief NFS establishes performance standards and evaluate overall performance of employees; define competency requirements, identify developmental and training needs and take necessary actions to ensure subordinate personnel maintains and enhance technical and leadership expertise. They serve as the technical advisor and subject matter experts in nutrition and food operations. Chief NFS develops budget and staffing requirements to manage organizational changes and ensure national directives and goals/objectives are met. They communicate and advocate with executive leadership for resources. Chief NFS develops the NFS strategic plan, establishing service priorities that address the goals and strategic direction of the medical center, VISN and national programs. They are responsible for developing and updating policies and procedures and establishing and overseeing a system for regulatory compliance. Chief NFS establishes the department's organizational structure, defining the lines of authority essential to carry out the mission of the service. They oversee planning new endeavours addressing patient care delivery systems and system reorganizations for new or redesigned operational space, equipment requirements, etc. Chief NFS ensures adherence to the National Dietary Supplement and Subsistence Prime Vendor contracts. They designate the Contracting Officer Representative to negotiate purchase agreements for NFS contracts. Chief NFS actively supports, promotes and oversees the implementation of NFS initiatives at the facility level and engages other service chiefs as needed to ensure success. They participate in VISN and National level NFS initiatives and are responsible for all action items for NFS. Chief NFS evaluates overall NFS effectiveness through the review of operations, quality assurance, performance improvement and benchmarks, making decisions based on intricate and unrelated items of information from inconclusive or variable data. They implement a performance improvement program to improve delivery of quality continually, safe and cost-effective food and nutrition care to all patients/residents, ensuring the dissemination of nutrition-related research and quality improvement within the department and facility. Chief NFS directs resource distribution for food, supply and labor costs focusing on benchmarks, and delegating resource management to others as appropriate. They lead efforts to provide food-forward, Veteran-centric dining options. Chief NFS

implements security measures in all NFS areas to protect against theft, reduce the risk of food terrorism and maintain Veteran and staff safety.

s. **Supervisory Dietitian (Chief, Nutrition and Food Services), GS-14.**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of security measures within food operations to ensure patient and staff safety.

(b) Knowledge of organizational structure to assess impact on program operations.

(c) Skill in ensuring regulatory requirements are met.

(d) Skill in leading a diverse group of professionals to facilitate collaboration and organizational development.

(e) Skill in leading managers to establish strategic goals.

(f) Ability to oversee the planning of new initiatives addressing patient care delivery systems and system reorganizations.

(g) Ability to lead efforts in business administration to include budgeting, contracting and purchasing.

(3) **Assignment.** For all supervisory assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, difficulty, variety and be performed by the incumbent as a major duty at least 25% of the time. The incumbent must spend 25% or more of their time providing administrative and technical supervision over administrative staff who support NFS operations and both a GS-13 Supervisory Dietitian (Food Operations) and GS-13 Supervisory Dietitian (Clinical Nutrition). Supervisory Dietitians in this assignment serve as Chief NFS for a complex NFS department. Chief NFS provides leadership and guidance, with wide latitude for the exercise of independent judgment, to ensure the diverse activities of the department are closely coordinated, integrating clinical nutrition and food operations. They exercise a full range of supervisory and personnel management authorities with responsibilities in planning, directing and assessing the work of supervisors and subordinate staff. Chief NFS establishes performance standards and evaluates overall performance of employees, defines competency requirements, identifies developmental and training needs and takes necessary actions to ensure

subordinate personnel maintains and enhance technical and leadership expertise. They serve as the technical advisor and subject matter experts in nutrition and food operations. Chief NFS develops budget and staffing requirements to manage organizational changes and ensure national directives and goals/objectives are met. They communicate and advocate with executive leadership for resources. Chief NFS develop the NFS strategic plan establishing service priorities that address the goals and strategic direction of the medical center, VISN and national programs. They are responsible for accomplishing priorities and ensuring compliance with VHA directives and medical center policy and procedures. They oversee planning of endeavours addressing patient care delivery systems and system reorganizations for new or redesigned operational space, equipment requirements, etc. Chief NFS ensures adherence to the National Dietary Supplement and Subsistence Prime Vendor contracts. They designate the Contracting Officer Representative to negotiate purchase agreements for NFS contracts. Chief NFS actively supports, promotes and oversees the implementation of NFS initiatives at the facility level and engages other service chiefs as needed to ensure success. They participate in VISN and National level NFS initiatives and are responsible for all action items for NFS. Chief NFS evaluates overall NFS effectiveness through the review of operations, quality assurance, performance improvement and benchmarks, making decisions based on intricate and unrelated items of information from inconclusive or variable data. They facilitate and support NFS participation in performance improvement studies, ensuring the dissemination of nutrition-related research and quality improvement within the department and facility. Chief NFS leads efforts to provide food-forward, Veteran-centric dining options. They implement security measures in all NFS areas to protect against theft, reduce the risk of food terrorism and maintain Veteran and staff safety.

t. **Dietitian (VISN Program Coordinator), GS-14.**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Skill in providing program-specific leadership through guidance, direction, technical advice and staff development.

(b) Skill in program administration to establish and modify program goals and objectives, coordinate activities, evaluate accomplishments and solve problems.

(c) Skill in interpreting information from complex sources to improve and sustain outcomes.

(d) Skill in leading a diverse group of professionals to facilitate collaboration and organizational development.

(e) Ability to lead efforts in business administration practices such as budget planning, contracting, food and supply purchasing to successfully operate a food service program.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and variety and be performed by the incumbent at least 25% of the time. VISN Program Coordinators in this assignment serve as the technical advisor and liaisons between the National NFS Program Office and facilities within the VISN. They ensure the integration of clinical nutrition and food operations within the overall health care model at the VISN. VISN Program Coordinators represent NFS on interdisciplinary VISN task forces, committees and projects of broad scope and significance to the VA health care mission. They interpret VHA policy, directives and memorandums and identify the impact on NFS programming. VISN Program Coordinators serve as a consultant to facility NFS leadership in matters of NFS operations. They analyze and evaluate program data, identifying VISN-wide trends and training needs to enhance the quality of service. VISN Program Coordinators ensure facility NFS leadership analyzes data and reports, establish action plans; and assist facilities with addressing barriers. They ensure facility implementation and monitor facility compliance with clinical practice guidelines and standards, working with sites to establish corrective actions. VISN Program Coordinators provide oversight to and direct contracts involving NFS across the VISN. VISN Dietitian Program Coordinators may supervise up to two employees.

u. **Dietitian (National Program Coordinator), GS-14.**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Skill in business administration practices such as budget planning, contracting and purchasing.

(b) Skill in interpreting information from complex sources.

(c) Skill in leading a diverse group of professionals to facilitate collaboration and organizational development.

(d) Skill in serving as a nutrition expert.

(e) Ability to administer a national nutrition and food program.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and variety and be performed by the incumbent at least 25% of the time. National Program Coordinators in this assignment may report to the VHA Office of NFS Executive Director or Deputy. They are the technical advisor and liaison between the NFS program office and the Nutrition Field Advisory Board, VISN level offices and high-level officials within and outside the agency. National Program Coordinators are recognized agency experts providing guidance to high-level officials, administrators and health care providers on a wide range of clinical nutrition and food operation matters. They represent the NFS Program office by organizing, chairing and participating in multi-disciplinary task forces and work groups. National Program Coordinators ensure the integration of clinical nutrition and food operations as they manage, control and coordinate activities. They utilize the extensive knowledge and expertise as a consultant in clinical nutrition, dietetics education and professional oversight, food service and business practices, marketing and informatics, performance improvement and research. National Program Coordinators are responsible for establishing NFS contracts, procurement and enhancements of COTS software and related hardware. They provide training and staff development, troubleshoot issues and anticipate future trends and requirements. National Program Coordinators analyze and evaluate national program data, identify trends and lead process improvement initiatives. They make decisions that significantly affect existing or developing programs. National Program Coordinators develop new policies, standards, methods and techniques for administering nutrition services across VHA.

## 6. DEVIATIONS.

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade and/or assignment.

b. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health in VHA Central Office prior to placement in the position.

c. Under no circumstances will the educational or credential requirement be waived for those occupations with a positive education requirement or when specific credentials are identified as necessary to meet minimum requirements, unless an exception is annotated in the qualification standard.

**Authority:** P.L. 111-163, Caregivers and Veterans Omnibus Health Services Act of 2010, 38 U.S.C. §§ 7401, Appointments in Veterans Health Administration; 7402, Qualifications of appointees; 7403, Period of appointments; promotions; 7405, Temporary full-time appointments, part-time appointments, and without-compensation appointments; 7407, Administrative provisions for section 7405 and 7406 appointments.]

# APPENDIX G21. KINESIOTHERAPIST QUALIFICATION STANDARD GS-0635 Veterans Health Administration

1. **COVERAGE.** This [qualification] standard applies to all Kinesiotherapist, [GS-0635], positions in the Veterans Health Administration (VHA). [Kinesiotherapists are allied health professionals competent in the administration of scientifically based musculoskeletal, neurological, ergonomic, biomechanical, psychosocial, and task specific functional tests and measures combined with evidence-based modalities and interventions within the scope of practice for kinesiotherapy and scope of standards for kinesiotherapy. These treatments are used to physically, physiologically and psychologically improve the human function/movement and well-being of the clients served. Kinesiotherapists provide acute, sub-acute or post-acute skilled rehabilitative therapy, restorative care and/or wellness interventions focusing on therapeutic exercise, mobility, reconditioning and physical education. Kinesiotherapists emphasize the psychological as well as physical interventions to enhance behavior change components for a holistic approach to rehabilitation.] The work requires the application of knowledge of the concepts, principles, and practices of kinesiotherapy [including, but not limited to, appropriate assessments, evaluation, and treatments including:] therapeutic corrective exercises[, mobility interventions, education, issuance and training for adaptive equipment, assistive technology, and durable medical equipment.] Kinesiotherapists evaluate the history of patients by interviews, tests, and measurements; and use such findings [to] develop and implement [goal-driven] kinesiotherapy programs for individual patients. [Assessment and treatment can be performed in traditional rehabilitation settings such as: clinics, hospital-based, residential, telephone consultations, wellness settings, and/or through complementary settings like virtual health care (telemedicine, secure messaging, and electronic consultations).]

2. **[DEFINITIONS.**

   a. **Appointing Official.** The human resources management officer is delegate appointing authority to process and authenticate notifications of personnel actions, and authority to effect management-approved employment actions on behalf of officials, employees and facilities for which service is provided.

   b. **Approving Official.** The Veterans Integrated Service Network (VISN) director facility director, or designee is the approving official and will determine whether to approve or deny the appointment of employees in hybrid occupations.

   c. **Journey Level.** The full performance level for this qualification standard is GS-11.]

   d. **Creditable Experience.** To be creditable, the experience must demonstrate

possession of the knowledge, skills, and abilities (KSAs) [associated with current professional kinesiotherapy practice. This may be evidenced by one or more of the following:]

(1) One year of active practice, [ ] paid or non-paid employment, as a [professional] kinesiotherapist as defined by the [American Kinesiotherapy Association (AKTA) or Council of Professional Standards for Kinesiotherapy (COPSKT). Experience gained as a graduate kinesiotherapist is creditable provided the candidate has passed the registration examination.]

(2) Academic course work leading to an advanced degree in [exercise science, kinesiology, human performance or a related field.

**e. Quality of Experience.** Experience is only creditable if it was earned post degree and meets the following:

(1) Work as a graduate kinesiotherapist directly related to the position to be filled.

(2) The work to be credited is at a level comparable to kinesiotherapy experience at the same or next lower grade level than the grade level being considered for placement.]

**f. Part-Time Experience.** Part-time experience as a professional kinesiotherapist is credited according to its relationship to the full-time workweek. For example, a kinesiotherapist would receive one week of full-time credit for each two weeks of half-time work.

**g. Graduate Education.** Graduate degrees may be substituted for experience up to the GS-11 level. [ ] To substitute education for experience, the education must have been completed after the individual met the basic requirements for appointment [and must be registered.]

**h. Content Specialty**. [The] areas of [recognized specialization in] kinesiotherapy include, but are not limited to: cardiopulmonary [rehabilitation; driver rehabilitation specialist; ergonomic specialist; geriatrics specialist; health coaching; assistive technology professional; functional capacity evaluation specialist; aquatic rehabilitation; amputee; and seating/mobility specialist.]

## 3. BASIC REQUIREMENTS.

**a. Citizenship.** [Be a] citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with 38 U.S.C. § 7407(a)].

**b. Education.**

(1) A bachelor's degree [or higher from a program accredited by the Commission on Accreditation of Allied Health Education Program, with a concentration/emphasis in kinesiotherapy.

OR

(2) A bachelor's degree or higher with a concentration/emphasis in kinesiotherapy or exercise science related field and registered as a kinesiotherapist in good standing with the COPSKT.

OR

(3) A master's degree or higher with a degree in exercise science, kinesiology, human performance or a related field, which has been approved by COPSKT and a certificate verifying completion of a Center of Excellence (COE) Kinesiotherapy clinical training program. The completion of the certificate ensures that COPSKT has approved the degree program as part of the application process for the COE internship.

**NOTE***:* See Exception at paragraph 3e.

**c. Foreign Graduates.** Graduates of a foreign program must meet the requirements in subparagraph 3b if they have a full unrestricted and current registration to practice kinesiotherapy in a State, Territory, or Commonwealth (i.e., Puerto Rico) of the United States or in the District of Columbia. They must have at a minimum, proof of a degree from an accredited college or university (or foreign equivalent, as verified through an independent credentialing evaluation company).

**d. Registration.** All applicants must be registered in kinesiotherapy in good standing with the COPSKT.

**e. Exception.** Non-registered applicants at the GS-7 and GS-9 level who otherwise meet the eligibility requirements for appointment, may be given a temporary appointment as a graduate kinesiotherapist under the authority of 38 U.S.C. § 7405(a)(1)(B). Pursuant to 38 U.S.C § 7405(c)(2)(B), the appointment cannot exceed two years if the non-registered applicant's registration is pending with the COPSKT. Applicants who fail to obtain registration during this temporary full-time appointment must be terminated. For grade levels at or above the full performance level, the candidate must be registered.

**f. Failure to Obtain Registration.** In all cases kinesiotherapists must actively pursue meeting registration starting from the date of appointment. At the time of appointment, the supervisor must provide the unregistered kinesiotherapist with a

written requirement to obtain registration, the date by which the registration must be acquired, and the consequences for not becoming registered by the deadline. Failure to become registered within two years from the date of appointment, will result in removal from the GS-0635, Kinesiotherapist series; and may result in termination of employment.

**g. Loss of Credential**. Registered kinesiotherapists who fail to continue their registration in good standing, and maintain the required registration, must be removed from the occupation, which may result in termination of employment.]

**h. Grandfathering Provision.** [ ]All persons employed in VHA [as a Kinesiotherapist] on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education and registration that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

[(1) Such employees ] may be reassigned, promoted up to and including the full performance (journeyman) level, or [changed to a lower grade] within the occupation, but may not be promoted beyond the journeyman level or placed in supervisory or managerial positions.

(2) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard, may not have their temporary appointment extended or be reappointed on a temporary or permanent basis until they fully meet the basic requirements of the standard.

(3) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or license/certification/registration that meet all the basic requirements of this qualification standard, must maintain the required credentials as a condition of employment in the occupation.

[(4) Kinesiotherapists who are converted to title 38 hybrid status] under this provision,[and subsequently leave the occupation, will lose their] protected status, and must meet the full VA qualification standard requirements in effect at the time of re-entry to the occupation.

**i. Physical Requirements.** See VA Directive and Handbook 5019.

**j. English Language Proficiency.** Kinesiotherapist candidates must be proficient in spoken and written English to be appointed as authorized by [38 U.S.C. § 7403 (f).]

**4. GRADE REQUIREMENTS.** In addition to the basic requirements, the following criteria must be used when determining the appropriate grade and assignment of candidates.

**a. [Kinesiotherapist,] GS-7**

(1) **Experience.** None beyond the basic requirements.

[(2)] **Assignment.** Individuals at this grade level serve as [an entry level kinesiotherapist. The entry level kinesiotherapist receives guidance from more experienced staff members. They are responsible for but not limited to:] examination, evaluation, treatment intervention, and prevention of musculoskeletal, neuromuscular, cardiopulmonary, and integumentary impairments, functional limitations, and disabilities.

**b. [Kinesiotherapist,] GS-9**

(1) **Experience/Education.** [One] year of experience equivalent to the next lower grade level or [education equivalent to] two full years of [progressively higher level] graduate education or a master's degree [from a university or college in the field of kinesiotherapy or an exercise science related field.]

(2) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all the following KSAs:

(a) Knowledge of policies and procedures of kinesiotherapy.

(b) Knowledge of assistive devices to make recommendations, including fit and function of assistive devices [with the ability to recognize appropriate prosthetic/orthotic devices for the patient.

(c) Knowledge of evaluation and assessment tools] in applying therapeutic techniques.

(d) Skill in instructing patients and families in a [therapeutic] exercise program.

(3) **Assignment.** Individuals at this grade level serve as [developmental kinesiotherapists. They are responsible for examination, evaluation and treatment interventions that demonstrate a clear progression of clinical knowledge and experience by providing modified treatment interventions based on the patient's response (e.g. identifying individual risks, contra-indications, and advancement and progression of challenging treatment interventions) that utilize the application of innovative procedures and problem solving. Deviations from regular procedures, unanticipated

problems, and unfamiliar situations are referred to more experienced staff for a decision or assistance. Assignments at this level will include developmental duties of increasing scope and diversity as compared to the entry level. It is expected that kinesiotherapists at this grade, perform more complex work while receiving less frequent supervision than at the entry level.]

**c. [Kinesiotherapist], GS-[11]**

(1) **Experience/[Education.** One year of experience equivalent to the next lower grade level or a Ph.D. or equivalent doctoral degree or three academic years of progressively higher-level graduate education leading to a degree in kinesiotherapy or an exercise science related field. ]

(2) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) [Skill in communicating and coordinating with patients, families, caregivers, and other health care professions to facilitate the multidisciplinary treatment process].

(b) Knowledge [of evidence-based kinesiotherapy to provide skilled rehabilitation interventions to] a wide variety of patients having diverse and multiple disabilities.

(c) [Ability to conduct independent assessments using highly specialized evaluations and diagnostic tests.]

(d) Knowledge of [learning principles, behavioral intervention, and innovational] techniques [for patient and caregiver education.

(e) Ability to adapt assessment tools and treatment to the complexity of the diagnosis or disabilities and demonstrate the clinical reasoning necessary to identify the need for further in-depth specific assessment of function and utilization of non-standard methods and techniques.

(f) Ability to use clinical reasoning necessary to identify the need for further in-depth specific assessment and/or continuation of treatment.

(3) **Assignment.** This is the full performance level for the kinesiotherapist. Kinesiotherapists independently conduct assessments and develop treatment plans to the complexity of the diagnosis or disability using appropriate functional tests and measurements according to established evidence-based professional practices. The kinesiotherapists provide integrated and progressive skilled rehabilitative treatment modalities across the continuum of care. Duties may include, but are not limited to, any of the following: pre-

habilitation, acute, sub-acute, transitional, home-based, post rehabilitative, and wellness programs. Administer musculoskeletal, neurological, ergonomic, biomechanical, psychological, and task specific functional tests and measures in order to reach maximum outcomes. Coordinate and collaborate within a multidisciplinary team to provide comprehensive care, employ multiple treatment approaches and to accomplish complex treatment objectives. The kinesiotherapist may perform duties such as, accurately test, analyze, evaluate, and record measurements of vitals, muscular strength, endurance, range of motion, coordination, static/dynamic balance, cardiovascular endurance, gait analysis, posture, gross sensory impairment, functional mobility, activities of daily living, and prosthetic and orthotic gait, care and training. Provide education to patients, caregivers and other health care professionals regarding policies and procedures for guidance to maneuver through the health care system. Kinesiotherapists monitor and report on work status, program quality, performance improvement data, and make recommendations for process improvement.

**d. Kinesiotherapist, GS-12**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to coordinate and maintain academic agreements and assignments for student affiliations with universities, colleges, and other academic organizations.

(b) Knowledge of contemporary kinesiotherapy across multiple areas of practice and provide clinical guidance to staff kinesiotherapists within the department.

(c) Ability to provide consultation to other health care practitioners and outside groups about the practice of kinesiotherapy and areas of expertise.

(d) Ability to synthesize (create) clinical processes and practice in order to guide and train the students' clinical/educational experience and skills.]

(e) Knowledge of AKTA practice guidelines and COPSKT certification requirements.

(f) Ability to apply appropriate problem-solving methods and techniques.

(3) **Assignment**. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Clinical education coordinator positions generally would be found in Complexity Level 1 (High Complexity) or in facilities of lesser complexity levels where there is an affiliation with kinesiotherapy programs. The kinesiotherapist at this level develop and administer clinical training programs for students, facility, staff, and/or physical medicine and rehabilitation therapy disciplines. This assignment occurs at active, affiliated VHA facilities where specialized clinical treatment programs are provided. Duties include, but are not limited to: establishing, negotiating, and maintaining affiliation agreements and Memorandum of Understandings (MOUs). Serve as a liaison with the university in determining when students may be sent for training, the number of students to be sent, areas of training and assignment; designing, conducting, and evaluating educational experiences for students, associated health trainees, and other personnel assigned to clinical program(s) for training. Arrange and serve as instructors for staff in-service training programs, and serve on curriculum committees of colleges and universities, and have substantive input into the course content for students. The kinesiotherapists are responsible for the selection of appropriate preceptors, monitor timely evaluations of students, provide counseling as needed, and keep schools apprised of student performance. Review student performance, discuss deficiencies, and address any questions or concerns with student trainee and/or preceptor; and develop an action plan to address any problems, concerns, or deficiencies identified.

**e. Kinesiotherapist (Clinical Specialist), GS-12**

(1) **Experience.** In addition to meeting the basic requirements, one year of experience equivalent to the next lower grade level and one of the following:

(a) Evidence of a minimum of 2,000 hours of clinical practice directly in the specialty area within the last 5 years; or

(b) Certification in the specialty area from an accreditation body approved by COPSKT; or

(c) An additional advanced degree in a related field; or

(d) Completion of a fellowship program.

(2) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:]

(a) Knowledge [in a range] of specialized [interventions and treatment modalities used in a specialized treatment area of kinesiotherapy.

(b) Ability to serve as a consultant/mentor for health care providers regarding the delivery of care within a specialized area of kinesiotherapy.

(c) Skill to perform and interpret specialized evaluative procedures and tests in the treatment outcomes in the assigned specialty area.

(d) Skill in developing protocols and procedures for intervention programs based on current kinesiotherapy theory, recent research, and evidence-based practice.]

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. [The areas of recognized specialization include but are not limited to: cardiopulmonary rehabilitation; driver rehabilitation specialist; ergonomic specialist; geriatrics specialist; health coaching; assistive technology professional; functional capacity evaluation specialist; aquatic rehabilitation; amputee; and seating/mobility specialist. The clinical specialist is an advanced level practitioner with specialized knowledge and demonstrated clinical competence related to a particular diagnosis, patient population, or treatment area and has an increased depth and breadth of practice skills obtained through training and/or experience in specialty area. Participate in the professional development of colleagues as a preceptor and educator in the area of specialization. Demonstrate leadership within the area of expertise by refining programs and introducing new approaches for providing treatment in developing, initiating and refining treatment programs through current research and best practices of the profession. These individuals must demonstrate skills and techniques in a specialty area and/or specific population who have varying degrees of highly complex physical, psychological and/or physiological disorders.

**f. Lead Kinesiotherapist, GS-12**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to act as a consultant and mentor in evaluating and treating patients in specialty program areas by providing professional oversight and consultation for staff therapists, students, and interns.

(b) Knowledge of current evidence-based practice for kinesiotherapy across multiple clinical areas and to provide clinical guidance to staff.

(c) Ability to act as a liaison between staff therapists and supervisor by coordinating clinical activities, program development, outcome management, and strategic planning.

(d) Ability to implement, revise, update, evidence-based protocols, procedures and approved competencies for kinesiotherapy services.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Make recommendations to the supervisor on actions affecting team and individual awards and recognition. Provide recommendations to the supervisor of any clinical changes to policy and procedure. Kinesiotherapists are responsible for the direct day to day operation of the kinesiotherapy staff to ensure compliance of clinical procedures, treatment goals, and standards of practice. Serve as mentor, consultant, and advisor to less experienced staff and clinical team members and resolve complaints of employees. The lead participates, monitors and provides feedback on performance improvement activities and may implement initiatives or program changes. Ensure that the organization's strategic plan, mission, vision, and values are communicated to the clinical staff and integrated into the work plans, products, and services. Identify, distribute, and balance the workload and tasks among employees in accordance with established workflow and skill level. The kinesiotherapists make adjustments to accomplish the workload in accordance with established priorities to ensure timely accomplishment of assigned team tasks. Utilize staff, equipment, and space to resolve operational problems which may interfere with the delivery of kinesiotherapy services. The lead monitors and reports on the status and progress of work, checking on work in progress and reviewing completed work to see that the supervisor's instructions on work priorities, methods, deadlines and quality have been met.

**g. Supervisory Kinesiotherapist, GS-12**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to balance multiple responsibilities, set priorities, delegate tasks, meets multiple deadlines, analyze organizational problems, and develop and implement effective solutions.

(b) Ability to analyze organizational and operational problems to develop and implement solutions that result in efficient operations and use data

effectively to manage workload, quality, performance, and productivity within the service.

(c) Skill in interpersonal relationships in dealing with employees, team leaders, and managers to include conflict management.

(d) Ability to guide the staff in the utilization of evidence-based practices and clinical practice guidelines in a professional area, and to guide the staff in applying these tools.

(3) **Assignments.** For all assignments above the full-performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Kinesiotherapists are responsible for the supervision, administrative management, and direction of program services and full oversight for planning and directing the staff assignments in a variety of clinical settings. These positions have responsibility for general or technical supervision of key clinical and training programs. Typical duties include: assigning work; monitoring clinical performances of staff; resolving staff conflicts; identifying continuing education and training needs; and preparing performance standards and ratings. Interview candidates for positions, recommend appointments, advancements, or when appropriate, disciplinary actions. The supervisor accepts, amends, or rejects completed work and ensures accuracy requirements are met. Ensure compliance with accrediting agency and regulatory requirements, establish and monitor the quality of the pre-analytical processes as part of the overall service's quality management program, and takes corrective action as needed. The supervisor ensures orientation and competency assessment of assigned staff. Develop policies and procedures, manage document control, position descriptions, and functional statements, and is responsible for professional and administrative management of an assigned area to include time and leave management. The supervisor conducts department meetings at regular intervals to convey information to staff. The supervisor maintains interdepartmental relations with other services to accomplish medical center goals and may provide clinical treatment in more complex cases.

**NOTE**: The GS-12 Supervisor may supervise all grade levels below the GS-12 grade level.

**h. Kinesiotherapist (Program Coordinator), GS-12**

(1) **Experience**. One year of experience equivalent to the next lower grade level.

(2) **Demonstrated Knowledge, Skills, and Abilities**. In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge and skills necessary to provide patient care and to provide advice to staff on planning and implementation of comprehensive treatment programs.

(b) Knowledge of VA policies and procedures to represent the medical center.

(c) Knowledge and skills to analyze, evaluate, and monitor issues concerning the efficiency and effectiveness of programs that will impact activities or functions such as: supplies, equipment, budget, and recruitment.

(d) Skill in providing clinical and administrative oversight of a multidisciplinary team.

(e) Ability to collaborate with strategic planning committees at local, VISN, or national level for new ventures addressing patient care delivery systems, facilities management, systems reorganization, etc.

(f) Ability to provide guidance and advise program administrators, members of the community, and medical center leadership.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. The program coordinator is generally found in Complexity Level 1 (High Complexity) facilities, or in facilities of lesser complexity levels where expanded services are performed. The kinesiotherapist program coordinator has full responsibility for managing the day to day activities of the clinic for all phases of a facility specialty program to include assessing, planning, and evaluating the delivery of care. The areas of recognized specialization include but are not limited to: cardiopulmonary rehabilitation; driver training; functional capacity evaluations; aquatic rehabilitation; amputee; and seating/mobility specialist. Plan work operations that affects staff and other resources, resolve problems related to work performed, and are accountable for the quality, timeliness, productivity, and progress reports of services provided in the program. Formulate new or revised facility and/or departmental policy relating to the specialty program area. The program coordinators assist with special projects such as strategic planning, performance improvement plans, and coordination and training of interdisciplinary team members. The kinesiotherapist program coordinator may be responsible for the coordination of clinical assignments for multiple professionals comprising an interdisciplinary team. Collaborate with leadership, other therapy supervisors, and staff to facilitate efficient and effective delivery of appropriate patient centered care along the continuum for all patients. Develop and modify standard operating procedures and ensure

standard operating procedures are applicable to the assigned program and are appropriate and current. ]

**[i. Supervisory Kinesiotherapist, GS-13**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:]

(a) Ability to supervise, motivate, and effectively manage staff by organizing work, setting priorities, and delegating tasks and setting responsibilities.

(b) Ability to disseminate appropriate information through various media as a consultant or mentor.

(c) Skill in interpersonal relationships in dealing with employees, other team leaders, and managers.

(d) Knowledge of specialized programs and the ability to perform the administrative duties of special programs and/or components of a kinesiotherapist section.

(e) Knowledge of decision-making principles necessary to adjust programs on a day to day basis, to develop short term and long range goals, and/or to plan for future utilization of human resources, and the reassignment of staff to enhance/develop the value of existing or new programs.

[(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Supervisors are found in Complexity Level 1 (High Complexity) facilities, or in facilities of lesser complexity levels where expanded services are performed. Monitor and modify clinical program development and resources (e.g., personnel, space, equipment, and supplies), in order to ensure that the objectives of treatment and delivery of care have been achieved. Ensure that best practices and procedures are implemented and utilized. The supervisory kinesiotherapists monitor evaluation, treatment, encounter data, collect and report workload and other required statistical data, and patient documentation practices using current research and/or studies to assure delivery of quality care. Supervisors are responsible for providing administrative supervision for planning, directing, organizing, coordinating, implementing, controlling and evaluating the overall administrative operations and clinical procedures, guidelines and protocols of the department. Supervisory kinesiotherapists identify and recommend continuing education and training needs for the

kinesiotherapy staff. Monitor and approve or disapprove training and leave requests. Evaluate the work performance of subordinates, provide feedback to employees, and annual written performance appraisal evaluation. The supervisors develop and update performance evaluation standards and functional statements, making recommendations for appointments, awards, advancement, and when appropriate, disciplinary actions. Recruit and select candidates for hiring, recommending promotions, reassignments, or other personnel changes to higher level management. Resolve grievances and appeals that have been elevated through the chain of command to the supervisory level.

(**NOTE**: The GS-13 Supervisor may supervise all grade levels below the GS-13 level.)

**j. Kinesiotherapist, GS-13**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of evidence-based practices and clinical practice guidelines, rehabilitation principles, methods, and techniques in multiple professional areas. This includes the ability to use these resources to guide the program staff in providing clinically appropriate treatment interventions and performance improvement.

(b) Knowledge of regulatory agencies/bodies, laws, and regulations governing health care organizations as well as knowledge of VA handbooks, directives, and medical center's policies, procedures and guidelines.

(c) Skill in interpersonal relationships and conflict resolution in dealing with a diverse range of employees, team leaders, administrators, and clients.

(d) Ability to translate extensive rehabilitation knowledge and skills in providing clinical and administrative oversight of multidisciplinary rehabilitation programs.

(e) Ability to translate extensive rehabilitation knowledge into cogent and useful policy.

(f) Knowledge of coordinating administrative business operations in order to manage budgets for a program or large integrated service.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. An individual in this assignment manages multi-disciplinary sections within the medical center that provide rehabilitative services. Plans, develops, and implements short term and long-term goals, and objectives as part of strategic planning to ensure the provision of quality rehabilitative services to meet the needs of the patient population being served. The rehabilitation program manager coordinates the development and implementation of budget, administration, policies and procedures, position management, staffing, physical resources, and recommends priorities to the chief. This position may have supervisory responsibilities over multiple therapy disciplines and/or section chiefs and oversight of non-physician clinical functions. Monitors and ensures program compliance with various accrediting and regulatory standards and medical center policies. The program manager interviews and selects applicants, setting performance standards, evaluating performance, disseminating necessary information, assigning work, addressing performance, and/or conduct issues, etc. Ensures the coordination of rehabilitation related services provided, as well as an optimal collaboration with other healthcare providers within the facility. Reviews and analyzes efficiency, productivity, access, and utilization data related to performance improvement and patient satisfaction to ensure desired outcomes are achieved. This individual oversees the work of subordinate employees and assures the accuracy of reports submitted by therapy supervisors, clinical specialists, clinical education coordinators, or team/program leaders.

**k. Supervisory Kinesiotherapist**, **GS-14**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Skill in effectively motivating and managing a diverse clinical staff applicable to service level department in a large, complex, or multi-division facility, including inherent strategic planning and fiscal management.

(b) Ability to supervise/manage, plan, organize, delegate, direct, control, and review the activities of subordinate groups that have diverse functions, establish and monitor productivity standards and production groups and performance priorities.

(c) Knowledge of the management principles required to establish program goals and objectives, set strategic direction, plan and manage budgets to

administer a program, coordinate associated activities, evaluate program accomplishments, redefine priorities, and modify objectives.

(d) Knowledge of reconciling contradictory requirements based upon regulations and standards of various regulatory, medical or other professional credentialing groups.

(e) Knowledge of pertinent analytical and evaluative methods sufficient to analyze complex issues and provide workable solutions and alternative solutions to executive leadership that supports timely and sound decision making.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. An individual in this assignment manages multi-disciplinary sections within the medical center that provide rehabilitative services which include but are not limited to kinesiotherapy, physical therapy, occupational therapy, etc.. The work is considered to be technically authoritative. The service chief has broad and overall responsibility for the service-level department. The service chief has full responsibility for clinical practice, program management, fiscal management, education, human resources management, and supervision for the service. Autonomously manage substantive parts of specialized, complex, professional services which significantly impact the care provided to patients. Provide leadership with objective, independent assessments and recommendations for policy, operational and administrative issues and initiatives requiring decision and action. Service chiefs monitor work performance to ensure production and accuracy requirements are satisfied. Interpret a wide variety of data and process data related to program planning and specialized needs of the service line and medical center. Ensure policies or projects have been fully coordinated, vetted and staffed. Advise leadership on implications, key issues, relationship to interest groups, both internal and external, and recommend courses of action. The service chief coordinates and negotiates resolutions to complex problems. Prepares special reports and responses, congressional responses, briefing papers, issue briefs, and decision papers for the medical center leadership, which may be highly sensitive, confidential, and of a complex nature as requested. Negotiates affiliation agreements with academic partners, sets training objectives, and delegates responsibilities to subordinate section.

**I. Kinesiotherapist, GS-14**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of operations and systems to resolve policy implementation issues and medical center directors/chiefs of staff, VISN management, and various professional service representatives.

(b) Ability to oversee program development of assigned specialized VISN/regional clinical programs.

(c) Knowledge of and skill in health care services management and inter-relationships within health care and rehabilitation organizations (i.e. applying healthcare management principles to planning, execution, and administration of Veterans' system wide programs).

(d) Skill in managing advocacy roles and planning activities within the VA and the greater rehabilitation community.

(e) Knowledge of interdisciplinary rehabilitation specialty activities and scopes of function in order to interact with VA officials and the larger rehabilitation community.

(f) Knowledge of the VA organization, documentation protocols, and channels of communication necessary to write and coordinate directives, handbooks, manuals, program guides, criteria and standards, and any other administrative issue relevant to rehabilitation.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. The VISN/regional rehabilitation program manager serves as the program official, advisor, and analyst. Develop and implement the organizational vision and provide leadership, consultation, and operational guidance in compliance with established regulations, policies, and procedures. Applies specialized knowledge of health care and management for planning, organizing, and directing rehabilitation services. Implements national initiatives for the care and treatment of VHA patients, educational programs, program evaluation, quality assurance, budgeting, financing, and policy and procedure formulation. The program manager coordinates activities and functions at the VISN/regional level of rehabilitation programs or related specialty programming such as but not limited to: health promotion and disease prevention; aquatic rehabilitation; driver rehabilitation instructor recruitment and training; polytrauma and amputation program management; external review processes; prosthetic and assistive technology program oversight; and tele-rehabilitation. This individual designs, leads, and implements strategic planning across VISN/regional rehabilitation services and provides guidance to the individual program level for facility

implementation. Develops policy and procedures related to delivery of rehabilitation and related services and provide reporting and data analysis of performance outcomes at the local and VISN/regional level. Coordinates and completes action items from VA Central Office. Provides field support through mentoring activities and tracking of outcome trends. Resolves patient or caregiver concerns or inquiries, reviews requests for patient medical record amendments, and prosthetic equipment requests that have been elevated from the local level to the VISN/regional level. Serves as the technical expert in resolving and developing administrative data trails regarding rehabilitation program issues. Resolves policy implementation issues with appropriate field leaders. Authors and coordinates white papers and issue briefs as clarification documents and provides technical expertise representing any of the clinical rehabilitation specialty disciplines regarding recruitment, retention, certification, scope of practice, and clinical outcome data.

**m. Kinesiotherapist, GS-15**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of operations and systems to resolve policy implementation issues for medical center directors/chiefs of staff, service chiefs, VISN/regional management, Central Office staff and various professional service representatives.

(b) Ability to oversee program development of assigned specialized national clinical programs.

(c) Knowledge of health care services management and the inter-relationships within health care and rehabilitation organizations (i.e., applying healthcare management principles to planning, execution, and administration of Veterans' system wide programs).

(d) Skill in managing advocacy roles and planning activities within the VA and the greater rehabilitation community.

(e) Knowledge of interdisciplinary rehabilitation specialty activities and scopes of function in order to interact with VA officials and the rehabilitation community.

(f) Knowledge of the VA organization, documentation protocols and channels of program guides, criteria and standards, and any other administrative issue relevant to rehabilitation.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. The national rehabilitation executive serves as one of multiple key program officials, advisors and analysts within the National Program Office of Physical Medicine and Rehabilitation Service under Rehabilitation and Prosthetic Services in VA Central Office. This executive develops and implements the organizational vision across VHA. Provides leadership, consultation, and operational guidance in compliance with established external agencies and policies and procedures within rehabilitation services. Manages and plans national initiatives having a high degree of visibility and a significant impact on rehabilitation healthcare services and delivery. The executive applies specialized knowledge of health care and rehabilitation management for planning, organizing and directing national initiatives in the care and treatment of patients, educational programs, program evaluation, quality assurance, budgeting, financing, and policy and procedure formulation. Collaborates and coordinates services with other federal and state agencies, external professional organizations, program offices and services within VHA. Designs, leads, and implements strategic planning across rehabilitation services at the executive level and provides consultation at the individual program level for facility implementation. The executive develops national policy and procedures related to the delivery of rehabilitation services including VHA directives, handbooks, manuals, rehabilitation program implementation and training guides, information letters, clinical practice guidelines, standards and criteria (such as, but not limited to, national space criteria and chief business office documentation criteria). Provides field support through mentoring and consultative activities as a technical expert. Monitors and tracks outcome trends and facilitates validation and efficiency of workload and productivity. Represents the national program office in planning initiatives in a myriad of assignments dealing with rehabilitation issues that cross multiple organizational lines as well as federal and state agencies. The executive resolves policy implementation issues with the appropriate VA Central Office, VISN, regional and facility field leaders or external review organization representatives. They author and coordinate requests for information, and VHA reviews cost estimates for proposed legislation, white papers and issue briefs, as clarification documents. The executive provides technical expertise representing any of the clinical rehabilitation specialty disciplines; including, but not limited to recruitment, retention, certification, scope of practice and clinical outcome data.]

## 5. DEVIATIONS.

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for kinesiotherapists in VHA

whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will educational requirements be waived.

c. [Under no circumstances will registration be waived at the full performance level (GS-11) and above.]

d. The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. §§ 7402, 7403, 7405, 7407.**

# APPENDIX G22. OCCUPATIONAL THERAPY ASSISTANT QUALIFICATION STANDARD

## GS-0636

## Veterans Health Administration

1. **COVERAGE.** [The following are requirements for appointment and placement as an] Occupational Therapy Assistant (OTA), [GS-0636] in the Veterans Health Administration (VHA). OTAs, [under the clinical direction of and in partnership with an] Occupational Therapist (OT) provide preventative, remediation and rehabilitative services to persons with mental, physical, emotional, or developmental impairments. OTAs participate with the OTs in planning and implementing complex treatment programs and apply occupational therapy procedures to patients.

2. **DEFINITIONS.**

   a. **Journey Level.** The full performance level for this qualification standard is the GS-08 grade level.

   b. **Creditable Experience.** To be creditable, the experience must have required the use of knowledge, skills and abilities (KSAs) associated with the scope of OTA practice. [OTAs may have gained this experience as an OTA, rehabilitation aide, volunteer or in the medical health services field.]

   c. **Part-Time Experience.** Part-time experience is creditable according to its relationship to the full-time workweek. For example, one week of full-time credit is equivalent to two weeks of half-time work.

   d. **[Specialty areas**. Clinical specialties may include, but are not limited to, assistive technology, driving and community mobility, environmental modification, low vision, safe patient handling, research, neurology (e.g., brain injury, spinal cord injury), geriatrics and mental health.]

3. **BASIC REQUIREMENTS**

   a. **Citizenship.** [Be a] citizen of the United States. Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with [38 U.S.C. § 7407(a).]

   b. **Education.** [Individuals must meet at least one of the requirements below:]

      (1) Associate's [or higher] degree in occupational therapy from a college or university accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA).

(2) [Completion of a military training program in an OTA program accredited by the ACOTE.]

c. **[Certification.** OTAs must have written documentation that they have passed the entry-level certification examination for OTAs administered by the National Board for Certification in Occupational Therapy (NBCOT).

d. **Licensure.** OTAs must hold a full, current, and unrestricted state license to practice occupational therapy in a State, Territory, a Commonwealth of the United States (i.e. Puerto Rico) or in the District of Columbia.

e. **Loss of Credential.** [Management officials, in collaboration with Human Resource (HR) Office staff] must remove employees in this occupation who fail to maintain the required state or territorial licensure and the NBCOT certification, both current and in good standing, which may result in termination of employment.

f. **Exceptions for Non-Certified or Non-Licensed Occupational Therapy Assistant.**

(1) OTAs who graduated from an ACOTE approved occupational therapy assistant program but do not possess the NBCOT certification and/or licensure requirements, may be appointed, pending licensure and/or NBCOT certification, on a full-time temporary appointment under the authority of 38 U.S.C. § 7405(a)(1)(B) and not to exceed two years in accordance with the timeframe in 38 U.S.C. § 7405(c)(2).

(2) OTAs may only be appointed at the entry grade level and may not be promoted/converted until licensure and/or certification are obtained.

(3) OTAs may provide care only under the direct supervision of a licensed OTA or OT who meets all state regulatory requirements.

(4) Temporary OTA appointments may not be extended beyond two years.

g. **Failure to Obtain License.** In all cases, uncertified and/or unlicensed OTAs must actively pursue meeting certification requirements and/or State prerequisites for licensure starting from the date of their appointment. At the time of appointment, the HR Office staff will provide the uncertified and/or unlicensed OTA the written requirements for licensure and/or certification, the date by which the license and/or certification must be obtained and the consequences for not becoming licensed and/or certified by the deadline. OTAs who fail to obtain a license and/or certification by the prescribed date will be removed from their OTA, GS-0636 position, which may result in termination of employment.

h. **Grandfathering Provision.** All individuals employed in VHA in this occupational series or in another occupational series that are also performing the duties as

described in the qualification standard on the effective date of this qualification standard are considered to have met all qualification requirements for the grade held, including positive education and licensure/certification/registration that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Employees may be reassigned, promoted up to and including the full performance (journey) level or changed to lower grade within the occupation, but may not be promoted beyond the journeyman level or placed in supervisory or managerial positions.

(2) Employees in an occupation that requires a licensure/certification/registration only at higher grade levels must meet the licensure/certification/registration requirement before they can be promoted to those higher grade levels.

(3) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis until they fully meet the basic requirements of the standard.

(4) Employees who are converted to title 38 hybrid status under this provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

(5) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

i. **Physical Requirements**. See VA Directive and Handbook 5019[, Employee Occupational Health Service].

j. **English Language Proficiency.** OTA candidates must be proficient in spoken and written English [in accordance with 38 U.S.C. § 7403(f).]

**4. GRADE DETERMINATIONS.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.

[ ]

a. **Occupational Therapy Assistant, GS-05**

(1) **Experience.** [None beyond the basic requirements.]

(2) **Knowledge, Skills and Abilities.** [None.]

(3) **Assignment.** [Employees at this grade level serve in an OTA entry level developmental position under direct clinical direction and partnership of an OT. The treating OT is available on a regularly scheduled basis to review the practice of the OTA and support the OTA in the performance of his/her services. OTAs perform preliminary chart review including medical history and looking for contraindications for treatment. They provide functional and purposeful intervention to enhance safety, wellness, performance in activities of daily living (ADL) and instrumental activities of daily living (IADL), education, work, play, leisure and social participation. OTAs recommend treatment changes based on changes in physical, mental, and/or medical status of the patient. They follow guidelines from the AOTA, The Joint Commission (TJC) and current VHA policy and protocols as instructed by supervisor.]

b. **Occupational Therapy Assistant, GS-06**

(1) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(2) **Knowledge, Skills and Abilities.** [In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of evidence-based occupational therapy practice.

(b) Knowledge of basic group techniques and interpersonal communication

(c) Skill in written communication to document data, progress/change in status, discharge status, and patient or caregiver education.

(d) Skill in oral communication to document data, progress/change in status, discharge status, and patient or caregiver education.

(e) Ability to assist in the development of treatment goals/objectives.

(f) Ability to implement a patient care plan incorporating activity analysis theory.]

(3) **Assignment.** Employees at this grade level serve in an OTA [developmental] position. OTAs receive ongoing guidance from more experienced staff members and require clinical direction by the treating OT. They complete a preliminary review/examination of patient data to select, adapt and implement basic intervention plans for the prevention, remediation and rehabilitation of non-complex diagnoses. OTAs recommend changes in treatment based on changes in physical, mental and/or medical status of the patient. They prepare and present written and oral patient care reports. OTAs perform non-direct patient care tasks including, but not limited to, coordinating schedules with team members and monitoring inventory of clinical supplies. They

actively participate in patient/family meetings to identify patient's needs, report on patient goals and progress. OTAs communicate patient progress and any additional patient needs/treatment modifications to the OT. OTAs may provide clinical supervision (Note, this does not constitute supervisory control) to OTA students that will include promoting clinical reasoning and reflective practice, as well as ethical practice and professional competency development.

c. **Occupational Therapy Assistant, GS-07**

(1) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(2) **Knowledge, Skills and Abilities.** [In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Skill in promoting occupational therapy services effectively, providing training and interventions within the assigned areas

(b) Ability to perform in depth chart review to identify treatment goals and implement treatment plans.

(c) Ability to use problem-solving skills when providing therapeutic interventions for patients.

(d) Ability to provide multi-step instructions to patients, caregivers and other health care professionals adapting instructions to meet the learning needs of the individual.]

(3) **Assignment.** Employees at this grade level serve in an OTA [developmental] position. OTAs receive guidance from more experienced staff members and/or treating OT, for patients with comorbidities and/or requiring complicated interventions. They grade and adapt treatment interventions to maximize patient's functional status. OTAs provide education regarding ways to structure activities and areas of occupation for patients to family members, other care professionals and program staff. They interact with patient and family to explain therapy procedures and discuss treatment plans to comply with indicated regimens and post discharge activities. OTAs may provide clinical supervision (Note, this does not constitute supervisory control) to OTA students and other healthcare practitioners. This will include promoting clinical reasoning and reflective practice, as well as ethical practice and professional competency development. They provide department in-service training and provide caregiver and home management training to patients and families. OTAs assist in the orientation of, and may function as a preceptor to, employees and students new to the unit as assigned and promotes occupational therapy within the facility.

d. **[Occupational Therapy Assistant, GS-08**

(1) **Experience.** One year of creditable experience comparable to the next lower grade level.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Ability to implement delegated assessments.

(b) Ability to provide reports of observations and patient performance.

(c) Ability to use complex therapeutic techniques and interventions, utilizing problem-solving skills to maximize patient's functional status.

(d) Ability to modify therapeutic interventions for simple and complex cases with a wide range of diagnoses and disabilities.

(e) Ability to recommend complex adaptive and assistive devices and durable medical equipment.

(f) Ability to consult with health care practitioners about the patient's treatment plan and the occupational therapy scope of practice and services.

(3) **Assignment.** Employees at this grade level serve as a full performance level OTA. OTAs at this level receive minimum guidance from the OT and seek guidance for more complex patients and specialized treatment procedures. They contribute to the screening, evaluation and re-evaluation process by administering delegated assessments and reporting observations and patient performance to the OT. OTAs plan, coordinate and administer occupational therapy treatment for prevention, remediation and rehabilitation of diverse diagnoses in all practice areas to both individuals and groups as well as develop and implement new programs. They recommend and modify assistive devices and instruct patients on their care and use to ensure optimal performance. OTAs independently provide patient education on areas of occupation, assistive devices and orthotics based on patient's and families' level of cognition, cultural and/or behavioral variables. OTAs collaborate with the interdisciplinary team to make recommendations for the patient's rehabilitation, reintegration and disposition needs. They develop, participate in and ensure compliance with quality improvement activities through participation in medical center/section committees as delegated.

e. **Occupational Therapy Assistant, GS-09**

(1) **Education and Experience.** One year of creditable experience comparable to the next lower grade level which demonstrates the knowledge, skills and abilities

related to the duties of the position being filled. In addition, the candidate must demonstrate one of the following:

(a) A minimum of 2000 hours of clinical practice directly in the specialty area and completion of 60 contact hours of continuing education directly related to the specialty area. This time must be within the past five years; or

(b) Certification in specialty area; or

(c) An additional academic degree related to the healthcare mission.

(2) **Knowledge, Skills and Abilities.** In addition to the experience and education requirements above, the candidate must demonstrate the following KSAs.

(a) Skill in the utilization of delegated assessment tools to assist in developing individualized treatment plan related to specialty area.

(b) Skill in developing protocols and procedures for specialized intervention techniques and programs.

(c) Ability to independently implement treatment plan using specialty skills and complex techniques.

(d) Ability to provide complex evidence-based interventions related to clinical specialty.

(e) Ability to provide consultation and mentoring to other healthcare practitioners and stakeholders in area of specialty.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), variety, and be performed by the incumbent at least 25% of the time. Employees at this grade level serve as advanced OTAs with additional education and experience for treatment of patients with multiple comorbidities and diagnoses. Advanced OTAs apply advance practice skills to treat patients with complex diagnoses, including independently choosing personalized seating and positioning, creating and fabricating adaptive devices, etc. Advanced OTAs possess a higher-level of clinical competence and serve as a consultant to other OTAs. They serve as subject matter experts in comprehensive rehabilitation programs such as, but not limited to, assistive technology, driving and community mobility, environmental modification, low vision, safe patient handling, research, neurology (e.g., brain injury, spinal cord injury), geriatrics and mental health. Advanced OTAs may participate in clinical research/outcomes studies, applying related interventions, testing new products/techniques and protocol and program development. They mentor other staff to facilitate skill development related to area of expertise.

Advanced OTAs provide education within the facility related to diverse specialty areas and on new trends in area of expertise. They promote occupational therapy within the facility, community, and/or nationally.

f. **Lead Occupational Therapy Assistant, GS-09**

(1) **Experience.** One year of creditable experience equivalent to the next lower grade level which demonstrates the knowledge, skills and abilities related to the duties of the position being filled.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Ability to organize work, set priorities and delegate tasks/responsibilities to meet deadlines.

(b) Ability to mentor/coach other staff in advanced clinical guidelines and best practices.

(c) Ability to manage staffing requirements and priorities and coordinate work assignments to complete duties in a timely manner.

(d) Ability to assist with OT program development, outcome management and strategic planning.

(e) Ability to serve as a liaison between OT staff and department leadership.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety, and be performed by the incumbent at least 25% of the time. Lead OTAs work with the supervisor to monitor and make work assignments, provide input on performance, resolve daily workplace issues and maintain efficient workflow. Lead OTAs will lead three or more GS-8 OTA positions. Lead OTAs coordinate staff assignments with therapy department leadership for long-term strategic planning and coverage. They communicate between staff and department leadership and serve as a liaison between occupational therapy and other departments. Lead OTAs serve as a consultant to other OTAs and provide clinical practice guidance to other occupational therapy staff. Lead OTAs duties may also include managing the staff and/or clinical education program. Lead OTAs utilize appropriate reports and/or mechanisms (e.g., OT consult completion, OT productivity, employee accident forms) to identify system problems or noncompliance to standards. They maintain personal productivity and assists the section in maintaining/increasing effectiveness and efficiency in meeting its objectives.

g. **Occupational Therapy Assistant (Program Coordinator), GS-10**

(1) **Experience**. One year of experience comparable to the next lower level which demonstrates the knowledge, skills and abilities related to the duties of the position to be filled.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of contemporary occupational therapy within specialty program to provide advocacy, consultation and education to internal and external stakeholders.

(b) Skill in management, administration and/or education methodologies, e.g., monitoring and tracking data, using available resources effectively and generating reports for leadership.

(c) Ability to coordinate the operations of multi-disciplinary teams and departments.

(d) Ability to obtain resources and evaluate effectiveness to ensure operation and performance improvement of the program.

(e) Ability to develop programs, policies and procedures to meet specialty area goals and external accreditation requirements.

(f) Ability to serve as a facilitator in coordinating program initiatives among multiple teams and departments.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety, and be performed by the incumbent at least 25% of the time. OTAs (Program Coordinator) at this level have experience that demonstrates advanced practice skills and judgment across one or more areas of occupational therapy. OTAs at this level manage all aspects of a distinct program of service within the facility, Veteran Integrated Service Network (VISN), or national and/or regional level. OTAs may be assigned broad administrative responsibility for one or more specialty practice areas, such as, but not limited to, assistive technology, brain injury, spinal cord injury, chronic pain, geriatrics, student clinical education/fellowship/residency programming and mental health. They oversee operations and/or management of key clinical, training, research, and/or administrative programs. OTAs (Program Coordinator) develop and implement programs, policies and procedures to meet program goals, policy and external accreditation requirements at the facility, VISN, national and/or regional level. They monitor outcomes and implement strategies for program improvement. The OTA (Program Coordinator) develops and implements short- and long-term goals and objectives consistent with the program's strategic plan.

h. **Supervisory Occupational Therapy Assistant, GS-10**

(1) **Experience.** One year of experience comparable to the next lower level which demonstrates the knowledge, skills and abilities related to the duties of the position to be filled.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of national, state and local regulations, policies and procedures.

(b) Skill in effective communication and conflict resolution.

(c) Ability to apply knowledge of contemporary occupational therapy across multiple areas of practice to provide clinical guidance.

(d) Ability to provide the full range of administrative and supervisory duties which include assigning work, performance evaluations, selection of staff, recommendation of awards, advancements and disciplinary actions.

(e) Ability to analyze data to optimize quality, performance and productivity of staff and services.

(f) Ability to delegate authority to accomplish program goals and adapt to changing priorities.

(g) Ability to manage advocacy roles and planning activities within the VA and the greater rehabilitation community.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety, and be performed by the incumbent at least 25% of the time. Responsible for the supervision, administrative management and direction of the OT program in a rehabilitation service or equivalent service-level department which consists of at least three clinical employees and other assigned staff. Supervisory OTAs demonstrate autonomy in performing supervisory responsibilities that include, but are not limited to, assigning work to employees, monitoring workload and clinical volume, reviewing work of employees to assure accuracy and validity of submissions, assuring adequate clinical staffing, imposing disciplinary measures, recommending awards and monitoring clinical privileges of assigned staff. They analyze and review data (e.g., productivity, workload, documentation, etc.) to identify programmatic issues and develop solutions/strategies resulting in performance improvement. Supervisory OTAs provide requested facility and/or departmental reports to hospital management and monitors the standard of clinical services delivered. The develop and implement policies and

procedures to address focused clinical needs and the overall services delivered and provided within the section.]

**5. DEVIATIONS.**

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade and/or assignment.

b. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health in VHA Central Office prior to placement in the position.

c. Under no circumstances will the educational or credential requirement be waived for those occupations with a positive education requirement or when specific credentials are identified as necessary to meet minimum requirements, unless an exception is annotated in the qualification standard.

**Authority: 38 U.S.C. §§ 7401, Appointments in Veterans Health Administration; 7402, Qualifications of appointees; 7403, Period of appointments; promotions; 7405, Temporary full-time appointments, part-time appointments, and without-compensation appointments; 7407, Administrative provisions for section 7405 and 7406 appointments.**

# APPENDIX G23. PHYSICAL THERAPY ASSISTANT QUALIFICATION STANDARD

## GS-0636

## Veterans Health Administration

1. **COVERAGE.** [The following are requirements for appointment as a] Physical Therapy Assistant (PTA), GS-0636 in the Veterans Health Administration (VHA). These requirements apply to all VHA PTAs in the General Schedule (GS)-0636 series. Under the direction of a Physical Therapist (PT), the PTA provides services that promote the prevention, remediation and rehabilitation of acute and chronic physical dysfunction. The PTA participates with the PT in planning and implementing complex treatment programs and applies physical therapy procedures to patients [ ].

**[2.] DEFINITIONS.**

a. **Journey Level**. The full performance level for this qualification standard is the GS-8 grade level.

b. **Creditable Experience**. To be creditable, the experience must have required the use of knowledge, skills and abilities (KSAs) associated with the current scope of PTA practice. Experience must have been gained as a licensed PTA.

c. **Part-Time Experience**. Part-time experience is creditable according to its relationship to the full-time work week. For example, an individual employed 20 hours per week, or on a half time basis, would receive one full-time work week of credit for each two weeks of service.

d. **[Specialty Practice Areas.** Specialty areas may include but not limited to neuromuscular, musculoskeletal, cardiopulmonary, integumentary, assistive technology, brain injury and spinal cord injury (SCI).]

**[3.] BASIC REQUIREMENTS.** To qualify for appointment to this position, all applicants must possess the following:

a. **Citizenship**. Be a citizen of the United States (U.S.). Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with 38 U.S.C. § 7407(a).

b. **Education.** Individuals must meet at least one of the requirements below:

(1) [ ] Associate degree from an accredited community college, junior college, college or university in a physical therapy assistant education program accredited by the Commission on Accreditation in Physical Therapy Education;

OR

(2) [Graduate of foreign physical therapy assistant degree programs that meet the educational requirement and have successfully passed the National Physical Therapy Exam (NPTE) for PTAs.

OR

(3) Graduate of military physical therapy assistant programs that meet the educational requirement and have successfully passed the NPTE for PTAs.]

c. **Licensure**. Current, full, active and unrestricted license as a PTA in a State, Territory or Commonwealth (i.e. Puerto Rico) of the United States, or District of Columbia.

**(1) Exceptions for Non-Licensed Physical Therapy Assistant.**

(a) Non-licensed applicants who otherwise meet the minimum qualification requirements, but who do not possess state licensure, may be appointed, pending licensure, as a graduate PTA on a full-time temporary appointment under the authority of 38 U.S.C. § 7401(a)(1)(B) and not to exceed two years in accordance with the timeframe in 38 U.S.C. § 7405(c)(2)(B).

(b) Non-licensed individuals shall only provide care under the direct supervision of a licensed PTA or PT who meets all state regulatory requirements.

(c) Non-licensed individuals may only be appointed at the entry level and may not be promoted/converted until licensure is obtained.

(d) Temporary appointments of non-licensed PTAs may not be extended beyond two years or converted to a new temporary appointment.

(e) **Failure to Obtain Licensure.** In all cases, non-licensed PTAs must actively pursue meeting requirements for licensure starting from the date of their appointment. At the time of appointment, the supervisor will provide the non-licensed PTA with the written requirements for licensure, including the time by which the license must be obtained and the consequences for not becoming licensed by the deadline. Failure to obtain licensure during this time period may result in termination of employment.]

**(2) Loss of Credential.** A PTA who fails to maintain the required licensure must be removed from the occupation, which may also result in termination of employment.

d. **Grandfathering Provision.** [Please carefully review the qualification standard to determine the specific education and/or licensure/certification/ registration requirements that apply to this occupation.]

All individuals employed in VHA in this occupational series [or in another occupational series performing the duties as described in the qualification standard] on the effective date of the qualification standard are considered to have met all qualification requirements for the [ ] grade held, including positive education and licensure/trademark/registration/certification. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) [ ] Employees may be reassigned, promoted up to and including the full performance (journey) level or changed to lower grade within the occupation, but may not be promoted beyond the journey level or placed in supervisory or managerial positions.

(2) [Employees in an occupation requiring a licensure/certification/registration only at higher grade levels must meet the licensure/certification/registration requirement before they can be promoted to those higher-grade levels.]

(3) [ ] Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of this standard.

(4) Employees who are converted to title 38 hybrid status under this provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

(5) [ ] Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

e. **Physical Requirements**. See VA Directive and Handbook 5019, Employee Occupational Health Service for requirements.

f. **English Language Proficiency.** [PTA candidates must be proficient in spoken and written English in accordance with 38 U.S.C. § 7403(f).]

**4. GRADE DETERMINATION.** In addition to the basic requirements outlined in paragraph 3, the following criteria must be met when determining the grade of candidates.

[ ]

a. **[Physical Therapy Assistant], GS-05**

(1) **Experience.** [None beyond the basic requirements.]

[ ]

(2) **Assignment.** This is the entry level developmental position. PTAs receive ongoing guidance from more experienced staff members and require general clinical [direction] by the treating physical therapist. The [treating] physical therapist is available on a regularly scheduled basis to review the practice of the PTAs and support the PTAs in the performance of their services. PTAs perform preliminary chart review including medical history and contraindications for treatment. They treat patients through basic exercise, massage, gait and balance training and other therapeutic interventions. PTAs recommend changes in treatment based on changes in physical, mental and/or medical status of the patient. PTAs instruct, motivate and assist patients to learn and improve functional activities.

b. **[Physical Therapy Assistant], GS-6**

(1) **Experience.** One year of creditable experience equivalent to at least the next lower grade[ ].

(2) **Demonstrated Knowledge, Skills and Abilities.** [In addition to the basic requirements, the candidate must demonstrate the following KSAs:]

(a) Knowledge of evidence based physical therapy practice.

(b) [Ability to perform] physical therapy data collection and use of objective measures in order to carry out patient plan of care.

(c) [Ability to modify treatment approaches, within the scope of the established treatment plans, to reflect patients' changing needs.

(d) Skill in promoting physical therapy services by providing training and interventions within the assigned areas.]

(3) **Assignment.** PTAs at this grade level serve [in developmental positions] [under general direction from PTs]. They receive ongoing guidance from more experienced staff members and require general clinical [direction] by the treating physical therapist. [PTAs develop a broad base of practical knowledge to assist the PT in reaching pre-determined patient goals.]

c. **[Physical Therapy Assistant], GS-7**

(1) **Experience.** One year of experience equivalent to the next lower grade. [ ]

(2) **Demonstrated Knowledge, Skills and Abilities.** [In addition to the basic requirements, the candidate must demonstrate the following KSAs:

(a) Ability to perform in depth chart review to implement treatment plans.

(b) Ability to independently use objective measures to assess progress, in accordance with the plan of care for complex patient cases.

(c) Knowledge of contemporary physical therapy practice.

(d) Ability to consult with the PT to assess progress, modify treatment and set discharge plan.]

(3) **Assignment.** [This is a developmental level for PTAs. PTAs receive ongoing guidance from more experienced staff members and receive general direction by the treating PT. PTAs draw upon a broad base of practical and experiential knowledge in order to assist the PT in reaching pre-determined patient goals. PTAs work independently but still under the general direction of PTs. They observe patients' ability to perform specified tasks in order to provide ongoing assessment of information on patients' physical and functional status. PTAs work with the physical therapy staff to assess progress, modify treatment and set discharge plan. They provide clinical direction for PTA students.]

d. **[Physical Therapy Assistant], GS-8**

(1) **Experience.** [One year of experience equivalent to the next lower grade.]

(2) **Demonstrated Knowledge, Skills and Abilities**. [In addition to the basic requirements, the candidate must demonstrate the following KSAs:

(a) Ability to independently implement treatment plan using knowledge of techniques related to the patient's disability and needs.

(b) Ability to independently provide varied and multifaceted physical therapy interventions based on the established care plan (e.g., therapeutic exercise, balance, body mechanics, flexibility, strength, gait training, neuromotor development, physical agents, functional training, etc.).

(c) Knowledge of physical therapy data collection and assessment techniques in order to perform specific interventions and to monitor and capture progress of the patient/client.

(d) Ability to instruct patient on varied interventions to provide materials to enhance compliance with home programs.

(e) Ability to modify treatment techniques based on the learning needs and perceptions of the patient.

(f) Ability to identify critical changes (e.g. vital signs, pain, mobility and alertness) in patient conditions to determine their medical and functional status.

(g) Ability to work with PTs and other interdisciplinary healthcare team members to evaluate patient information for planning, modifying and coordinating treatment programs and discharge planning.

(3) **Assignment**. This is considered the journey level for PTAs. PTAs at this level collaborate with the primary PT then draw upon a broad base of practical knowledge and a well-developed treatment skill set in order to reach pre-determined patient goals by independently modifying techniques within the established plan of care. They implement the plan of care for patient cases, advance the program and continually review the patient's condition to determine their medical and functional status. They provide evidenced based skilled interventions including, but not limited to, therapeutic exercise, therapeutic activities, therapeutic modalities, gait training, transfer training, manual treatment, neuromuscular re-education, self-care and management training, patient/caregiver's education and group therapy. They meet with the physical therapy staff and other healthcare team members to evaluate and discuss patient information for planning, modifying and coordinating treatment programs and discharge planning.

e. **Physical Therapy Assistant, GS-9**

(1) **Experience.** One year of experience equivalent to the next lower grade. In addition, the candidate must demonstrate one of the following:

(a) A minimum of 2000 hours of clinical practice directly in the specialty area, and completion of 60 contact hours of selected continuing education coursework. This time must be within the past five years; or

(b) Advanced Practice Proficiency (APP) in the specialty area recognized by the American Physical Therapy Association (APTA); or

(c) An additional academic degree related to the health care mission.

(2) **Demonstrated Knowledge, Skills, and Abilities**. In addition to the basic requirements, the candidate must demonstrate the following KSAs:

(a) Ability to mentor other staff in advanced clinical guidelines and best practices.

(b) Ability to serve as a subject matter expert (SME) for healthcare providers in specialty practice areas regarding physical therapy care.

(c) Ability to present] advanced knowledge in the therapeutic interventions and clinical practice guidelines with the healthcare team.

(d) Ability to interpret and apply clinical practice guidelines.

(3) **Assignment**. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and variety and be performed by the incumbent at least 25% of the time. PTAs at this level apply advanced practice skills to treat complex patients. PTAs possess an advanced level of clinical competence and serve as a SME in specialty practice areas. They serve as a subject matter expert in a rehabilitation program such as, but not limited to, geriatrics, amputee, brain injury, cardiac rehabilitation, orthopedics, neurological, safe patient handing, or any other functional debilitative conditions. They possess advanced practice skills and experience with a wide range of patient complexity. They apply advanced methodologies to a vast array of functional impairments and patients. They independently recommend and apply evidence-based treatment approaches within the plan of care.

f. **Lead Physical Therapy Assistant, GS-9**

(1) **Experience.** One year of experience equivalent to the next lower.

(2) **Demonstrated Knowledge, Skills and Abilities**. In addition to the basic requirements, the candidate must demonstrate the following KSAs:

(a) Ability to lead staff, which includes planning, organizing and assigning work and coordinating clinical workflow.

(b) Ability to mentor staff in advanced clinical guidelines and best practices.

(c) Ability to assist with PT program development, outcome management and strategic planning.

(d) Ability to serve as a liaison between PT staff and department leadership.

(3) **Assignment**. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and variety and be performed by the incumbent at least 25% of the time. Lead PTAs work with the supervisor to monitor and make work assignments, provide input on performance, resolve daily workplace issues and maintain efficient workflow. Leads no less than three GS-8 PTA positions. Lead PTAs coordinate staff assignments with therapy department leadership for long term strategic planning and coverage. They communicate between staff and

department leadership and serve as a liaison between physical therapy and other departments. Lead PTAs apply advanced methodologies and treatment theories in the provision of care to a vast array of functional impairments and patients. They serve as consultant to other PTAs and provide clinical practice guidance to other physical therapy staff. Lead PTAs are generally found in highly complex level facilities or in a large rehabilitation program with multiple PTAs on staff.

g. **Physical Therapy Assistant (Program Coordinator), GS-10**

(1) **Experience**. One year of experience equivalent to the lower grade.

(2) **Demonstrated Knowledge, Skills and Abilities.** In addition to meeting the basic requirements, the candidate must demonstrate the following KSAs.

(a) Skill in program management/administration to include direction, development, consultation, negotiation and compliance.

(b) Ability to apply advanced knowledge of the program to interdisciplinary team functions, goals and outcomes across multiple areas of practice.

(c) Ability to serve as a consultant to internal and external stakeholders regarding the program.

(d) Ability to serve as facilitator in coordinating program initiatives among multiple teams and departments.

(e) Ability to evaluate the effectiveness of the program and make performance improvement adjustments as indicated.

(f) Ability to mentor and train others in the assigned program area.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and variety and be performed by the incumbent at least 25% of the time. PTAs at this level manage all aspects of a distinct program or service within the facility, Veterans Integrated Service Network (VISN), national and/or regional level. They serve as a subject matter expert in a rehabilitation program such as, but not limited to, geriatrics, amputee, brain injury, cardiac rehabilitation, orthopedics, neurological, clinical education or any other functional debilitative conditions. The program coordinator is knowledgeable about facility, regional and national policies to ensure compliance. Program coordinators oversee operations and/or management of key clinical, training, research and/or administrative programs. They develop and implement programs, policies, and procedures to meet program goals, policy and external accreditation requirements at the VISN, national and/or regional

level. They monitor outcomes and implements strategies for program improvement. They are also responsible for developing and implementing short- and long-term goals and objectives consistent with the program's strategic plan.

h. **Supervisory Physical Therapy Assistant, GS-10**

(1) **Experience.** One year of experience equivalent to the lower grade.

(2) **Demonstrated Knowledge, Skills and Abilities.** In addition to meeting the basic requirements, the candidate must demonstrate the following KSAs:

(a) Knowledge of contemporary physical therapy across multiple areas of practice.

(b) Ability to apply knowledge of contemporary physical therapy to provide clinical guidance to PTAs within the department.

(c) Knowledge of human resources management, including such functions as the ability to interview and select qualified applicants, monitor and evaluate performance, and maintain effective labor management relations within scope of responsibility.

(d) Ability to supervise a diverse PTA staff or others under their direction to include setting priorities, delegating tasks and solving problems in order to meet multiple deadlines and identifying/addressing organizational problems.

(e) Skill in forging positive interpersonal relationships and conflict resolution.

(f) Ability to analyze clinically appropriate data effectively to optimize quality, performance and productivity within the section.

(g) Ability to manage advocacy roles and planning activities within the rehabilitation community.

(3) **Assignment**. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety, and be performed by the incumbent at least 25% of the time. Supervisory PTAs are responsible for the supervision, administrative management and direction of the PTA program in a rehabilitation service or equivalent service-level department which consists of three or more PTAs and other assigned clinical, clerical and support staff. They provide supervision of key PTA clinical and training programs, including the overall technical oversight of the staff that they administratively supervise. They are responsible for the development and implementation of policies and procedures to address focused clinical needs and the overall services

delivered and provided within the section. They demonstrate autonomy in performing supervisory responsibilities that include, but are not limited to, assigning work to employees, monitoring workload and clinical volume, reviewing work of employees to assure accuracy and validity of submissions, assuring adequate clinical staffing, imposing disciplinary measures, recommending awards and monitoring clinical privileges of PTAs.]

**5. DEVIATIONS.**

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade and/or assignment.

b. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health in VHA Central Office prior to placement in the position.

c. Under no circumstances will the educational or credential requirement be waived for those occupations with a positive education requirement or when specific credentials are identified as necessary to meet minimum requirements.

**Authority: 38 U.S.C. §§ 7401, Appointments in Veterans Health Administration; 7402, Qualifications of appointees; 7403, Period of appointments; promotions; 7405, Temporary full-time appointments, part-time appointments, and without-compensation appointments; 7407, Administrative provisions for section 7405 and 7406 appointments.**

# [APPENDIX G24. MEDICAL TECHNOLOGIST QUALIFICATION STANDARD GS-644 Veterans Health Administration

**1. COVERAGE.** The following are the requirements for appointment as a Medical Technologist (MT) in the Veterans Health Administration (VHA). These requirements apply to all VHA MTs in the General Schedule (GS)-644 series. In the health care community, MTs are generally referred to as "medical laboratory scientists (MLS) or clinical laboratory scientists (CLS)," and these terms are considered to be synonymous where stated in this qualification standard.

## 2. BASIC REQUIREMENTS

a. **Citizenship.** Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

b. **Education and/or Experience Combination**

(1) A bachelor's degree or higher from an accredited college or university in medical laboratory science, medical technology, clinical laboratory science or in a related science (e.g., laboratory sciences such as chemistry, biochemistry, biology, microbiology, immunology, etc.).

AND

completion of a medical technology clinical practice program. Clinical practice programs completed after 1974 must have been accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), Commission on Accreditation of Allied Health Education Programs (CAAHEP, formerly CAHEA), or the Accrediting Bureau of Health Education Schools (ABHES). The professional curriculum may have consisted of a post-baccalaureate certificate program or be integrated into a four-year program of study that culminated in a baccalaureate degree.

**OR**,

(2) A bachelor's degree from an accredited college/university, including 16 semester hours of biological science (with one course in microbiology), 16 semester hours of chemistry (with one course in organic or biochemistry) and one course in mathematics,

AND

two years of post-certification clinical laboratory experience (e.g., blood banking, chemistry, hematology, microbiology, immunology, clinical microscopy, etc.) within the last ten years as a certified Medical Laboratory Technician by the American Society for Clinical Pathology Board of Certification (ASCP-BOC), American Society of Clinical Pathology Board of Registry (ASCP-BOR) or American Medical Technologists (AMT). This experience must include performing moderate and/or high complexity testing in blood banking, chemistry, hematology, microbiology immunology and clinical microscopy (or categorical experience which matches categorical certification) in a clinical laboratory.

**OR**,

(3) A bachelor's degree from an accredited college/university, including 16 semester hours of biological science (with one course in microbiology), 16 semester hours of chemistry (with one course in organic or biochemistry) and one course in mathematics,

AND

five years of clinical laboratory experience within the last ten years performing moderate and/or high complexity testing in blood banking, chemistry, hematology, microbiology, immunology and clinical microscopy (or categorical experience which matches categorical certification) in a clinical laboratory.

c. **Foreign Graduates.** Graduates of foreign baccalaureate degree programs meet the educational and/or experience requirements if the degree is found to be equivalent to degree programs recognized by the NAACLS or clinical laboratory experience as described in paragraph 2b(2) or (3) above. This finding may be based on either of the following:

(1) A letter from a college or university with a baccalaureate program recognized by the NAACLS stating that the individual's foreign degree has been evaluated and been found to be equivalent to its bachelor of medical technology degree.

(2) A letter from ASCP-BOC or AMT stating that the individual is eligible for the certification examination.

d. **Certification.** Candidates must have either (1) or (2) below:

(1) Candidates must currently possess the appropriate certification as a MT, MLS, or CLS given by the ASCP-BOC, ASCP-BOR, or AMT.

(2) For positions up to the full performance level, candidates must currently possess the categorical or specialist technologist level certification from the certification agencies listed above, such as, but not limited to, chemistry (C/SC), hematology (H/SH), microbiology (M/SM), molecular biology (MB/SMB) and blood bank (BB/SBB). Technologists with categorical or specialist certifications may only perform duties within the area of the laboratory specific to their categorical certification (e. g., an individual with a chemistry (C) certification can only perform duties in chemistry).

(3) **Exception.** Non-certified applicants who otherwise meet the eligibility requirements for certification may be given a temporary appointment up to the full performance level not to exceed one year as a graduate medical technologist under the authority of 38 U.S.C. § 7405(c)(2)(B). This appointment may not be extended. For grade levels above the full performance level, the candidate must be certified in accordance with paragraph 2d(1) above.

(4) **Failure to Obtain Certification.** In all cases, MTs must actively pursue meeting prerequisites for certification from the date of their appointment. At the time of appointment, the supervisor will provide the MT with the written requirement to obtain certification, the date by which the certification must be acquired, and the consequences for not becoming certified by the deadline. Failure to become certified within one year from date of appointment will result in removal from the GS-0644 MT series.

Failure to obtain certification during that period is justification for termination of the temporary appointment.

(5) **Loss of Credential.** Once certified, MTs must maintain their certification. Loss of certification will result in removal from the occupation and may result in termination of employment.

e. **Grandfathering Provision.** All MTs employed in VHA in this occupation on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education and certification that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to the position, the following provisions apply:

(1) MTs that do not meet the basic requirements for education and certification may be reassigned, promoted up to and including the full performance (journey) level, or changed to lower grade within the occupation, but may not be promoted beyond the journey level or placed in supervisory or managerial positions.

(2) MTs who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed on a temporary or permanent basis until they fully meet the basic requirements of the standard.

(3) MTs initially grandfathered into this occupation who subsequently obtain certification that meets all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

(4) If MTs who were retained in this occupation under this provision leave the occupation, the MT loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

f. **Physical Requirements.** See VA Directive and Handbook 5019.

g. **English Language Proficiency.** MTs must be proficient in spoken and written English in accordance with chapter 2, section D, paragraph 5a, this part.

## 3. GRADE REQUIREMENTS

a. **Creditable Experience**

(1) **Knowledge of Current Professional Laboratory Practice.** For positions at or above the full performance level, the experience must have demonstrated the use of knowledge, skills and abilities as a MT and may be paid or non-paid employment.

(2) **Quality of Experience.** Experience is only creditable if it is equivalent to at least the next lower grade level and is directly related to the position being filled.

(3) **Part-time Experience.** Part-time experience as a MT is creditable according to its relationship to the full-time workweek. For example, a MT would receive 1 week of full-time credit for each 2 weeks of half-time work.

(4) **Graduate Education.** Graduate education and graduate degrees may be substituted as specified at each grade level. Education must have been from an accredited college or university in a field related to MT (e.g., biochemistry, chemistry, microbiology, immunology, hematology, immunohematology, biological science, physiology, allied health education, health systems administration, infection control and preventive medicine), which was accredited at the time the candidate completed the program.

b. **Grade Determinations.** The following criteria must be met when determining the grade of candidates.

(1) **GS-7** (Entry Level)

(a) **Experience.** None beyond the basic requirements.

(b) **Assignments.** Employees at this level serve in an entry level MT career development position practicing under close supervision of an MT at or above the full performance level.

(2) **GS-9** (Full Performance Level)

(a) **Experience.** Must have 1 year of creditable experience equivalent to the next lower grade level, which is directly related to the position to be filled.

**OR,**

(b) **Education.** Must have Master's degree or 2 academic years of progressively higher-level graduate education in medical technology or directly related field.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience or education above, the candidate must demonstrate the following KSAs:

1. Comprehensive knowledge of professional MT principles, practices, concepts and theories providing for sound independent work.

2. Comprehensive knowledge of laboratory quality control and assurance procedures and principles of performance improvement in order to manage reagent and supply inventories and document control systems.

3. Knowledge of laboratory equipment and ability to maintain, troubleshoot and repair instrumentation.

4. Ability to plan, organize, set priorities, work as a team member and effectively complete assignments.

5. Ability to use independent technical judgment to analyze and interpret laboratory results.

6. Ability to read, interpret and apply complex written instructions.

7. Skilled in informatics, laboratory data flow and the understanding of laboratory processes.

8. Ability to communicate, consult and interact with other members of the healthcare team, external relations, customer service and patient education.

(d) **Assignment.** This is considered the full performance level for nonsupervisory positions. A MT at this level carries out the day-to-day operations in the laboratory. This would include routine testing, quality control, routine maintenance of instrumentation and troubleshooting. The MT develops, performs, evaluates, interprets, correlates and validates the accuracy of laboratory procedures and results ensuring all laboratory regulatory requirements are met. Testing procedures are performed on a variety of biological specimens and/or environmental samples using manual or automated techniques, following practices and regulations governing biosafety and biosecurity in the workplace. These require a broad exercise of independent judgment and responsibility, including organizing and setting priorities with minimal technical supervision. The work performed is in a variety of laboratory disciplines, such as chemistry, microbiology, immunology, hematology, and immunohematology. Such positions include requirements to monitor quality control systems and measures; collaborate in the diagnosis and treatment of patients; and provide education for laboratory healthcare professionals and the public in a professional, courteous and effective manner.

(3) **GS-10**

(a) **Experience.** Must have 1 year of creditable experience equivalent to the next lower grade level, which is directly related to the position to be filled.

(b) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Comprehensive knowledge of and skill in applying a wide range of concepts, principles and methodology of the field to perform advanced techniques.

2. Ability to modify or adapt established methods, procedures or techniques to resolve difficult or complex problems.

3. Knowledge of the application of laboratory regulatory requirements.

4. Ability to provide or coordinate staff development and training.

(c) **Assignments.** MTs at this level generally have a higher level of professional oversight responsibilities and may have responsibility for a specific large-scale automated analytical instrument system; a specific area of laboratory functions, such as employee competency records, supply functions, laboratory safety, quality control review, new method development or employee or student training; or provide professional and technical advice to other technicians and technologists on alternate tours of

duty. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety and be performed by the incumbent at least 25% of the time.

1. **Team Leader.** MTs at this level have professional oversight responsibilities of a laboratory team. .The team leader facilitates team or unit processes by working in collaboration with team members to ensure that tasks, priorities and goals are coordinated with laboratory management. The incumbent also provides technical advice to staff and other health care members and oversees work assignments and work flow. The team leader is responsible for ensuring that staff follow all policies and procedures and is a subject matter authority when there are questions of a technical or professional nature. The incumbent may be responsible for reporting personnel absences and may be responsible for staff schedules and other assignments delegated by the departmental supervisors.

2. **Advanced Staff Technologist.** MTs at this level perform more complex laboratory functions. Duties may include specific targeted laboratory responsibilities or projects such as laboratory safety officer, analyzer specialist, or quality control file maintenance. Duties may include, but are not limited to, any of the following: serves as primary operator on new test systems, assumes responsibility to maintain operations including preventive maintenance and training of technicians and technologists on the operation of the new test systems; assists in writing procedures and other documents as directed; oversight of the clinical training experiences of technical and professional level technologist or technician training programs in order to fulfill educational and professional requirements (where training programs exist); provides technical training and guidance to students, residents, staff and other employees; recommends updated guidelines and policies in compliance with regulatory requirements for non-routine or complex assignments; coordinates the laboratory competency program; and coordinates the Clinical Laboratory Improvement Act (CLIA) laboratory proficiency/survey program.

(4) **GS-11**

(a) **Experience.** Must have 1 year of creditable experience equivalent to the full performance level (GS-9), which is directly related to the position to be filled.

**OR,**

(b) **Education.** Must have 3 full years of progressively higher-level graduate education or a Ph.D. or equivalent doctoral degree in medical technology or a directly related field.

(c) **Assignments.** These assignments require specialized training and experience and have wide latitude for exercising independent judgment. Employees must have advanced knowledge of specialized and complex subject matter extending beyond the duties of test performance. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety and be performed by the incumbent at least 25% of the time.

1. **Technical Specialist.** The incumbent serves as an expert providing authoritative advice and consultation for more markedly difficult, complex, unique and/or emerging tests requiring special knowledge. Examples include, but are not limited to, molecular/deoxyribonucleic acid (DNA)/genetic testing, bone marrow examination, and flow cytometry. Advises all organizational levels on various

aspects of specialized testing, including appropriateness that takes into consideration clinical context. Advises on alternate testing to overcome ambiguities in the clinical diagnoses. Analyzes emerging trends and technology and adopts appropriate methods and testing. Applies policies, precedents, regulatory, licensing and accrediting requirements to establish, monitor and maintain the specialized testing. The technical specialist often works independently and is given freedom of action under the general guidance of a pathologist or other laboratory practitioner. In addition to the experience or education above, the candidate must demonstrate the following KSAs:

a. Advanced knowledge and understanding of concepts, principles, methodology of medical laboratory technology, regulatory and accrediting agency requirements, medicolegal requirements and pertinent statistics sufficient to perform complex diagnostic tests.

b. Skill to apply new scientific/technical developments and theories to laboratory testing.

c. Advanced knowledge of instructional techniques to instruct newly hired technologists and clinical pathology residents in proper performance of tests and applications of the laboratory procedures.

d. Ability to develop procedures for new tests and modify existing procedures and methods in order to resolve problems relative to complex and difficult situations.

e. Advanced knowledge of a particular discipline or function with wide latitude for exercising sound independent judgment.

2. **Laboratory Education Coordinator.** Incumbents provide authoritative representation and interaction with cooperating or affiliated universities or colleges, resource organizations and state and federal officials in order to coordinate program goals, objectives and policies. They spend a significant amount of time administering clinical training programs for medical technology students, facility staff and others assigned for medical technology training. They design, teach and evaluate the training programs. These assignments occur at active affiliated VHA facilities or for VHA NAACLS Clinical Laboratory Programs. Individuals establish, negotiate and maintain affiliation agreements and schedule students for appropriate rotation. They also may serve on curriculum or admission committees of the affiliated colleges. They may coordinate formal in-service and continuing education programs for the laboratory staff, students and residents. In addition to the experience or education above, the candidate must demonstrate the following KSAs:

a. Knowledge of medical technology concepts, principles and practices sufficient to plan and direct an educational program for students and continuing education programs for the staff.

b. Skill in using educational design, development, evaluation techniques and teaching methods.

c. Knowledge of the education program's affiliation agreements and accreditation requirements.

d. Advanced knowledge of a particular discipline or function, such as blood banking or molecular diagnostics, to be recognized as a technical authority for instruction.

e. Knowledge of training methods and teaching skills in order to conduct continuing education sessions for staff development. The training sessions may be technical in nature or may focus on teaching techniques so that staff can improve their technical skills.

3. **Quality Management Technologist.** Provides authoritative consultative services to management at all levels of the organization as it applies to quality management in a clinical laboratory setting. Maintains a laboratory quality management program and ensures monitoring of components and customer feedback. Identifies, defines and resolves issues associated with complex aspects of the collected data. Monitors laboratory quality control systems and performance indicators. Interacts with management officials and vendors providing inter-laboratory quality assurance and laboratory proficiency testing. Develops validation plans for equipment and methodology evaluations and evaluates statistical data collected. Responsible for laboratory continuous readiness for regulating agency inspections and accreditation from agencies such as the Joint Commission (JC) and the College of American Pathologists (CAP). In addition to the experience or education above, the candidate must demonstrate the following KSAs:

a. Advanced knowledge of the concepts, principles and practices of medical technology sufficient to perform the full range of duties involved in planning, coordinating and evaluating laboratory services.

b. Knowledge of quality management standards.

c. Knowledge of accrediting agencies and regulatory requirements pertaining to laboratory operations.

d. Comprehensive knowledge of statistical evaluation and analysis.

e. Knowledge of laboratory operations and relationships to the organization.

f. Comprehensive knowledge of laboratory quality control/assurance policies, procedures and principles, as well as safety practices and regulations.

4. **Lead Medical Technologist.** Facilitates team or unit processes by working in collaboration with team members to ensure that tasks, priorities, goals and achievements are coordinated with management. Responsible for all aspects of operation in their area of specialty including preparation and maintenance of records and reports, analysis of testing methodologies, training, instrumentation and compliance. Acts as a liaison to other departments of the medical center for the appropriate laboratory specialty. In addition to the experience or education above, the candidate must demonstrate the following KSAs:

a. Knowledge of medical technology applicable to a wide range of duties to solve complex problems involving diverse aspects of clinical laboratory practice.

b. Knowledge of regulatory, licensing and accrediting agency requirements and statutes governing clinical laboratory operations in order to plan, implement or monitor laboratory programs and services.

c. Ability to manage and coordinate daily work activities and assignments in a section.

d. Skill to maintain, troubleshoot and repair laboratory instrumentation.

e. Ability to provide technical oversight in order to manage personnel and work assignments in a manner that assures completion of the laboratory workload.

5. **Supervisory Technologist.** The incumbent has full supervisory responsibility for smaller, less complex laboratories or laboratories having no GS-11 positions subordinate to the supervisor. Employees in this assignment perform the full range of supervisory duties for one or more sections of the laboratory, including responsibility for assignment of work performed; performance evaluations; recommendations for appointment, awards, advancement and disciplinary actions; identification of continuing education and training needs. The individual ensures compliance with accrediting agency and regulatory requirements; establishes and monitors the quality of the pre-analytical processes as part of the overall laboratory quality management program, and initiates corrective action. This individual will develop policies and procedures, manage document control, develop performance standards, position descriptions and functional statements. Responsible for professional and administrative management of an assigned area, to include budget execution, orientation and competency assessment of assigned staff. The supervisor will maintain effective interdepartmental relations with other services in order to accomplish medical center goals. In addition to the experience or education above, the candidate must demonstrate the following KSAs:

a. Knowledge of Federal and state laws, regulations and accrediting/regulatory requirements in order to develop plans and procedures for the laboratory.

b. Knowledge of laboratory quality management procedures and principles sufficient to establish and monitor a laboratory quality management program and/or education and training of laboratory staff.

c. Demonstrated leadership and managerial skills including skill in interpersonal relations and conflict resolution in order to deal with employees, team leaders and managers.

d. Ability to perform the full range of supervisory duties which includes responsibility for assignment of work, performance evaluations, selection of staff, recommendation of awards, advancements and disciplinary actions.

e. Ability to plan, organize, set short and/or long term goals and conduct studies on technical and administrative problems, including personnel shortages, organizational structure, new technology, etc.

f. Knowledge of concepts, principles and methods of clinical laboratory technology and operations.

(5) **GS-12**

(a) **Experience.** Must have 1 year of creditable experience equivalent to the next lower grade level, which is directly related to the position to be filled.

(b) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety and be performed by the incumbent at least 25% of the time. Candidates at this grade level are in one of the following assignments:

1. **Supervisory Technologist.** The incumbent has full supervisory responsibility in a complexity index group 1 laboratory or in a complexity index group 2 laboratory that performs at least 1 million Standard Billable Tests annually (reported to the Laboratory Management Index Program). The incumbent supervises a large staff of nonsupervisory personnel including at least one GS-11 subordinate. Recommends appointment, plans and assigns work, provides advice and counsel and evaluates work of subordinates. The supervisor is responsible for monitoring test analyses and specimen examinations to ensure acceptable levels of performance and initate corrective action. Verifies orientation, training and competency assessment of assigned staff. Develops and updates technical policies and procedure manuals. Ensures all staff and affiliate staff are in compliance with accrediting and regulating bodies. Adjusts staffing levels or work procedures to accommodate resource allocation decisions made at the executive level. This individual manages document control, develops performance standards, position descriptions and functional statements, and is responsible for professional and administrative management of an assigned area to include budget execution. The supervisor will maintain effective interdepartmental relations with other services to accomplish medical center goals. In addition to the experience or education above, the candidate must demonstrate the following KSAs:

a. Knowledge of Federal and state laws and regulations, laboratory accrediting and regulatory requirements in order to develop new policies and guidelines, formulate plans and the ability to judge effectiveness of the operation.

b. Knowledge of laboratory quality management procedures and principles sufficient to establish and monitor a laboratory quality management program and/or education and training of laboratory staff.

c. Knowledge of, and ability to, provide the full range of supervisory duties which would include responsibility for assignment of work to be performed; performance evaluations; selection of staff; recommendation of awards, advancements, and disciplinary actions.

d. Ability to analyze organizational, technical and administrative problems to develop and implement solutions that result in efficient overall laboratory operation.

e. Skill in interpersonal relations and conflict resolution to deal with employees, team leaders and managers.

f. Ability to manage fiscal matters, forecast resource and equipment needs and administer the allocated budget.

g. Ability to set short and/or long term goals for the section and conduct studies on technical and administrative problems, including personnel shortages, organizational structure, new technology, etc.

2. **Ancillary Testing Coordinator (ATC).** The incumbent develops and recommends policies and procedures for the procurement and service requirements for ancillary testing (testing outside the physical confines of the main laboratory as mandated by VHA) including ensuring CLIA licenses are maintained in off-site facilities such as Community Based Outpatient Clinics (CBOC). The ATC consults with program managers or equivalent of clinical services to identify ancillary testing needs and to analyze emerging trends and technology and adopts appropriate methods, serving as a recognized technical expert

to provide authoritative advice, training, troubleshooting, quality assessment and ancillary testing program consultation. The ATC develops technical bulletins, procedures, training materials and other program materials, ensuring accreditation and compliance with all regulatory agencies for patient testing, result reporting and proficiency testing including reports, monitors and continuous performance improvement initiatives. Evaluates ancillary testing activities to assess ongoing day-to-day compliance with established protocols and guidelines identifying, defining and resolving issues associated with complex aspects of the data and problems associated with unique aspects of the ancillary testing management program. The ATC has knowledge of accrediting agencies and regulatory requirements, performs and evaluates instruments, performs validation studies, recommends policy/protocol changes to correct deficiencies and improve the program, develops and implements corrective action when deficiencies are identified and coordinates inventory management, supply acquisition and contracts. In addition to the experience or education above, the candidate must demonstrate the following KSAs:

a. Knowledge of medical technology concepts, principles, practices and methodologies sufficient to perform the full range of maintenance of technical, quality assurance and safety accreditation/testing programs.

b. Skill in applying new scientific/technological developments and theories to laboratory testing and a grasp of complex laboratory testing issues.

c. Knowledge of mathematics and statistics as related to quality control, quality assurance, proficiency testing, inspection and accreditation, and continuous quality improvement.

d. Knowledge of the types of surveillance, ability to collect data necessary to monitor variables that affect quality of services, and skill in evaluating, interpreting and teaching others to use quality control procedures and implementing corrective actions.

e. Knowledge of Federal, VHA, and state laws, regulations, reference standards, medicolegal responsibilities, and certifying and accrediting agency requirements in order to carry out the work in each ancillary testing site.

f. Knowledge of laboratory information technology systems and inter-connectivity.

3. **Laboratory Information Manager.** The incumbent develops and recommends new policies and procedures regarding the installation and use of the laboratory information system (LIS) in conjunction with the overall hospital information system (HIS). Provides authoritative advice and consultation on the information system as they apply to the clinical laboratory. Advises all organizational levels on functions and capabilities of the LIS. Implements and maintains coding and mapping for laboratory test ordering, reporting, billing and workload recording taking into account compliance principles. Analyzes emerging trends, software and technology and adopts appropriate methods for local programs to meet agency goals. Serves as the local expert for national software developers for the testing and validation of software packages. Responsible for compliance with regulatory agency requirements as related to information systems and performs audits as needed. Provides consultation and training of personnel on computer functions, including ordering options, and responsible for the maintenance of computer security keys. In addition to the experience or education above, the candidate must demonstrate the following KSAs:

a. Knowledge of concepts, principles and methodology of clinical laboratory technology in relation to laboratory information systems.

b. Knowledge and understanding of laboratory operations and their relationship to the organization sufficient to provide advisory, inspection, training and problem-solving services on specific projects, programs or functions.

c. Ability to adapt, implement, and integrate the use of software to specific laboratory applications and processes, including the use of office automation software.

d. Knowledge of laboratory computer system analysis, program techniques, computer language, and program design sufficient to implement various laboratory associated packages and sustain operation of the laboratory system.

e. Ability to independently plan, organize, set priorities, work as a team member and effectively complete assignments.

f. Knowledge of compliance and regulatory requirements for laboratory functions.

4. **Laboratory Manager.** The incumbent works in a smaller, less complex laboratory and is responsible for managing and supervising all phases of laboratory service operations. Provides guidance and serves as an authority and subject matter expert on laboratory medicine, including research, agency policies, new techniques and procedures. Develops guidelines, assesses laboratory effectiveness, establishes and maintains quality assurance and performance improvement programs. Consults with local and network officials. Develops and manages program budget and resource utilization, inventory, acquisition and contracting processes. Assists and participates in educational programs affiliated with institutions providing training for individuals in laboratory or other related medical fields of study. In addition to the experience or education above, the candidate must demonstrate the following KSAs:

a. Ability to balance the administrative and clinical functions in order to coordinate and manage programs and resources.

b. Knowledge and skill in management/administration, which includes strategic and tactical program planning, coordination, interpretation, supervision, consultation, negotiation, problem solving, formulation of policy and guidelines and monitoring of laboratory programs.

c. Ability to effectively communicate, both orally and in writing, on technical information with a wide variety of individuals including senior VHA managers in the medical center, Veterans Integrated Service Network (VISN) level staff and VHA Central Office staff.

d. Skill in applying analytical and evaluative methods and techniques to the measurement and improvement of program effectiveness and/or organizational productivity.

e. Skill to develop new or modified work methods, organizational structures, records and files, management processes, staffing patterns, etc.

f. Knowledge of regulatory, licensing, and accrediting agency requirements, and statutes governing clinical laboratory operations used in planning, implementing and monitoring laboratory programs and services.

g. Skill in administrative management (e.g., budgeting, contracting, procurement and property management) in accordance with VHA regulations.

5. **Regional Technical Specialist.** The incumbent serves as a recognized expert and provides authoritative consultative services to management at all levels of the organization advising on various aspects of the specialized testing, coordinating VISN or regional specialized services such as, but not limited to, quality management or information management. The Regional Technical Specialist develops new policies and procedures regarding LIS/HIS, conducts studies and recommends changes to correct deficiencies and improve the specialty area and creates and applies re-engineering and continuous performance improvement initiatives. The incumbent analyzes emerging trends, software and technology and adopts appropriate methods. Identifies, defines and resolves issues associated with complex aspects of data or unique/controversial aspects of the testing where no direct precedent exists. In addition to the experience or education above, the candidate must demonstrate the following KSAs:

a. Advanced knowledge and understanding of regulatory and accrediting agency requirements, concepts, principles and practices of medical technology sufficient to perform the full range of duties involved in planning, coordinating and evaluating laboratory services.

b. Ability to apply laws, policies, precedents, regulatory, licensing and accrediting requirements in order to establish, monitor and maintain the specialized testing.

c. Advanced knowledge and understanding of medicolegal and compliance requirements sufficient to provide direction for complex diagnostic testing.

d. Knowledge of laboratory information systems and programming techniques in order to develop, adapt and maintain computer systems for accomplishing diagnostic laboratory work and quality assurance.

e. Knowledge of the types of surveillance needed to monitor variables that affect quality of services including quality control, quality management, proficiency testing, inspection and accreditation and continuous quality improvement. Skill in evaluating, interpreting and teaching others to use quality control procedures and implement corrective actions.

f. Ability to develop new test procedures and modify existing procedures and methods in order to resolve problems relative to complex and difficult situations.

(6) **GS-13**

(a) **Experience.** Must have 1 year of creditable experience equivalent to the next lower grade level, which is directly related to the position to be filled.

(b) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety and be performed by the incumbent at least 25% of the time. Candidates at this grade level are in one of the following assignments.

1. **Regional Commissioner Technologist.** The incumbent serves as an authority to multiple laboratories in a region to ensure compliance with inspection and accreditation requirements and regulations. Provides direction and guidance to resolve technical problems and provides interpretation of existing regulations. Coordinates with VHA Central Office to assure that each testing site is in compliance with inspection and accreditation requirements and regulations, and assists laboratories in the correction of any cited inspection deficiencies. The Regional Commissioner Technologist is responsible for coordinating the CLIA license applications for all VHA laboratories in the region. Serves as a consultant to national program officials and provides professional, technical and training support. Requires verbal, written and electronic communication with accrediting and regulatory bodies. Works under the direction and guidance of the VHA Office of Enforcement in VHA Central Office. In addition to the experience or education above, the candidate must demonstrate the following KSAs:

a. Advanced knowledge of laboratory regulations that pertain to quality control, quality management, and proficiency testing in order to assess and assist with laboratory compliance of quality programs in each facility assigned to that region.

b. Ability to differentiate and interpret accrediting and regulatory requirements in order to provide guidance to laboratories on regulatory requirements and assess compliance for each laboratory assigned to that region.

c. Knowledge of laboratory operations and the laboratory's role within the total organization.

d. Ability to create and deliver educational presentations to a variety of individuals on matters that pertain to inspection and accreditation rules, regulations and standards of all laboratory accrediting agencies.

2. **Laboratory Manager.** The incumbent shares with the chief of laboratory service/medical director full responsibility for managing and supervising all phases of laboratory service operations in a complexity index group 1 laboratory or in a complexity index group 2 laboratory that performs at least 1 million Standard Billable Tests annually (reported to the Laboratory Management Index Program). The incumbent supervises a large staff of nonsupervisory and supervisory personnel including at least one GS-12 subordinate. Provides guidance and serves as an authority and subject matter expert on laboratory medicine, including research, agency policies, new techniques and procedures. Develops guidelines, assesses laboratory effectiveness, establishes and maintains quality assurance and quality management programs. Consults with or serves as a consultant for local, network and national programs and/or officials. Manages regulatory affairs and compliance. Develops and manages program budget and resource utilization, inventory, acquisition and contracting processes. Assists and participates in educational programs affiliated with institutions providing training for individuals in laboratory or other related medical fields of study. In addition to the experience or education above, the candidate must demonstrate the following KSAs:

a. Advanced knowledge of concepts, principles and methodologies of a major clinical laboratory program and operations in order to assess program effectiveness and provide authoritative guidance for operations, personnel, and management.

b. Ability to work collaboratively with other disciplines, upper management, VISN level staff and/or VHA Central Office.

c. Ability to plan and execute short- and long-range programs and/or goals through project management and tactical/strategic planning.

d. Skill in administrative management (e.g., budgeting, contracting, procurement and property management) in accordance with VHA regulations.

e. Ability to provide advisory, planning and surveillance services to clinicians, laboratory directors and supervisors on specific functions, programs or problems that are particularly difficult, widespread or persistent.

f. Ability to solve complex problems involving unique or controversial aspects of medical technology or laboratory management, new or unconventional methods, program changes or conflicts between scientific/technological requirements, regulatory or program requirements (e.g., cost effectiveness).

g. Knowledge of, and ability to, provide the full range of supervisory duties which includes responsibility for assignment of work, performance evaluations, selection of staff, and recommendation of awards, advancements, and disciplinary actions.

3. **Regional Manager.** The incumbent serves as a manager or administrator for Pathology and Laboratory Medicine Service at the VISN or regional level. Acts as a liaison to other sites of the VISN and medical center for the appropriate laboratory areas. Coordinates VISN Pathology and Laboratory Medicine performance measures, data collection, performance improvement activities, initiatives and projects, as well as instrumentation acquisitions and other VISN contracts. Coordinates discussion between VISN laboratories to ensure compliance with rules and regulations of assorted regulatory agencies such as CAP, JC, American Association of Blood Banks (AABB), and Occupational Safety and Health Administration (OSHA) when dealing with new and evolving technology and regulations. Researches methods, performs statistical analysis, monitors quality assurance, prepares and presents reports, and maintains administrative information. In addition to the experience or education above, the candidate must demonstrate the following KSAs:

a. Advanced knowledge of concepts, principles and methodology of medical technology programs and operations sufficient to assess program effectiveness in order to provide authoritative guidance for operations, personnel, and management.

b. Knowledge of accrediting and regulatory agency requirements regarding consolidated oversight of clinical laboratories, and ability to delineate and interpret accreditation standards.

c. Knowledge of laboratory operations and relationships to the organization.

d. Ability to work collaboratively with other disciplines, upper management, VISN level staff and/or VHA Central Office.

e. Ability to plan and execute short and long range programs.

f. Skill in administrative management (e.g., budgeting, contracting, procurement, and property management).

g. Ability to provide advisory, planning, and surveillance services to clinicians, laboratory directors and supervisors on specific functions, programs or problems that are particularly difficult, widespread or persistent.

h. Ability to solve complex problems involving unique or controversial aspects of medical technology or laboratory management, new or unconventional methods, program changes, or conflicts between scientific/technological requirements, regulatory or program requirements (e.g., cost effectiveness).

**4. DEVIATIONS**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for medical technologists in VHA whose composite record of accomplishments, performance and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the certification or educational requirements as a medical technologist be waived.

c. The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. §§ 7402, 7403.**]

# APPENDIX G25. DIAGNOSTIC RADIOLOGIC TECHNOLOGIST QUALIFICATION STANDARD GS-0647

**Veterans Health Administration**

**1.** COVERAGE**.** The following are the requirements for appointment as a Diagnostic Radiologic [Technician or] Technologist (DRT) in the Veterans Health Administration (VHA). These requirements apply to all VHA DRTs in the GS-0647 series.

**2. BASIC REQUIREMENTS.**

a. **Citizenship.** Be a citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified candidates in accordance with VA Handbook 5005, Part II, chapter 3, section A, paragraph 3g.)

b. **Certification.** All applicants must be certified in general radiologic technology by the American Registry of Radiologic Technology, Radiography (ARRT) (R). Advanced ARRT certification is required for assignments that include computed tomography (CT), magnetic resonance imaging (MRI), [or Mammography (M) duties performed independently, as applicable]. Advanced certification indicates that the incumbent [can operate independently] and has demonstrated specific clinical competency in the appropriate specialty and taken and passed the designated examination. [In modalities that require advanced certification, to support their continued development, technologists who do not possess an advanced certification may be provided on the job training with oversight from a certified radiologic technologist.]

c. **Education.** Completion of a full-time training course of at least 24 months in duration (or the equivalent) in a post-high school diagnostic radiologic technology program, evidenced by a certificate or an associate degree, accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) or from [other accrediting agencies as recognized by the Department of Education (DOE).]

**[NOTE:** Assignment to the clinical program director requires meeting JRCERT minimum educational standards as noted in the assignment description.]

(1) **Credentialing Standards.** Public Law 97-35, the Consumer-Patient Radiation Health and Safety Act of 1981, requires that persons who administer radiologic procedures meet the credentialing standards in 42 CFR Part 75, Standards for the Accreditation of Educational Programs and the Credentialing of Radiographic Personnel. Essentially, they must have successfully completed an educational program that meets or exceeds the standards described in that regulation and is accredited by an organization recognized by the U.S. Department of Education and be certified as radiographers in their field.

(2) **Exception for Non-Certified, Entry Level Candidates.** Non-certified DRTs who otherwise meet the eligibility requirements for ARRT (R) certification may be given a

temporary appointment as a graduate DRT under the authority of 38 U.S.C. § 7405(c)(2)(B). The appointing official may waive the requirement of certification for a period not to exceed two years for a DRT that provides care under the supervision of a certified DRT at or above the full performance level. This exception only applies at the GS-5 entry level technician. For grade levels above the entry level, the candidate must be certified. Temporary appointments of non-certified DRTs may not be extended beyond two years or converted to a new temporary appointment.

(3) **Loss of Credential.** An employee in this occupation who fails to obtain certification within two years, or who fails to maintain the required certification must be removed from the occupation, which may also result in termination of employment.

d. **Grandfathering Provision.** All persons employed in VHA as a DRT on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education and certification that are part of the basic requirements of the DRT occupation. For employees who do not meet all of the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) DRTs that require a certification, may be reassigned, promoted up to and including the full performance (journeyman) level, or changed to lower grade within the occupation, but may not be promoted beyond the journey level or placed in supervisory or managerial positions.

(2) DRTs that require a certification only at higher grade levels must meet the certification requirement before they can be promoted to those higher grade levels.

(3) DRTs who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(4) DRTs initially grandfathered into this occupation, who subsequently obtain additional education and/or certification that meet all of the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

(5) Employees who are retained as a DRT under this provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry as a DRT.

**NOTE:** Each uncertified VHA DRT who was permanently employed on June 21, 1986, and whose competence in the safe administration of ionizing radiation was affirmed, in writing, by a VA licensed physician not later than January 1, 1987, is

considered fully qualified. These employees may be promoted, changed to lower grade, or reassigned within the GS-0647 occupational series. Any employee initially retained in this manner who leaves this job series loses protected status and must meet the full requirements in effect at the time of reentry.

e. **Physical Requirements.** See VA Directive and Handbook 5019.

f. **English Language Proficiency.** DRTs must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

**3. GRADE REQUIREMENTS.**

a. **Creditable Experience**

(1) **Knowledge of Current Radiologic Technology Practice.** To be creditable, experience must have demonstrated possession of the knowledge, skills, abilities, and other characteristics (also referred to as clinical competencies) associated with current radiologic technology practice. This may have been evidenced by the equivalent of one year of active practice, which is paid or non-paid employment as a DRT as defined by ARRT.

(2) **Quality of Experience.** Experience is only creditable if it was earned after completion of the basic certification requirements identified in paragraph 2b above. Experience as a graduate DRT is creditable provided the candidate functioned as a DRT and subsequently passed the certification examination.

(3) **Part-Time Experience.** Part-time experience as a DRT is creditable according to its relationship to the full-time workweek. For example, a DRT would receive one week of full- time credit for each two weeks of half-time work.

b. **Specialized Assignments.** Specialized areas of radiologic technology include general diagnostic radiologic technology (R), bone densitometry (BD), mammography (M), diagnostic ultrasound (S), computed tomography (CT), [ ] magnetic resonance imaging (MR), [ ] [interventional radiologic technology (IR)], quality management (QM), [picture archival communication system (PACS) technologist, MRI safety officer (MRSO), imaging administrator, clinical program director, and clinical instructor.]

(1) **General Radiologic Technology (R).** DRTs perform procedures and examinations in hospitals or clinics under the direction of radiologists and other medical officers. The objective of the examinations and procedures is to produce radiographic studies that are used in medical diagnosis and interpreted by medical officers to locate injuries, foreign bodies, pathological conditions, or lesions within the body. They prepare and administer contrast media and medications in accordance with State and Federal regulations. All DRTs must be knowledgeable in computerized [and digital radiography (CR/DR),] and picture archiving and communications systems (PACS).

(2) **Bone Densitometry (BD).** This non-invasive test measures bone mineral content to diagnose a systemic skeletal disease (osteoporosis) characterized by low bone mass and microarchitectural distortion of bone tissue, with a consequent increase in bone fragility and susceptibility to fracture.

(3) **Mammography (M).** The complex nature of breast disease involves multiple imaging modalities. This specialty involves the specific knowledge and abilities to perform complex imaging of the breast. Mammographers must be able to employ specialized mammographic image techniques such as magnification views and implant views of the breast. The mammographer is required to be completely familiar with, and adhere to, all U.S. Food and Drug Administration (FDA) guidelines regulating the practice of mammography, radiation safety, and quality assurance requirements. Mammographers are subject to the Mammography Quality Standards Act of 1992 (MQSA) and regulated by the FDA. [DRT assignments that include performance of independent duties in this subspecialty require advanced ARRT (M) certification.]

(4) **[ ] Ultrasound ([Diagnostic/Vascular] Sonography) (S), [ (VS)].** Positions should be assigned to the DRT, GS-0647 series, when both ultrasound and other modalities which require the delivery of ionizing radiation are performed. Positions in which ultrasound duties are performed exclusively (no other modalities are performed), should be assigned to the medical instrument technician, GS-0649 series, since ultrasound duties solely do not require the delivery of ionizing radiation. Diagnostic ultrasound uses high frequency sound waves and other diagnostic techniques for medical purposes. The practitioner must be competent in the production, use, recognition, and analysis of ultrasound images and patterns used for patient diagnosis and treatment. The sonographer is regarded as the expert source of all ultrasound imaging, and the interpreting radiologist relies heavily on the skills, knowledge, and abilities of the sonographers in providing a final interpretation. Within this specialization, there is a diverse range of ultrasound imaging sub-specialties. These include: 1) diagnostic medical sonography – abdominal, neurologic, obstetrical/gynecologic, [musculoskeletal (MSK), a breast; and 2) vascular sonography-arterial and venous doppler, spectral analysis, and calculating ankle brachial index (ABI)].

(5) **Computed Tomography (CT).** This specialty modality requires specific knowledge of cross sectional human anatomy and its application in spiral, and/or, multi-slice computer tomography, inclusive of 3-D reconstruction scans, including drainages, biopsies, and peripheral vascular examinations. The technologist requires specific knowledge and training in the location, appearance, and function of the various major and minor systems susceptible to radiological illumination; to interpret the examination request accurately; to understand the functioning and inter-relationship of the various organs; to use the methods and techniques which will identify organs appearing on the digital display monitor, or on film, and the various stages of the examination to judge the acceptability of the image and/or scan for diagnostic use and to emphasize the

aspects of interest to the physician. [DRT assignments that include performance of independent duties in this subspecialty require advanced ARRT certification.]

(6) **Magnetic Resonance Imaging (MR).** This specialty modality requires additional knowledge of superconducting magnets, the physics of superconducting magnets, and how they relate to the human anatomy in medical imaging. The technologist must be educated in the safety factors governing a magnetic environment that patients, visitors, and equipment enter. The practitioner must have specialized knowledge of cross sectional anatomy and how it relates to the soft tissues and vessels of the human body. The technologist must also have specialized knowledge in the radio-frequency surface coils required for each specific anatomical area to be imaged. [This assignment may also perform basic magnetic resonance safety program duties. Technologists must be knowledgeable in contrast media, power injectors, and PACS. DRT assignments that include performance of independent duties in this subspecialty require advanced ARRT (MR) certification.]

(7) **[Interventional Radiography (IR).** Technologists working in this special assignment may function as vascular interventional (VI), cardiac interventional (CI) and/or cardiovascular-interventional (CV) technologists which use specialized equipment to perform diagnostic angiographic procedures and complex vascular and nonvascular interventional and therapeutic procedures. This specialty requires additional knowledge of vascular systems and major vessel anatomy. The technologist must be knowledgeable in the specialized equipment employed for digital subtraction systems and interventional procedures. The technologist administers contrast media under the supervision of the staff radiologist and confers with the radiologist to establish requirements regarding contrast agents, vital signs, medications, and physiologic monitoring to perform procedures. IR technologist must be knowledgeable in digital imagining and PACS.]

(8) **[ ]Quality Management Technologist (QM).** [The technologist] performs daily inspection of radiographic units to ensure proper mechanical functionality. [ ] [The technologist] ensures daily functionality of CR readers. [The technologist] provides in-service training to technologists and other personnel involved in the operation and maintenance, CR readers, DR panels and other PACS type of operations maintained within the department. [The technologist] coordinates [ ] scheduling of preventative maintenance for modalities either through biomedical engineering or local contractor service. [The technologist] works with physicists to ensure compliance with radiation safety program and for acceptance testing of all new installations of equipment. [The technologist] maintains accurate records, as required by management, for quality assurance analysis, quality control, performance improvement, and other related purposes.

[(9) **Clinical Instructor.** The incumbent performs technical work in support of diagnostic radiology and is responsible for the oversight of an affiliated DRT educational program. Duties may include assigning daily workplans, coordinating evaluations, conducting

imaging labs, assessing performance and assigning grades. The instructor has knowledge of the affiliation requirements and oversees the VA standards to ensure compliance.

(10) **Clinical Program Director.** The incumbent functions as an educational program director for a hospital based JRCERT accredited radiological technology training program and oversees the development of an assessment plan that meets programmatic accreditation standards. The incumbent maintains educational records and prepares for site visits from JRCERT. The incumbent has direct responsibility for program design, policy development, personnel administration, budget, marketing, and public relations.

(11) **Picture Archival Communication System (PACS) Technologist.** Technologists working in this special assignment use their knowledge of radiology workflow and processes in conjunction with a specialized technical skillset to support and troubleshoot image processing, display, and storage systems. The PACS technologist also provides oversight and support of PACS display workstations, interfaces, secondary applications, speech recognition and other hardware that is critical to departmental efficiency and throughput.

(12) **MR Safety Officer (MRSO).** This special assignment requires additional knowledge of superconducting magnets, the physics of superconducting magnets, and how they relate to the human anatomy and the magnetic effect on non-removable devices. Technologists operating as an MRSO work to support and maintain an MR safety program. Duties of the position include management of an effective screening program, development of MRI-safe scan protocols, and training of MR and Non-MR staff on MR safe practices.

(13) **Imaging Program Administrator.** This special assignment oversees the direction of a consolidated imaging program that includes diagnostic radiology, nuclear medicine, and/or radiation oncology programs. Responsibilities include oversight of business operations and planning for complex medical centers with strong academic affiliations; annual budget information; monitoring expenditures; identifying variances; recommending corrective actions. The position is also essential to the development of strategic short- and long-term business, oversees patient safety, reporting of adverse occurrences, near misses; and implements, maintains, and enforces departmental programs, policies, procedures and protocols.]

**4. GRADE DETERMINATIONS.** In addition to the basic requirements for appointment, the following criteria must be used when determining the appropriate grade assignment of candidates:

a. **[Diagnostic Radiologic Technician], GS-5 [ ]**

(1) **Experience or Education.** None beyond the basic requirements.

(2) **Assignment.** DRTs at this level operate and monitor commonly used equipment performing routine procedures under general supervision. The technician functions somewhat independently in carrying out these standardized procedures of limited complexity. Deviations from regular procedures, unanticipated problems, and unfamiliar situations are referred to the supervisor for a decision or help. Some assignments at this level also include developmental duties involving more complex procedures designed to prepare the technician for promotion to higher grades in a functional area. Such duties are performed under closer supervision.

b. **[Diagnostic Radiologic Technologist], GS-6 [ ]**

(1) **Experience or Education.** At least one year of experience equivalent to the next lower grade level or the successful completion of one full academic year of graduate education leading to a degree in radiography or other directly related field to diagnostic radiology/imaging.

(2) **Assignment.** Employees at this grade level serve as developmental DRTs, performing examinations which are routine and standardized in nature. They explain exams to patients in terms they can understand as well as potential hazards. They must also troubleshoot equipment used for diagnostic radiology and exercise extreme caution in the handling and safeguarding of all radiation producing equipment. DRTs must report major equipment malfunctions within a timely manner to service representatives and assist higher graded technologists in performing more complicated examinations.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of basic technique standards for minimum radiographic exposure.

(b) Knowledge of anatomy and positioning.

(c) Knowledge of all patient safety procedures.

(d) Knowledge of radiographic producing equipment.

(e) Ability to learn basic computer functions.

c. **[Diagnostic Radiologic Technologist], GS-7 [ ]**

(1) **Experience or Education.** At least one year of experience equivalent to the next lower grade level that demonstrates the clinical competencies described at that level; or the successful completion of one full academic year of graduate education leading to a degree in radiography or other directly related field to diagnostic radiology/imaging; or successful completion of an advanced registry program, with certification, in addition to a 4-year baccalaureate degree program in radiography or

other directly related field to diagnostic radiology/imaging. Education may relate to the duties of a specific position or to the occupation but must be appropriate for the position being filled.

(2) **Assignment.** DRTs at this level perform a full range of duties but receive guidance and directions regarding unfamiliar or unusual situations for more complex patient issues. Candidates at this grade level may be qualified to provide services in specialized areas of radiologic technology and/or general radiologic technology services.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of the technical adequacy of the digital image, including the ability to adjust the image quality in the digital system.

(b) Knowledge of different contrast material required for the requested study.

(c) Knowledge of radiation protection standards, minimum radiographic exposure techniques, appropriate beam limitation to anatomical area, and employing lead shielding when performing standard radiographic and fluoroscopic procedures.

(d) Knowledge of computed radiography, CR readers and Digital Imaging systems.

(e) Knowledge of PACS and basic computer skills.

d. **[Diagnostic Radiologic Technologist], GS-8 [ ]**

(1) **Experience.** At least one year of experience equivalent to the next lower grade level that demonstrates the clinical competencies described at that level.

(2) **Assignments.** Employees at this grade level serve as staff DRTs at the full performance level. Candidates at this grade level must be qualified to independently provide services in specialized areas of radiologic technology and/or general radiologic technology services with only occasional oversight or direction for highly complex issues.

(3) **Demonstrated Knowledge, Skills, and Abilities**. In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to check system for operation and assess acceptable performance based on established guidelines.

(b) Knowledge of calibration parameters and the ability to make adjustments as needed.

(c) Knowledge of patient's clinical record, diagnosis, and laboratory results.

(d) Ability to monitor patient's physiologic changes during the procedure and keep the radiologist informed.

(e) Skill in using tact, diplomacy, and courtesy in dealings with the customer base, patients, staff, family, visitors, and volunteers.

(f) Knowledge of anatomy and physiology, and cross-sectional anatomy, recognizing unusual images, and determining proper positioning to best demonstrate areas of interest.

e. **[Diagnostic Radiologic Technologist], GS-9 [ ]**

(1) **Experience.** At least one year of experience equivalent to the next lower grade level, directly related to the position being filled that demonstrates the clinical competencies described at that level.

(2) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. DRTs at this grade level may be appointed to one of the following assignments:

(a) **[Diagnostic Radiologic Technologist].** Employees at this level are fully functional as an advanced DRT and carry out their assigned tasks independently. DRTs at this level may have varying assignments including special and complex imaging procedures beyond the full performance level, clinical instruction, and basic QM type duties within the program. Regardless of the nature of the specific assignment, the work must be of sufficient scope and complexity to meet the knowledge, skills, and abilities to perform at this level. The candidate must demonstrate all of the following technical KSAs and demonstrate the potential to acquire the assignment-specific KSAs designated by an asterisk (*):

i. *Ability to balance the needs of patients and staff while still performing complex scans and procedures.

ii. Knowledge of techniques for gathering relevant information from the medical record, significant others, and health care providers.

iii. *Ability to assess factors that may contraindicate the procedure.

iv. Knowledge of basic first aid and basic life support practices related to radiography.

v. Knowledge of physical assessment, aseptic techniques, intravenous methods and techniques and universal precautions.

vi. Knowledge of pre-procedural, procedural, and post-procedural care of patients.

(b) **[Lead] Diagnostic Radiologic [ ] [Technologist].** Functions as a lead DRT for a group of DRTs at the full performance level and below, providing input on performance, resolving daily workplace issues, and maintaining efficient workflow. Provides a full range of general radiologic imaging exams, has a general knowledge of the different modalities within the diagnostic radiologic area, and is accountable to the next higher-level supervisor. The candidate must demonstrate all of the following technical KSAs:

i. Ability to provide technical oversight and assign personnel and tasks to be accomplished in a manner that assures completion of the workload utilizing the personnel to the greatest advantage thus providing the optimal level of patient care within the workday.

ii. Ability to plan, direct, and distribute work assignments to DRTs at lower grade levels.

iii. Skill in instructing and training DRTs on newly acquired equipment.

iv. Ability to plan and project staffing needs.

v. Skill to independently perform general and specialized diagnostic radiologic procedures in advanced levels of complex treatment situations.

(c) **Supervisory Diagnostic Radiologic Technologist.** The incumbent functions as a supervisor for a group of DRTs at the full performance level and below, which may include support staff. The incumbent advises employees of the performance requirements of their positions, informs them of their progress in meeting the requirements, and prepares formal evaluations of employee performance. The incumbent conducts corrective interviews with employees, referring disciplinary problems to higher levels of management; resolves informal complaints of employees; and deals with union representatives as appropriate. Supervisory DRTs plan and direct programs at medical centers and/or satellite outpatient clinics and have full supervisory responsibility. Assignments at this level include but are not limited to: assigning and evaluating the work of subordinate staff; resolving complex problems to ensure patient services are met; evaluating new products, equipment, and systems to make recommendations for improved operations; identifying educational or training needs; recommending final decisions on selections; evaluating performance and recommending disciplinary action when necessary. The incumbent has professional responsibility for planning and directing the DRTs activities and is responsible for extracting and analyzing data to provide reports in support of performance measures to senior management. The candidate must demonstrate all of the following technical KSAs and demonstrate the potential to acquire the assignment-specific KSAs designated by an asterisk (*):

i. *Ability to organize work, set priorities, delegate tasks and responsibilities.

ii. Skill in interpersonal relationships in dealing with employees, team leaders, and managers.

iii. *Skill in assessing qualifications and abilities of current and prospective employees.

iv. *Ability to consult with radiologist to develop standard and non-standard treatment/exam protocols.

v. Ability to independently perform general and specialized diagnostic radiologic procedures in advanced levels of complex treatment situations.

f. **[Diagnostic Radiologic Technologist], GS-10**

(1) **Experience.** At least one year of experience equivalent to the next lower grade level directly related to the position being filled that demonstrates the clinical competencies described at that level.

(2) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. DRTs at this grade level may be appointed to one of the following assignments:

(a) **[Magnetic Resonance Safety Officer (MRSO).** Employees who are qualified to work in the MRI modality (advanced certification) have expert specialization at this grade level. The MRSO operates with full responsibility for training, developing, and directing the MR safety program. Duties may include coordination of MR safety committee meetings, evaluation of hospital equipment to ensure MR safe operation, and oversight of employee and patient MR screening programs. Coordinates training of hospital staff and ensures maintenance of educational documentation. MRSO certification is highly desirable for this level of complexity. The candidate must demonstrate all of the following technical KSAs:

i. Knowledge of safety requirements for physical space pertaining to MR imaging area.

ii. Ability to establish and monitor access and safety requirements for the physical zones.

iii. Ability to develop and ensure that adequate written safety procedures, work instructions, emergency procedures, and operating instructions are issued and enforced.

iv. Knowledge of hazards posed by magnetic fields on implants, medical devices, hospital equipment and retained foreign bodies, and the development of measures taken against those hazards.

v. Ability to train medical, technical, nursing and all other relevant staff groups (including ancillary workers) in all procedural aspects related to MR safety.

(b) **Picture Archive Communication System (PACS) Technologist.** The PACS technologist provides support and troubleshoots system application issues and instructs users in the proper operation of digital image processing, storage, and display systems. The technologist performs VistA radiology, VistA imaging, and PACS support activities and general ADPAC duties including user access control. The technologist coordinates contingency plans during equipment downtimes and initiates repair requests with appropriate services or vendors. The technologist provides oversight of hardware relating to PACS display workstations, applications, speech recognition hardware, and other medical imaging hardware. The technologist provides training to radiologists, technologists, and other clients in the proper and efficient use of imaging hardware and software of the integrated PACS and VistA imaging systems. The technologist provides instruction and guidance in daily operations of the ancillary systems such as: speech recognition dictation, dose reporting systems, contrast reporting systems, etc. The incumbent may function as a DRT which may include complex modalities such as CT, MR, mammography, ultrasound, and/or IR. The candidate must demonstrate all of the following technical KSAs:

i. Ability to provide support and troubleshoot system application and hardware issues and instruct users in the proper operation of digital image processing, storage and display systems.

ii. Ability to perform VistA radiology, VistA imaging, and PACS support activities and general ADPAC duties including user access control.

iii. Ability to initiate repair requests with appropriate services or vendors.

iv. Knowledge of PACS system infrastructure and functionality.

v. Ability to provide training to all user levels in the efficient use of imaging hardware and software of the integrated PACS system.

vi. Knowledge of specific positioning, technique, and imaging procedures so he/she will be able to perform and reconcile image information correctly and efficiently during technical post processing and evaluation.

(c) **Advanced Diagnostic Radiologic Technologist.** Employees are trained to work in one or more difficult and complex modalities performing procedures related to these modalities as well as performing general diagnostic procedures. At this grade level, any assignment in a single modality must demonstrate significant complexity. Such assignments are unique, perhaps with expert specialization in complex areas of radiologic technology, Mammography Quality Standards Act (MQSA) regulations, and intermediate QM type duties within the program. The candidate must demonstrate all of the following technical KSAs:

i. Knowledge of radiation protection standards, devices and techniques, including concepts of accumulated dosage, dose monitoring, and genetic changes.

ii. Ability to utilize advanced imaging software that supports complex imaging programs and recognize changes in equipment and procedures that might result in increased exposures, and ability to recommend methods to prevent such exposures.

iii. Knowledge of basic physics including concepts of energy, electric power, magnetic fields, and properties of x-ray, to understand the operation of the equipment.

iv. Knowledge and skill in positioning of patients for a wide variety of highly complex imaging (CT, MRI, IR, ultrasound, mammography) studies.]

(d) **[Lead] Diagnostic Radiologic [ ] [Technologist].** [The incumbent] functions as a lead DRT for a group of DRTs [at the GS-9 level and below]. [The incumbent] provides a full range of general radiologic imaging exams, has a broad knowledge of the different modalities within the diagnostic radiologic area, and is accountable to the next higher-level supervisor. The candidate must demonstrate all of the following technical KSAs and demonstrate the potential to acquire the assignment-specific KSAs designated by an asterisk (*):

i. Ability to provide feedback to supervisor on technical aspects of work.

ii. *Ability to resolve informal employee complaints.

iii. *Ability to monitor and report on the status and progress of work and make adjustments to accomplish the workload in accordance with established procedures.

iv. Ability to perform general and specialized diagnostic radiologic procedures in advanced levels of complex treatment situations.

(e) **Supervisory Diagnostic Radiologic Technologist.** [The technologist] functions as a supervisor for a group of DRTs at the GS-9 level and below which may include support staff. [The technologist] evaluates new products and equipment, making

recommendations to supervisor concerning upgrades/new purchases that would improve operations. [The technologist] informs higher level management of anticipated staffing variances and informally recommends promotions, reassignments, or other personnel changes such as retention or release of probationary employees, and recognition of superior performance in the diagnostic radiologic area. [The technologist] directs the development and implementation of services and treatment to patients through the supervision, mentoring, and oversight of assigned clinical staff. Experience must demonstrate practice skills in a specialty area or in administration demonstrating progressively more professional competency and judgment. The candidate must demonstrate all of the following technical KSAs and demonstrate the potential to acquire the assignment-specific KSAs designated by an asterisk (*):

i. *Ability to analyze organizational, technical, and administrative problems and to develop and implement solutions that result in efficient section operation.

ii. Ability to evaluate quality management procedures and processes.

iii. *Ability to analyze and use data effectively to manage workload, quality, performance, and productivity.

iv. *Skill in developing new policies and guidelines as needed.

v. Skill in problem solving and conflict resolution.

g. **[Diagnostic Radiologic Technologist], GS-11 [ ]**

(1) **Experience.** At least one year of experience equivalent to the next lower grade level directly related to the position being filled that demonstrates the clinical competencies needed to provide services as a quality control technologist, DRT team leader, supervisory radiologic technologist, [PACS technologist, clinical program director], or an assistant chief radiologic technologist.

(2) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. DRTs at this grade level may be appointed to one of the following assignments:

(a) **[PACS Technologist.** This position serves as a liaison for the Office of Information and Technology (OI&T), Biomedical Engineering staff and clinical users to ensure the PACS system is configured to optimize imaging including distribution capabilities; develops methods and programs to evaluate, monitor and maintain digital imaging and voice recognition systems; serves as team leader in planning, developing, and instructing users in the operation of PACS network elements, the integration of these with related systems, and recommends corresponding upgrades. This position researches and or/analyzes problems, issues, or program requirements supporting

the functions of a digital imaging system; performs complex system administrator functions such as: oversight of RIS (Hospital Information System/Radiology Information System) links necessary to interface with the HIS (Hospital Information System), Application Entity (AE) titles, individual and user group creation, and access management, system filters, exam code dictionaries, DICOM configuration testing, hanging protocols, voice file exchange, and other duties associated with this position. The incumbent ensures compliance with all national and VA information and security requirements, including archiving of images to VistA imaging. This position may independently function as a DRT, which may include complex modality such as CT, MR, mammography, ultrasound, and IR. The candidate must demonstrate all of the following technical KSAs:

i. Knowledge of contingency plans during equipment downtimes.

ii. Ability to act as liaison for Radiology with biomedical engineering and OI&T.

iii. Ability to develop methods and programs to evaluate, monitor, and maintain digital imaging and voice recognition systems.

iv. Ability to lead a team of multidisciplinary members in accomplishing strategic planning and integration of PACS and network elements.

v. Ability to perform complex system administrator functions such as: oversight of RIS (Hospital Information System/Radiology Information System) links, AE titles, individual and user group creation and access management, etc.

vi. Knowledge of VA and other national guidelines pertaining to PACS network, VistA imaging, and database security.

vii. Knowledge of specific positioning, technique, and imaging procedures so he/she will be able to perform and reconcile image information correctly and efficiently during technical post processing and evaluation.]

(b) **[Quality Management Technologist.** This position has full oversight responsibility of departmental Quality Management program and may also include oversight of a departmental Quality Improvement (QI) program. That may include directing the work of lower graded staff. The technologist performs daily inspection[s] of radiographic units to ensure proper mechanical functionality [ ] and] ensures daily functionality of CR readers. [The technologist provides in-service training for technologists and other personnel involved in the operation and maintenance of CR readers, DR panels, and other PACS type of operations maintained within the department. The technologist] coordinates scheduling of preventative maintenance for modalities either through biomedical engineering or local contractor service. The technologist works with physicists to ensure compliance with radiation safety program and for acceptance testing of all new

installations of equipment. The technologist maintains accurate records, as required by management, for quality assurance analysis, quality control, performance improvement, and other related purposes. The candidate must demonstrate all of the following technical KSAs:

i. Knowledge of all Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Occupational Safety and Health Administration (OSHA), and VA standards regarding radiology quality assurance and other technical functions.

ii. [Ability] to train staff on quality assurance and control.

[iii. Knowledge of inventory management systems.]

iv. Knowledge of x-ray and other image-producing machinery in order to design and operate a complete radiology quality assurance program.

v. Knowledge of physics and [physical properties of CR and DR panels and image production to diagnose difficulties in x-ray machinery and post processing equipment.

(c) **Clinical Program Director.** The director functions as an educational program director for a hospital based JRCERT accredited radiological technology training program. The director oversees the development of an assessment plan that meets programmatic accreditation standards. The director ensures maintenance of educational records and prepares for site visits from JRCERT. The director develops or revises curriculum to meet changing program needs. The director prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress. The director has direct responsibility for program design, policy development, personnel administration, budget, marketing, and public relations. The director implements the selection process for hiring program faculty and staff. Initiates and coordinates evaluation of faculty and staff. Provides oversight of course scheduling. The director supervises subordinate staff and evaluates the clinical instructors. This position must meet minimum educational requirements established by JRCERT to direct an accredited radiologic technology training program (two years DRT experience and a masters' degree as noted in JRCERT requirement). The candidate must demonstrate all of the following KSAs:

i. Ability to create and revise program policies that meet accreditation standards required for program growth and improvement.

ii. Ability to independently perform the duties of a fully functional general radiographic DRT.

iii. Ability to effectively communicate both orally and in writing with students, faculty, staff, and clinical health organizations.

iv. Skill in curriculum development, supervision, instruction, evaluation, and academic advising.

v. Ability to create and administer a program budget meeting needs for growth and improvement.

vi. Ability to establish, monitor, and oversee long- and short-range goals of program, curriculum, course descriptions, policies and procedures used to evaluate student performance, processes of assessment and program evaluation.

vii. Ability to provide the full range of supervisory duties, which includes responsibility for assignment of work, performance evaluations, selection of staff, and recommendation of awards, advancements, and disciplinary actions.]

[(d)] [**Lead**] **Diagnostic Radiologic [ ] [Technologist]**. [The technologist] functions as a lead technologist for a group of DRTs [at the GS-10 level and below. The technologist performs] a full range of general radiologic treatment procedures and possesses broad knowledge of the different modalities within the diagnostic radiologic area. The technologist is accountable to the next higher-level supervisor. The candidate must demonstrate all of the following technical KSAs: and demonstrate the potential to acquire the assignment-specific KSAs designated by an asterisk (*):

i. *Skill in directing on-the-job training for employees.

ii. *Ability to evaluate work performance of lower level employees and recommend performance ratings.

iii. *Skill in technical planning and oversight to set and adjust work priorities, and [ensure] that work requirements are met based on employee capabilities.

iv. Ability to provide care appropriate to the age of the patients served, including knowledge of growth and development.

v. *Knowledge of medical center, VHA, and government-wide human resources management regulations, policies, and procedures.

[(e) **Supervisory Diagnostic Radiologic Technologist.** The incumbent functions as section supervisor for a group of advanced DRTs at the GS-10 level and below, which may include support staff. The incumbent evaluates new products and equipment and makes recommendations to the supervisor concerning upgrades/new purchases that would improve operations. The incumbent develops and maintains

protocol manuals for procedures performed in the section. The incumbent is responsible for implementation and adherence to all safety practices and policies for the section. The incumbent directs the development and implementation of services and treatment to patients through the supervision, mentoring, and oversight of assigned clinical staff. Experience must demonstrate practice skills in a specialty area or in administration demonstrating progressively more professional competency and judgment. The candidate must demonstrate all of the following technical KSAs:

i. Ability to analyze organizational, technical, and administrative problems and to develop and implement solutions that result in efficient section operation.

ii. Ability to analyze and use data effectively to manage section workload, quality, performance, and productivity.

iii. Skill in problem solving and conflict resolution.

iv. Ability to supervise technologists performing a wide variety of difficult radiographic exams (CT, MRI, Special Procedures, Mammography, Ultrasound).

v. Ability to interview and evaluate candidates for positions, evaluate subordinate performance, recommend appointments, advancements, or recommend or take appropriate disciplinary actions.

vi. Skill in participating in organizational facility initiatives, workgroups, and/or committees.]

(f) **Supervisory Diagnostic Radiologic Technologist.** This assignment is restricted to employees serving as a full assistant chief to a GS-12 chief radiologic technologist. Individuals in this assignment share full responsibility for managing the radiologic technology section. The candidate must demonstrate all of the following technical KSAs and demonstrate the potential to acquire the assignment-specific KSAs designated by an asterisk (*):

i. Knowledge of overall radiology department operations, and the ability to judge effectiveness of the operation.

ii. *Ability to monitor and evaluate subordinate supervisor's performance.

iii. *Ability to formulate plans, delegate authority, and follow-up on delegated tasks.

iv. Knowledge of new and recent developments in the field. [ ]

(g) **Supervisory Diagnostic Radiologic Technologist.** Employees in this assignment assume full administrative and professional responsibility for planning and directing the radiologic technology program at a medical center or independent outpatient clinic that does not meet the level of complexity described at the GS-12 level for a chief radiologic technologist and has significant supervisory responsibility for staff. The candidate must demonstrate all of the following technical KSAs and demonstrate the potential to acquire the assignment-specific KSAs designated by an asterisk (*):

i. *Ability to develop and initiate new imaging services that apply current research findings.

ii. Ability to participate as an instructor in the facility's in-service clinical training findings.

iii. [Ability] to interview and evaluate candidates for positions in the section and recommend appointments, advancements, or, when appropriate, disciplinary actions.

iv. Ability to evaluate performance, identify continuing education and training needs, etc.

v. *Ability to analyze organizational, technical, and administrative problems and to develop and implement solutions that result in efficient section operation.

vi. [Skill in participating in organizational facility initiatives, workgroups, and/or committees.

vii. Ability to draft and/or recommend organizational policies and/or directives.]

h. **[Diagnostic Radiologic Technologist], GS-12**

(1) **Experience.** At least one year of the following types of experience comparable to the next lower grade level that fully meets the KSAs at that level.
[ ]

(2) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. DRTs at this grade level may be appointed to one of the following assignments:

(a) **Supervisory [Diagnostic Radiologic Technologist] [ ].** Assignment to this grade level is restricted to those serving as the chief radiologic technologist at medical facilities with comprehensive and complex radiographic and imaging programs. Employees in these assignments plan and direct the radiologic technology program at active, affiliated medical centers with critical care and emergent inpatient services, and have full supervisory responsibility for a large staff

of subordinate personnel, including GS-10 DRTs, at least one subordinate team leader or supervisor at the next lower grade level, and may include clerical or administrative support staff. At this level, the radiologic technology program typically includes the full variety of comprehensive and complex modalities. The candidate must demonstrate the following technical KSAs and demonstrate the potential to acquire the assignment-specific KSAs designated by an asterisk (*):

i. *Ability to perform the full range of supervisory duties, including responsibility for assignment of work performed; performance evaluations; recommendations for appointments, awards, advancements, and, when appropriate, disciplinary actions; and identification of continuing education and training needs.

ii. [Ability] to serve as a consultant to other facility personnel in evaluating and planning radiologic technology services for the most complex cases.

iii. *Ability to participate in research studies and/or as a consultant to others conducting research.

iv. *Ability to consult with staff and resident physicians through patient presentation, attending ward rounds, and specialty clinics and/or conferences, etc.

v. *[Ability] to assess, plan, and evaluate the delivery of radiologic technology services at the facility.

(b) **Radiology Administrator.** Assignment to this grade level is restricted to those serving as the radiology administrator at medical facilities with comprehensive and complex radiographic and imaging programs. Employees in these assignments plan and direct the technical and administrative operations of the radiology program at active, affiliated medical centers, and have full supervisory responsibility for a large staff of subordinate personnel, including GS-10 DRTs, at least one subordinate team leader or supervisor at the next lower level, and may include clerical and administrative support personnel. At this level, the radiologic technology program typically includes the full variety of specialties. The candidate must demonstrate all of the following technical KSAs and demonstrate the potential to acquire the assignment-specific KSAs designated by an asterisk (*):

i. *Knowledge of the fiscal matters of the radiology program, including VHA funds and several additional fund controls, and ability to administer the scarce medical specialist contracts for professional services.

ii. *[Ability] to make short and long-term supply, equipment, and major space alteration recommendations, and prepare specifications for radiographic equipment purchases and remodeling requests.

iii. Ability to recommend program effectiveness improvements to meet VHA and JCAHO accreditation standards.

iv. *Ability to make and implement major managerial recommendations for the radiology program, such as organizational improvements including changes in structure and delegation; maintain realistic cost/benefit ratios; and policy and procedure changes to improve service to patients.

v. *Ability to perform the full range of supervisory duties, including responsibility for assignment of work performed; performance evaluations; recommendations for appointments, awards, advancements, and when appropriate, disciplinary actions, and identification of continuing education and training needs.

i. **[Diagnostic Radiologic Technologist], GS-13**

(1) **Experience.** At least one year of experience comparable to the next lower grade level that fully meets the KSAs at that level.

(2) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

[(a) **National/Regional Technologist.** Technologists at this level function as program specialists responsible for the management of VISN or national initiatives having a high degree of visibility and a significant impact on VHA health care delivery. Examples include VISN or national initiatives in the care and treatment of patients, educational programs, program evaluation, quality assurance, etc. These programs typically include collaboration with other Federal and State agencies, professional organizations, etc. Due to the scope of regional/national responsibilities, it is expected there may be one regional level technologist per VISN, if and where warranted, but no more than two. In addition, the candidate must demonstrate all of the following technical KSAs:

i. Knowledge of VISN or national initiatives and/or intra-agency workgroups or committees.

ii. Ability to develop and/or recommend national policies and/or directives.

iii. Ability to perform VHA Central Office special projects and activities.

iv. Skill in managing resources at a complex facility or organization, i.e., space, equipment, supplies, personnel a regional or national level.]

[(b) **Imaging Program Administrator.** A technologist in this position is responsible for the direction of a highly complex consolidated imaging program that includes

diagnostic radiology, and one or both of nuclear medicine, and/or radiation oncology programs. The incumbent ensures professional competence and performance of clinical and clerical staff by establishing professional standards, protocols, and policies and procedures. This position has full supervisory responsibility for a large staff of subordinate personnel in various disciplines and sections noted above, including at least one subordinate supervisor at the next lower level, and may include various clerical and administrative support personnel. Responsibilities include oversight of business operations and planning for significantly complex medical centers with strong academic affiliations that includes both graduate medical education (GME) and medical imaging training programs. Responsibilities also include oversight of multiple complex imaging services and providing annual budget information; monitoring expenditures; identifying variances; and recommending corrective actions. With the facility leadership, this position develops strategic short- and long-term business, market and operational plans focused on the growth of clinical, academic, and financial performance. The incumbent monitors and evaluates progress toward implementing strategic goals and objectives. The incumbent is responsible for contributing information to strategic plans and reviews, implementing production, productivity, quality, and patient-service standards; resolving problems; and identifying system improvements. This position is accountable for outcomes management and associated performance targets, including but not limited to patient satisfaction surveys, industry performance benchmarks and quality outcomes. The incumbent works closely with departmental staff to improve quality results by evaluating accuracy and quality of services; and providing assistance in the implementation of new techniques, equipment, and procedures. The incumbent oversees, supports, and makes contributions to patient safety, implementing systems to conduct Root Cause Analysis and correction of errors, reporting of adverse occurrences, near misses, and safety concerns. The incumbent develops, implements, maintains, and enforces departmental programs, policies, procedures, and protocols. The incumbent ensures and maintains required documentation for compliance with safety, environmental and infection control standards, and with local, state, and federal regulations. The incumbent monitors compliance with standards, identifies variances or inabilities to meet established targets, and implements action to ensure that targets are met. In addition, the candidate must demonstrate all of the following technical KSAs:

i. Ability to, provide the full range of supervisory duties which includes responsibility for assignment of work, performance evaluations, selection of staff, and recommendation of awards, advancements, and disciplinary actions.

ii. Skill in administrative management (e.g., budgeting, contracting, procurement and property management) in accordance with VHA regulations.

iii. Ability to work collaboratively with other disciplines, upper management, VISN level staff and/or VHA Central Office.

iv. Ability to plan and execute short and long-range programs and/or goals through project management and tactical/strategic planning as well as develop and oversee complex quality programs addressing outcome management and performance benchmarks.

v. Knowledge of concepts, principles, and methodologies of a significantly high- level imaging program that includes complex subsections such as diagnostic radiology, nuclear medicine and/or radiation oncology operations in order to assess program effectiveness and provide authoritative guidance for operations, personnel, and management.

vi. Ability to develop, implement, maintain, and enforce departmental programs, policies, procedures and protocols to ensure and maintain required documentation for compliance with safety, environmental and infection control standards, and with Joint Commission, FDA, NRC- NHPP, ACR, HIPPA, and other federal regulations.]

**5. DEVIATIONS.**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for DRTs in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the education and/or ARRT certification/registration (e.g., ARRT(R), and/or Advanced ARRT certification) be waived.

c. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. §§ 7402, 7403**

# APPENDIX G26. THERAPEUTIC RADIOLOGIC TECHNOLOGIST QUALIFICATION STANDARD

## GS-0648

## Veterans Health Administration

1. **COVERAGE.** The following are the requirements for appointment as a Therapeutic Radiologic Technologist (TRT) in the Veterans Health Administration (VHA). TRTs assist in the localization of tumors [ ] and deliver high doses of ionizing radiation as prescribed by the radiation oncologists. These requirements apply to TRTs in the General Schedule (GS)-0648 series [who are certified in therapeutic radiologic technology by the American Registry of Radiologic Technology (ARRT). Appendix G66 outlines the qualification standards for TRTs who are certified medical dosimetrists responsible for a treatment plan and assigned to functional statements outlining those specific duties.]

2. **DEFINITIONS.**

   a. **Journey Level**. The full performance level for this qualification standard is the GS-9 grade level.

   b. **Creditable Experience**. To be creditable, the experience must have required the use of knowledge, skills, abilities, and other characteristics (KSAs), also referred to as core competencies associated with current therapeutic radiologic technology practices.

   c. **Part-Time Experience.** Part-time experience as a TRT is creditable according to its relationship to full-time workweek. For example, a TRT would receive one week of full-time credit for each two weeks of half-time work.

   d. **Quality of Experience.** Experience is only creditable if it is post-certification (as noted in paragraph 3c below) experience as a TRT directly related to the position being filled. Qualifying experience must be at a level comparable to TRT experience at the next lower grade level. For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. Experience as a graduate TRT is creditable provided the candidate functioned as a TRT and subsequently passed the certification examination.

   e. **TRT Professional Definitions.** Specialized areas of therapeutic radiologic technology include basic and complex therapeutic treatment delivery, simulation, advanced treatment delivery modalities and mold room.

(1) **Basic and Complex Therapeutic Radiologic Treatment Delivery.** The practice of radiation therapy is performed by healthcare professionals responsible for the administration of ionizing radiation for treating diseases, primarily cancer. Radiation therapy requires an interdisciplinary team of radiation oncologists, radiation therapists, medical radiation physicists, medical dosimetrists, and nurses. The radiation therapist administers the radiation to the patient throughout the course of treatment. Radiation therapy integrates scientific knowledge, technical competence, and patient interaction skills to provide safe and accurate treatment with compassion. A radiation therapist recognizes patient conditions essential for the successful completion of simulation and treatment. Radiation therapists must demonstrate an understanding of human anatomy, human physiology, pathology and medical terminology. In addition, comprehension of oncology, radiobiology, radiation physics, radiation oncology techniques, cross sectional anatomy, radiation safety and the psychosocial aspects of cancer are required. They must maintain a high degree of accuracy in positioning and treatment techniques. TRTs must possess, use and maintain knowledge about radiation protection and safety. They assist the radiation oncologist to localize the treatment area and deliver high doses of ionizing radiation as prescribed by the radiation oncologist. The basic treatment deliveries consist of two-dimensional and three-dimensional treatment plans. The complex treatment deliveries consist of the advanced treatment delivery modalities as listed below and new emerging technologies on the horizon.

(2) **Simulation.** Simulation utilizes multiple imaging modalities to generate images of the human anatomy with emphasis placed on areas relevant to the treatment fields. This includes selecting and designing multiple types of positioning and immobilization devices to maximize accuracy for reproducibility during treatment process. During simulation the TRTs address complications brought about by the patient's condition and disease process. These images obtained through the simulation procedure are transferred to dosimetry for a reproducible deliverable treatment plan. Precise documentation of the procedure and set-up are essential for accuracy of the prescribed treatment.

(3) **Advanced Treatment Delivery Modalities:** Advanced treatment delivery modalities consist of the most advanced techniques, the current state of the art, and standard care provided in the community. These include:

(a) Intensity Modulated Radiation Therapy (IMRT)

(b) Imaged Guided Radiation Therapy (IGRT)

(c) Volumetric Modulated Arc Therapy (VMAT)

(d) Stereotactic Body Radiation Therapy (SBRT)

(e) Stereotactic Radiosurgery (SRS)

(f) Stereotactic Radiotherapy (SRT)

(g) High Dose Rate Brachytherapy (HDR)

(h) Low Dose Rate Brachytherapy (LDR)

(i) 4D Simulation

(j) Gated Radiation Therapy

(k) Deep Inspiration Breath Hold (DIBH)

(l) Optical Surface Imaging System (OSIS)

(4) **Mold Room.** Mold room technology utilizes materials and methodologies to design and fabricate molds as prescribed by the radiation oncologist. Mold room functions are varied and dependent on complexity and facility needs which may include electron cut outs, blocking, and other specialized devices.

**3. BASIC REQUIREMENTS.**

a. **Citizenship.** Be a citizen of the United States (U.S.). Non-citizens may be appointed when it is not possible to recruit qualified candidates in accordance with 38 U.S.C. § 7407(a).

b. **Education**. Individuals must have successfully completed a program in therapeutic radiologic technology, evidenced by a certificate or an associate's or higher degree accredited by the Joint Review Committee on Education in Radiologic Technology or other accrediting bodies recognized by the U.S. Department of Education (ED) and the subsequent completion of a 12-month ED accrediting body-approved program in therapeutic radiologic technology.
Public Law 97-35 requires that persons who administer radiologic procedures meet the credentialing standards in 42 C.F.R. Part 75. They must have successfully completed an educational program meeting or exceeding the standards described in that regulation and is accredited by an organization recognized by the ED, and be radiation therapists certified by the ARRT in Radiation Therapy (T).

c. **Certification.** All applicants must be certified in therapeutic radiologic technology by the ARRT in Radiation Therapy (ARRT (T)).

(1) All applicants must be certified in therapeutic radiologic technology by the ARRT in Radiation Therapy (ARRT (T)).

(2) **Exception.**

(a) Non-certified applicants who otherwise meet the eligibility requirements for TRT certification may be given a temporary appointment under 38 U.S.C. § 7405 (a)(1)(B) for up to one year at the entry level only as a graduate TRT under the authority of 38 U.S.C. § 7405 (c)(2)(B).

(b) Graduate TRTs may only be appointed at the entry grade level and may not be promoted/converted until certification is obtained.

(c) Temporary graduate TRT appointments may not be extended beyond one year or converted to a new temporary appointment.

(d) **Failure to Obtain Certification.** In all cases, TRTs must actively pursue meeting the requirements for certification starting from the date of their appointment. Failure to become certified within one year from the date of appointment will result in removal from the GS-0648 TRT series and may result in termination of employment.

(3) **Loss of Certification.** Once certified, a TRT who fails to maintain the required certification must be removed from the occupation, which may result in termination of employment.

d. **Grandfathering Provision.** All persons employed in VHA in this occupational series or in another occupational series that are also performing the duties as described in the qualification standard are considered to have met all qualification requirements for the grade held, including positive education and licensure/certification/registration that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Employees in an occupation not requiring a licensure/certification/registration, may be reassigned, promoted or demoted within the occupation.

(2) Employees in an occupation requiring a licensure/certification/registration, may be reassigned, promoted up to and including the full performance level, or demoted within the occupation, but may not be promoted beyond the full performance level or placed in supervisory or managerial positions.

(3) Employees in an occupation requiring a licensure/certification/registration only at higher grade levels must meet the licensure/certification/registration requirement before they can be promoted to those higher-grade levels.

(4) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(5) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

**NOTE:** Each uncertified TRT permanently employed on June 21, 1986, and whose competence in the safe administration of ionizing radiation was affirmed, in writing, by a VA licensed physician not later than January 1, 1987, is considered fully qualified. These employees may be promoted, up to and including the journey level, demoted or reassigned within the GS-0648 occupational series. Any employee initially retained in this manner who leaves this job series loses protected status and must meet the full requirements in effect at the time of reentry.

e. **Physical Requirements.** See VA Directive and Handbook 5019, Employee Occupational Health Service.

f. **English Language Proficiency.** TRTs must be proficient in spoken and written English. See 38 U.S.C. § 7403(f).

**4. GRADE DETERMINATIONS.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates:

a. **Therapeutic Radiologic Technologist, GS-6**

(1) **Experience.** None above the basic requirements.

(2) **Assignment.** Employees at this grade level serve as a staff TRT in an entry-level developmental position. They complete basic radiation therapy and basic clinic duties. They receive guidance and oversight from experienced staff members and require direct supervision.

(3) **Demonstrated Knowledge, Skills, and Abilities (KSA):** None at this level.

b. **Therapeutic Radiologic Technologist, GS-7**

(1) **Experience.** At least one year of experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Assignment.** TRTs at this grade level serve as a staff TRTs in a developmental position. They perform a substantially full range of basic clinical duties and basic treatment delivery modalities, but receive guidance, direct oversight, and directions regarding complex treatment delivery, unfamiliar, or unusual situations for complex patient clinical issues. Assignments at this level include setting up of the treatment room with prescribed immobilization devices and; supplies for each individual patient before treatment and treating basic and some advanced radiation treatment modalities on a linear accelerator. TRTs perform daily quality

measures, machine warm up procedures, interpretation of output levels compared with established thresholds and other assignments.

(3) **Demonstrated Knowledge, Skills, and Abilities.** Candidates must demonstrate all the KSAs below:

(a) Knowledge to set-up the treatment room to deliver basic and some complex radiation treatments on a linear accelerator, as prescribed by the radiation oncologist.

(b) Knowledge of machine warm up procedures for interpreting output levels compared with established thresholds and radiation safety principles.

(c) Ability to perform patient chart reviews using an electronic medical record and using the Record and Verify System or other similar treatment delivery systems.

(d) Knowledge of operating computed tomography (CT) Simulator to preform simulations that is demonstrated by following directives, designing custom immobilization for reproducible set-ups, obtaining optimal imaging, and completing accurate and precise patient documentation.

(e) Skill in communicating all aspects of patient care with the radiation oncology team.

(f) Knowledge of utilizing an on-board imaging system (i.e., Linac's or comparable system) to interpret the images.

(g) Skill in performing radiation safety practices including when to report discrepancies and ensuring compliance with regulatory requirements, quality standards, accrediting agencies, policies and department standard operating procedures.

c. **Therapeutic Radiologic Technologist, GS-8**

(1) **Experience.** At least one year of experience equivalent to the next lower grade level that demonstrates the knowledge, skills, and abilities/core competencies described at that level.

(2) **Assignment.** Staff TRTs at this developmental level perform a substantially full range of basic clinical duties and basic treatment delivery modalities. They will receive guidance and directions regarding most complex treatment delivery modalities, and unfamiliar or unusual situations for complex patient clinical issues. Assignments at this level include but are not limited to set-up of the treatment room with prescribed immobilization devices and supplies for each individual patient before treatment. They deliver treatments providing basic and some advanced radiation treatment modalities on a linear accelerator. Staff

TRTs conduct daily quality measures, machine warm up procedures, interpretation of output levels compared with established thresholds and other assignments. Regardless of the nature of the specific assignment, the work must be of sufficient scope and complexity to meet the knowledge, skills, and abilities to perform at this level.

(3) **Demonstrated Knowledge, Skills and Abilities.** Candidates must demonstrate all the KSAs below:

(a) Skill in setting up the treatment room to deliver basic and some complex radiation treatments on a linear accelerator, as prescribed by the radiation oncologist.

(b) Ability to perform machine warm up procedures and interpret output levels compared with established thresholds and radiation safety principles.

(c) Ability to perform moderately complex patient chart reviews by using the electronic medical record and the Record and Verify System or other similar treatment delivery systems.

(d) Ability to operate the CT Simulator to perform simulations, design custom immobilization for reproducible set-ups, obtain optimal imaging and provide accurate and precise patient documentation.

d. **Therapeutic Radiologic Technologist, GS-9**

(1) **Experience.** At least one year of experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Assignment.** Employees at this level serve as staff TRTs at the full performance level independently carrying out most procedures which have varying assignments, including advanced treatment modalities and procedures. TRTs at this level may be independently assigned to most areas of radiation therapy and to some advanced therapies. Assignments at this level include but not limited to: providing emergency treatment delivery, simple Monitor Unit dose calculation as assigned; scheduling simulation and treatment procedures; handling and storing radioactive materials; educating patient, family and staff on the administration of ionizing radiation; inspecting equipment for safety, operability and troubleshooting basic problems and machine issues. Regardless of the nature of the specific assignment, the work must be of sufficient scope and complexity to meet the knowledge, skills and abilities to perform at this level.

(3) **Demonstrated Knowledge, Skills and Abilities.** Candidates must demonstrate all the KSAs below:

(a) Skill in independently setting up the patient in preparation for basic and complex radiation treatments on a linear accelerator, as prescribed by the radiation oncologist.

(b) Skill in independently performing machine warm-up procedures to interpret output levels compared with established thresholds adhering to the principles of radiation safety and all aspects of quality assurance.

(c) Skill to independently perform patient chart reviews and effectively document records utilizing an electronic medical records system and the Record and Verify System or other similar treatment delivery systems.

e. **Therapeutic Radiologic Technologist, GS-10**

(1) **Experience.** At least one year of experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, range of variety and be performed by the incumbent at least 25% of the time. Employees at this level serve as advanced staff TRTs independently carrying out procedures which have varying assignments. This includes basic and advanced treatment modalities and procedures, which exceed the full performance level. Employee will be assigned the responsibility of emergency on-call treatments, if applicable, and perform simple Monitor Unit calculations. Other assignments include but, are not limited to performing CT simulations, troubleshooting for basic problems and machine issues, maintaining treatment rooms and equipment in a clean, neat and safe condition and assisting patients to and from the treatment room. Regardless of the nature of the specific assignment, the work must be of sufficient scope and complexity to meet the knowledge, skills and abilities to perform at this level.

(3) **Demonstrated Knowledge, Skills and Abilities.** Candidates must demonstrate all the KSAs below:

(a) Skill in independently performing machine warm up procedures and interpreting output levels compared with established thresholds adhering to the principles of radiation safety and all aspects of quality assurance.

(b) Ability to independently perform patient chart reviews using an electronic medical record and the Record and Verify System or other similar treatment delivery systems.

(c) Ability to independently perform all basic and complex CT simulations, including independently operating the CT equipment, following directives, designing custom immobilization for reproducible set-ups, obtaining optimal

imaging, completing accurate data transfer for treatment planning and providing accurate and precise patient documentation.

(d) Ability to utilize a Linac's On Board Imaging system to interpret complex images.

f. **Lead Therapeutic Radiologic Technologist, GS-11**

(1) **Experience.** At least one year of experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Assignments.** The lead TRT functions as a team leader for a group of TRTs who provide the full range of general and complex therapeutic radiologic oncology treatment procedures. The lead TRT provides technical oversight, distributes work assignments and provides input on performance and competencies. Assignments at this level include, but are not limited to: approving leave requests for a few hours or in emergency situations; instructing and training TRT staff on newly acquired equipment; providing orientation to staff, students, residents and others as requested; and assisting with staff scheduling, quality assurance, compliance, authoring, reviewing and updating procedures and policies. In addition, the lead TRT serves as the technical mentor, trainer and coach for the staff. The lead TRT is accountable to the next higher-level supervisor.

(3) **Demonstrated Knowledge, Skills and Abilities.** Candidates must demonstrate all the KSAs below:

(a) Ability to provide technical oversight, assure compliance with standard operating procedures, distribute work assignments to lower level radiation therapists and provide input for performance appraisals and competencies.

(b) Skill in effective communication of all aspects of patient care with the radiation oncology team to include facilitating all essential communication to the Chief Radiation Therapist or leadership regarding clinical and operational issues.

(c) Ability to independently deliver, mentor and provide oversight to lower level TRTs with basic and complex radiation treatments on a linear accelerator, as prescribed by the radiation oncologist.

(d) Ability to instruct and train TRTs on the Record and Verify System (or other similar treatment delivery systems), newly acquired equipment, devices and products within the service.

(e) Ability to resolve informal employee disputes and concerns using problem solving skills.

(f) Ability to develop local policies and standard operating procedures.

(g) Ability to perform lead responsibilities such facilitating quality improvement activities, conducting in-service and staff meetings, conducting other departmental meetings as requested

(h) Skill in facilitating chart rounds.

g. **Supervisory Therapeutic Radiologic Technologist, GS-11**

(1) **Experience.** At least one year of experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Assignment.** Functions as a supervisor for a group of TRTs at the full performance level and below who provide general and complex therapeutic radiologic radiation oncology services. Assignments at this level include but are not limited to: plans and implements work schedules to assure an even flow and distribution of work, adjusts work assignments as needed for daily operation; recommends methods to improve productivity and continuously reviews treatment procedure and delivery. They oversee attendance and leave of employees, including approval of sick and annual leave requests. They address employee performance and conduct concerns. They inform higher-level management of anticipated staffing variances and recommend promotions, reassignments, or other personnel changes, such as retention or release of probationary employees, periodic step increases and recommending recognition of superior performance in the therapeutic radiologic area.

(3) **Demonstrated Knowledge, Skills and Abilities.** Candidates must demonstrate all the KSAs below:

(a) Ability to manage daily operations of the department to include supervising radiation therapy staff; coordinating staffing, workload and schedules; setting priorities; and delegating tasks and responsibilities.

(b) Ability to ensure department compliance with the national program office, radiation accrediting agencies, hospital and outside governing body standards through the management of quality improvement programs and adherence to departmental policies and standard operating procedures.

(c) Ability to supervise employees as evidenced by assessing qualifications and abilities of current and prospective employees; interviewing and selecting candidates; providing training and/or departmental orientation; overseeing technical operations; assessing employees for promotions; and reviewing competency and conducting performance appraisals.

(d) Ability to provide technical oversight to lower level TRTs for the completion of tasks such as CT simulation, treatment delivery, Record and Verify System (or

other similar treatment delivery systems), newly acquired equipment, devices and products within the service.

(e) Ability to successfully communicate with the radiation oncology team and internal and external customers to manage the needs of patients and accomplish the mission.

h. **Supervisory Therapeutic Radiologic Technologist, GS-12**

(1) **Experience.** At least one year of experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Assignments.** Supervisory TRTs function as supervisors with full administrative and professional responsibility for planning and directing the work of TRTs at the advanced level and below who perform basic and complex therapeutic radiologic services. Supervisory TRTs provide oversight to support staff. They adjust, coordinate and balances staffing levels daily as needed to ensure patient care needs are met. They address employee performance and conduct concerns. Supervisory TRTs develop and update departmental operational policies and procedures and ensures adherence to hospital standard operating procedures and policies. They work closely with the physicists to maintain timely records of equipment use, issues, schedules preventive maintenance inspections and other activities. They oversee the technical competency of the TRT staff and keep current with technical protocols, radiation safety and quality management activities. They ensure all staff and affiliate staff follows compliance with accrediting and regulating bodies. They evaluate work and procedures of subordinate staff. They provide input on required staffing levels that impact resource allocation decisions made at the executive level. Supervisory TRTs provide estimates for budgeting to assist with the fiscal management of the radiation oncology service.

(3) **Demonstrated Knowledge, Skills and Abilities.** Candidates must demonstrate all the KSAs below:

(a) Ability in managing daily operations of the department to include supervising radiation therapy staff; coordinating staffing, workload and schedules; setting priorities; and delegating tasks and responsibilities.

(b) Ability to coordinate and develop the quality improvement program to include evaluating and implementing departmental policies and standard operating procedures to ensure compliance with the national program office, radiation accrediting agencies, hospital and other outside governing body standards.

(c) Ability to perform administrative duties to include, but not limited to: reviewing qualifications and abilities of current and prospective employees; interviewing and selecting candidates; providing training and departmental orientation;

overseeing technical operations; granting promotions; and reviewing competencies and conducting performance appraisals.

(d) Ability to provide oversight to lower level TRTs with tasks such as CT simulation, treatment delivery, Record and Verify System (or other similar treatment delivery systems), newly acquired equipment, devices and other products within the service.

(e) Ability to successfully communicate with the radiation oncology team, internal customers and external customers to manage the needs of patients and to accomplish the mission.

(f) Ability to adhere to radiation safety practices which include identifying and investigating treatment variations; reporting incidents; participating in quality assurance; addressing required reports, tasks and action items; and completing other requests using research and systematic data collection.

(g) Knowledge of budget allocations and using resources within the budget, procuring of day-to-day supplies, investigating new equipment options and planning for long-term replacement needs.

**5. DEVIATIONS.**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for TRTs whose composite record of accomplishments, performance and qualifications, as well as current assignment warrants such action.

b. The placement of individuals in grade levels or assignments not described in the qualification standard must be approved by the Under Secretary for Health in VA Central Office, pursuant to delegated authority from the Secretary.

c. Under no circumstances will the educational or credential requirement be waived for those occupations with a positive education requirement, or when specific credentials are identified as necessary to meet minimum requirements.

**Authority: 38 U.S.C. §§ 7401, 7402, 7403, 7405 38 U.S.C. §§ 7401, Appointments in Veterans Health Administration; 7402, Qualifications of appointees; 7403, Period of appointments; promotions; 7405, Temporary full-time appointments, part-time appointments and without-compensation appointments; 7407, Administrative provisions for section 7405 and 7406 appointments**

# APPENDIX G27. MEDICAL INSTRUMENT TECHNICIAN QUALIFICATION STANDARD GS-649 Veterans Health Administration

**1. COVERAGE.** The following are requirements for appointment as a Medical Instrument Technician (MIT) in the Veterans Health Administration (VHA). This series includes positions that perform diagnostic examinations or medical treatment procedures as part of the diagnosis and treatment of patients. The work involves operating or monitoring diagnostic and therapeutic medical instruments and equipment associated with cardiac catheterization, pulmonary examinations and evaluations, heart bypass surgery/heart-lung transplant surgery (perfusion), electrocardiography, electroencephalography, polysomnography, hemodialysis, ultrasonography, [ ] vascular sonography[, and gastroenterology]. Positions in this series require knowledge of the capabilities and operating characteristics of one or more kinds of instruments and a practical knowledge of human anatomy and physiology. Positions also require a practical understanding of medical data generated by patient/equipment connections. Some positions may also require a practical knowledge of chemistry, pharmacology, physics, and mathematics.

Coverage under this standard and assignment of individuals to this occupation are restricted to the specific subspecialties identified above and those DIRECTLY DERIVED from these current subspecialties. For example, electroencephalography and polysomnography technicians perform duties using the same types of equipment and measure brain waves, the primary difference being the wake or sleep state of the patient. No individual will be assigned to this series (GS-649) without an approved parenthetical title.

Any additional parenthetical specialties developed as the result of new technologies must be directly derived from current specialties and must be approved by the Office of Human Resources Management, [Recruitment & Placement Policy] Service ([059]) in VA Central Office (VACO). Only after a decision has been made to include the identified new specialty in this qualification standard, and an approved parenthetical title and code have been developed, will an individual be assigned to this series.

## 2. BASIC REQUIREMENTS

a. **Citizenship.** Citizenship of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

b. **Education.** There are no specific educational requirements for this occupation. Education may be substituted for experience only at the GS-4 and GS-5 levels. See the grade requirements part of this standard for information regarding educational substitutions.

c. **Licensure or Certification.** Licensure or Certification is not required for this occupation; however, it is strongly desirable at GS-6 or above as evidence of possession of the essential knowledge, skills, and abilities. For certain functional areas at the higher levels or supervisory assignments, specific certifications appropriate to the specialty are indicated in this standard under “Titles and Certification/Registrations”.

For all specialties identified in this standard, Basic and Advanced Cardiac Life Support certifications are desirable. Training which does not result in official certification does not meet this definition.

d. **Grandfathering Provision.** The following is the standard grandfathering policy for all Title 38 Hybrid qualification standards. Some of these provisions may not apply to this occupation. Please carefully review the qualification standard to determine the specific education and/or licensure/certification/ registration requirements that apply to this occupation.

All persons employed in VHA in this occupation on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education and licensure/certification/registration that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

Such employees in an occupation that does not require a licensure/certification/registration, may be reassigned, promoted, or demoted within the occupation.

Such employees in an occupation that requires a licensure/certification/registration, may be reassigned, promoted up to and including the full performance (journey) level, or demoted within the occupation, but may not be promoted beyond the journey level or placed in supervisory or managerial positions.

Such employees in an occupation that requires a licensure/certification/registration only at higher grade levels must meet the licensure/certification/registration requirement before they can be promoted to those higher grade levels.

Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

If an employee who was retained in an occupation listed in 38 U.S.C. § 7401(3) under this provision leaves that occupation, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

e. **Physical Requirements.** See VA Directive and Handbook 5019.

f. **English Language Proficiency.** Medical Instrument Technicians must be proficient in spoken and written English in accordance with chapter 2, section D, paragraph 5a, this part.

## 3. GRADE REQUIREMENTS

a. **Definitions:** For purposes of this qualification standard the specialty areas of this occupation have been grouped into [seven] functional areas. These are:

Cardiovascular (Electrocardiograph Technician, Cardiac Catheterization Technician)
Medical (Hemodialysis Technician)
Surgical (Perfusion Technician, Anesthesia Technician)
Neurology (Electroencephalograph Technician, Polysomnography Technician)
Pulmonary (Pulmonary Function Technician), and
Imaging (Diagnostic Ultrasound Technician, Echocardiograph Technician, and Vascular Technician)
[Gastroenterology (GI Technician)]

Medical Instrument Technicians at GS-6 and above will have a functional assignment and reference should be made to the appropriate appendix for qualifications evaluation.

Grade level criteria, KSAs (core competencies), and typical assignment information for all GS-4 and GS-5 levels are defined generically in this part of the qualification standard. For higher level positions where the grade level/assignment is based on supervisory and/or managerial responsibilities, criteria are also included in the general portion of this qualification standard (for individuals in multiple function assignments) and/or the specific appendices.

For non-supervisory positions at GS-6 and above and for supervisory positions in a single specialty, the grade level criteria, KSAs, and types of assignments are discussed in appendices matching the title areas listed below. Reference should be made to the appropriate appendix in evaluating the qualifications of individuals for this occupation.

(1) **Titles and Certifications/Registrations:** All individuals assigned to this occupation MUST have an approved parenthetical title. For individuals at the GS-4 and GS-5 levels, the approved title will be Medical Instrument Technician (Trainee). For supervisory positions over two or more approved specialties, the approved title will be Supervisory Medical Instrument Technician (Multiple Function). Supervisors over a single specialty will have that specialty as the parenthetical title; for example, Supervisory Medical Instrument Technician (Cardiac Catheterization). Non-supervisory individuals whose assignments involve two or more specialty areas will be assigned the parenthetical title for the predominant specialty considering both the intended function and qualifications background of the individual.

(a) **Anesthesia Technicians** perform logistical and technical support to anesthesiologists and nurse anesthetists. They maintain anesthesiology supplies and equipment, set-up anesthetizing locations and operate, monitor, and collect data from anesthesia related equipment. In some cases Anesthesia Technicians will perform clinical laboratory functions, equipment preventive maintenance/repair, and specialized cardiac procedures such as cardiac output measurement, intra-aortic balloon pumping, vessel cannulation, and autotransfusion services. Certification at two distinct levels is offered by the American Society of Anesthesia Technologists and Technicians (ASATT). (See Appendix A)

(b) **Cardiac Catheterization Technicians** perform, under a physician's direction, diagnostic tests, both invasive and noninvasive, of the pulmonary system (lung) and the cardiovascular system (heart and circulation). They operate, monitor, and collect data from instruments used in procedures such as

cardiac catheterization, angiography, valvuloplasty, angioplasty, electrophysiology studies, cardiac pacing, or cardiac pacemaker or leadwire insertion. Registration is offered by Cardiovascular Credentialing International (CCI) as a Registered Cardiovascular Invasive Specialist (RCIS). (See Appendix B)

(c) **Diagnostic Ultrasound Technicians** operate diagnostic ultrasonic scanning equipment to produce cross sectional and two dimensional pictures of internal organs and body structures used to diagnose diseases and other medical conditions. Registration is offered by Cardiovascular Credentialing International (CCI) or by the American Registry of Diagnostic Medical Sonographers (ARDMS). (See Appendix C)

Positions should be assigned to the Diagnostic Radiologic Technologist (DRT), GS-647 series, when both ultrasound and other modalities which require the delivery of ionizing radiation are performed. Positions in which ultrasound duties are performed exclusively (no other modalities are performed), should be assigned to the Medical Instrument Technician, GS-649 series, since ultrasound duties solely do not require the delivery of ionizing radiation.

(d) **Echocardiography Technicians** operate diagnostic equipment to graphically record the position and motion of the heart walls or the internal structure of the heart and neighboring tissue by the echo obtained from beams of ultrasonic waves directed through the chest wall. Registration is offered by Cardiovascular Credentialing International (CCI), as a Registered Cardiac Sonographer (RCS) or by the American Registry of Diagnostic Medical Sonographers (ARDMS) as a Registered Diagnostic Cardiac Sonographer (RDCS). (See Appendix D)

(e) **Electrocardiograph Technicians (EKG)** operate instruments used to record electrocardiograms, exercise tolerance tests, 24-48 heart monitoring and scanning, and pacemaker evaluations. Certification is offered by Cardiovascular Credentialing International (CCI) as a Certified Cardiographic Technician (CCT). (See Appendix E)

(f) **Electroencephalograph (EEG) Technicians** operate the electroencephalograph and other devices such as evoked potential equipment to record the electrical activity of the brain. Registration is offered by the American Board of Registration of EEG, CNIM & EP Technologists (ABRET) or the American Association of Electrodiagnostic Techs (AAET). (See Appendix F)

(g) **Hemodialysis Technicians** operate and monitor kidney dialysis instruments to provide dialysis treatment to patients with kidney failure or to maintain patients with irreversible kidney disorders. The agencies that offer national certification are Nephrology Certification Commission (NNCC), Board of Nephrology Examiners, Inc., Nursing and Technology (BONENT), National Nephrology Certification Organization (NNCO), and the International Certification Commission for Clinical Engineering and Biomedical Technology (ICC) in conjunction with the United States Certification Commission (USCC). (See Appendix G)

(h) **Perfusion Technicians** operate the heart-lung apparatus to take over functions of the patient's heart and lungs during coronary bypass surgery, heart and/or lung transplantation surgery, valve replacement, or respiratory failure. Certification is offered by the American Board of Cardiovascular Perfusion (ABCP). (See Appendix H)

(i) **Polysomnography Technicians** operate the electroencephalograph and other devices to record the electrical activity of the brain during sleep. Registration is offered by the Board of Registered Polysomnographic Technologists (BRPT). (See Appendix I)

(j) **Pulmonary Function Technicians** operate instruments to perform blood gas analysis; bronchoscopy with lung sampling; cardiopulmonary exercise stress tests; lung volume tests including spirometry (both pre and post medication); total lung capacity, functional residual capacity, and flow volume loops. Certification (RPFT) is offered by the National Board of Respiratory Care. (See Appendix J)

(k) **Vascular technicians** or **vascular sonographers** operate diagnostic equipment using ultrasound to record vascular information such as vascular blood flow, blood pressure, limb volume changes, oxygen saturation, cerebral circulation, peripheral circulation, and abdominal circulation. Registration is offered by Cardiovascular Credentialing International, (CCI) as a Registered Vascular Specialist (RVS) or by the American Registry of Diagnostic Medical Sonographers (ARDMS) as a Registered Vascular Technologist (RVT). (See Appendix K)

[(l) **Gastroenterology (GI) Technicians** assist the practitioner in endoscopic procedures, such as esophagogastroduodenoscopy (EGD), colonoscopy, endoscopic retrograde cholangiopancreatography (ERCP), and endoscopic ultrasound. The technicians ensure proper performance of equipment, set up equipment, and reprocess endoscopic reusable medical equipment (RME). Certification is offered by the Society of Gastroenterology Nurses and Associates (SGNA) for level one and level two training. GI endoscope reprocessing certification is offered through the Certification Board of Sterile Processing and Distribution (CBSPD). (See Appendix L)]

(2) **Creditable Experience - Knowledge of Current Medical Instrument Technician Practices.** To be creditable, the experience must have required the use of knowledge, skills, abilities and other characteristics associated with current Medical Instrument Technician practice appropriate to the identified specialty area. [Specialized developmental experience obtained under supervision of appropriately certified individuals may be credited at higher levels and is addressed in individual appendices.]

(3) **Quality of Experience.** Experience is only creditable if it is equivalent to at least the next lower grade level and is directly related to the position/specialty to be filled.

(4) **Part-time Experience.** Part time experience is credited according to its relationship to a full time work week. For example, an individual employed 20 hours per week, or on a ½ time basis would receive one work week credit for each two weeks of service.

(5) **Fellowships.** N/A

(6) **Internships.** N/A

b. **Grade Determinations.** In addition to the basic requirements for employment, the criteria discussed in the applicable headings, or that defined in the appendices, must be met when determining the grade of candidates.

c. **Education/Training.** To be creditable education must have been gained in an accredited Community College, College, or University.

[(1) **Training.**] Completion of appropriate training such as in-service training programs, on the job training, training acquired while in the Armed Forces, government sponsored developmental training programs, and/or training under physicians certified in the functional area will be allowed on a month-for-month basis through the GS-5 level.

[(2)] **Foreign Education:** To be creditable, education completed outside the U.S. must have been submitted to a private organization that specializes in the interpretation of foreign educational credentials and such education must have been deemed at least equivalent to that gained in conventional U.S. programs.

Specialized developmental experience obtained under supervision of appropriately certified individuals may be credited at higher levels and is addressed in individual appendices.

d. **Basic Developmental Levels**

(1) **GS-4**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the position to be filled. Six months of this experience may have been in medically related fields such as nursing assistant, practical nursing, or similar fields. The remaining six months must have been in operating diagnostic and therapeutic equipment covered by this occupation. Experience gained in the operation of equipment for animal diagnosis or treatment may be credited at this level. In addition, the candidate must demonstrate the following KSAs:

**OR,**

1. **Education.** Successful completion of two years of education above high school or an associate's degree with a major field of study directly related to the medical instrument technician occupation.

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of basic medical terminology.

2. Ability to learn the components, operating characteristics, and settings of the equipment to be used.

3. Ability to learn typical patient reactions to the basic procedures involved and ability to recognize signs of distress.

4. Ability to learn the standard positions for the procedure being conducted.

5. Ability to communicate orally and in writing.

(c) **Assignments.** At this level assignments are trainee in nature. The medical instrument technician trainee is performing limited routine assignments of a developmental nature under close supervision.

(2) **GS-5**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the position to be filled. This would be experience in operating equipment related to the particular specialization for which application is made or in related functional areas. Experience gained in the operation of equipment for animal diagnosis or treatment may be credited through this grade level. In addition, the candidate must demonstrate the following KSAs:

**OR,**

(b) **Education.** Successful completion of [4 academic years above high school leading to a bachelor's degree with courses related to the occupation, or] a bachelor's degree in a major field of study appropriate to medical instrument technician functions.

(c) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of standard medical terminology to interpret physician orders or instructions.

2. Knowledge of common physical disabilities and ability to position patients for the examination or treatment.

3. Ability to learn the normal and abnormal results for routine procedures to recognize and report obvious abnormalities.

4. Ability to operate the equipment to administer routine/standard diagnostic treatment or procedures.

5. Ability to perform standard operator maintenance on the equipment including the ability to disassemble, clean, reassemble, and calibrate the machine.

(d) **Assignment.** Medical Instrument Technicians (Trainee) at this level operate and monitor commonly used equipment performing routine procedures under normal supervision. The technician functions somewhat independently in carrying out these standardized procedures of limited complexity. Deviations from regular procedures, unanticipated problems, and unfamiliar situations are referred to the supervisor for a decision or help. Some assignments at this level also include developmental duties involving more complex procedures designed to prepare the technician for promotion to higher grades in a functional area. Such duties would be performed under closer supervision.

e. **Non-Supervisory positions at GS-6 and above.** For medical instrument technician positions with functional specialty titles, see the appropriate appendix for creditable experience, KSAs, and assignment definitions.

f. **Supervisory Medical Instrument Technician.** Supervisory positions in single specialties will be addressed in the applicable appendix, for example supervisory medical instrument technician (cardiac catheterization).

Typically, assignments for supervisory positions will be one grade (first line supervisor) or two grade (second line supervisor) levels above the full performance level of the employees supervised. The full performance levels are clearly identified in the separate appendices.

Supervisory medical instrument technician positions having oversight for two or more functional specialties will have "Multiple Function" as the parenthetical title. Grade levels for these positions should be determined by the full performance level of the positions supervised and other program management responsibilities. Individual appendices indicate the full performance level of identified specialties. Levels and complexity of supervisory positions are described below.

(1) **First Level Supervisor**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. This experience must demonstrate possession of the knowledge required in order to provide medical instrument technician services in the functional specialties supervised. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of the more complex examination and treatment procedures and techniques.

*2. Ability to manage and supervise employees in two or more functional specialties.

*3. Knowledge of Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and other regulatory requirements.

4. Ability to communicate effectively and professionally with employees at varying grade levels.

*5. Ability to provide, or provide for, staff development and training.

(c) **Certification.** At this level, it is highly desirable that supervisors possess certification in one or more appropriate functional areas.

(d) **Assignment.** Typically these positions are established one grade above the full performance level of the technicians supervised. Individuals in this assignment assume full administrative and professional responsibility for planning and directing the work of subordinate technicians. Typically these duties include assigning and evaluating the work of subordinate staff; providing Medical Instrument Technician services in more complex cases; reviewing and making recommendations regarding new and emerging procedures; providing instruction and training to new staff; interviewing candidates for positions; recommending selections, advancements, promotions; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

(2) **Higher Level Supervisor**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. This would be specialized experience as a first level supervisor which demonstrates possession of the knowledge required to provide medical instrument technician services in the functional specialties supervised as well as supervisory knowledge, skills, and abilities. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Advanced knowledge of complex and non-standard treatment and examination procedures and techniques.

*2. Ability to plan and assist in the establishment of a completely integrated treatment and examination program.

*3. Ability to evaluate new products and equipment and make recommendations concerning developments which would improve operations.

*4. Ability to manage the fiscal matters of the functions supervised (which would include fund controls, contracts, and equipment expenditures), forecast resource and equipment needs, and administer the allocated budget.

*5. Knowledge of and ability to provide the full range of supervisory duties which would include responsibility for assignment of work to be performed; performance evaluation; selection of staff; and recommendation of awards, advancements, and, when appropriate, disciplinary actions.

(c) **Certification.** At this level, it is highly desirable that supervisors possess certification in two or more functional specialties. Participation in recognized professional organizations as a Board examiner, in the development of curricula for training, or testing for the Board is evidence of competence.

(d) **Assignment.** Individuals at this level plan and direct programs at affiliated medical centers and their satellite outpatient clinics and have full supervisory responsibility for a large staff of non-supervisory personnel and at least one subordinate team leader or supervisor. Typically these duties include assigning and evaluating the work of subordinate staff resolving problems which may interfere with patient examination or treatment; providing medical instrument technician services in more complex and non-standard cases; evaluating new products and equipment and making recommendations concerning developments which would improve operations; participating as an instructor in the facility's clinical training program; making final decisions on selections based on recommendations from subordinate supervisors or leads; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

## 4. DEVIATIONS

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for medical instrument technicians in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

b.. [The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.]

**Authority: 38 U.S.C. § 7304; 7402.**

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**Appendix A – Medical Instrument Technician (Anesthesia)**

(1) **GS-6**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills and Abilities**

1. Knowledge of human anatomy and physiology (specifically cardiac and pulmonary).

2. Knowledge and application of safety and infection control processes.

3. Ability to serve as a circulating technician for supplies and to assist with documentation of hemodynamic patient data.

4. Knowledge of anesthesiology supplies and equipment appropriate to less complex anesthetic procedures, such as those found in Ambulatory Surgery.

(c) **Certification.** No certification is required; however, it is desirable that employees at this level have Basic Cardiac Life Support (BCLS) certification.

(d) **Assignment.** The anesthesia technician at this level aids anesthesiologists and nurse anesthetists in less-complex anesthetic procedures such as regional anesthesia (epidural and spinal), laryngeal mask anesthesia, and monitored anesthesia care under close supervision. Technicians will exercise minimal independent judgment in anesthesia technology duties.

(2) **GS-7**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills and Abilities**

1. Knowledge of the fundamentals of standard equipment operation, calibration and function.

2. Knowledge of correct use of non-invasive patient monitoring equipment specific to anesthesiology.

3. Ability to appropriately interact with patients during anesthetic procedures.

4. Knowledge of anesthesiology supplies and equipment appropriate to routine anesthetic procedures, such as those found in typical inpatient settings.

(c) **Certification.** No certification is required; however, it is desirable that employees at this level have Basic Cardiac Life Support (BCLS) certification.

(d) **Assignment.** The anesthesia technician at this level assists anesthesiologists and nurse anesthetists in routine anesthetic procedures under general supervision. The technician will connect and operate non-invasive hemodynamic monitoring equipment, blood and fluid warmers (e.g., Hot Line and Ranger) and patient warming devices (e.g., Bair Hugger). The technician will exercise moderate independent judgment in anesthesia technology duties.

(3) **GS-8**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills and Abilities**

1. Knowledge of the correct use of invasive patient monitoring equipment specific to anesthesiology.

2. Knowledge of basic electrocardiography (EKG).

3. Skill and ability to troubleshoot equipment, often while the patient is anesthetized.

4. Skill and ability to maintain sterility during procedures.

5. Knowledge and understanding of arterial pressure line wave forms including the ability to recognize and distinguish normal from abnormal, artifact from abnormality, and forewarn the physician or anesthetist of an impending life-threatening situation.

6. Knowledge of anesthesiology supplies, medications, and equipment appropriate to more difficult anesthetic procedures such as those found in inpatient settings with more acutely ill patients.

(c) **Certification.** No certification is required; however, it is desirable that employees at this level have Basic Cardiac Life Support (BCLS) certification.

(d) **Assignment.** This represents the full performance level. The anesthesia technician at this level assists anesthesiologists and nurse anesthetists in difficult anesthetic procedures under minimal supervision. The technician will connect and operate invasive hemodynamic monitoring equipment (e.g., arterial pressure monitors), anesthesia machines, ventilators, intubation bronchoscopes, and ultrasonic scanning devices. Technicians prepare and administer medications as directed by the attending physician. They mentor and train lower graded technicians, nurses, medical students, and anesthesia residents on anesthesia technology procedures and assist the supervisor/manager with quality control and performance improvement activities. The technician will exercise a high degree of independent judgment in anesthesia technology duties.

(4) **GS-9.** In addition to the core competencies defined at the GS-8 full performance level, positions at this level may be lead, supervisory, or non-supervisory with specialized advanced knowledge and duties.

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. This would include specialized experience as an anesthesia technician which demonstrates possession of the knowledge,

skills, and abilities required to provide all aspects of anesthesia technician services including specialized duties. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1 through 6 are appropriate for all positions at this level. KSAs 7 and 8 are to be used in accordance with their appropriateness for the specific assignment.

1. Knowledge and comprehensive understanding of laboratory testing procedures to include maintenance, calibration, and quality control procedures. This includes the ability to perform these lab tests accurately and correctly.

2. Advanced knowledge of electronics and anesthesia equipment with skill in repairing and maintaining this equipment and repairing complex problems.

*3. Comprehensive knowledge of central venous and pulmonary artery (Swan-Ganz) catheterization procedures including measuring cardiac outputs and intra-aortic balloon counterpulsation procedures (i.e., balloon pump).

4. Knowledge and ability to assist with airway management techniques.

*5. Knowledge of JCAHO and other regulatory requirements.

6. Ability to communicate effectively and professionally with employees at varying grade levels.

*7. Ability to manage and supervise employees.

*8. Ability to provide, or provide for, staff development and training.

(c) **Certification.** Anesthesia technician certification through the American Society of Anesthesia Technologists and Technicians (ASATT) is highly desirable. Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable for employees at this level.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments.** Perioperative programs at some facilities require that anesthesia technicians perform duties that exceed the full performance level. The anesthesia technician at this level performs difficult and responsible anesthesia technology duties with considerable latitude for the exercise of independent judgment. The technician may perform clinical laboratory tests for the unit (i.e., blood gas, activated clotting time and glucose) or perform more difficult equipment repairs. The technician may also participate in large-vessel cannulations (with subsequent monitoring) characteristic of open-heart, transplant and major vascular surgeries. These assignments are expected to be relatively few in number ad must represent substantial additional responsibility over the full performance level.

2. **Lead Anesthesia Technician.** There may be some perioperative programs that do not need a technician functioning at the full supervisory level. However, daily guidance of the anesthesia technicians

may still be required and can be accomplished through a lead technician. Typically, the lead technician will only have the responsibility of seeing that the work flows smoothly, assuring coverage if needed and assigning work. Authority to approve leave, take disciplinary action, etc. will only be assigned to full supervisory positions.

3. **Supervisory Anesthesia Technician.** Individuals in this assignment assume full administrative and professional responsibility for planning and directing the work of subordinate technicians. Typically these duties include assigning and evaluating the work of subordinate staff; providing anesthesia technician services in more complex cases; reviewing and making recommendations regarding new and emerging procedures; providing instruction and training to new staff; interviewing candidates for positions; recommending selections, advancements, promotions; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

(5) **GS-10.** In addition to the core competencies defined at the GS-9 level, positions at this grade may be supervisory or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1, 2, and 3 are appropriate for all positions at this level. KSAs 4 and 5 are to be used in accordance with their appropriateness for the specific assignment.

1. Knowledge of the more complex procedures and techniques in the practice of anesthesiology such as extracorporeal blood salvage, washing and return to patient (also known as autotransfusion or cell saving) and arterial and/or venous cannulation for the establishment of arterial pressure monitoring or intravenous fluid/medication delivery.

*2. Ability to plan and assist in the establishment of a completely integrated treatment and procedure program.

*3. Ability to evaluate new products and equipment and make recommendations concerning developments which would improve operations.

*4. Ability to manage the fiscal matters of the functions supervised (which would include fund controls, contracts and equipment expenditures), forecast resource and equipment needs and administer the allocated budget.

*5. Knowledge of and ability to provide the full range of supervisory duties which would include responsibility for assignment of work to be performed; performance evaluation; selection of staff; and recommendation of awards, advancements and, when appropriate, disciplinary actions.

(c) **Certification.** Anesthesia technician certification through the American Society of Anesthesia Technologists and Technicians (ASATT) is highly desired. Basic Cardiac Life Support (BCLS) and

Advanced Cardiac Life Support (ACLS) certifications are also desirable for employees at this level. Participation in recognized professional organizations as a Board examiner, in the development of curricula for training, or testing for the Board is evidence of competence.

(d) **Assignments.** In addition to the core competencies defined at the GS-9 level, positions at this level may be supervisory or non-supervisory with specialized advanced knowledge and duties. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments.** Perioperative programs at some facilities require that anesthesia technicians perform duties that exceed the full performance level. The anesthesia technician at this level performs highly difficult and responsible anesthesia technology duties with considerable latitude for the exercise of independent judgment. The anesthesia technician may perform autotransfusion services to ensure that the patient is receiving the safest possible blood transfusion (his/her own blood) and that the regional blood bank supply is not unnecessarily depleted. Additionally, the anesthesia technician may be an integral part of the Anesthesia Care Team and prepare the patients for surgery by establishing arterial or venous access for the anesthesiologists and nurse anesthetists.

2. **Supervisory Anesthesiology Technician.** Individuals at this level plan and direct programs at affiliated medical centers and their satellite outpatient clinics and have full supervisory responsibility for a large staff of non-supervisory personnel and at least one subordinate team leader or supervisor. Typically these duties include assigning and evaluating the work of subordinate staff; resolving problems which may interfere with patient examination or treatment; providing anesthesia technician services in more complex and non-standard cases; evaluating new products and equipment and making recommendations concerning developments which would improve operations; participating as an instructor in the facility's clinical training program; making final decisions on selections based on recommendations from subordinate supervisors or leads; evaluation performance; taking disciplinary action when necessary; and identifying educational or training needs.

**Appendix B – Medical Instrument (Cardiac Catheterization)**

(1) **GS-6**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of cardiac anatomy, physiology, and basic electrocardiography.

2. Knowledge of sterile techniques, catheterization laboratory supplies, and equipment used in the procedures.

3. Ability to circulate, assist, monitor, and document hemodynamics and electrocardiograms during the procedure.

4. Knowledge of and ability to prepare intra-aortic balloon catheters.

(c) **Certification.** Basic Cardiac Life Support (BCLS) certification is desirable.

(d) **Assignment.** The cardiac catheterization technician at this level aids physicians in aspects of cardiac catheterization and related invasive procedures such as coronary angioplasty, pulmonary angioplasty, and intra-aortic balloon insertion. The technician must be able to recognize cardiac arrhythmias and take appropriate action.

(2) **GS-7**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Ability to assist with insertion of temporary transvenous pacemaker catheters.

2. Ability to maintain intra-aortic balloon pump equipment during procedures.

3. Ability to complete individual cases by pulling sheaths and holding pressure to obtain hemostasis.

4. Ability to assist with closure devices.

5. Ability to appropriately educate patients and patient families regarding procedures and post-catheterization care.

(c) **Certification.** Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are desirable.

(d) **Assignment.** Cardiac catheterization technicians at this level aid physicians in all aspects of standard cardiac catheterization and related invasive procedures such as coronary angioplasty, pulmonary angioplasty, and intra-aortic balloon insertion. They select, set up, and calibrate surgical instruments, catheters, radiographic contrast injectors, and radiographic imaging devices. They prepare cardiac medication for administration by the physician and must be able to recognize cardiac arrhythmias and take appropriate action.

(3) **GS-8**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics of the positions to be filled. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Ability to scrub, circulate, and monitor advanced procedures (including electrophysiological) to include rotoblation, intravascular ultrasound, RADI or wave-wire, angiojet, filter wires, myocardial biopsies EPS, permanent pacemaker insertions, AICD insertions, and biventricular pacemaker insertion.

2. Advanced knowledge of equipment, medications, and supplies used in the Cardiac Catheterization Laboratory and the ability to set-up, calibrate, operate, and troubleshoot this equipment.

3. Knowledge and understanding of wave forms from the great vessels and all chambers of the heart including the ability to recognize and distinguish normal from abnormal, artifact from abnormality, and forewarn the physician of an impending life-threatening situation.

4. Knowledge of quality control and performance improvement indicators for the Cardiac Catheterization Laboratory and ability to prepare and analyze quality control of test results.

(c) **Certification.** Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are desirable.

(d) **Assignment.** This represents the full performance level. Cardiac catheterization technicians at this level function as full members of the Cardiac Catheterization Laboratory Team. They scrub, circulate, operate equipment, etc., on the most complex examination and treatment procedures including procedures such as endocardial biopsy, radio frequency ablation procedures, and intra-aortic balloon pump therapy for very critical patients. They prepare and administer cardiac medications as directed by the attending physician. They mentor and train lower graded technicians, nurses, nursing students, and cardiopulmonary technology students on cardiac catheterization laboratory procedures and assist the supervisor/manager with quality control and performance improvement activities.

(4) **GS-9.** In addition to the core competencies defined at the GS-8 full performance level, positions at this grade may be lead, supervisory, or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. This would be experience which demonstrates possession of the knowledge required in order to provide all aspects of cardiac catheterization technician services. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities**. KSAs 1, 2, and 3 are appropriate for all positions at this level. KSAs 4 and 5 are to be used in accordance with their appropriateness for the specific assignment.

1. Knowledge of the more complex examination and treatment procedures and techniques in order to provide training and supervision in these procedures, to evaluate and initiate performance improvement projects, and to write policies, procedures, and protocols, that pertain to the Cardiac Catheterization Laboratory.

*2. Knowledge of JCAHO and other regulatory requirements.

3. Ability to communicate effectively and professionally with employees at varying grade levels.

*4. Ability to manage and supervise employees.

*5. Ability to provide, or provide for, staff development and training.

(c) **Certification.** Registration by Cardiovascular Credentialing International (CCI) as a registered Cardiovascular Invasive Specialist (RCIS) is highly desirable. Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable for employees at this level.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments.** Non-supervisory medical instrument technician (cardiac catheterization) may have assignments that because of their nature substantially exceed the full performance level. The Professional Standards Board will review proposed non-supervisory special assignments for the GS-9 level and make a determination regarding their appropriateness. These assignments are expected to be relatively few in number and must represent substantial additional responsibility over the full performance level.

2. **Lead Medical Instrument Technician (Cardiac Catheterization).** In certain programs, either because of their size and scope or because of a lack of specific supervisory positions, lead positions may be appropriate.

3. **Supervisory Cardiac Catheterization Technician.** Individuals in this assignment assume full administrative and professional responsibility for planning and directing the work of subordinate technicians. Typically these duties include assigning and evaluating the work of subordinate staff; providing cardiac catheterization technician services in more complex cases; reviewing and making recommendations regarding new and emerging procedures; providing instruction and training to new staff; interviewing candidates for positions; recommending selections, advancements, promotions; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

(5) **GS-10.** In addition to the core competencies defined at the GS-9 level, positions at this grade may be supervisory or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. This would be experience that demonstrates possession of the knowledge required to provide the most complex cardiac catheterization technician services and/or supervisory knowledge, skills, and abilities. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1, 2, and 3 are appropriate for all positions at this level. KSAs 4 and 5 are to be used in accordance with their appropriateness for the specific assignment.

1. Advanced knowledge of complex and non-standard treatment and examination procedures and techniques.

*2. Ability to plan and assist in the establishment of a completely integrated treatment and examination program.

*3. Ability to evaluate new products and equipment and make recommendations concerning developments which would improve operations.

*4. Ability to manage the fiscal matters of the functions supervised (which would include fund controls, contracts, and equipment expenditures), forecast resource and equipment needs, and administer the allocated budget.

*5. Knowledge of and ability to provide the full range of supervisory duties which would include responsibility for assignment of work to be performed; performance evaluation; selection of staff; and recommendation of awards, advancements, and, when appropriate, disciplinary actions.

(c) **Certification.** Registration by Cardiovascular Credentialing International (CCI) as a registered Cardiovascular Invasive Specialist (RCIS) is highly desirable. Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable for employees at this level.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments.** There may be a rare non-supervisory position supporting this grade level. Such a position would typically include maintaining all data and research protocols for cardiac procedures and investigations as well as writing policies, procedures, and protocols for a cardiac catheterization laboratory.

2. **Supervisory Cardiac Catheterization Technician.** Individuals at this level plan and direct programs at affiliated medical centers and satellite outpatient clinics and have full supervisory responsibility for a large staff of non-supervisory personnel and at least one subordinate team leader or supervisor. Typically these duties include assigning and evaluating the work of subordinate staff resolving problems which may interfere with patient examination or treatment; providing cardiac catheterization technician services in more complex

and non-standard cases; evaluating new products and equipment and making recommendations concerning developments which would improve operations; participating as an instructor in the facility's clinical training program; making final decisions on selections based on recommendations from subordinate supervisors or leads; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

**Appendix C – Medical Instrument Technician (Diagnostic Ultrasound)**

**NOTE:** Positions should be assigned to the DRT, GS-647 series, when both ultrasound and other modalities which require the delivery of ionizing radiation are performed. Positions in which ultrasound duties are performed exclusively (no other modalities are performed), should be assigned to the Medical Instrument Technician, GS-649 series, since ultrasound duties solely do not require the delivery of ionizing radiation.

(1) **GS-6**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of medical terminology and human anatomy in order to receive and interpret physician requests for routine, standardized ultrasonography procedures.

2. Knowledge of tissue harmonics and soundwave propagation within the body to adjust TGC (Time Gain Compensation) for optimal image quality.

3. Knowledge of the physics of velocity, frequency of soundwaves, and their physical properties.

4. Ability to set up and adjust the ultrasound equipment to meet the conditions of the examination and the patient and to operate the equipment for standardized, routine procedures.

5. Ability to interact with patients explaining procedures and positioning the patient for the procedure.

(c) **Certification.** Basic Cardiac Life Support (BCLS) certification is desirable.

(d) **Assignment.** At this level, medical instrument technicians (diagnostic ultrasound) perform examinations which are routine and standardized in nature. They position the patient as needed for the best test results, set up and adjust the ultrasound equipment to meet the condition of the examination and patient, move and adjust depths and types of scan in accordance with procedures, perform operator preventive maintenance and care of equipment, and assist higher graded technicians in performing more complicated examinations.

(2) **GS-7**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. This would be experience which provided the individual with the knowledge, skills, and abilities to independently conduct difficult but standardized diagnostic ultrasonography examinations. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Ability to set up and adjust the ultrasound equipment to meet the conditions of the examination and the patient and to operate the equipment for more complex, but standardized procedures.

2. Knowledge of zoom, expansion, prospectus, color Doppler, and pulsed echo Doppler.

3. Knowledge of the digital transmission of images.

4. Ability to alter standard, but complex procedures and protocols to meet patient needs and physical limitations.

(c) **Certification**. Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are desirable.

(d) **Experience.** At this level the medical instrument technician (diagnostic ultrasound) performs complex, standardized procedures independently. They have the knowledge to alter procedures, equipment settings, transducers used, etc., to accommodate patient needs and still produce a quality image for diagnostic purposes. They will also be required to assist with the performance of more complicated procedures and non-standardized procedures in a developmental capacity.

(3) **GS-8**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. This would be experience which provided the overall knowledge, skills, and abilities to conduct diagnostic ultrasound examinations in complex and unusual cases. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Ability to perform diagnostic ultrasound examination on multiple areas of the body, including, but not limited to, the abdomen, pelvis, transvaginal, chest, small parts, thyroid, breast, and scrotum.

2. Ability to perform vascular studies such as vertebral, renal artery, aortic aneurysm, portal-systemic shunts, etc.

3. Ability to assist radiologists with biopsy procedures determining the location, depth, and required needle angle for the lesion to be sampled.

4. Ability to assist in surgical procedures and fluid aspirations.

(c) **Certification.** Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are desirable.

(d) **Assignment**. This represents the full performance level for medical instrument technician (diagnostic ultrasound). At this level the technician is required to perform a full range of procedures including special

complicated examinations for which there are no standard instructions or procedures. They perform independent portable ultrasound examinations in the intensive care units, emergency room, surgery, and throughout the Medical Center when required. They also work independently on evenings, nights, and weekend tours of duty as scheduled and/or when on call.

(4) **GS-9.** In addition to the core competencies defined at the GS-8 full performance level, positions at this grade may be lead, supervisory, or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. This would be specialized experience which demonstrates possession of the knowledge required in order to provide all aspects of diagnostic ultrasonography services. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1, 2, and 3 are appropriate for all positions at this level. KSAs 4 and 5 are to be used in accordance with their appropriateness for the specific assignment.

1. Knowledge of the more complex examination and treatment procedures and techniques in order to provide training and supervision in these procedures, to evaluate and initiate performance improvement projects, and to write policies, procedures, and protocols that pertain to diagnostic ultrasonography.

*2. Knowledge of JCAHO and other regulatory requirements.

3. Ability to communicate effectively and professionally with employees at varying grade levels.

*4. Ability to manage and supervise employees.

*5. Ability to provide, or provide for, staff development and training.

(c) **Certification.** Registration by Cardiovascular Credentialing International (CCI) or by the American Registry of Diagnostic Medical Sonographers (ARDMS) is highly desirable. Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments.** Non-supervisory diagnostic ultrasound technicians may have assignments that because of their nature substantially exceed the full performance level. The Professional Standards Board will review proposed non-supervisory special assignments for the GS-9 level and make a determination regarding their appropriateness. These assignments are expected to be relatively few in number and must represent substantial additional responsibility over the full performance level.

2. **Lead Diagnostic Ultrasound Technician.** In certain programs, either because of their size and scope or because of a lack of specific supervisory positions, lead positions may be appropriate.

3. **Supervisory Diagnostic Ultrasound Technician.** Individuals in this assignment assume full administrative and professional responsibility for planning and directing the work of subordinate technicians. Typically these duties include assigning and evaluating the work of subordinate staff; providing diagnostic ultrasound technician services in more complex cases; reviewing and making recommendations regarding new and emerging procedures; providing instruction and training to new staff; interviewing candidates for positions; recommending selections, advancements, promotions; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

(5) **GS-10.** In addition to the core competencies defined at the GS-9 level, positions at this grade may be supervisory or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience**. At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1, 2, and 3 are appropriate for all positions at this level. KSAs 4 and 5 are to be used in accordance with their appropriateness for the specific assignment.

1. Advanced knowledge of complex and non-standard treatment and examination procedures and techniques.

*2. Ability to plan and assist in the establishment of a completely integrated treatment and examination program.

*3. Ability to evaluate new products and equipment and make recommendations concerning developments which would improve operations.

*4. Ability to manage the fiscal matters of the functions supervised (which would include fund controls, contracts, and equipment expenditures), forecast resource and equipment needs, and administer the allocated budget.

*5. Knowledge of and ability to provide the full range of supervisory duties which would include responsibility for assignment of work to be performed; performance evaluation; selection of staff; and recommendation of awards, advancements, and, when appropriate, disciplinary actions.

(c) **Certification.** Registration by Cardiovascular Credentialing International (CCI) or by the American Registry of Diagnostic Medical Sonographers (ARDMS) is highly desirable. Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments.** There may be a rare non-supervisory position supporting this grade level. Such a position would typically include knowledge of standards of medical practice in applicable medico-legal responsibilities in diagnostic ultrasound procedures; developing protocols and clinical research projects;

developing and updating technical policy and procedure manuals; as well as teaching the correct methodology of diagnostic ultrasound procedures, theory of operations, and theory of interpretation of results to trainees.

2. **Supervisory Diagnostic Ultrasound Technician.** Individuals at this level plan and direct programs at affiliated medical centers and their satellite outpatient clinics and have full supervisory responsibility for a large staff of non-supervisory personnel and at least one subordinate team leader or supervisor. Typically these duties include assigning and evaluating the work of subordinate staff resolving problems which may interfere with patient examination or treatment; providing diagnostic ultrasonography technician services in more complex and non-standard cases; evaluating new products and equipment and making recommendations concerning developments which would improve operations; participating as an instructor in the facility's clinical training program; making final decisions on selections based on recommendations from subordinate supervisors or leads; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

**Appendix D – Medical Instrument Technician (Echocardiography)**

(1) **GS-6**

(a) Experience. At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of the anatomy and physiology of the heart and great vessels.

2. Knowledge of cardiac arrhythmias and their relationship to hemodynamic conditions of the cardiac cycle.

3. Knowledge of basic cardiac ultrasound physics and the acoustic mechanisms by which high quality cardiac images are obtained.

4. Ability to set up and adjust the ultrasound equipment to meet the conditions of the examination and the patient and to operate the equipment for standardized, routine procedures.

5. Ability to interact with patients explaining procedures and positioning the patient for the procedure.

(c) **Certification.** Basic Cardiac Life Support (BCLS) certification is desirable.

(d) **Assignment.** Echocardiography technician assignments at this level involve performing routine, standardized cardiac ultrasound examinations under the supervision of a fully qualified cardiac sonographer. The work involves generating adequate gray scale images to define cardiac borders and learning to perform Doppler integration of cardiac valves for determination of flow velocities.

(2) **GS-7**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. This would be experience which provided the individual with the knowledge, skills, and abilities to independently conduct difficult but standardized echocardiographic examinations. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Ability to scan transthoracic echocardiograms in all views with colorflow and some Doppler.

2. Ability to conduct cardiac testing to determine the severity and variety of cardiac problems, i.e., valvular dysfunction, myocardial wall kinesia, effusions, endocardial lesions, etc.

3. Knowledge of the set-up for transesophageal echocardiograms.

4. Ability to set up and adjust the ultrasound equipment to meet the conditions of the examination and the patient and to operate the equipment for more complex, but standardized procedures.

(c) **Certification.** Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are desirable.

(d) **Assignment.** At this level, medical instrument technicians (echocardiography) perform a range of standard, but complex, echocardiographic examinations with responsibility for calibrating all instruments prior to the procedure. They are expected to keep an accurate record of tests, daily logs, and videotapes. They maintain cidex logs.

(3) **GS-8**

(a) Experience. At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. This would be experience which provided the overall knowledge, skills, and abilities to conduct diagnostic echocardiography examinations in complex and unusual cases. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills and Abilities**

1. Ability to produce diagnostic quality images and Doppler frequency shift recordings using M-mode, two-dimensional, pulsed and continuous wave Doppler spectral display, and colorflow Doppler imaging.

2. Knowledge of normal echocardiographic findings and deviations produced by a wide variety of cardiovascular diseases.

3. Ability to perform complex procedures such as cardiac studies of the four chambers of the heart and valves using sector scanning techniques to detect stenotic and incompetent valves, chamber enlargement, and pericardial effusion and cardiovascular studies deriving pressure gradients across obstructed valves, etc.

4. Ability to perform complementary ultrasonic examinations (including noninvasive) transthoracic, Bubble studies and contrast echocardiography, (invasive) stress echocardiography, and transesophageal echocardiography.

5. Ability to adapt transducer positioning, instrument controls, and examination techniques to the individual patient being studied and the problem being evaluated including recognizing pertinent abnormalities and documenting abnormal findings.

(c) **Certification.** Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are desirable.

(d) **Assignment.** This represents the full performance level. Echocardiography technicians at this level identify and record anomalies indicative of disease, injury, or other medically significant condition from ultrasound imaging and simultaneous recordings of the Doppler. They incorporate the causes and results of a variety of symptoms and conditions into a plan of ultrasonic diagnostic examination. They change and develop sounding techniques to accommodate such variables as limited patient mobility, variation in

physical condition or dimension of the patient, presence of prosthesis or foreign objects, and ultrasonic response of different body parts. They produce diagnostic quality images and Doppler frequency recordings using M-mode, two-dimensional, and Doppler ultrasound.

(4) **GS-9.** In addition to the core competencies defined at the GS-8 full performance level, positions at this grade may be lead, supervisory, or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience.** At least 1 year experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. This would be experience which demonstrates possession of the knowledge required in order to provide all aspects of echocardiography services. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1, 2, and 3 are appropriate for all positions at this level. KSAs 4 and 5 are to be used in accordance with their appropriateness for the specific assignment.

1. Knowledge of the more complex examination and treatment procedures and techniques in order to provide training and supervision in these procedures, to evaluate and initiate performance improvement projects, and to write policies, procedures, and protocols, that pertain to Echocardiography.

*2. Knowledge of JCAHO and other regulatory requirements.

3. Ability to communicate effectively and professionally with employees at varying grade levels.

*4. Ability to manage and supervise employees.

*5. Ability to provide, or provide for, staff development and training.

(c) **Certification.** Registration by Cardiovascular Credentialing International (CCI) as a Registered Cardiac Sonographer (RCS) or by the American Registry of Diagnostic Medical Sonographers (ARDMS) as a Registered Diagnostic Cardiac Sonographer (RDCS) is highly desirable. Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments**. Non-supervisory echocardiography technicians may have assignments that because of their nature substantially exceed the full performance level. The Professional Standards Board will review proposed non-supervisory special assignments for the GS-9 level and make a determination regarding their appropriateness. These assignments are expected to be relatively few in number and must represent substantial additional responsibility over the full performance level.

2. **Lead Echocardiography Technician.** In certain programs, either because of their size and scope or because of a lack of specific supervisory positions, lead positions may be appropriate.

3. **Supervisory Echocardiography Technician.** Individuals in this assignment assume full administrative and professional responsibility for planning and directing the work of subordinate technicians. Typically these duties include assigning and evaluating the work of subordinate staff; providing Echocardiography Technician services in more complex cases; reviewing and making recommendations regarding new and emerging procedures; providing instruction and training to new staff; interviewing candidates for positions; recommending selections, advancements, promotions; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

(5) **GS-10.** In addition to the core competencies defined at the GS-9 level, positions at this grade may be supervisory or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1, 2, and 3 are appropriate for all positions at this level. KSAs 4 and 5 are to be used in accordance with their appropriateness for the specific assignment.

1. Advanced knowledge of complex and non-standard treatment and examination procedures and techniques.

*2. Ability to plan and assist in the establishment of a completely integrated treatment and examination program.

*3. Ability to evaluate new products and equipment and make recommendations concerning developments which would improve operations.

*4. Ability to manage the fiscal matters of the functions supervised (which would include fund controls, contracts, and equipment expenditures), forecast resource and equipment needs, and administer the allocated budget.

*5. Knowledge of and ability to provide the full range of supervisory duties which would include responsibility for assignment of work to be performed; performance evaluation; selection of staff; and recommendation of awards, advancements, and, when appropriate, disciplinary actions.

(c) **Certification.** Registration by Cardiovascular Credentialing International (CCI) as a Registered Cardiac Sonographer (RCS) or by the American Registry of Diagnostic Medical Sonographers (ARDMS) as a Registered Diagnostic Cardiac Sonographer (RDCS) is highly desirable. Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable.

(d) **Assignments**. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments.** There may be a rare non-supervisory position supporting this grade level. Such a position would typically include independently carrying out the most complex laboratory procedures such

as real-time 3D cardiac ultrasounds utilizing on-line and off line computer enhancement and reconstruction technology and 3D reconstruction using off-line computers for rendering real-time 3D images to specified parameters as well as teaching the correct methodology of echocardiography procedures, theory of operations, and theory of interpretation of results to trainees.

2. **Supervisory Echocardiography Technician.** Individuals at this level plan and direct programs at affiliated medical centers and satellite outpatient clinics and have full supervisory responsibility for a large staff of non-supervisory personnel and at least one subordinate team leader or supervisor. Typically these duties include assigning and evaluating the work of subordinate staff resolving problems which may interfere with patient examination or treatment; providing echocardiography technician services in more complex and non-standard cases; evaluating new products and equipment and making recommendations concerning developments which would improve operations; participating as an instructor in the facility's clinical training program; making final decisions on selections based on recommendations from subordinate supervisors or leads; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

**Appendix E – Electrocardiograph Technician (EKG)**

(1) **GS-6**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills and Abilities**

1. Ability to recognize special patient needs such as disabilities, impaired mobility, and complicating medical conditions in order to prepare and position the patient for the prescribed procedure.

2. Knowledge of the specialized equipment and accessories appropriate to Holter monitoring and ability to perform such tests.

3. Knowledge of universal precautions and sterilization techniques and ability to follow CDC guidelines in cleaning equipment.

4. Ability to monitor the patient for adverse reactions and take appropriate action.

5. Ability to operate the equipment to perform standard and routine highly specialized procedures including exercise stress testing.

(c) **Certification.** No certification is required; however, it is desirable that employees at this level have BCLS (Basic Cardiac Life Support) certification.

(d) **Assignment.** Medical instrument technicians (EKG) at this level receive and interpret physician's requests for diagnostic procedures and/or treatments; explain the procedure to the patient to secure the patient's confidence and cooperation; document the patient's record; independently perform standardized testing monitoring the patient for adverse reactions; and operate, calibrate, and clean and/or sterilize commonly used equipment. Assignments at this level require knowledge of standard medical terminology as well as common diseases and their specific affects.

(2) **GS-7**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. This would be experience which provided knowledge of the equipment, standard tests and procedures, and typical readings including arrhythmias and abnormalities. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of typical patient reactions and signs of distress including the ability to recognize, report and treat potentially lethal arrhythmias.

2. Knowledge of common equipment settings and standardized procedures plus knowledge of common errors and corrective measures.

3. Ability to modify procedures/positions to obtain the correct results with patients with complicating conditions such as amputations, Parkinson's disease, structural defects, and scar tissue.

4. Ability to act as a mentor or preceptor to lower graded technicians.

5. Ability to conduct in-service training on the EKG equipment and related instrumentation.

(c) **Certification.** No certification is required; however, it is desirable that employees at this level have BCLS (Basic Cardiac Life Support) and ACLS (Advanced Cardiac Life Support) certifications.

(d) **Assignment.** This represents the full performance level. Medical instrument technicians (EKG) at this level operate and monitor electrocardiographic equipment to perform specialized examinations and studies involving exercise stress testing, ambulatory monitoring of arrhythmias, and indirect carotid pulse tracings on chronic patients. They monitor tracings to identify arrhythmias and when gross abnormalities appear, when to repeat certain procedures, when to stop test procedures, and when to get the immediate attention of a physician. They evaluate test results to determine appropriate machine adjustments and use alternative techniques and procedures when established procedures do not accomplish acceptable results. This includes adapting equipment and accessories to yield the best results during the examination. They edit and select an appropriate sample portion of the tracing for further interpretation by the physician.

(3) **GS-8.** In addition to the core competencies defined at the GS-7 full performance level, positions at this grade may be lead, supervisory, or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. This would be experience which provided knowledge of advanced specialized procedures, the pharmacology related to this occupation, and knowledge of related acute disorders and diseases and their effects on organs and methods of treatment. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1, 2, 3, and 4 are appropriate for all positions at this level. KSAs 5 and 6 are to be used in accordance with their appropriateness for the specific assignment.

1. Knowledge of pharmacology related to specialized procedures.

2. Ability to provide briefings and orientations to hospital staff including physicians.

3. Knowledge of a variety of related acute disorders and diseases, their effects on organs, and methods of treatment.

4. Ability to perform more complex procedures such as SAECG (Signal Averaged ECG), Tilt table monitoring, electrophysiology monitoring, and event monitoring.

*5. Ability to provide, or provide for, staff development and training.

*6. Ability to manage and supervise employees.

(c) **Certification.** No certification is required; however, it is desirable that employees at this level have BCLS (Basic Cardiac Life Support) and ACLS (Advanced Cardiac Life Support) certifications.

(d) **Assignments.** Medical instrument technicians (EKG) at this level perform complicated examinations or treatments for which there are no standard instructions or procedures. They utilize knowledge of anatomy and physiology including an in depth understanding of the functioning of the major systems and internal organs to interpret requests and to recognize the need for additional tests or a different position. Knowledge of pharmacology including the classification and administration of drugs, patient responses, and common dosages as related to this specialty is required. The technician has the ability to perform Signal Averaged ECG, Tilt table monitoring, electrophysiology monitoring, and event monitoring. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments.** Non-supervisory medical instrument technician (EKG) may have assignments that because of their nature substantially exceed the full performance level. The Professional Standards Board will review proposed non-supervisory special assignments for the GS-8 level and make a determination regarding their appropriateness. These assignments are expected to be relatively few in number and must represent substantial additional responsibility over the full performance level.

2. **Lead Medical Instrument Technician (EKG).** In certain programs, either because of their size and scope or because of a lack of specific supervisory positions, lead positions may be appropriate.

3. **Supervisory Medical Instrument Technician (EKG).** Individuals in this assignment assume full administrative and professional responsibility for planning and directing the work of subordinate technicians. Typically these duties include assigning and evaluating the work of subordinate staff; providing medical instrument technician (EKG) services in more complex cases; reviewing and making recommendations regarding new and emerging procedures; providing instruction and training to new staff; interviewing candidates for positions; recommending selections, advancements, promotions; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

(4) **GS-9.** In addition to the core competencies defined at the GS-8 level, positions at this grade may be lead, supervisory, or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1, 2, and 3 are appropriate for all positions at this level. KSAs 4 and 5 are to be used in accordance with their appropriateness for the specific assignment.

1. Knowledge of the more complex examination and treatment procedures and techniques such as SAECG, ETT, Tilt table monitoring, electrophysiology monitoring, and event monitoring in order to provide training and supervision in these procedures, to develop analysis interpretation formats, and to receive inquiries concerning results.

*2. Knowledge of JCAHO and other regulatory requirements.

3. Ability to communicate effectively and professionally with employees at varying grade levels.

*4. Ability to provide, or provide for, staff development and training.

*5. Ability to manage and supervise employees.

(c) **Certification.** Certification by Cardiovascular Credentialing International (CCI) as a Certified Cardiographic Technician (CCT) is highly desirable at this level. Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable for employees at this level.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments.** Non-supervisory medical instrument technician (EKG) may have assignments that because of their nature substantially exceed the GS-8 level. The Professional Standards Board will review proposed non-supervisory special assignments for the GS-9 level and make a determination regarding their appropriateness. These assignments are expected to be few in number and must represent substantial additional responsibility.

2. **Lead Medical Instrument Technician (EKG).** In certain programs, either because of their size and scope or because of a lack of specific supervisory positions, lead positions may be appropriate.

3. **Supervisory Medical Instrument Technician (EKG).** Individuals in this assignment assume full administrative and professional responsibility for planning and directing the work of subordinate technicians. Typically these duties include assigning and evaluating the work of subordinate staff; providing medical instrument technician (EKG) services in more complex cases; reviewing and making recommendations regarding new and emerging procedures; providing instruction and training to new staff; interviewing candidates for positions; recommending selections, advancements, promotions; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

**Appendix F – Medical Instrument Technician (Electroencephalography)**

(1) **GS-6**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of basic medical terminology, neuroanatomy, neurophysiology, and EEG interpretation.

2. Ability to position patients for the examination or treatment including using standard alternate positions for patient with common physical disabilities.

3. Ability to operate the appropriate EEG equipment to administer routine, standardized diagnostic or treatment procedures.

4. Knowledge of normal and abnormal results to recognize and report obvious abnormalities during procedures.

5. Knowledge of universal precautions and basic sterilization methods to clean instruments to prevent the spread of infectious diseases.

6. Knowledge of EEG and peripheral equipment to conduct routine maintenance and adjustment checks.

(c) **Certification.** No certification or registration is required; however, it is desirable that employees at this level have BCLS (Basic Cardiac Life Support) certification.

(d) **Assignment.** Operates and monitors EEG equipment in the EEG Lab, intensive care units, operating room, and the patient's bedside. Performs a full range of standard, routine EEG examinations including routine awake and sleep recordings, electrocerebral silence recordings, multiple sleep latency recordings, intraoperative monitoring, electrocorticography. Performs nerve conduction studies using electromyography equipment. Prepares recordings for interpretation and performs a preliminary review and interpretation of the recordings.

(2) **GS-7**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the positions to be filled. This would be experience which provided the individual with the knowledge, skills, and abilities to independently conduct difficult but standardized electroencephalography examinations. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Ability to perform more complex electroencephalography studies such as evoked potential (visual, auditory, somatosensory) and transcranial Doppler studies.

2. Knowledge of medication effects related to electroencephalography studies and clinical situations requiring medication.

3. Knowledge of life threatening or medically emergent testing or patient situations.

4. Ability to recognize artifacts (patient or environmental) and document, eliminate, or take proper measures to monitor the artifact.

(c) **Certification.** No certification or registration is required; however, it is desirable that employees at this level have BCLS (Basic Cardiac Life Support) and ACLS (Advanced Cardiac Life Support) certifications.

(d) **Assignment.** At this level, the medical instrument technician (EEG) independently performs routine but complex procedures and has advanced knowledge in certain areas. They are able to deal with difficult or more complex patients. They are able to identify and correct most artifacts. Procedures are fully explained to the patient and family members to set them at ease. Interpretative skills are sufficient to allow identification of more serious conditions requiring rapid intervention.

(3) **GS-8**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. This would be experience which provided knowledge of the more complex procedures, the pharmacology related to this occupation, and knowledge of related acute disorders and diseases and their effects on organs and methods of treatment. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Ability to interpret testing data to evaluate critical information for surgeons and other medical staff during testing procedures.

2. Knowledge of anatomy and physiology of the nervous system and the ability to understand the relationship of EEG and evoked potential testing in detecting states of disease and health.

3. Knowledge of behavior assessment during seizure attacks in order to insure adequacy of recordings during seizure discharges.

4. Knowledge of a variety of advanced EEG equipment and peripheral equipment such as equipment for brain mapping, video EEG telemetry systems with seizure detection computers, and spike analysis software.

5. Knowledge of anticonvulsant medications and their effects on the EEG as well as other frequently used pharmaceuticals.

6. Ability to adapt neurodiagnostic devices, parameters, and procedures to complex, unusual, and often critical situations.

(c) **Certification.** No certification or registration is required; however, it is desirable that employees at this level have BCLS (Basic Cardiac Life Support) and ACLS (Advanced Cardiac Life Support) certifications.

(d) **Assignment**. This represents the full performance level. Medical instrument technicians (EEG) at this level are expected to provide independent performance of a full range of procedures. The technician consistently delivers high quality studies for the most complex and non-routine procedures in difficult or demanding environments such as research, intraoperative monitoring, or intensive care monitoring. Procedures are tailored to clinical questions to be answered and may require additional monitors, electrodes, or other devices as clinically indicated. The technician interprets study results and brings to the attention of the physician or supervisor more subtle abnormalities that may require intervention. The technician will highlight portions of recordings of clinical importance for review by the clinical neurophysiologist and will accurately describe the concurrent behavior of the patient. Positive interaction with other health care staff to inform them of the indications for testing; the value, possible outcomes, and limitations of testing; and the policies of the laboratory are expected.

(4) **GS-9.** In addition to the core competencies defined at the GS-8 full performance level, positions at this grade may be lead, supervisory, or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience**. At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1, 2, and 3 are appropriate for all positions at this level. KSAs 4 and 5 are to be used in accordance with their appropriateness for the specific assignment.

1. Knowledge of the more complex examination and treatment procedures and techniques in order to provide training and supervision in these procedures.

*2. Knowledge of JCAHO and other regulatory requirements.

3. Ability to communicate effectively and professionally with employees at varying grade levels.

*4. Ability to manage and supervise employees.

*5. Ability to provide, or provide for, staff development and training.

(c) **Certification.** Registration by the American Board of Registration of EEG, CNIM &EP Technologists (ABRET) or the American Association of Electrodiagnostic Technologists (AEET) is highly desirable. Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable for employees at this level.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments.** Non-supervisory Electroencephalography Technicians may have assignments that because of their nature substantially exceed the full performance level. The Professional Standards Board will review proposed non-supervisory special assignments for the GS-9 level and make a determination regarding their appropriateness. These assignments are expected to be relatively few in number and must represent substantial additional responsibility over the full performance level.

2. **Lead Electroencephalograpy Technicians.** In certain programs, either because of their size and scope or because of a lack of specific supervisory positions, lead positions may be appropriate.

3. **Supervisory Electroencephalography Technician.** Individuals in this assignment assume full administrative and professional responsibility for planning and directing the work of subordinate technicians. Typically these duties include assigning and evaluating the work of subordinate staff; providing medical instrument technician (EEG) services in more complex cases; reviewing and making recommendations regarding new and emerging procedures; providing instruction and training to new staff; interviewing candidates for positions; recommending selections, advancements, promotions; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

(5) **GS-10.** In addition to the core competencies defined at the GS-9 level, positions at this grade may be supervisory or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. This would be experience which demonstrates possession of the knowledge required to provide the most complex EEG Technician services and/or supervisory knowledge, skills, and abilities. Participation in recognized professional organizations as a Board examiner, in the development of curricula for training, or testing for the Board is evidence of competence. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1, 2, and 3 are appropriate for all positions at this level. KSAs 4 and 5 are to be used in accordance with their appropriateness for the specific assignment.

1. Advanced knowledge of the most complex and non-standard treatment and examination procedures and techniques.

*2. Ability to plan and assist in the establishment of a completely integrated treatment and examination program.

*3. Ability to evaluate new products and equipment and make recommendations concerning developments which would improve operations.

*4. Ability to manage the fiscal matters of the functions supervised (which would include fund controls, contracts, and equipment expenditures), forecast resource and equipment needs, and administer the allocated budget.

*5. Knowledge of and ability to provide the full range of supervisory duties which would include responsibility for assignment of work to be performed; performance evaluation; selection of staff; and recommendation of awards, advancements, and, when appropriate, disciplinary actions.

(c) **Certification.** Registration by the American Board of Registration of EEG, CNIM &EP Technologists (ABRET) or the American Association of Electrodiagnostic Technologists (AEET) is highly desirable. Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable for employees at this level.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments.** There may be a rare non-supervisory position supporting this grade level. Such a position would typically include carrying out laboratory procedures independently in complex environments such as the operating room, monitoring suites, and clinical research laboratories as well as teaching the correct methodology of neurodiagnostic procedures, theory of operations, and theory of interpretation of results to trainees.

2. **Supervisory Electroencephalography Technician.** Individuals at this level plan and direct programs at affiliated medical centers and satellite outpatient clinics and have full supervisory responsibility for a large staff of non-supervisory personnel and at least one subordinate team leader or supervisor. Typically these duties include assigning and evaluating the work of subordinate staff resolving problems which may interfere with patient examination or treatment; providing Medical Instrument Technician (EEG) services in more complex and non-standard cases; evaluating new products and equipment and making recommendations concerning developments which would improve operations; participating as an instructor in the facility's clinical training program; making final decisions on selections based on recommendations from subordinate supervisors or leads; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

**Appendix G – Medical Instrument Technician (Hemodialysis)**

(1) **GS-6**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Skill in setting up, operating, and performing calibrations as required on a variety of dialysis equipment.

2. Skill in performing and interpreting test results (dialysate chemistries, water treatment testing for contaminates, etc.) including the ability to analyze deviations from the expected norm and responding appropriately.

3. Knowledge of American Association of Medical Instrumentation (AMMI) standards and unit policies as they relate to water treatment.

4. Knowledge of physiological and psychological changes and conditions related to end stage renal disease.

5. Ability to calculate dialysis baths according to the physician's orders per patient by mixing critical concentrates, i.e., calcium, potassium, and bicarbonate.

6. Knowledge of Basic Cardiac Life Support (BCLS).

(c) **Certification.** No certification is required; however, it is desirable that employees at this level have BCLS (Basic Cardiac Life Support) certification.

(d) **Assignment.** Hemodialysis Technicians at this level operate and monitor dialysis systems for chronic patients; check patient condition and determine the proper treatment procedures, technique, and machine adjustments; understand medical treatment for patients with renal failure; administer prescribed medication and observe the patient for desired action or adverse reaction; and recognize and react to signs and symptoms that signal the onset of complications of dialysis including hypotension, disequilibrium, seizures, and arrhythmias.

(2) **GS-7**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. This would be experience which provided knowledge the equipment, standard procedures, and typical machine problems and/or patient reactions to treatment. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Ability to assist the physician in more complex procedures such as central venous catheter insertion.

2. Ability to assist in training patients in home/self-care by teaching components of machine operation including water treatment and monitoring patients for compliance.

3. Ability to act as a mentor or preceptor to lower graded technicians.

4. Ability to analyze deviations from the expected, determine whether the deviations are machine or patient related, and respond according to the findings.

(c) **Certification.** No certification is required; however, it is desirable that employees at this level have BCLS (Basic Cardiac Life Support) and ACLS (Advanced Cardiac Life Support) certifications.

(d) **Assignment.** At this level in addition to providing hemodialysis for chronic patients, hemodialysis technicians assist the physician during central venous catheter insertion, assist in the training of patients for home dialysis/self-care, and act as a mentor or preceptor to lower graded hemodialysis technicians. At this level, the technician accepts responsibility and accountability for his/her own actions.

(3) **GS-8**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. This would be experience which provided knowledge of the more complex procedures, the pharmacology related to this occupation, and knowledge of related acute disorders and diseases and their effects on organs and methods of treatment. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of the hemodialysis process and equipment needed for home/self care including knowledge of common machine problems and repairs to such equipment.

2. Knowledge of the equipment and procedures for peritoneal dialysis.

3. Ability to assist the physician with percutaneous renal biopsies and peritoneal catheter insertion.

4. Ability to provide instruction to dialysis patients in home/self care and in the maintenance of the equipment.

5. Ability to provide instruction for physicians, nurses, and other personnel in dialysis procedures, equipment operation and maintenance, etc.

(c) **Certification.** No certification is required; however, it is desirable that employees at this level have BCLS (Basic Cardiac Life Support) and ACLS (Advanced Cardiac Life Support) certifications.

(d) **Assignment.** This represents the full performance level. At this level the hemodialysis technician serves as a member of a dialysis team performing dialysis on acutely ill patients including those within an intensive care setting. Assignments involve performing both peritoneal and hemodialysis procedures. The dialysis technician may participate in percutaneous renal biopsies, watching the patient during the procedure and properly processing the specimen. Assists the physician in peritoneal catheter insertions and observes the patient for vital signs and provides post operative care. Provides instruction and monitors patients for home dialysis. Performs training of physicians, nurses, and technicians on hemodialysis and peritoneal dialysis techniques.

(4) **GS-9.** In addition to the core competencies defined at the GS-8 full performance level, positions at this grade may be lead, supervisory, or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1, 2, and 3 are appropriate for all positions at this level. KSAs 4 and 5 are to be used in accordance with their appropriateness for the specific assignment.

1. Knowledge of the more complex examination and treatment procedures and techniques such as those provided for acutely ill patients and peritoneal dialysis in order to provide training and supervision in these procedures.

*2. Knowledge of JCAHO and other regulatory requirements.

3. Ability to communicate effectively and professionally with employees at varying grade levels.

*4. Ability to manage and supervise employees.

*5. Ability to provide, or provide for, staff development and training.

(c) **Certification.** Certification by one of the following organizations is highly desirable at this level: Nephrology Certification Commission (NNCC), Board of Nephrology Examiners, Inc., Nursing and Technology (BONENT), National Nephrology Certification Organization (NNCO), and the International Certification Commission for Clinical Engineering and Biomedical Technology (ICC) in conjunction with the United States Certification Commission (USCC). Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable for employees at this level.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments**. Non-supervisory hemodialysis technicians may have assignments that because of their nature substantially exceed the full performance level. The Professional Standards Board will review

proposed non-supervisory special assignments for the GS-9 level and make a determination regarding their appropriateness. These assignments are expected to be relatively few in number and must represent substantial additional responsibility over the full performance level.

2. **Lead Hemodialysis Technician.** In certain programs, either because of their size and scope or because of a lack of specific supervisory positions, lead positions may be appropriate.

3. **Supervisory Hemodialysis Technician.** Individuals in this assignment assume full administrative and professional responsibility for planning and directing the work of subordinate technicians. Typically these duties include assigning and evaluating the work of subordinate staff; providing dialysis technician services in more complex cases; reviewing and making recommendations regarding new and emerging procedures; providing instruction and training to new staff; interviewing candidates for positions; recommending selections, advancements, promotions; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

(5) **GS-10.** In addition to the core competencies defined at the GS-9 level, positions at this grade may be supervisory or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Advanced knowledge of the most complex and non-standard treatment and examination procedures and techniques.

*2. Ability to plan and assist in the establishment of a completely integrated treatment and examination program.

*3. Ability to evaluate new products and equipment and make recommendations concerning developments which would improve operations.

*4. Ability to manage the fiscal matters of the functions supervised (which would include fund controls, contracts, and equipment expenditures), forecast resource and equipment needs, and administer the allocated budget.

*5. Knowledge of and ability to provide the full range of supervisory duties which would include responsibility for assignment of work to be performed; performance evaluation; selection of staff; and recommendation of awards, advancements, and, when appropriate, disciplinary actions.

(c) **Certification.** Certification by one of the following organizations is highly desirable at this level: Nephrology Certification Commission (NNCC), Board of Nephrology Examiners, Inc., Nursing and Technology (BONENT), National Nephrology Certification Organization (NNCO), and the International Certification Commission for Clinical Engineering and Biomedical Technology (ICC) in conjunction

with the United States Certification Commission (USCC). Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable for employees at this level.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments.** There may be a rare non-supervisory position supporting this grade level. Such a position would typically include advising physicians on the creation of dialysate formulations not commercially available, determining contract requirements for all dialysis equipment, and evaluating the home environment and coordinating the modifications necessary for home dialysis.

2. **Supervisory Hemodialysis Technician.** Individuals at this level plan and direct programs at affiliated medical centers and their satellite outpatient clinics and have full supervisory responsibility for a large staff of non-supervisory personnel and at least one subordinate team leader or supervisor. Typically these duties include assigning and evaluating the work of subordinate staff resolving problems which may interfere with patient examination or treatment; providing dialysis technician services in more complex and non-standard cases; evaluating new products and equipment and making recommendations concerning developments which would improve operations; participating as an instructor in the facility's clinical training program; making final decisions on selections based on recommendations from subordinate supervisors or leads; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

**Appendix H – Medical Instrument Technician (Perfusion)**

(1) **GS-9**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. This represents the entry level for medical instrument technician (perfusion) positions. Applicants must demonstrate experience, education, or training which provided the basic knowledge, skills, and abilities to maintain extracorporeal circulation during heart surgery. This may evidenced by certification by the American Board of Cardiovascular Perfusion (ABCP) as a Certified Clinical Perfusionist. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of the equipment and supplies needed for safe conduct of cardiopulmonary by-pass.

2. Knowledge of counter pulsation life support and insertion, maintenance, and removal of the intraaortic balloon pump.

3. Knowledge of blood sparing equipment (its uses, indications, and contraindications), blood banking procedures, blood storage and administration, and blood components (including platelet gel and sequestration).

4. Ability to operate ventricular assist devices (VAD) and assist with implantation, transportation, and removal of the device.

5. Knowledge of blood gases (using alpha stat or ph stat measures) and ability to analyze and apply lab results to patients under direct care on by-pass or VAD.

(c) **Certification.** Certification by the American Board of Cardiovascular Perfusion (ABCP) as a Certified Cardiovascular Perfusionist (CCP) is highly desirable.

(d) **Assignment.** Medical instrument technicians (perfusion) at this level operate the heart-lung machine, intra-aortic balloon pump, cell saver and blood salvaging equipment, and ventricular assist devices during open heart and coronary by-pass surgery. They analyze blood gasses and laboratory results in preparation for cardiopulmonary by-pass or while conducting cardiopulmonary by-pass.

(2) **GS-10**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the positions being filled. This would be experience as a clinical perfusionist which provided the knowledge, skills, and abilities to function as a full member of the surgical team on the most critical and complex cases. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of occupation specific pharmacology and ability to give drug therapy and medications as necessary to maintain homeostasis.

2. Ability to maintain intra-operative and initial post-operative files of extracorporeal circulation data records and patient response postoperatively.

3. Ability to provide instruction for physicians, nurses, residents, medical and nursing students, and other personnel in perfusion procedures, equipment operation and maintenance, etc.

(c) **Certification.** Certification by the American Board of Cardiovascular Perfusion (ABCP) as a Certified Cardiovascular Perfusionist (CCP) is highly desirable.

(d) **Assignment.** This represents the full performance level. Medical instrument technicians (perfusion) at this level operate the heart-lung machine, intra-aortic balloon pump, cell saver and blood salvaging equipment, and ventricular assist devices during open heart and coronary by-pass surgery for patients representing the most complex and critical cases. They analyze blood gasses and laboratory results in preparation for cardiopulmonary by-pass or while conducting cardiopulmonary by-pass. They may also operate the equipment during heart transplantation. This could include participating as part of the team for retrieval and transportation of the donor heart. They also provide training to lower grade perfusion technicians, cardiac catheterization technicians, and ICU staff regarding all aspects of perfusion services.

(3) **GS-11**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the position to be filled, and must fully meet the KSAs at that level. This would be experience as a clinical perfusionist which provided the knowledge, skills, and abilities to function as a chief technician and/or program manager. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities**

*1. Knowledge of quality assurance and performance improvement measures for perfusion programs.

*2. Ability to identify training needs for lower graded staff and provide, or provide for this training.

(c) **Certification.** Certification by the American Board of Cardiovascular Perfusion (ABCP) as a Certified Cardiovascular Perfusionist (CCP) is highly desirable.

(d) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Medical Instrument Technicians (Perfusion) at this level function as Chief Technicians and/or program directors for the perfusion program. They are responsible for evaluating quality control and developing performance improvement programs for the program. They provide administrative oversight for lower graded Perfusion Technicians and for other personnel assigned to the program.

**Appendix I – Medical Instrument Technician (Polysomnography)**

(1) **GS-6**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of standard, computerized polysomnographs for recording continuous all night physiological data including EEG, EOG, EKG, EMG and respiratory parameters.

2. Knowledge of standard devices such as oximeters, respiratory effort devices, nasal pressure devices, thermistors, thermocouples, continuous positive airway pressure (CPAP) machines, and laboratory computers including the ability to calibrate and operate the equipment and recognize and eliminate recording artifacts.

3. Knowledge of medical terminology and medical record organization to review medical records, sleep study orders, consent forms, medical charts, etc.

4. Knowledge of polysmnographic procedural protocols (including overnight sleep studies, MSLT, MWT, PAP, etc.).

5. Knowledge of basic anatomy and physiology and the international 10-20 electrode placement system in order to conduct the sleep studies.

(c) **Certification.** No certification or registration is required at this level. Basic Cardiac Life Support (BCLS) certification is desirable.

(d) **Assignment.** Polysomnography (PSG) Technicians at this level perform a full range of standard, routine examinations including overnight sleep studies, MSLT (Multiple Sleep Latency Test), MWT (Maintenance of Wakefulness Test), and PAP (Positive Airway Pressure Titration).

(2) **GS-7**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. This would be experience which provided the individual with the knowledge, skills, and abilities to independently conduct difficult but standardized polysomnography examinations. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of CPAP function and operation to select and fit appropriate PAP patient interface devices.

2. Ability to independently titrate and document PAP level to achieve therapeutic goals.

3. Knowledge of indications, complications, and contraindications of CPAP therapy.

4. Knowledge of Bi-Level pressure titrations.

5. Ability to recognize changes seen during the PSG tracing and identify all stages of sleep. This includes the ability to score and analyze sleep stages in clinical polysomnography recordings.

(c) **Certification.** No certification or registration is required. Basic Cardiac Life Support (BCLS) certification is desirable.

(d) **Assignment.** At this level the Polysomnography Technician performs a full range of standard, but complex, polysomnography examinations with responsibility for properly and accurately calibrating all instruments prior to the beginning of the PSG tracing and selection of appropriate electrode montages and sensitivity and filter settings to elicit the best possible tracings. They independently determine the need for CPAP during all night sleep studies for sleep apnea. They may administer nerve conduction velocity tests.

(3) **GS-8**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. This would be experience which provided a knowledge of the more complex procedures as well as knowledge of the uncommon and/or rare sleep disorders. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Advanced knowledge or the International Classification of Sleep Disorders and the ability to recognize uncommon and/or rare sleep disorders.

2. Ability to summarize and report polysomnographic data in narrative form.

3. Knowledge of event characteristics (e.g., respiratory, cardiac, sleep stage, seizures, etc.) and ability to take appropriate action.

4. Ability to provide briefings and orientation to hospital staff including physicians.

(c) **Certification.** No certification or registration is required. Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable for employees at this level.

(d) **Assignment.** This represents the full performance level. At this level Polysomnographic Technicians are able to interact fully with the patient and physician to diagnose sleep disorders including those that are uncommon or rare. They are able to conduct full sleep studies including overnight studies and evaluate the relationship of events, sleep stages, and possible medical conditions which influence or result from events occurring during sleep. They anticipate problems likely to occur during the sleep study and prepare for such situations, make changes in established procedures, or recommend alternative courses of action. They are able to mentor lower graded technicians.

(4) **GS-9.** In addition to the core competencies defined at the GS-8 level, positions at this grade may be lead, supervisory, or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. This would be experience which demonstrates possession of the knowledge required to provide all aspects of polysomnography services. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1, 2, and 3 are appropriate for all positions at this level. KSAs 4 and 5 are to be used in accordance with their appropriateness for the specific assignment.

1. Knowledge of the more complex examination and treatment procedures and techniques in order to provide training and supervision in these procedures, to evaluate and initiate performance improvement projects, and to write policies, procedures, and protocols, that pertain to Polysomnography.

*2. Knowledge of JCAHO and other regulatory requirements.

3. Ability to communicate effectively and professionally with employees at varying grade levels.

*4. Ability to manage and supervise employees.

*5. Ability to provide, or provide for, staff development and training.

(c) **Certification.** Registration by the Board of Registered Polysomnographic Technologists (BRPT) is highly desirable. Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable for employees at this level.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments.** Non-supervisory polysomnography technicians may have assignments that because of their nature substantially exceed the full performance level. The Professional Standards Board will review proposed non-supervisory special assignments for the GS-9 level and make a determination regarding their appropriateness. These assignments are expected to be relatively few in number and must represent substantial additional responsibility over the full performance level.

2. **Lead Polysomnography Technician.** In certain programs, either because of their size and scope or because of a lack of specific supervisory positions, lead positions may be appropriate.

3. **Supervisory Polysomnography Technician.** Individuals in this assignment assume full administrative and professional responsibility for planning and directing the work of subordinate technicians. Typically these duties include assigning and evaluating the work of subordinate staff; providing polysomnography technician services in more complex cases; reviewing and making recommendations regarding new and emerging procedures; providing instruction and training to new

staff; interviewing candidates for positions; recommending selections, advancements, promotions; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

(5) **GS-10.** In addition to the core competencies defined at the GS-9 level, positions at this grade may be supervisory or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. This would be experience which demonstrates possession of the knowledge required to provide the most complex polysomnography technician services. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1, 2, and 3 are appropriate for all positions at this level. KSAs 4 and 5 are to be used in accordance with their appropriateness for the specific assignment.

1. Advanced knowledge of complex and non-standard treatment and examination procedures and techniques.

*2. Ability to plan and assist in the establishment of a completely integrated treatment and examination program.

*3. Ability to evaluate new products and equipment and make recommendations concerning developments which would improve operations.

*4. Ability to manage the fiscal matters of the functions supervised (which would include fund controls, contracts, and equipment expenditures), forecast resource and equipment needs, and administer the allocated budget.

*5. Knowledge of and ability to provide the full range of supervisory duties which would include responsibility for assignment of work to be performed; performance evaluation; selection of staff; and recommendation of awards, advancements, and, when appropriate, disciplinary actions.

(c) **Certification**. Registration by the Board of Polysomnographic Technologists (BRPT) is highly desirable. Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable for employees at this level.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments.** There may be a rare non-supervisory position supporting this grade level. Such a position would typically include producing preliminary polysomnographic interpretations and recommendations for presentations at case conferences as well as developing, updating, and annually reviewing all sleep laboratory policies and procedures to assure that the laboratory operates according to national standards of practice.

2. **Supervisory Polysomnographic Technician.** Individuals at this level plan and direct programs at affiliated medical centers and satellite outpatient clinics and have full supervisory responsibility for a large staff of non-supervisory personnel and at least one subordinate team leader or supervisor. Typically these duties include assigning and evaluating the work of subordinate staff resolving problems which may interfere with patient examination or treatment; providing polysomnography technician services in more complex and non-standard cases; evaluating new products and equipment and making recommendations concerning developments which would improve operations; participating as an instructor in the facility's clinical training program; making final decisions on selections based on recommendations from subordinate supervisors or leads; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

**Appendix J – Medical Instrument Technician (Pulmonary Function)**

(1) **GS-6**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of proper administration of metered dose inhalers and the various medications associated with bronchodilation including understanding of the contraindications and dangers of such pharmaceutical agents.

2. Knowledge of the proper use and placement of pulse oximetry equipment and sensors.

3. Knowledge of universal precautions and aseptic techniques for cleaning equipment to provide a safe environment for performing tests.

4. Ability to perform routine, standardized pulmonary function tests.

5. Ability to recognize adverse reactions to treatment that may indicate the need to terminate procedures and to call the physician's attention to unusual reactions to administered medications.

(c) **Certification.** No certification or registration is required; however it is desirable that technicians at this level have Basic Cardiac Life Support (BCLS) certification.

(d) **Assignment.** Technicians at this level perform routine pulmonary function tests in a hospital or clinic. They administer inhaled medications for the purpose of bronchodilator response. They operate, calibrate, and maintain commonly used instruments such as blood gas analyzers, oximeters, and gas nebulizers. They conduct standardized tests such as forced and slow vital capacity, blood gas analysis, and flow volume loops. They instruct patients when and how to perform breathing exercises. They calculate and measure blood gas values. They use aseptic methods to draw blood samples from patients and properly use and clean equipment.

(2) **GS-7**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. This would be experience which provided knowledge the equipment, standard tests and procedures, and typical readings. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Ability to perform arterial punctures, analyze blood gases, and interpret blood gas measurements including the ability to determine if the sample is accurate for reporting, assess for inaccuracy, and correct inaccurate samples.

2. Knowledge of lung mechanics and ability to perform a variety of spiromety and complex pulmonary function tests on both ambulatory and non-ambulatory patients.

3. Ability to determine the order of priority for administering multiple pulmonary function tests, choose the most appropriate equipment and techniques for the type of ventilatory problem, and determine the proper sequence of steps to complete the testing.

4. Ability to measure the pulmonary function of patients for the purpose of diagnosing disease, determining responsiveness to treatment, and assessing disability.

(c) **Certification.** No certification or registration is required; however, Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are desirable for employees at this level.

(d) **Assignment.** Assignments at this level require the technician to have knowledge of the basic principles of pulmonary physiology sufficient to understand impairment of lung function and to be able to utilize that information in the design of individualized tests to help solve specific problems. They perform complex but standardized tests and procedures. They fully explain procedures to the patient and are aware of possible complications and adverse reactions to the performance of pulmonary function testing.

(3) **GS-8**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. This would be experience which provided knowledge of the more complex procedures, the pharmacology related to this occupation, and knowledge of related acute disorders and diseases and their effects on organs and methods of treatment. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Ability to perform special procedures pulmonary function testing which may include cardiopulmonary exercise testing, exercise induced asthma testing, Shunt testing, and/or P-100 testing.

2. Knowledge of airway management, pulmonary pharmacology, CPR, and oxygen administration.

3. Knowledge of bio-testing procedures, syringe quality control procedures, and ability to analyze results for compliance.

4. Ability to perform quality control on blood gas analyzers as required by accrediting bodies.

5. Ability to provide training to lower graded pulmonary function technicians and students including teaching the correct methodology of pulmonary function procedures and theory of interpretation of results.

(c) **Certification.** No certification or registration is required; however, Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are desirable for employees at this level.

(d) **Assignment.** This represents the full performance level. At this level assignments are characterized by performance of the complex, non-routine Pulmonary Function tests and procedures. Technicians are

expected to provide emergency airway management when patients deteriorate in the Laboratory including bronchodilator nebulization, provision of supplemental oxygen, bag-and-mask ventilation, cardio-pulmonary resuscitation and to assist with or perform airway intubation and defibrillation.

(4) **GS-9.** In addition to the core competencies defined at the GS-8 full performance level, positions at this grade may be lead, supervisory, or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1, 2, and 3 are appropriate for all positions at this level. KSAs 4 and 5 are to be used in accordance with their appropriateness for the specific assignment.

1. Knowledge of the more complex examination and treatment procedures and techniques such as cardiopulmonary pulmonary exercise testing, exercise induced asthma testing, Shunt testing, and/or P-100 testing in order to provide training and supervision in these procedures, to develop analysis interpretation formats, and to receive inquiries concerning results.

*2. Knowledge of JCAHO and other regulatory requirements.

3. Ability to communicate effectively and professionally with employees at varying grade levels.

*4. Ability to manage and supervise employees.

*5. Ability to provide, or provide for, staff development and training.

(c) **Certification.** Certification by the National Board of Respiratory Care as a Certified Pulmonary Function Technologist (CPFT) is highly desirable. Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable for employees at this level.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments.** Non-supervisory pulmonary function technicians may have assignments that because of their nature substantially exceed the full performance level. The Professional Standards Board will review proposed non-supervisory special assignments for the GS-9 level and make a determination regarding their appropriateness. These assignments are expected to be relatively few in number and must represent substantial additional responsibility over the full performance level.

2. **Lead Pulmonary Function Technician.** In certain programs, either because of their size and scope or because of a lack of specific supervisory positions, lead positions may be appropriate.

3. **Supervisory Pulmonary Function Technician.** Individuals in this assignment assume full administrative and professional responsibility for planning and directing the work of subordinate technicians. Typically these duties include assigning and evaluating the work of subordinate staff; providing pulmonary function technician services in more complex cases; reviewing and making recommendations regarding new and emerging procedures; providing instruction and training to new staff; interviewing candidates for positions; recommending selections, advancements, promotions; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

(5) **GS-10.** In addition to the core competencies defined at the GS-9 level, positions at this grade may be supervisory or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1, 2, and 3 are appropriate for all positions at this level. KSAs 4 and 5 are to be used in accordance with their appropriateness for the specific assignment.

1. Advanced knowledge of complex and non-standard treatment and examination procedures and techniques.

*2. Ability to plan and assist in the establishment of a completely integrated treatment and examination program.

*3. Ability to evaluate new products and equipment and make recommendations concerning developments which would improve operations.

*4. Ability to manage the fiscal matters of the functions supervised (which would include fund controls, contracts, and equipment expenditures), forecast resource and equipment needs, and administer the allocated budget.

*5. Knowledge of and ability to provide the full range of supervisory duties which would include responsibility for assignment of work to be performed; performance evaluation; selection of staff; and recommendation of awards, advancements, and, when appropriate, disciplinary actions.

(c) **Certification.** Certification by the National Board of Respiratory Care as a Certified Pulmonary Function Technologist (CPFT) is highly desirable. Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable for employees at this level.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

Supervisory Pulmonary Function Technician. Individuals at this level plan and direct programs at affiliated medical centers and satellite outpatient clinics and have full supervisory responsibility for a

large staff of non-supervisory personnel and at least one subordinate team leader or supervisor. Typically these duties include assigning and evaluating the work of subordinate staff resolving problems which may interfere with patient examination or treatment; providing pulmonary function technician services in more complex and non-standard cases; evaluating new products and equipment and making recommendations concerning developments which would improve operations; participating as an instructor in the facility's clinical training program; making final decisions on selections based on recommendations from subordinate supervisors or leads; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

**Appendix K – Medical Instrument Technician (Vascular)**

(1) **GS-6**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the position to be filled. This would be experience which demonstrates the knowledge, skills, and abilities to perform routine, standardized vascular ultrasound procedures where the technician is not expected to deviate from established procedures. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Ability to perform standardized, routine vascular ultrasound procedures and/or examinations of upper and lower extremity, abdominal, and extra-cranial cerebrovascular vessels.

2. Knowledge of anatomy and physiology including location and function of major body organs and structures as they relate to vascular ultrasonography.

3. Ability to prepare preliminary reports from the examination including documentation of procedural difficulties in the medical record.

(c) **Certification.** Basic Cardiac Life Support (BCLS) certification is desirable.

(d) **Assignment.** Assignments at this level are characterized by the performance of routine, standardized vascular ultrasound procedures and techniques in accordance with instructions.

(2) **GS-7**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the positions to be filled. This would be experience which demonstrates that the technician has the knowledge, skills, and abilities to perform complex procedures requiring the ability to select appropriate equipment based on symptomology and the objective of the examination and the ability to adapt procedures and techniques to enhance diagnostic results. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Ability to perform noninvasive vascular ultrasound procedures or examinations of upper and lower extremity, abdominal, and extra-cranial cerebrovascular vessels which require adaptation of procedures or instruments.

2. Knowledge of anatomy and physiology including location and function of major body organs and structures as they relate to vascular ultrasonography. This would also include knowledge of physiological influences on the hemodynamics of blood flow.

3. Knowledge of pharmacology and chemistry to understand drug reactions, action, effects, and method of administration specifically related to vascular ultrasonography.

4. Knowledge of disease entities that impact the vascular system and their influence on the test results to select the appropriate procedures.

5. Ability to obtain a patient history and perform and appropriate physical assessment based on patient presentation and type of exam to include observation, inspection, auscultation, and palpation.

(c) **Certification.** Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are desirable.

(d) **Assignment.** At the GS-7 level the medical instrument technician (vascular) is expected to perform complex noninvasive vascular testing for diagnostic purposes. These procedures are performed with a variety of testing equipment and modalities to include B mode scanning, duplex imaging, Doppler spectral analysis, photoplethysmography, and upper and lower extremity, digit, and pensile blood pressures. The technician must be able to deviate from normal technique when necessary.

(3) **GS-8**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, abilities, and other characteristics related to the duties of the position to be filled. This would be experience which demonstrates the knowledge, skills, and abilities to perform noninvasive vascular ultrasound procedures as a senior technician. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of cross-sectional and longitudinal vascular anatomy in normal and abnormal vessels, anatomical planes and tissue structures, physiologic effects of disease entities that impact the vascular system, signs and symptoms of acute and chronic vascular disease, and the characteristic appearance of aneurysms, pseudoaneurysms, thromboses, stenoses, occlusions, AV fistulae, and morphology of atherosclerotic plaque formulation.

2. Ability to provide Doppler information of peripheral vessels; demonstrate characteristic differences related to the organs they supply; accurately quantify carotid artery stenoses; and identify and correlate specific waveform analysis, plethysmographic tracings, velocity changes, and pressure gradients characteristic of normal, obstructed, or occluded vessels or grafts.

3. Ability to perform intracranial (transcranial) vascular examinations.

4. Ability to operate the instruments to extract the highest quality image utilizing the appropriate transducer frequency, Doppler angle, focal zones, gain, depth, color map, wall filter, and sample volume.

5. Ability to provide objective data to document progression or regression of disease.

(c) **Certification.** Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are desirable.

(d) **Assignment.** This represents the full performance level. At the GS-8 level the medical instrument technician (vascular) functions as a senior technician. They are expected to perform the full range of vascular ultrasound procedures including the most complex and non-routine and to make appropriate adjustments in established procedures and techniques to obtain the results required for clinical diagnosis and documentation. At this level the technician would also have the ability to perform intracranial (transcranial) vascular examinations.

(4) **GS-9.** In addition to the core competencies defined at the GS-8 full performance level, positions at this grade may be lead, supervisory, or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. This would be experience which demonstrates the knowledge, skills, and abilities to fully perform all vascular ultrasound tests and examinations and to function as a technical director of the vascular laboratory and provide oversight and/or guidance to other technicians. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1, 2, and 3 are appropriate for all positions at this level. KSAs 4 and 5 are to be used in accordance with their appropriateness for the specific assignment.

1. Knowledge of the more complex examination and treatment procedures and techniques in order to provide training and supervision in these procedures, to evaluate and initiate performance improvement projects, and to write policies, procedures, and protocols, that pertain to vascular ultrasonography.

*2. Knowledge of JCAHO and other regulatory requirements.

3. Ability to communicate effectively and professionally with employees at varying grade levels.

*4. Ability to manage and supervise employees.

*5. Ability to provide, or provide for, staff development and training.

(c) **Certification.** Registration by Cardiovascular Credentialing International (CCI) as a Registered Vascular Sonographer (RVS) or by the American Registry of Diagnostic Medical Sonographers (ARDMS) as a Registered Vascular Technologist (RVT) is highly desirable. Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are also desirable.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments.** Non-supervisory vascular technicians may have assignments that because of their nature substantially exceed the full performance level. The Professional Standards Board will review proposed non-supervisory special assignments for the GS-9 level and make a determination regarding their appropriateness. These assignments are expected to be relatively few in number and must represent substantial additional responsibility over the full performance level.

2. Lead Vascular Technician. In certain programs, either because of their size and scope or because of a lack of specific supervisory positions, lead positions may be appropriate.

3. Supervisory Vascular Technician. Individuals in this assignment assume full administrative and professional responsibility for planning and directing the work of subordinate technicians. Typically these duties include assigning and evaluating the work of subordinate staff; providing Vascular Sonography services in more complex cases; reviewing and making recommendations regarding new and emerging procedures; providing instruction and training to new staff; interviewing candidates for positions; recommending selections, advancements, promotions; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

(5) **GS-10.** In addition to the core competencies defined at the GS-9 level, positions at this grade may be supervisory or non-supervisory with specialized advanced knowledge and assignments.

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level, which is directly related to the duties of the position to be filled, and must fully meet the KSAs at that level. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1, 2, and 3 are appropriate for all positions at this level. KSAs 4 and 5 are to be used in accordance with their appropriateness for the specific assignment.

1. Advanced knowledge of the most complex and non-standard treatment and examination procedures and techniques.

*2. Ability to plan and assist in the establishment of a completely integrated treatment and examination program.

*3. Ability to evaluate new products and equipment and make recommendations concerning developments which would improve operations.

*4. Ability to manage the fiscal matters of the functions supervised (which would include fund controls, contracts, and equipment expenditures), forecast resource and equipment needs, and administer the allocated budget.

*5. Knowledge of and ability to provide the full range of supervisory duties which would include responsibility for assignment of work to be performed; performance evaluation; selection of staff; and recommendation of awards, advancements, and, when appropriate, disciplinary actions.

(c) **Certification.** Registration by Cardiovascular Credentialing International (CCI) as a Registered Vascular Sonographer (RVS) or by the American Registry of Diagnostic Medical Sonographers (ARDMS) as a Registered Vascular Technologist (RVT) is highly desirable. Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) certifications are desirable.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Special Assignments.** There may be a rare non-supervisory position supporting this grade level. Such a position would typically include knowledge of standards of medical practice in applicable medico-legal responsibilities in vascular ultrasound procedures as well as teaching the correct methodology of vascular ultrasound procedures, theory of operations, and theory of interpretation of results to trainees.

2. **Supervisory Vascular Technician.** Individuals at this level plan and direct programs at affiliated medical centers and their satellite outpatient clinics and have full supervisory responsibility for a large staff of non-supervisory personnel and at least one subordinate team leader or supervisor. Typically these duties include assigning and evaluating the work of subordinate staff resolving problems which may interfere with patient examination or treatment; providing vascular sonography services in more complex and non-standard cases; evaluating new products and equipment and making recommendations concerning developments which would improve operations; participating as an instructor in the facility's clinical training program; making final decisions on selections based on recommendations from subordinate supervisors or leads; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

**Authority: 38 U.S.C. §§ 7402, 7403.**

[**Appendix L – Gastroenterology (GI) Technician**

(1) **GS-6**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, and abilities related to the duties of the position to be filled. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills and Abilities**

1. Ability to set up endoscopy equipment, ensuring endoscopes and ancillary equipment functions properly.

2. Ability to aid the physician with standard and routine procedures such as colonoscopy and esophagogastroduodenoscopy (EGD).

3. Knowledge of medical terminology and human anatomy in order to assist practitioner with routine standardized gastroenterology procedures.

4. Ability to interact with patients explaining procedures and positioning the patient for the procedure, recognizing disabilities or impaired mobility and assisting the patient as necessary.

5. Ability to reprocess and maintain specialty critical reusable medical equipment (RME), following approved Standard Operating Procedures (SOPs) and universal precautions.

6. Ability to use basic computer systems and programs to record patient and endoscopic data, adhering to patient privacy and information security policies.

7. Ability to manually clean and disinfect non-critical reusable equipment and surfaces, dispose of one-time-use equipment and trash per facility policy, and restock supplies such as linens, suction equipment, and cleaning products.

(c) **Certification.** No certification is required; however, it is desirable that employees at this level have Basic Life Support (BLS) certification.

(d) **Assignment.** Technicians at this level aid the staff with procedures which are routine and standardized in nature. They explain the procedure to the patient to secure the patient's confidence and cooperation; position patients for procedures; and restock linen and consumable supplies. They set-up, clean, and ensure proper performance of the endoscopic equipment; and prepare the procedure rooms for turn-over, adhering to universal precautions and SOPs. The technician logs procedure and reprocessing data, adhering to patient privacy and information security policy. Assignments at this level require knowledge of basic medical terminology as well as common gastrointestinal anatomy.

(2) **GS-7 GI Technician (Full Performance Level)**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, and abilities related to the duties of the position to be filled. This would be experience which provided knowledge of proper performance of endoscopic equipment and procedures. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of endoscopic equipment and use in basic and complex endoscopic procedures.

2. Knowledge of anatomy and physiology related to the GI system, with ability to recognize and report obvious abnormalities during procedures.

3. Ability to assist physician with specialized, complex procedures.

4. Knowledge of universal precautions and disinfection techniques and ability to follow SOP's to clean reusable medical equipment (RME).

5. Ability to collaborate, communicate, and demonstrate customer service skills and interpersonal skills with all healthcare professionals to ensure quality and continuity of care.

6. Ability to use basic computer systems and programs to record patient and endoscopic data, adhering to patient privacy and information security policies.

7. Ability to deliver patient care, including vital sign measurements and medication administration.

(c) **Certification.** No certification is required; however, it is desirable that employees at this level have BLS certification.

(d) **Assignment.** This represents the full performance level. Technicians at this level function with minimal instruction, assisting the staff with complex specialized procedures such as ERCP and endoscopic ultrasound (EUS). They are proficient with GI endoscopic equipment and ensure proper performance of endoscopic equipment; select alternate equipment or adjust equipment settings to accommodate patient needs and produce high quality technique. They collect, process, and label all specimens; train other technicians in basic endoscopic procedures; work in and outside the GI unit offering technician support during emergent and on-call endoscopic cases; and assist the nurse in patient care duties such as obtaining vital signs, dressing and documenting all pertinent information in the patient's records. They inventory and maintain par levels of specialty equipment for the endoscopy unit.

(3) **GS-8** (Positions at this grade may be lead or non-supervisory with specialized advanced knowledge and assignments.)

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, and abilities related to the duties of the position to be filled. This

would be experience which provided knowledge of advanced specialized gastroenterology procedures. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities.** KSAs 1, 2, 3, and 4 are appropriate for all positions at this level. KSA 5 is to be used as appropriate for the specific assignment.

1. Knowledge of complex gastroenterology procedures, such as ERCP with spy glass, ablation procedures, mucosal resection procedures, fine needle aspiration procedures and capsule studies.

2. Ability to provide briefings and orientations to hospital staff including physicians.

3. Knowledge of regulatory and advisory agencies such as Joint Commission, Occupational Safety and Health Administration (OSHA), Society of Gastroenterology Nurses and Associates (SGNA), American Society for Gastrointestinal Endoscopy (ASGE), and applicable laws such as the Health Insurance Portability and Accountability Act (HIPPA).

4. Knowledge of medical terminology related to GI and biliary systems used to identify pathology or for specimen identification and procedure documentation and knowledge of advanced anatomy and physiology to recognize obvious abnormalities during procedures.

*5. Ability to provide staff development and training.

(c) **Certification.** No certification is required; however, it is desirable that employees at this level have SGNA core level one and two certifications (BLS and ACLS).

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

1. **Advanced GI Technician.** Non-supervisory GI technicians may have assignments that because of the nature of the duties, substantially exceed the full performance level. They assist with the most highly complex procedures such as mucosal resection and ablation, fine needle aspiration, and double balloon colonoscopy, using a variety of highly complex ancillary equipment. They train technicians and other staff to assist with endoscopic procedures; may assist with daily assignments of technicians, procedural room assignments, and ordering of specialty equipment. They may trial new equipment and coordinate major repairs or installation of equipment with vendors and other facility departments; arrange vendor training and other educational in-services for the endoscopy staff. They may serve on GI related committees, incorporating practice improvement measures.

2. **Lead GI Technician.** In certain programs, either because of size and scope or because of a lack of specific supervisory positions, lead positions may be appropriate to provide daily guidance to the GI technicians. Lead Technicians will be the "superusers" responsible for answering questions for all staff on the endoscopic equipment. They will have the responsibility for daily workload assessments, assigning work, and assuring proper staffing coverage; provide performance input for evaluation and award purposes; evaluate training records; and determine educational needs of the technician staff. They assist the practitioner with the most complex and non-standard procedures consisting of difficult endoscopic intubation through strictures. They assist special needs patients through the endoscopic procedure, ensuring those with physical or mental limitations are given the necessary physical or non-medicinal interventional support measures. They participate in quality improvement measures, recommending and implementing practice changes when indicated.

(4) **GS-9 Supervisory GI Technician**

(a) **Experience.** At least 1 year of experience comparable to the next lower grade level which demonstrates the knowledge, skills, and abilities related to the duties of the position to be filled. This would be experience which provided knowledge of advanced specialized gastroenterology procedures. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Advanced knowledge of complex gastroenterology procedures, such as ERCP with spy glass, ablation procedures, mucosal resection procedures, fine needle aspiration procedures and capsule studies.

*2. Ability to provide briefings and orientations, staff development and training to hospital staff including physicians.

*3. Knowledge of professional, legal, and ethical standards inherent to patient safety and rights.

*4. Ability to plan and assist in the establishment of integrated treatment and examination programs.

*5. Ability to evaluate new products and equipment and make recommendations concerning developments which would improve operations.

*6. Ability to manage the fiscal matters of the functions supervised (which would include fund controls, contracts, and equipment expenditures), forecast resource and equipment needs, and administer the allocated budget

*7. Ability to provide the full range of supervisory duties which would include responsibility for assignment of work to be performed; performance evaluation; selection of staff; and recommendation of awards, advancements, and, when appropriate, disciplinary actions.

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(c) **Certification.** No certification is required; however, it is desirable that employees at this level have SGNA core level one and two certifications (BLS and ACLS).

(d) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Individuals at this level plan and direct programs at affiliated medical centers and their satellite outpatient clinics and have full supervisory responsibility for a large staff of non-supervisory personnel. Typically these duties include assigning and evaluating the work of subordinate staff; resolving problems which may interfere with patient examination or treatment; providing GI Technician services in more complex and non-standard cases; evaluating new products and equipment and making recommendations concerning developments which would improve operations; participating as an instructor in the facility's clinical training program; making final decisions on selections based on recommendations from subordinate supervisors or leads; evaluating performance; taking disciplinary action when necessary; and identifying educational or training needs.

**Authority: 38 U.S.C. §§ 7402403.**]

# APPENDIX G-28. PHARMACY TECHNICIAN QUALIFICATION STANDARD
## GS-661
## Veterans Health Administration

**1. COVERAGE.** This standard applies to all pharmacy technician positions in the Veterans Health Administration (VHA). Under the supervision of a pharmacist, pharmacy technicians perform routine pharmacy functions including receiving prescriptions from patients in writing or electronically from physicians. Pharmacy technicians prepare prescriptions by counting, pouring, weighing, measuring, and mixing the medication if necessary. Pharmacy technicians maintain patient profiles, prepare insurance claim forms, stock, and take inventory of medications. Pharmacy technicians prepare medications for inpatients in various settings, including sterile product preparation.

**2. BASIC REQUIREMENTS**

a. **Citizenship.** Citizen of the United States. (Noncitizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

b. **Education or Experience.** A high school diploma or equivalent; or at least 3 months experience.

c. **Certification.** Certification by the National Pharmacy Technician Certification Board (PTCB) is required at grades GS-6 and above.

d. **Loss of Credential.** An employee in this occupation who fails to obtain licensure/certification/ registration within the required time frame, or who fails to maintain the required licensure/certification/ registration must be removed from the occupation, which may also result in termination of employment.

For occupations which require an active credential (licensure/certification/registration) at all grade levels, at the discretion of the appointing official, an employee may be reassigned to another occupation for which he/she qualifies if a placement opportunity exists. For occupations which require an active credential (licensure/certification/registration) in assignments above the full-performance level only, at the discretion of the appointing official, an employee may remain at an appropriate lower grade level in the occupation when both of the following apply: the credential is not a requirement and a placement opportunity exists."

e. **Grandfathering Provision.** The following is the standard grandfathering policy for all Title 38 hybrid qualification standards. Some of these provisions may not apply to this occupation. Please carefully review the qualification standard to determine the specific education and/or licensure/certification/ registration requirements that apply to this occupation.

All persons employed in VHA in this occupation on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education and licensure/certification/registration that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

Such employees in an occupation that does not require a licensure/certification/registration, may be reassigned, promoted, or demoted within the occupation.

Such employees in an occupation that requires a licensure/certification/registration, may be reassigned, promoted up to and including the full performance (journey) level, or demoted within the occupation, but may not be promoted beyond the journey level or placed in supervisory or managerial positions.

Such employees in an occupation that requires a licensure/certification/registration only at higher grade levels must meet the licensure/certification/registration requirement before they can be promoted to those higher grade levels.

Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

If an employee who was retained in an occupation listed in 38 U.S.C. § 7401(3) under this provision leaves that occupation, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

f. **Physical Requirements.** See VA Directive and Handbook 5019.

g. **English Language Proficiency.** Pharmacy technicians appointed to direct patient care positions must be proficient in spoken and written English in accordance with chapter 2, section D, paragraph 5a, this part.

## 3. GRADE REQUIREMENTS

a. **Definitions**

(1) **Creditable Experience.** To be creditable, the experience must have required the use of knowledge, skills, abilities, and other characteristics associated with the scope of pharmacy technician practice.

(2) **Quality of Experience.** To be creditable, pharmacy technician experience must be documented on the application and verified in an employment reference, or through other independent means.

(3) **Part-time Experience.** Part-time experience as a pharmacy technician is credited according to its relationship to the full-time workweek. For example, a pharmacy technician would receive 1 week of full-time credit for each 2 weeks of half-time work.

(4) **Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates:

(1) **GS-2**

(a) **Experience.** None beyond the basic requirement.

(b) **Assignment.** Employees at this grade level serve in a pharmacy technician/aide-training level position.

(2) **GS-3**

(a) **Education or Experience.** Completion of 1 year of post-high school coursework related to medicine (e.g. chemistry, biology, college mathematics, etc.), or successful completion of a 1 year accredited pharmacy technician training program, or 6 months of general experience, that may have included experience in another medical field (licensed practical nurse, laboratory technology, etc.). In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Ability to maintain appropriate files.

2. Ability to prepare sterile compounds under supervision.

3. Ability to communicate with patients and other health professions.

(c) **Assignments.** Employees at this grade level serve in a pharmacy technician/aide training level position.

(3) **GS-4**

(a) **Education or Experience.** Successful completion of 2 years above high school with courses related to pharmacy or pharmacy technology, or 1 year of general experience that may have included experience in another medical field (licensed practical nurse, laboratory technology, etc.) Successful completion of a course for medical technicians, hospital corpsmen, medical service specialists, or hospital training obtained in a training program conducted by the Armed Forces or the U.S. Maritime Service under close medical and professional supervision is creditable on a month-for-month basis for general experience. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Ability to process and fill prescriptions under supervision.

2. Ability to operate and maintain dispensing equipment.

3. Ability to operate pharmacy information systems.

4. Ability to maintain appropriate files.

5. Ability to prepare sterile compounds under supervision.

(c) **Assignments.** Pharmacy technicians at the GS-4 level perform all duties expected of employees at the GS-3 level; however, they are expected to exercise greater judgment, require less supervision, and to operate in accordance with all established policies, procedures, and techniques.

(4) **GS-5**

(a) **Education or Experience.** Successful completion of a 4-year course of study above high school leading to a bachelor's degree that included at least 24 semester hours of courses related to pharmacy or pharmacy technology; successful completion of pertinent specialized training courses in pharmaceutical and pharmacy services while serving in the Armed Forces is creditable on a month-for-month basis up to the 1 year of experience required for the GS-5 level; or at least 1 year of experience at the next lower level that demonstrates the core competencies (KSAs) described at the GS-4 level. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Ability to operate and care for automated dispensing devices and equipment.

2. Knowledge of, and ability to perform, aseptic technique.

3. Knowledge of basic inventory procedures.

4. Knowledge of pharmacy information systems.

(c) **Assignments.** This is the full performance level for pharmacy technicians. Employees at this grade level serve as staff pharmacy technicians receiving little guidance from more experienced staff members for more complex patients and procedures, and require minimal supervision.

(5) **GS-6**

(a) **Experience.** One year experience at the next lower level, and must fully meet the KSAs at the next lower level. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Certification.** PTCB certification is required at this grade level and above.

(c) **Demonstrated Knowledge, Skills, and Abilities**

1. Ability to solve problems and make recommendations, e.g., troubleshoot operational problems and refer for appropriate action.

2. Knowledge of the operation and care of automated equipment.

3. Knowledge of, and ability to follow, written instructions for compounding with aseptic technique for hazardous materials such as oncology agents.

4. Knowledge, and ability to perform, compounding with aseptic technique for routine sterile products.

5. Knowledge of policies and procedures for inventory management in specialized areas such as emergency carts.

6. Knowledge of the computerized prescription process demonstrated by the ability to input prescriptions and medication orders.

(d) **Assignments.** Pharmacy technicians may be assigned to any area of the pharmacy including expanded distributive function assignments; for example assignment as team leaders for specific process improvement teams involving technical areas or performing more highly complex duties including preparation of oncology agents for clinical pharmacy specialists. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time.

(6) **GS-7**

(a) **Experience.** One year experience at the next lower level and must fully meet the KSAs at the next lower level. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities**

*1. Ability to evaluate, analyze workflow, and coordinate work activities.

2. Ability to independently gather, evaluate, and analyze data to generate reports and/or for other projects/statistical purposes.

3. Knowledge of pharmacy policies and procedures sufficient to train and orient new employees and other staff

4. Comprehensive knowledge of the operation and care of specialized pharmaceutical equipment.

5. Comprehensive knowledge of the procurement and formulary process.

6. Comprehensive knowledge of investigational drug policies and procedures.

7. Comprehensive knowledge of controlled substance policies and procedures, and the ability to identify and investigate discrepancies in these policies and procedures.

8. Comprehensive knowledge of, and ability to, analyze data in VA information systems.

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Pharmacy technicians at this grade level may be assigned as a supervisor; lead technician in a particular area of the pharmacy; a controlled substance technician; an investigational drug technician; a procurement/inventory management technician; a clinical pharmacy technician; or similar assignment with this level of complexity. The GS-7 level is for select, complex pharmacy technician positions, as established by each health care facility. To be advanced, employees must meet all of the following standards, provided the standard is part of their assignment.

Determinations concerning placement of positions at this grade level shall take into consideration the skill mix and the availability of supervision in the work unit. Although these positions are under the supervision of a pharmacist, employees in such settings successfully and consistently demonstrate the exercise of independent technical judgment (without the need for readily available supervision) as well as comprehensive and thorough working knowledge of the most complex or difficult practices and procedures. Such individuals may also serve as leaders or co-leaders in a Pharmacy Service or for a specific unit or section.

(7) **GS-8**

(a) **Experience.** One year experience at the next lower level and must fully meet the KSAs at the next lower level. In addition, the candidate must demonstrate the following technical KSAs and the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(b) **Demonstrated Knowledge, Skills, and Abilities**

*1. Knowledge of human resource management policies and procedures, and the ability to supervise various levels of pharmacy technicians and other technical personnel (for supervisory assignments).

*2. Ability to apply management and leadership principles.

3. Ability to communicate orally and in writing.

4. Extensive working knowledge of the pharmacy operation.

5. Ability to assess staff needs and provide appropriate training.

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Pharmacy technicians at this level may be assigned supervisory positions or assignments as lead technicians in a highly complex area of the pharmacy. The GS-8 level is for very select, complex pharmacy technician positions as established by each health care facility. To be advanced, employees must meet all of the following standards, provided the standard is part of their assignment.

Determinations concerning placement of positions at this grade level shall take into consideration the skill mix and availability of supervision in the work unit. Although these positions are under the

supervision of a pharmacist, employees in such settings successfully and consistently demonstrate the exercise of independent technical judgment (without the need for readily available supervision) as well as comprehensive and thorough working knowledge of the most complex or difficult practices and procedures. Such individuals may also serve as supervisors or in an equivalent assignment in a Pharmacy Service, or for a specific unit or section.

**4. DEVIATIONS**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for pharmacy technicians in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements on the proposed grade.

b. Under no circumstances will the certification requirements be waived.

c. The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. §§ 7402, 7403.**

# [APPENDIX G29. AUDIOLOGIST QUALIFICATION STANDARD

## GS-0665

## Veterans Health Administration

1. **COVERAGE.** The following are requirements for appointment as an Audiologist in the Veterans Health Administration (VHA). These requirements apply to all VHA Audiologists in the General Schedule (GS)-0665 series. Audiologists provide clinical service to Veterans and other beneficiaries in VHA medical centers, clinics, domiciliaries, nursing care facilities, community care settings, Community-Based Outpatient Clinics, Veterans Outreach Centers, Veterans Integrated Service Network (VISN) offices and VHA Central Office. In performing these duties, audiologists demonstrate professional knowledge of and skill in applying a wide range of theories, principles and methodologies of the practice of audiology.

2. **DEFINITIONS.**

   a. **Appointing Official.** The Human Resources (HR) Officer is delegated appointing authority to process and authenticate notifications of personnel actions and authority to effect management-approved employment actions on behalf of officials, employees and facilities for which service is provided.

   b. **Approving Official.** The VISN Director or Facility Director is the approving official and will determine whether to approve or disapprove the appointment of employees in the hybrid occupations**.**

   c. **Creditable Experience.**

      (1) **Current Professional Audiology Practice.** Individuals may obtain creditable, audiologic work experience through paid or non-paid employment providing audiologic work or by participating in a supervised postdoctoral audiology training program (i.e., fellowship or residency). Audiologic work experience must occur after all academic requirements are met and the doctoral degree is awarded. “Professional audiology practice” includes but is not limited to the following audiology-oriented job duties: providing professional clinical services, conducting research, carrying out education and training activities, and carrying out the program.

      (2) **Quality of Experience.** Experience is only creditable if it is postdoctoral experience performing the duties of a professional audiologist and must be directly related to the duties to be performed. Qualifying experience must also be comparable to or exceed professional audiology experience at the next lower level.

(3) **Part-time Experience.** Part-time experience is creditable according to its relationship to a full-time workweek. For example, an audiologist employed 20 hours per week or on a half-time basis, would receive one full-time workweek of credit for each two weeks of service.

(4) **Postdoctoral Degree Fellowships.** Postdoctoral fellowships or residencies are training programs in an advanced area of clinical practice. Training that an individual gained as a fellow or resident after the college or university awarded the doctoral degree is creditable experience.

d. **Journey Level.** The full performance level for this qualification standard is GS-12.

**3. BASIC REQUIREMENTS.**

a. **Citizenship.** Be a citizen of the United States (U.S.). Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with 38 U.S.C. § 7407(a).

b. **Education.**

(1) Doctor of Audiology (AuD) from an audiology program recognized by the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA). The CAA is the only accreditation agency recognized by the U.S. Department of Education (USDE) and the Council for Higher Education Accreditation to accredit entry-level audiology programs. HR office staff and management officials may verify the program accredited from CAA at www.caa.asha.org.

**OR**

(2) Other doctoral degree in hearing science or a directly related field from an institution accredited by an accrediting institution recognized by the USDE.

**NOTE:** Effective January 1, 2007, the CAA in Audiology and Speech-Language Pathology of ASHA accredits only doctoral degree or AuD programs in audiology.

c. **Licensure.** Individuals must hold a full, current and unrestricted license to practice audiology at the doctoral level in a United States state, territory, commonwealth or the District of Columbia.

(1) Non-licensed audiologists who otherwise meet the eligibility requirements for licensure may be given a temporary appointment as a graduate audiologist at the GS-11 grade under the authority of 38 U.S.C. § 7405(c)(2) for a period not to exceed two years from the date of employment on the condition that these audiologists provide care only

under the supervision of fully licensed audiologists. Individuals appointed as graduate audiologists may not be promoted to the GS-12 level without being fully licensed.

(2) The Under Secretary of Health, or designee, in VHA Central Office may waive the requirement for licensure under the authority of 38 U.S.C. § 7405 of a candidate who will be assigned to a research, academic or administrative position with no patient care responsibilities. In such instances, HR office staff can only appoint these candidates in exceptional circumstances where their credentials demonstrate high professional attainment or expertise in the specialty area.

(3) All audiologists who perform compensation and pension examinations perform direct patient care duties and must possess a full, current and unrestricted license to practice audiology and must meet the experience requirements under Section 2. D. See 38 C.F.R. § 4.85.

d. **Failure to Obtain Licensure.** In all cases, the graduate audiologists must actively pursue obtaining the required licensure from the date of their appointment. HR office staff will provide unlicensed audiologists with written requirements to obtain licensure, the date by which the license must be acquired and the consequences for not becoming licensed by the deadline. Written notices must be provided prior to the entrance on duty date. Failure to obtain the required credentials by the prescribed date will result in termination of employment.

e. **Loss of Credential.** In collaboration with HR office staff, management officials must immediately relieve employees of the duties and responsibilities associated with the occupation who fail to maintain the required licensure, which may also result in separation from employment.

f. HR office staff must appoint audiologists in accordance with the provisions in Chapter 3, Section B, paragraph 16 of this part, who have or have ever had, their audiology licenses revoked, suspended, denied, restricted, limited or issued/placed in a probationary status.

g. **Grandfathering Provision.** All individuals employed in VHA in this occupational series or in another occupational series performing the duties described in the qualification standard on the effective date of the qualification standard are considered to have met all qualification requirements for the grade held, including positive education and licensure. For employees who do not meet all the basic requirements of this standard but previously met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Audiologists may be reassigned, promoted up to and including the full performance (journeyman) level or changed to a lower grade within the occupation, but may not be promoted beyond the journeyman level or placed in supervisory or managerial positions.

(2) Audiologists who are converted to title 38 hybrid status under this provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of re-entry to the occupation.

(3) Audiologists who are appointed temporarily prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they meet the basic requirements of the standard.

(4) Audiologists initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration that meet all the basic requirements of this qualification standard, must maintain the required credentials as a condition of employment in the occupation.

h. **Foreign Education.** To be creditable, education completed outside the U.S. must have been submitted to a private organization specializing in the interpretation of foreign educational credentials. Such education must have been deemed at least equivalent to that gained in conventional U.S. programs.

i. **Physical Requirements.** See VA Directive and Handbook 5019.

j. **English Language Proficiency.** Audiologist candidates must be proficient in spoken and written English as required by 38 U.S.C. § 7403(f).

**4. GRADE DETERMINATIONS.** In addition to the basic requirements for employment, candidates must meet the following grade-determining criteria for appointments at grade levels specified.

a. **Audiologist, GS-11.**

(1) **Education.** None beyond the basic requirements.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the basic requirements, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of principles and techniques in the assessment and treatment of auditory and balance disorders.

(b) Ability to perform functions associated with contemporary audiology scope of practice as defined by the American Academy of Audiology or the ASHA.

(c) Ability to interact with patients, families and other health care professionals.

(3) **Assignment.** Employees at this grade level serve in audiologist entry-level developmental positions. Audiologists perform audiology assessment and treatment intervention, exercise clinical judgment, adapt clinical procedures and techniques and document in the medical record appropriate information related to patient care.

b. **Research Audiologist, GS-11.**

(1) **Education.** None beyond the basic requirements.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the basic requirements and the KSAs required in subparagraph 4.a.(2) above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of project-specific clinical and research literature to assess the current state of the research and identify areas that require additional research.

(b) Ability to apply basic scientific methods, basic research design and statistics to conduct research.

(3) **Assignment.** Employees at this grade level serve in a research audiologist entry-level developmental position. Research audiologists serve as research assistants. They conduct research under the direct supervision of principal investigators or co-principal investigators of higher-grade levels.

c. **Audiologist, GS-12.**

(1) **Experience.** In addition to the requirements at the GS-11 level, completion of one year of professional experience comparable to the next lower grade level

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the KSAs required at the full performance level, the following KSAs are required:

(a) Skill in determining nature, type and severity of hearing/communication /vestibular disorders.

(b) Skill in counseling patients and family members regarding management of hearing/communication/vestibular disorders

(c) Ability to provide professional advice and consultation in areas related to professional audiology to other health care professionals.

(d) Ability to independently apply professional contemporary audiologic treatments to the full range of patient populations.

(3) **Assignment.** This is the full performance level for staff audiologists. At this level, audiologists are licensed to practice independently in the provision of audiologic services, consulting with peers and supervisors as appropriate. Audiologists serve as consultants to other health care professionals and are recognized subject matter experts (SME) on matters related to hearing, tinnitus and balance disorders. The supervisor may assign staff audiologists to any VHA program and setting, such as inpatient or outpatient medicine, primary care, surgery, hearing health, neurology, rehabilitation medicine, geriatrics, compensation and pension. Audiologists diagnose audiologic disorders, conduct audiologic or neuro-audiologic assessments, treat auditory disorders through a various modalities and provide adjunctive interventions for the treatment of medical disorders. Audiologists consult with medical center staff on various patient care issues. Staff audiologists may be involved in program evaluation, teaching, training and research activities. Among the modalities provided are individual, family and group audiologic rehabilitation.

d. **Research Audiologist, GS-12.**

(1) **Experience.** In addition to the requirements at the GS-11 level, completion of one year of professional experience comparable to the next lower grade level.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the KSAs required in subparagraph 4.c.(2) above, the following are required:

(a) Skill in applying research methods and statistical analysis to document findings.

(b) Ability to execute research independently.

(3) **Assignment.** This is the full performance level for research audiologists. Research audiologists at this grade level assist principal investigators or co-principal investigators in peer-reviewed VHA, National Institutes of Health (NIH), or comparably rigorous intramural or extramurally funded research programs may serve as investigators on small or unfunded projects of limited complexity or scope. They conduct research under the

general administrative direction of principal investigators or co-principal investigators of higher-grade levels.

e. **Research Audiologist, GS-13.**

(1) **Experience.** At least two years of experience as a professional audiologist, with at least one year comparable to the next lower grade level.

**(2) Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to meeting the experience or educational requirements for this grade level, the candidate must fully demonstrate the following KSAs:

(a) Skill in preparing peer-reviewed publications based on research findings.

(b) Ability to produce funding through a grant as a principal investigator or co-investigator.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. Research audiologists at this level are actively involved as principal investigators or co-principal investigators in peer-reviewed VA, NIH or comparably rigorous intramural or extramurally funded research programs. Research audiologists formulate or research problems of considerable scope and complexity. They work with substantial independence in identifying, defining and selecting problems for study.

f. **Audiologist (Clinical Specialist), GS-13.**

(1) **Experience.** At least two years of experience as a professional audiologist, with at least one year comparable to the next lower grade level.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the KSAs required at the full performance level, the following KSAs are required:

(a) Advanced knowledge in a focused area of contemporary audiology practice to provide oversight of a specialty program.

(b) Skill to evaluate the specialty program to ensure deadlines and goals are met.

(c) Skill to coordinate initiatives and build consensus among interdisciplinary team members.

(d) Ability to monitor and report on work progress in the specialty program to adjust workload and processes.

(e) Ability to serve as the SME and provide education relating to the specialty program.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. Audiologists (clinical specialists) provide leadership and direct oversight in the design, development, implementation, planning and management of the specialty program. They serve as coaches or facilitators for the interdisciplinary team and are responsible for training all support staff and trainees as it relates to the specialty program. These individuals serve as the SME in matters regarding the specialty program.

g. **Lead Audiologist, GS-13.**

(1) **Experience.** At least two years of experience as a professional audiologist, with at least one year comparable to the next lower grade level.

**(2) Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to meeting the experience or educational requirements for this grade level, the candidate must fully demonstrate the following KSAs:

(a) Ability to lead a diverse clinical team on work methods, practices and procedures.

(b) Ability to coordinate assignments, special projects and objectives to lead work.

(c) Ability to monitor work, evaluate programs, and adjust to accomplish the workload.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. Lead audiologists will lead three or more audiologists to accomplish the work through leadership, team building skills, group facilitation, coaching and integration of work products and processes. Lead audiologists provide comprehensive clinical services, coordinate special projects, as well as oversee the day-to-day core clinic operations. These individuals ensure the work assignments of the clinical team are completed and make adjustments to accomplish the workload in accordance with established priorities. Audiologist clinic coordinators and lead audiologists collect,

analyze and incorporate data to monitor and evaluate the efficiency, utilization, quality and effectiveness of clinic services.

h. **Supervisory Audiologist, GS-13.**

(1) **Experience:** At least two years of experience as a professional audiologist, with at least one year comparable to the next lower grade level.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the KSAs required at the full performance level, the candidate must demonstrate the KSAs identified below.

(a) Skill in conflict resolution to facilitate positive working relationships between employees, team leaders and managers.

(b) Skill in applying evidence-based practices in a professional area.

(c) Ability to analyze organizational and operational challenges to develop and implement solutions.

(d) Ability to develop the abilities and strengths of current employees.

(e) Ability to balance responsibilities, set priorities and delegate tasks to meet multiple deadlines.

(f) Ability to analyze data to manage workload, quality, performance and productivity within the section

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. Supervisory audiologists in this assignment serve as section chiefs. They supervise staff, plan, schedule and assign work. Section chiefs have broad program management responsibilities for a specific program or programs that are designed to deliver specialized, complex, highly professional services, which are important program components of the facility and significantly impact the health care provided to Veterans. Programs include but are not limited to hearing health, compensation and pension examination (C&P) programs, inpatient, outpatient and residential audiologic rehabilitation, neuro-audiologic assessments, diagnosis and treatment of tinnitus, externship and postdoctoral fellowship training programs, and management of an off-campus site. Typically, at facilities of lower complexity, section chiefs have audiology program oversight and serve as the audiology executive responsible for coordinating operations throughout the facility and its affiliated clinics. The type of programs managed and the scope of responsibility are critical aspects of the

assignment at this level. Section chiefs manage key clinical, training, research or administrative programs including the day-to-day activities of these programs. Section chiefs in this assignment supervise and provide input for strategic plans to ensure the provision of high-quality services to meet the needs of the Veterans. They develop and implement short and long-term goals and objectives consistent with the program's strategic plan. They provide oversight of administrative and programmatic resources and deploy those resources to support the program needs. They develop and implement programs, policies and procedures to meet program goals, VHA policy and external accreditation requirements. They monitor outcomes using data-driven quality assurance processes and implement strategies for improvement based on data analysis.

i. **Supervisory Audiologist, GS-13.**

(1) **Experience.** At least two years of experience as a professional audiologist, with at least one year comparable to the next lower grade level.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the KSAs required at the full performance level, the following KSAs are required:

(a) Skill in communicating established performance benchmarks to a service or equivalent organizational department.

(b) Skill in implementing continual performance improvement activities to meet performance benchmarks

(c) Ability to perform a full scope of managerial responsibilities.

(d) Ability to lead audiologists, speech-language pathologists and/or professionals within associated disciplines.

(e) Ability to develop contingencies to ensure continual service operations.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. Assistant chiefs in this assignment serve as full assistants to a service chief, share the full scope of delegated managerial responsibilities and serve as the acting service chief in the absence of the service chief. They make decisions affecting staff and other resources. They may be delegated full administrative and clinical responsibility for planning and directing the staff assignments in various clinical settings. They encourage professional development, create an environment of learning and serve as a mentor to

staff audiologists. Assistant chiefs are responsible for the supervision, administrative management and direction of the program services assigned to them. Assistant chiefs may ensure compliance with accrediting agency and regulatory requirements, monitor staff performance, and develop and implement programs based on Veterans' needs and current research findings. Duties include but are not limited to resolving staff conflicts that might interfere with the service delivery, identifying continuing education and training needs and other clinical and administrative responsibilities to ensure that the mission of the service and the medical center has been satisfied. They may interview candidates for positions, and recommend appointments, advancements or disciplinary actions when appropriate. They may develop position descriptions and functional statements and are responsible for professional and administrative management of an assigned area. They may make selections, assign personnel and serve as a mentor to help employees develop their full potential. Assistant chiefs in this assignment maintain interdepartmental relationships with other services to accomplish medical center goals as well as foster and maintain community contacts. They may develop and initiate new assessment and treatment programs and may develop policies and procedures. Assistant chiefs in this assignment independently provide audiologic services at all levels of complexity and consult with peers and supervisors as appropriate.

j. **Supervisory Audiologist, GS-13.**

(1) **Experience.** At least two years of experience as a professional audiologist, with at least one year comparable to the next lower grade level.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs)** In addition to the KSAs required at the full performance level, the candidate must demonstrate the KSAs identified below.

(a) Skill to evaluate programs to ensure efficient and appropriate integration of care.

(b) Ability to develop contingencies and align resources to achieve program goals.

(c) Ability to effectively interpret and apply facility, VISN and national audiology and speech pathology services policies.

(d) Ability to effectively create service-level policies and priorities to align with facility strategic plan.

(e) Ability to supervise professional staff.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. These positions serve as service chiefs managing stand-alone services, product lines or service lines. They typically have line and staff authority for resource allocations within the area of responsibility and ensure the efficient operation of the organizational unit. They have broad and overall responsibility for the service-level department and full responsibility for clinical practice, program management, education, human resource management and supervision for the service, as appropriate. They autonomously manage substantive parts of specialized, complex, professional services that significantly impact Veterans' care. They provide leadership with objective, independent assessments and recommendations for policy, operational and administrative issues and initiatives requiring decision and action. Service chiefs are responsible for planning, assessing and evaluating programs to ensure coordination between care delivered by the program and the overall delivery of health care within the facility. They interpret and process a wide variety of data related to program planning and the specialized needs of the Veteran, the service and the medical center. They assure compliance with accrediting agency and regulatory requirements and corrective action is initiated as needed. Service chiefs in this assignment ensure policies or issues have been fully coordinated, vetted and staffed. They advise leadership on policy implications, key issues and relationships to internal and external interest groups and recommend courses of action. They maintain interdepartmental relationships with other services to accomplish medical center goals. Service chiefs in this assignment coordinate and negotiate resolutions to complex problems. They may prepare special reports and responses, Congressional responses, briefing papers, issue briefs and decision papers for the medical center leadership, which may be highly sensitive, confidential and of a complex nature as requested. They are responsible for professional and administrative management of an assigned area, including budget execution. Service chiefs in this assignment develop policies and procedures and may develop performance standards, position descriptions and functional statements. They conduct performance appraisals and perform other clinical and administrative responsibilities related to the management of staff to ensure that the mission of the service and the medical center has been satisfied. They may set training objectives and delegate responsibilities to subordinate sections.

k. **Supervisory Audiologist, GS-14.**

(1) **Experience.** At least three years of experience as a professional audiologist, with at least one year comparable to the next lower grade level, must fully meet the KSAs at that level.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Skill in promoting collaboration to accomplish goals.

(b) Skill in translating management goals and objectives into efficient service operations.

(c) Skill in balancing operational resources to ensure appropriate delivery of service operations.

(d) Ability to supervise a diverse staff.

(e) Ability to effectively interact and collaborate with local, VISN and/or national leadership.

(f) Ability to establish and monitor productivity standards, production and performance priorities to achieve management goals and objectives.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. Audiologist service chiefs at this level typically manage programs in Complexity Level 1 (high complexity) facilities. The service or organizational entity is a major component of the medical center and the services or programs supervised are highly professional, technical and complex. They are responsible for all professional, management and administrative aspects of the service or organizational entity. They have broad and overall responsibility for a service-level organizational unit and have full responsibility for clinical practice, program management, education, human resource management and supervision for the service. They autonomously manage substantive parts of specialized, complex, professional services that significantly impact Veterans' care. They provide leadership with objective, independent assessments and recommendations for policy, operational and administrative issues and initiatives requiring decision and action. They monitor work performance to ensure that requirements are satisfied; interpret and process a wide variety of data related to program planning and specialized needs of the Veterans, the service and the medical center; and ensure policies or issues have been fully coordinated, vetted and staffed. Audiologist service chiefs advise

executive leadership on implications, key issues and relationships to interest groups (both internal and external) and recommend courses of action. They coordinate and negotiate resolutions to complex problems. They assure compliance with accrediting agencies and regulatory requirements and corrective action is initiated as needed. They are responsible for professional and administrative management of an assigned area, including budget execution. They maintain interdepartmental relationships with other services to accomplish medical center goals. They may prepare special reports and responses, Congressional responses, briefing papers, issue briefs and decision papers for the medical center leadership, which may be highly sensitive, confidential and of a complex nature. They develop policies and procedures and may develop performance standards, position descriptions and functional statements. They monitor the clinical performance of staff, conduct performance appraisals and perform other clinical and administrative responsibilities to ensure that the mission of the service and the medical center has been satisfied. They may set training objectives for staff and delegate responsibilities to subordinate sections.

I. **Research Audiologist, GS-14.**

(1) **Experience.** At least three years of experience as a professional audiologist, with at least one year comparable to the next lower grade level and must meet the KSAs at that level.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Skill to apply advanced scientific methods in research design and execution, which may include multiple variables and/or multiple sites and/or innovative technologies.

(b) Skill to lead a research team with diverse backgrounds, research interests and points of view.

(c) Ability to manage large research budgets.

(d) Ability to evaluate critically the research of others in peer review or editorial settings.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. Research audiologists at this level are actively involved as principal investigators or co-principal investigators in peer-reviewed VA, NIH, or comparably rigorous intramural or extramurally funded research programs.

They are involved in peer review activities for VHA and non-VHA research, e.g., grant review for VHA or NIH proposals, local research service committees, i.e., Research and Development, Health Services Research and Development, Institutional Review Board, etc. or serve as consulting editors for peer-reviewed journals. At this grade level, research audiologists have responsibility for formulating and guiding research on problems that are difficult to define or require unconventional or novel approaches or sophisticated research methods. Research audiologists at this grade level have achieved significant professional recognition by making scientific contributions to research with potential for significant impact in audiology, hearing science or related disciplines. They have typically authored one or more publications of considerable interest and value to the field in the peer-reviewed professional literature; have a consistent record of presentation of findings at national scientific meetings; may have earned an academic appointment at an affiliated medical school or local university, usually at the rank of associate professor or equivalent; and have and responsibility for funded research projects.

m. **Supervisory Audiologist, GS-14.**

(1) **Experience.** At least three years of experience as a professional audiologist, with at least one year comparable to the next lower grade level, must fully meet the KSAs at that level.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the KSAs required at the full performance level, the candidate must demonstrate the KSAs identified below:

(a) Skill in working with interdisciplinary teams within a specialty program. Skill to serve as a consultant/liaison to local, regional or national coordinators and or national program offices as well as other providers regarding the delivery of audiology care within the specialty program area.

(b) Skill in developing and coordinating treatment programs within the specialty field nationally or within the region.

(c) Ability to manage a large, diverse staff.

(d) Ability to serve as facilitator and/or negotiator in coordinating program initiatives among local, regional or national coordinators and interdisciplinary teams to improve quality of care for patients.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time.

Audiologist program coordinators manage all aspects of a distinct audiology program at the VISN or national level and are generally assigned to the national program office in VA Central Office. These assignments may include but not be specifically limited to specialized programs such as tele-audiology, hearing center of excellence and polytrauma/TBI. Audiologist program coordinators are responsible for developing policies, quality resources and specialty functions unique to the program to optimize program and patient outcomes. They ensure program compliance using expert knowledge of facility, regional and national policies. Audiologists in this role are responsible for strategic planning to ensure the provision of high-quality services that meet the needs of Veterans being served. They are also responsible for developing and implementing short and long-term goals and objectives consistent with the programs' strategic plan. Additionally, their responsibilities include operation and management of key clinical, training research or administrative programs. Audiologist program coordinators develop and implement programs, policies and procedures to meet program goals, policy and external accreditation requirements at the regional, VISN or national level. They monitor outcomes and implement strategies for program improvement.

n. **Supervisory Audiologist, GS-15.**

(1) **Experience.** At least four years of experience as a professional audiologist, with at least one year comparable to the next lower grade level and must fully meet the KSAs at that level.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the KSAs required at the full performance level, the candidate must demonstrate the KSAs identified below.

(a) Knowledge of military hearing loss and auditory system injuries and disorders, speech-language pathology disorders and of related statistics, population health surveillance, military medicine and health policy to provide guidance from a national program office.

(b) Skill to effectively communicate existing Federal agency policies and regulations for developing strategies and priorities for a collaborative interagency program.

(c) Skill in senior management policy development, strategic planning and setting priorities consistent with organizational goals and objectives.

(d) Ability to provide consultation and develop strategies regarding evidence-based practices and clinical practice guidelines in the areas

of post-deployment hearing loss and auditory system injuries and disorders.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. The national program director is responsible for defining objectives and providing national VA policy guidance in administering a system-wide audiology and speech-language pathology (ASP) program. The program director is responsible for analyzing and evaluating VA ASP programs, including developing plans, procedures and recommendations to ensure efficient functioning of these programs related to the continuum of care. The program director works with all levels of staff within VA Central Office, VA field staff, field representatives of other Federal agencies, state and local governments and community-based organizations to identify needs and develop strategies for Veterans with, or at risk for, auditory and vestibular system injuries/disorders and speech-language pathology disorders. They serve as an information resource and advisor to senior government officials on matters of national significance. The program director collaborates with other disciplines' executive leads within VA, external professional associations and regulatory agencies outside VA to develop national policies and procedures for advancing ASP throughout the entire VA system. The program director serves as a resource to VA ASP programs by applying advanced knowledge of multifaceted health care delivery systems and their relationship to external review organizations and hospital and service-level operations. The program director will make decisions with wide latitude using independent judgment. The program director serves as an expert in clinical treatment modalities as well as administrative and clinical support systems regarding hearing loss/auditory/vestibular system injuries and disorders and speech-language pathology disorders.

## 5. DEVIATIONS.

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the education or certification requirement be waived.

c. The Under Secretary for Health, or designee, in VHA Central Office must approve placement of individuals in grade levels or assignments not described in this standard prior to placement in the position.

**Authority:** P.L. 111-163, Caregivers and Veterans Omnibus Health Services Act of 2010; 38 U.S.C. §§ 7401, Appointments in Veterans Health Administration; 7402, Qualifications of appointees; 7403, Period of appointments; promotions; 7405, Temporary full-time appointments, part-time appointments, and without-compensation appointments; 7407, Administrative provisions for §§ 7405 and 7406 appointments.**]**

# [APPENDIX G30. SPEECH-LANGUAGE PATHOLOGIST QUALIFICATION STANDARD GS-0665 Veterans Health Administration

1. **COVERAGE.** The following are requirements for an appointment as a Speech-Language Pathologist (SLP) in the Veterans Health Administration (VHA). These requirements apply to all VHA SLPs in the General Schedule (GS)-0665 series, including those assigned to medical centers, clinics, domiciliaries, nursing care facilities, community care settings, Community-Based Outpatient Clinics, Veteran Outreach Centers, Veterans Integrated Service Network (VISN) offices and VHA Central Office. In performing these duties, VHA SLPs demonstrate professional knowledge of and skill in applying a wide range of theories, principles and methodology of the practice of speech-language pathology in a medical setting.

2. **DEFINITIONS.**

   a. **Accredited.** A college or university recognized by a regional accreditation organization and a speech-language pathology academic program recognized by the Council on Academic Accreditation of the American Speech-Language-Hearing Association.

   b. **Appointing Official.** The Human Resources (HR) Officer is delegated appointing authority to process and authenticate notifications of personnel actions and authority to effect management-approved employment actions on behalf of officials, employees and facilities for which service is provided.

   c. **Approving Official.** The VISN Director or Facility Director is the approving official and will determine whether to approve or disapprove the appointment of employees in the hybrid occupations.

   d. **Board Certification.** Board certification is voluntary and demonstrates advanced knowledge, skills and experience above the requirements for state licensure. Board certification demonstrates exceptional expertise in a specialty or specific clinical practice area. Examples include but are not limited to Board Recognized Specialist in Swallowing and Swallowing Disorders (BRS-S) or Board Certification by the Academy of Neurologic Communication Sciences and Disorders (BC-ANCDS). Continuing Education alone does not meet the requirements for Board Certification.

   e. **Clinical Fellowship**. The speech-language pathology clinical fellowship, often referred to as a Clinical Fellowship Year, is considered a training period and is the transition period between being a student enrolled in a master's level communication sciences and disorders program and being an independent provider of speech-language pathology clinical services. The clinical fellowship

involves a mentored professional experience after the completion of academic coursework. Training which is gained after the degree was awarded by a college or university is considered to be creditable experience. A clinical fellowship is 36 weeks of full-time (35 hours per week) experience (or the equivalent part-time experience), totaling a minimum of 1,260 hours. After the clinical fellowship, the individual may be awarded an unrestricted license.

f. **Creditable Experience.** To be creditable, the experience must have required the use of knowledge, skills and abilities associated with the assessing, diagnosing, treating and preventing communication and swallowing disorders with contemporary professional speech-language pathology practice. This knowledge may be evidenced by one of the following:

(1) At least one year of active professional practice or equivalent. Active professional practice means paid or non-paid employment as a professional SLP engaged in the practice of speech-language pathology as defined by the appropriate licensing board.

(2) Academic course work leading to a doctoral degree in speech-language pathology, communication disorders and sciences or a related field.

g. **Journey Level.** The full performance level for this qualification standard is GS-12.

h. **Quality of Experience.** Experience is only creditable if it is both of the following:

(1) Work as a professional SLP related to the position to be filled; and

(2) The work is at a level comparable to speech-language pathology experience at the next lower grade level.

i. **Part-Time Experience.** Part-time experience as a professional SLP is credited according to its relationship to the full-time work week. For example, an SLP employed 20 hours a week, or on a 1/2-time basis, would receive one full-time workweek of credit for each 2 weeks of service.

## 3. BASIC REQUIREMENTS.

a. **Citizenship.** Be a citizen of the United States (U.S.). Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with 38 U.S.C. § 7407(a).

b. **Education and Experience.**

(1) A master's degree, or its equivalent, in speech-language pathology, communication disorders or a directly related field from an accredited college or university and one year of creditable experience (see paragraph 2.g.).

or

(2) A doctoral degree in speech-language pathology, communication disorders and sciences or a related field, from an accredited college or university.

c. **Licensure.** Individuals must hold a full, current and unrestricted license in a U.S. state, territory, commonwealth or the District of Columbia.

(1) Non-licensed applicants who otherwise meet the eligibility requirements for SLP licensure may be appointed to a temporary position as a graduate SLP under the authority of 38 U.S.C. § 7405 (c)(2). Individuals appointed as graduate SLPs may not be promoted to the GS-12 level without being fully licensed.

(2) The requirement for licensure may be waived by the Under Secretary for Health or designee in VHA Central Office for individuals engaged in research or academic assignments involving no direct patient care duties, in accordance with current activities.

(3) An SLP who has, or ever has had their speech-language pathology license revoked, suspended, denied, restricted, limited or issued/placed on probationary status may be appointed only in accordance with the provisions in Chapter 3, section B, paragraph 16 of this part.

d. **Failure to Obtain Licensure.** In all cases, graduate SLP must actively pursue obtaining the required licensure from the date of their appointment. The Human Resource office staff will provide the unlicensed SLP written requirement to obtain licensure, the date by which the license must be acquired and the consequences for not becoming licensed by the deadline. The written notice must be provided prior to the entrance on duty date. Failure to obtain the required credentials by the prescribed date may result in termination of employment.

e. **Loss of Credential.** Management officials, in collaboration with HR Office staff, must immediately relieve employees of the duties and responsibilities associated with the occupation who fail to maintain the required certification, both current and in good standing, which may result in separation from employment. An SLP who has, or has ever had, their SLP license revoked, suspended, denied, restricted, limited or issued/placed in a probationary status may be appointed

only in accordance with the provisions in Chapter 3, section B, paragraph 16 of this part.

f. **Grandfathering Provision.** All persons employed in VHA in this occupational series or in another occupational series that are also performing the duties as described in the qualification standard on the effective date of this qualification standard are considered to have met all qualification requirements for the grade held, including positive education and licensure. For employees who do not meet all the basic requirements required in this standard but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) SLPs may be reassigned, promoted up to and including the full performance level or changed to a lower grade within the occupation, but may not be promoted beyond the full performance level or placed in supervisory or managerial positions.

(2) If SLPs who are retained under this provision leave the occupation, they will lose protected status and must meet the full VA qualification standard requirements in effect at the time of re-entry to the occupation.

(3) SLPs initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure that meet all the basic requirements of this qualification standard, must maintain the required credentials as a condition of employment.

(4) SLPs who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

g. **Foreign Education.** To be creditable, education completed outside the U.S. must be deemed at least equivalent to that gained in a conventional U.S. program by a private organization specializing in the interpretation of foreign educational credentials.

h. **Physical Requirements.** See VA Directive and Handbook 5019, Employee Occupational Health Service.

i. **English Language Proficiency.** SLP candidates must be proficient in spoken and written English in accordance with 38 U.S.C. § 7403(f).

**4. GRADE REQUIREMENTS.** In addition to the basic requirements, the following criteria must be met when determining the grade of candidates.

a. **Speech-Language Pathologist, GS-11.**

(1) **Education.** None beyond the basic requirements.

(2) **Knowledge, Skills and Abilities (KSAs).** In addition to the basic requirements, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of principles and techniques in assessing and treating disorders of speech, language, cognitive-communication and swallowing.

(b) Knowledge of instrumentation and technologies for assessing and treating communication and swallowing disorders.

(c) Ability to adapt clinical procedures and techniques to accommodate unique patient conditions, needs and goals.

(3) **Assignment.** SLPs at this entry developmental grade level assess and treat patients with routine speech, language, voice, cognitive-communication and swallowing disorders following the principles of evidence-based practice and perform clinical procedures with respect to age-specific, unique patient conditions and needs. When assessing and treating patients with complex or rare speech, language, voice, cognitive communication and swallowing disorders, SLPs may require consultation with an SLP at the full performance or higher level.

b. **Research Speech-Language Pathologist, GS-11.**

(1) **Education.** None beyond the basic requirements.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the basic requirements, the candidate must demonstrate all of the following KSAs:

(a) Ability to apply basic scientific methods, basic research design and statistics to conduct research.

(b) Ability to recruit research subjects.

(c) Ability to administer study protocol.

(d) Ability to perform data quality assurance activities including reviewing participant files and data verification.

(3) **Assignment.** Research SLPs at this entry developmental level screen and recruit eligible study participants based on criteria specified in the research study protocol. They document informed consent and reliably and validly administer study measures, including assessments of language, speech,

voice, swallowing and cognitive-communication and enter data into study databases, following applicable Institutional Review Board (IRB), informed consent, Health Insurance Portability and Accountability Act and applicable Federal regulations for the protection of human subjects. They participate in data quality assurance activities including review of participant files and data verification.

c. **Speech-Language Pathologist, GS-12.**

(1) **Experience**. In addition to the basic requirements at the GS-11 level, completing one year of professional experience comparable to the next lower level and possessing a full, current and unrestricted license to practice speech-language pathology.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience requirements, the candidate must demonstrate all of the following KSAs:

(a) Skill in applying principles and techniques of diagnosis and treatment associated with contemporary speech-language pathology following evidence-based practice for adult patients exhibiting the full range of speech to the full range of patient populations.

(b) Skill in administering and interpreting instrumental swallowing evaluations.

(c) Ability to assess the effectiveness of clinical outcomes and adapt clinical procedures and techniques to accommodate unique patient conditions.

(3) **Assignment.** This is the full performance level. At this level, SLPs independently provide evidence-based assessment and treatment interventions to individuals with a wide range of speech, language, voice, cognitive-communication and swallowing disorders. Staff SLPs select, administer and interpret standardized and non-standardized assessment measures. They integrate assessment findings into a patient-centered treatment plan of care and evaluate the effectiveness of interventions by collecting and documenting treatment outcomes. SLPs may be assigned to work in a specific clinical area such as traumatic brain injury, head and neck cancer, movement disorders or spinal cord injury. They may provide clinical training experiences for trainees and students and participate in research activities.

d. **Research Speech-Language Pathologist, GS-12.**

(1) **Experience**. In addition to the basic requirements at the GS-11 level, completion of one year of professional experience comparable to the next

lower level and possession of a full, current and unrestricted license to practice speech-language pathology.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience requirements, the candidate must demonstrate all of the following KSAs:

(a) Skill in applying scientific methods, research design and statistics to conduct research.

(b) Skill in disseminating research findings and products in peer-reviewed publications and at scientific and professional meetings.

(c) Ability to manage a research budget for each research project.

(d) Ability to execute regulatory documents, modifications, approvals, renewals and other required reporting for research programs.

(3) **Assignment.** This is the full performance level. At this level, research SLPs function independently within the broad scope of a speech-language pathology research program in language, speech, voice, swallowing or cognitive communication. Duties may include collecting, analyzing and interpreting data; creating and updating participant study files; or developing research protocols. Research SLPs may independently perform a variety of administrative tasks, including management of budget, personnel and development, submission of regulatory documents and entry of results into study databases. The research SLPs may disseminate research findings by preparing items such as slides, posters and articles for peer-reviewed publications and presenting at scientific and professional meetings.

e. **Speech-Language Pathologist (Clinical Specialist), GS-13.**

(1) **Experience/Education**. In addition to the basic requirements at the GS-12 level, completion of one year of professional experience comparable to the next lower level and completion of one or more of the following:

(a) Board certification such as BRS-S Disorders or BC-ANCDS; or

(b) Completion of a residency or fellowship post-graduate degree; or

(c) College credits (three or more courses) above the graduate degree in the areas relevant to the advance practice.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience requirements, the candidate must demonstrate all of the following KSAs:

(a) Advanced knowledge in a focused area of contemporary speech pathology practice for contemporary and evidence-based practice in differential diagnosis and treatment.

(b) Skill in interpreting advanced specialized clinical management programs in focused areas of contemporary speech-language pathology practice.

(c) Ability to provide consultation and continuing education in a specific SLP disorder area.

(3) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. SLP clinical specialists apply advanced knowledge of scientific principles and contemporary and evidence-based clinical practice in a specific disorder area. SLPs in this assignment use professional judgment to diagnose patients with the most complex disorders not typically seen in routine clinical practice; develop and implement evidence-based and individualized clinical management programs; and render professional opinions. These patients may present with multiple physical, sensory, motor, cognitive or other complicated communication or swallowing disorders that require advanced clinical decision-making skills using complex data. On a regional or national level, SLP clinical specialists serve as subject matter experts for a specific clinical area, adding knowledge to the profession by providing expert consultation, continuing education and mentoring to colleagues, clinical fellows and students.

(4) **Differentiating Full Performance Level from Clinical Specialist Level**. This is done based on the differences between independent practice, which is required for all SLPs at the full performance level and a clinical specialist. An SLP practicing at the independent level has a generalized knowledge of practice, whereas the SLP clinical specialist has specialized knowledge of practice typically related to a particular diagnosis or patient population. The SLP clinical specialist can be further differentiated from the independent SLP by their ability to expand clinical knowledge in the profession, provide consultation and guidance to colleagues, role model effective speech-language pathology practice skills and teach or mentor less experienced SLPs. An SLP with advanced knowledge, clinical skills and personal qualifications that meet the standard for the SLP clinical specialist must be assigned to a position that requires use of the practice skills to be considered for the SLP grade.

f. **Speech-Language Pathologist, GS-13.**

(1) **Experience.** In addition to the basic requirements at the GS-12 level, completion of one year of professional experience comparable to the next lower level.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience requirements, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of scientific principles and contemporary, evidence-based practice in differential diagnosis and treatment of speech, language, voice, swallowing and cognitive-communication disorders as it relates to a specialized clinical program.

(b) Skill in prioritizing program goals and objectives.

(c) Ability to build consensus among clinical team members with divergent backgrounds, interests and points of view.

(d) Ability to gather and evaluate outcome data to determine program quality and effectiveness.

(e) Ability to serve as a resource to other health care providers regarding a specialized clinical program.

(3) **Assignment**. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. SLPs with special clinical program responsibilities plan, guide and facilitate the work of a specialized, intra- or interdisciplinary clinical team to accomplish program goals and establish well-coordinated work operations. At this level, SLPs are responsible for communicating team goals and objectives to other medical center staff; and serve as a resource to other health care providers. SLPs with special clinical program responsibilities evaluate the program's work by developing quality improvement indicators and monitoring outcome data, making adjustments as needed.

g. **Lead Speech-Language Pathologist, GS-13.**

(1) **Experience.** In addition to the basic requirements at the GS-12 level, completion of one year of professional experience comparable to the next lower level.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience requirements, the candidate must demonstrate all of the following KSAs:

(a) Skill in coordinating team initiatives and building consensus among clinical team members with divergent backgrounds, interests and points of view.

(b) Ability to direct the work of others to accomplish program goals and missions.

(c) Ability to evaluate program quality to ensure that speech-language pathology practice is consistent with evidence-based practice.

(d) Ability to communicate effectively with staff, professionals in other services and leadership to convey speech-language pathology program goals and status.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. Lead SLPs will lead three or more SLPs to accomplish the work through the application of leadership, team building skills, group facilitation, coaching and integration of work products and processes. SLP team leads at this level ensure that the assignments of the clinical team are carried out in accordance with policies and procedures of the medical center and principles of contemporary and evidence-based clinical practice. SLPs with this assignment monitor and report on the status and progress of the team's work and make appropriate adjustments to ensure high quality and timely completion of the assigned workload. SLP team leads provide input to the service chief, section chief or supervisory SLP regarding personnel, productivity or other program management issues.

h. **Research Speech-Language Pathologist, GS-13.**

(1) **Experience.** In addition to the basic requirements at the GS-12 level, completion of one year of professional experience comparable to the next lower level.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience requirements, the candidate must demonstrate all of the following KSAs:

(a) Skill to translate research findings into evidence-based clinical practice.

(b) Skill in applying advanced knowledge of contemporary speech-language pathology and related disciplines to research projects.

(c) Skill in critically evaluating the research of others in peer review or editorial activities.

(d) Ability to apply advanced scientific methods in the of innovative research design.

(e) Ability to lead a research team.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. Research SLPs at this level are responsible for independently or collaboratively developing, conducting, analyzing and interpreting the findings of peer-reviewed VHA or other funded or unfunded research projects speech, language, voice, cognitive communication or swallowing and then demonstrating application to clinical practice. At this level, research SLPs typically lead a research team. They convey scientific concepts, methodological principles and research findings to individuals with diverse technical expertise and translate findings into evidence-based practice.

i. **Supervisory Speech-Language Pathologist, GS-13.**

(1) **Experience.** In addition to the basic requirements at the GS-12 level, completion of one year of professional experience comparable to the next lower level.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience requirements, the candidate must demonstrate all of the following KSAs:

(a) Skill to translate contemporary and evidence-based speech pathology practice knowledge into clinical procedures.

(b) Skill in effective conflict resolution.

(c) Ability to analyze organizational and operational problems to develop and implement solutions.

(d) Ability to provide clinical and administrative oversight and ensure that section activities are aligned with management goals and objectives.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. Speech pathology section chiefs/supervisors at this level manage a speech-language pathology section within a larger service. Section chiefs/supervisors maintain

oversight of the section's diagnostic and rehabilitative speech pathology services. In addition, they implement policies and procedures consistent with management goals, objectives and the medical center mission. Section chiefs/supervisors set priorities and assign responsibilities to accomplish speech-language pathology section goals, ensuring proper coordination between care delivered by the section and the overall health care delivery within the facility. Section chiefs /supervisors maintain oversight for continuous performance improvement within the section. They perform supervisory duties, including initiating personnel actions, conducting performance management; planning, scheduling and assigning work; managing leave; assessing competency; appraising performance; and recommending clinical privileges or scope of practice.

j. **Supervisory Speech-Language Pathologist, GS-13.**

(1) **Experience.** In addition to the basic requirements at the GS-12 level, completion of one year of professional experience comparable to the next lower level.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience requirements, the candidate must demonstrate all of the following KSAs:

(a) Skill in applying effective management practices to direct the work of organizational units within a service.

(b) Skill in communicating established performance benchmarks to a service or equivalent organizational department.

(c) Skill in implementing continual performance improvement activities to meet performance benchmarks.

(d) Skill in conflict resolution in dealing with a diverse range of employees.

(e) Ability to analyze data to manage workload, quality, performance and productivity within the service.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. Assistant chiefs serve as assistants to the service chief, department head or person of similar organizational rank and share a full scope of delegated managerial responsibilities. Assistant chiefs perform supervision, administrative management and direction of both professional areas in a unified audiology and speech-language pathology service or a speech-language pathology service-level department. Assistant chiefs assess the qualifications and

abilities of current and prospective employees; and oversee the professional practice of peers, including recommending clinical privileges or scope of practice of clinical staff. Assistant chiefs identify and address organizational problems; set priorities; communicate assignments and objectives; advise on work methods, practices and procedures; develop performance standards and conduct performance appraisals. They analyze and use data to effectively manage resources, workload, quality, performance, productivity and access within the service. Assistant chiefs provide oversight and assistance in the training and supervision of students, trainees and fellows; and identify continuing education needs of staff.

k. **Supervisory Speech-Language Pathologist, GS-13.**

(1) **Experience.** In addition to the basic requirements at the GS-12 level, completion of one year of professional experience comparable to the next lower level.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience requirements, the candidate must demonstrate all of the following KSAs:

(a) Skill in applying budgetary, regulatory, productivity and quality standards such as those established by the Joint Commission or the Comprehensive Accreditation for Rehabilitation Facilities to guide provision of clinical services effectively.

(b) Skill in communicating service achievements, resource requirements and short and long-term plans to facility leadership.

(c) Ability to manage a diverse clinical staff in a service-level department or equivalent organization structure.

(d) Ability to align resources to achieve program goals.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. Service chiefs at this level are responsible for the management of a unified audiology/speech pathology service or equivalent organizational unit in a small to mid-size medical center. Service chiefs perform supervision, administrative management and direction of all professional areas in a multi-discipline service, ensuring they are consistent with management goals, policies and mission and aligning them with contemporary and evidence-based clinical practice. Service chiefs perform supervisory duties, including initiating personnel actions, conducting performance management; planning, scheduling and assigning work; managing leave; assessing competency;

appraising performance; and recommending clinical privileges or scope of practice. Service chiefs identify and address organizational problems, set priorities, communicate assignments and objectives; advise on work methods, practices and procedures; develop performance standards; and conduct performance appraisals. They analyze and use data to effectively manage resources, workload, quality, performance, productivity and access within the service. Service chiefs have the ultimate responsibility for the training and supervision of students, trainees and fellows and for continuing education needs of staff.

l. **Supervisory Speech-Language Pathologist, GS-14.**

(1) **Experience**. In addition to the basic requirements at the GS-13 level, completion of one year of professional experience comparable to the next lower level.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience requirements, the candidate must demonstrate all of the following KSAs:

(a) Skill to translate management goals and objectives into efficient service operations.

(b) Skill in providing clinical and administrative oversight of service operations within complex facilities and/or multiple sites.

(c) Skill in conflict resolution to facilitate positive working relationships between employees, team leaders and management.

(d) Ability to effectively collaborate with local, VISN and national leadership.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. Service chiefs at this level are responsible for managing a unified audiology and speech-language pathology service or equivalent organizational unit in a large, complex or multi-site medical center. They ensure that services provided are of high quality and are consistent with contemporary and evidence-based clinical practice. In providing direction for a specialized and complex service-level department, Service chiefs formulate objectives and priorities and implement plans consistent with the organization's long-term interest, capitalizing on opportunities and managing risks. Service chiefs must demonstrate active problem and conflict resolution skills and maintain effective interdepartmental relationships to accomplish the medical facility's mission and goals. Service chiefs manage budgets, determine resource needs, allocate resources and ensure appropriate service productivity,

efficiency and cost-effectiveness. They perform supervisory duties such as preparing personnel actions, performance management; planning, scheduling and assigning work; managing leave; assessing competencies; appraising performance; and recommending clinical privileges or scope of practice. Service chiefs ensure orientation and training programs are established for staff development and oversee academic affiliations, internship and fellowship programs.

m. **Speech-Language Pathologist, GS-14.**

(1) **Experience**. In addition to the basic requirements at the GS-13 level, completion of one year of professional experience comparable to the next lower level.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience requirements, the candidate must demonstrate all of the following KSAs:

(a) Skill in applying concepts, principles and methodology in a clinical program sufficient to serve as a recognized agency expert and program authority.

(b) Skill utilizing, evidence-based practice and clinical practice guidelines in multiple professional areas for example audiology and speech pathology and to guide the program staff in applying these tools.

(c) Skill in analyzing complex organizational problems to develop and implement effective solutions.

(d) Skill in communicating effectively with persons of divergent backgrounds, interests and points of view.

(e) Ability to serve as a consultant and liaison to local, regional or national coordinators regarding the delivery of rehabilitation care within the specialty program area.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. Speech-language pathologists at this level manage all aspects of a distinct speech-language pathology program or service at a regional, VISN or national level and are generally assigned to a national program office at VA Central Office. This assignment would include but not be specifically limited to activities such as a funded telehealth program, center of excellence, polytrauma/Traumatic Brain Injury, coordination of regional or national quality improvement programs and assists in developing educational webinars and conferences.

SLPs perform policy development and identify quality resources and specialty functions unique to the program to optimize program and patient outcomes. SLP program coordinators are knowledgeable about the facility, regional and national policies to ensure compliance. This assignment requires administrative direction and decision-making skills but does not necessarily require formal supervisory responsibility for personnel. SLPs in this role are responsible for strategic planning to ensure the provision of high-quality services meets the needs of the Veterans being served. They are also responsible for developing and implementing short and long-term goals and objectives consistent with the national program office strategic plan. Their responsibilities include operating and managing key clinical, training, research or administrative programs.

n. **Research Speech-Language Pathologist, GS-14.**

(1) **Experience**. In addition to the basic requirements at the GS-13 level, completion of one year of professional experience comparable to the next lower level.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience requirements, the candidate must demonstrate all of the following KSAs:

(a) Skill in applying advanced scientific methods in designing and executing creative and innovative research.

(b) Skill to lead a research team with diverse backgrounds, interests and points of view.

(c) Ability to manage large research budgets.

(d) Ability to evaluate the research of others in peer review or editorial settings critically.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. Research SLPs at this level are actively involved as a principal investigator or co-principal investigators in peer review VA, National Institutes of Health (NIH) or other rigorous intramural or extramural funded research programs. The research SLPs are involved in peer review activities for VHA and non-VHA research, including grant reviews for local research committees, VHA Office of Research, NIH, IRB and peer review journals. At this grade level, the research SLPs formulate and guide research on problems that may require novel approaches or sophisticated research methods for significant impact in speech-language pathology or related disciplines.

o. **Supervisory Speech-Language Pathologist, GS-15.**

(1) **Experience.** Completion of one year of professional experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience requirements, the candidate must demonstrate the KSAs identified below:

(a) Knowledge of speech, language, voice, swallowing and cognitive-communication disorders; military hearing loss and auditory system injuries and disorders; and of related statistics, population health surveillance, military medicine and health policy to guide a national program office.

(b) Skill to effectively communicate existing Federal agency policies and regulations for developing strategies and priorities for a collaborative interagency program.

(c) Skill in senior management policy development, strategic planning and priority-setting consistent with organizational goals and objectives.

(d) Skill in leading senior management officials in policy development.

(3) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. The national program director is responsible for defining objectives and providing national VA policy guidance in administering a system-wide audiology and speech-language pathology (ASP) program. The program director is responsible for analyzing and evaluating VA ASP programs, including developing plans, procedures and recommendations to ensure efficient and effective functioning of these programs related to the continuum of care. The program director works with all levels of staff within VA Central Office, VA field staff, field representatives of other Federal agencies, state and local governments and community-based organizations to identify needs and develop strategies for Veterans with, or at risk for, auditory and vestibular system injuries/disorders and speech-language pathology disorders. Serves as an information resource and advisor to senior government officials on matters of national significance. Collaborates with other disciplines' executive leads within VA, external professional associations and regulatory agencies outside VA to develop national policies and procedures for advancing ASP throughout the entire VA system. The program director serves as a resource to VA ASP programs by applying advanced knowledge of multifaceted health care delivery systems and their relationship to external review organizations, hospital and service-level operations. As a health care provider with a high

degree of demonstrated leadership, motivation, self-direction and initiative, the program director serves as an expert in clinical treatment modalities as well as administrative and clinical support systems regarding speech, language, voice, swallowing and cognitive-communication disorders and hearing loss, auditory and vestibular system injuries and disorders.

**5. DEVIATIONS.**

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the educational requirements be waived. Under no circumstances will the licensure requirements be waived, except as provided in paragraph 3.c. above.

c. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office prior to placement in the position.

**Authority:** P.L. 111-163, Caregivers and Veterans Omnibus Health Services Act of 2010, 38 U.S.C. §§ 7401, Appointments in Veterans Health Administration; 7402, Qualifications of appointees; 7403, Period of appointments; promotions; 7405, Temporary full-time appointments, part-time appointments and without-compensation appointments; 7407, Administrative provisions for §§ 7405 and 7406 appointments.]

# APPENDIX G31. AUDIOLOGIST/SPEECH-LANGUAGE PATHOLOGIST QUALIFICATION STANDARD GS-665 Veterans Health Administration

**1. COVERAGE.** The following are requirements for appointment as an audiologist/speech-language pathologist (A/S-LP) in the Veterans Health Administration (VHA). These requirements apply to all VHA A/S-LPs in the General Schedule (GS)-665 series. VHA A/S-LPs provide clinical service to veterans and other VA beneficiaries in VA medical centers, clinics, domiciliaries, nursing care facilities, community care settings, Community-Based Outpatient Clinics, Veterans Outreach Centers, Veterans Integrated Service Network (VISN) offices, and VHA Central Office. In performing these duties, VHA A/S-LPs demonstrate professional knowledge of, and skill in applying, a wide range of theories, principles, and methodology in both the practice of audiology and speech-language pathology.

[a.] Only those individuals who hold an "audiologist/speech-language pathologist" position title prior to [**March 17, 2006**] are subject to the provisions of this standard. **Initial appointments of new employees as an "audiologist/speech-language pathologist" will not be permitted.** In unusual circumstances, A/S-LPs may be appointed or re-appointed under this standard using waiver procedures. See Section 4, Paragraph 4 "Deviations," this part.

[b.] Supervisory A/S-LPs will be appointed under either the Audiologist Qualification Standard or Speech-Language Pathologist Qualification Standard. The applicable qualification standard will depend on the position and the nature of the work. In cases where a supervisory A/S-LP has administrative or managerial responsibilities over both audiology and speech-language pathology areas, the applicable standard will be determined by (1) the qualifications of the person applying for the position, (2) the predominance of work in each area, and (3) the needs of the facility.

**2. BASIC REQUIREMENTS**

a. **Citizenship.** Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

b. **Education.** A master's degree or its equivalent in audiology or hearing science from an accredited college or university; or, a master's degree, or its equivalent, in speech-language pathology, communication sciences and disorders, or a related field, from an accredited college or university. "Accredited" means a college or university [recognized] by a regional accreditation organization and an audiology or speech-language pathology program [recognized] by the Council on Academic Accreditation of the American Speech-Language-Hearing Association (ASHA).

**NOTE:** [*Effective*] January 1, 2007, the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology of the ASHA [ ] accredit[s] only doctoral degree programs in audiology or hearing science.

c. **Licensure.** For those grades that require licensure (GS-12 and above), [ ] the incumbent must hold a full, current, and unrestricted license in both [disciplinces] in a State, Territory, Commonwealth, or the District of Columbia. [ ]

(1) The A/S-LP must maintain full, current, and unrestricted licensure/registration.

[**NOTE**: *All A/S-LPs who perform compensation and pension (C&P) examinations are considered to be performing direct patient care duties, and must possess a full, current, and unrestricted license to practice A/S-LP (38 CFR 4.85).*]

(2) An A/S-LP who has, or has ever had, his/her audiology and/or speech pathology license revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status may be appointed only in accordance with the provisions in Chapter 3, section B, paragraph 16 of this part.

[ ]

[(3)] **Loss of Credential.** An employee in this occupation who fails to obtain licensure/certification/ registration within the required time frame, or who fails to maintain the required licensure/certification/ registration must be removed from the occupation, which may also result in termination of employment.

[ ]

[(4)] The requirement for licensure may be waived by the Under Secretary for Health or designee in VHA Central Office for individuals engaged in research or academic assignments involving no direct patient care duties, in accordance with current activities.

d. **Grandfathering Provision.** [ ] All [A/S-LPs] employed in VHA in this occupation on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education and licensure/certification/registration that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply]:

[ ]

[(1)] Such employees [ ] may be reassigned, promoted up to and including the full performance (journey) level, or [changed to lower grade] demoted within the occupation, but <u>may not</u> be promoted beyond the journey level or placed in supervisory or managerial positions.

[ ]

[(2)] Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

[(3)] Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

[(4)] If an employee who was retained in an occupation listed in 38 U.S.C. § 7401(3) under this provision leaves that occupation, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

e. **Physical Requirements.** See VA Directive and Handbook 5019.

f. **English Language Proficiency.** A/S-LPs must be proficient in spoken and written English in accordance with chapter 2, section D, paragraph 5a, this part.

**3. GRADE REQUIREMENTS**

a. **Creditable Experience**

[(1)] **Knowledge of Contemporary Professional Audiology and Speech-Language Pathology Practices.** To be creditable, the experience must have required the use of knowledge, skills, abilities and other characteristics associated with contemporary professional audiology and speech-language pathology practice. This knowledge may be evidenced by one or more of the following:

[(a)]. At least 1 year of active professional practice or its equivalent. Active professional practice means paid or non-paid employment as a professional audiologist and speech-language pathologist engaged in the practice of audiology and speech-language pathology as defined by the appropriate licensing boards.

[(b)]. Academic course work leading to a doctoral degree in audiology, speech-language pathology, or directly related fields.

[(2)] **Quality of Experience.** Experience is creditable if it is both of the following:

[(a)]. Work as a professional audiologist and speech-language pathologist related to the position to be filled; and

[(b)]. The work is at a level comparable to audiology and speech-language pathology experience at the next lower grade level.

[(3)] **Part-Time Experience.** Part-time experience as a professional A/S-LP is credited according to its relationship to the full-time workweek. For example, an A/S-LP employed 20 hours a week, or on a 1/2-time basis, would receive 1 full-time work week of credit for each 2 weeks of service.

b. **Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining grades.

(1) **GS-9**

(a) **Education and Experience.** None beyond the basic requirements.

(b) **Assignment.** Employees at this level serve in A/S-LP career development positions.

(2) **GS-11**

(a) **Education and Experience.** Completion of 1 year of professional experience as an A/S-LP equivalent to the next lower level; or 3 years of progressively higher level graduate education leading to a doctoral degree; or a doctoral degree in audiology or speech-language pathology, communication sciences and disorders, or a related field. For positions involved in research A/S-LP assignments involving no direct patient care, no additional education or professional experience is required beyond those identified at the GS-9 level. In addition, the candidate must demonstrate the [knowledge, skills and abilities (KSAs) identified for the assignment].

(b) **Assignments.** A/S-LPs at this grade level may be appointed to one of the following assignments:

1. **Staff Audiologist/Speech Language Pathologist.** Staff A/S-LPs at this grade level perform clinical assessment and treatment intervention. If unlicensed in either field, the individual must function under the supervision of a licensed A/S-LP, audiologist, or speech-language pathologist. If licensed in one field only, the A/S-LP must be supervised by a licensed A/S-LP or licensed audiologist or speech-language pathologist depending on the unlicensed specialty. [The following KSAs are required:

a.] Knowledge of contemporary audiology and speech-language pathology practice;

[b.] Ability to communicate orally and in writing;

[c.] Ability to communicate information effectively to patients, families, and other health care professionals;

[d.] Knowledge of the principles and techniques in the assessment and treatment of auditory and balance disorders and the diagnosis and treatment of dysphagia;

[e.] Knowledge of, and ability to develop and implement, comprehensive treatment plans; and

[f.] Ability to function as a constructive member of a team.

2. **Research Audiologist/Speech-Language Pathologist.** Research A/S-LPs at this grade level serve as research assistants [conducting] research under the direct supervision of principal investigators or co-principal investigators of higher grade level. [In addition to the KSAs in subparagraph 1. above, the following KSAs are required:

a.] Knowledge of, and ability to apply, appropriate basic scientific methods, basic research design, and statistics;

[b.] Ability to communicate orally and in writing; and

[c.] Knowledge of anatomy, physiology, acoustics, speech, language, voice, swallowing, communication, psychoacoustics, and auditory/vestibular pathophysiology, and project-specific knowledge of clinical and research literature.

(3) **GS-12**

[(a)] **Licensure.** [T]he incumbent must hold a full, current, and unrestricted license in both areas in a State, Territory, Commonwealth, or the District of Columbia. [ ]

(b) **Education and Experience.** [C]ompletion of 1 year of professional experience comparable to the next lower level and possession of a full, current, and unrestricted license to practice both audiology and speech-language pathology. For positions involved in research audiology/speech-language pathology assignments involving no direct patient care, completion of a doctoral degree in audiology, speech-language pathology, communication, hearing science, or a related field is fully qualifying. In addition, the candidate must demonstrate the [KSAs identified for the assignment].

(c) **Assignments.** A/S-LPs at this grade level are considered to be at the full performance level and may be appointed to one of the following assignments:

1. **Staff Audiologist/Speech-Language Pathologist.** Staff A/S-LPs at this grade level must demonstrate professional knowledge of, and skill in applying, a wide range of theories, principles, and methodology of the practices of both audiology and speech-language pathology to a wide range of populations. [Individuals may perform ancillary assignments, including program management duties on an occasional basis, where the complexity and amount of work is not substantial (less than 25% of the time). The following KSAs are required:

a.] Ability to develop coherent treatment strategies;

[b.] Ability to incorporate new clinical procedures sufficiently to perform clinical services independently;

[c.] Ability to conduct assessments, provide treatment interventions; and provide consultation to other health care professionals;

[d.] Knowledge of contemporary audiology and speech-language pathology practices; and

[e.] Ability to perform functions associated with contemporary audiology and speech-language pathology scope of practice.

2. **Research Audiologist/Speech-Language Pathologist.** Research A/S-LPs at this grade level assist principal investigators or co-principal investigators in peer reviewed VA, National Institutes of Health (NIH), or comparably rigorous intramural or extramurally funded research programs and may serve as investigators on small or unfunded projects of limited complexity or scope. At this grade level, research A/S-LPs have responsibility for conducting research under the general administrative direction of principal investigators or co-principal investigators of higher grade levels. Research A/S-LPs at this grade level may have authored one or more publications, or presented research findings at a national meeting; and may have earned an academic appointment at an affiliated medical school or local university, usually at the rank of instructor, lecturer, or equivalent. [In addition to the KSAs in subparagraph 1. above, the following KSAs are required:

a] Ability to execute research independently;

[b.] Knowledge of clinical and research literature;

[c.] Knowledge of the principles and techniques in the assessment and treatment of auditory and balance disorders, and communication and swallowing disorders; and

[d.] Knowledge of anatomy, physiology, language, voice, swallowing, acoustics, applied acoustics, communication, neuroscience and auditory/vestibular pathophysiology.

[e.] **Ancillary Assignments.** Individuals may perform program management duties on an occasional basis, where the complexity and amount of work is not substantial enough to qualify for the GS-13 level.

[(4)] **GS-13**

[a] **Licensure.** [T]he incumbent must hold a full, current, and unrestricted license in both areas in a State, Territory, Commonwealth, or the District of Columbia. [ ]

(b) **Education and Experience.** Completion of 1 year of professional experience equivalent to the next lower grade level directly related to the position being filled, and must fully meet the KSAs at that level. In addition, the candidate must demonstrate the following professional KSAs and demonstrate the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. A/S-LPs at this grade level may be appointed to one of the following assignments:

1. **Audiologist/Speech-Language Pathologist Team Leader.** A/S-LP clinical team leaders are responsible to program or service managers for ensuring that the work assignments of the other members of the clinical team are carried out by performing a range of duties such as distributing and balancing workload among employees in accordance with established work flow or job specialization; assuring timely accomplishment of the assigned workload; assessing the status, quality, and progress of work; making day-to-day adjustments in accordance with established priorities; obtaining assistance from supervisors or managers on problems that arise. Team leaders exercise authority that is routine or technical in nature but does not require the consistent exercise of independent judgment. . [The following KSAs are required:

a.] Knowledge of contemporary audiology and speech-language pathology practice;

[b.] Ability to articulate and communicate to the clinical team the assignment, project, problem to be solved, actionable events, and objectives, as well as advise on work methods, practices and procedures;

[c.] Ability to coach the clinical team in the selection and application of appropriate problem solving methods and techniques;

*[d.] Ability to monitor and report on the status and progress of work; evaluate program quality to ensure that methods, deadlines and quality have been met; and make adjustments to accomplish the workload in accordance with established priorities; and

*[e.] Ability to serve as coach, facilitator and/or negotiator in coordinating team initiatives and consensus building activities among clinical team members with widely divergent backgrounds, interests, and points of view.

2. **Research Audiologist/Speech-Language Pathologist.** Research A/S-LPs at this grade level are actively involved as principal investigators or co-principal investigators in peer reviewed VA, NIH, or comparably rigorous intramural or extramurally funded research programs. At this grade level, research A/S-LPs have responsibility for formulating or conducting research on problems of considerable scope and complexity. Research A/S-LPs at this grade level work with substantial freedom in identifying, defining, and selecting problems for study. At this grade level, research A/S-LPs are mature, competent, and productive workers. They have typically authored one or more publications of considerable interest in the peer-reviewed literature; demonstrated a consistent record of presentation of findings at national scientific meetings; may have earned an academic appointment at the affiliated medical school or local university, usually at the rank of assistant professor or equivalent; and have responsibility for funded research projects. [The following KSAs are required:

a.] Knowledge of, and ability to apply, advanced scientific methods in the design and execution of creative and innovative research;

[b.] Ability to convey scientific concepts and methodological principles to individuals with diverse levels of technical expertise;

[c.] Ability to apply advanced theories and techniques; and

[d.] Advanced knowledge of contemporary audiology and speech-language pathology practice and related disciplines.

(5) **GS-14**

[(a)] **Licensure** [T]he incumbent must hold a full, current, and unrestricted license in both areas in a State, Territory, Commonwealth, or the District of Columbia. [ ]

(b) **Education and Experience.** Completion of 1 year of professional experience equivalent to the next lower grade level directly related to the position being filled, and must fully meet the KSAs at that level. In addition, the candidate must demonstrate the following professional KSAs and demonstrate the potential to acquire the assignment specific KSAs designated by an asterisk (*):

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. A/S-LPs at this grade level may only be appointed to research assignments.

1. **Research Audiologist/Speech-Language Pathologist.** At this grade level, research A/S-LPs are actively involved as principal investigators or co-principal investigators in peer reviewed VA, NIH, or comparably rigorous intramural or extramurally funded research programs. They are involved in peer review activities for VA and non-VA research, e.g., grant review for VA or NIH proposals, local research service committees, e.g., Research and Development (R&D), Health Services Research and Development (HSR&D), Institutional Review Board (IRB), etc.; or serve as consulting editors for peer-reviewed journals. At this grade level, research A/S-LPs have responsibility for formulating and guiding research on problems that are difficult to define or require unconventional or novel approaches, or sophisticated research methods. Research A/S-LPs at this grade level have achieved significant professional recognition by making scientific contributions to research with potential for significant impact in audiology, hearing science, speech-language pathology, or related disciplines. They have typically authored one or more publications of considerable interest and value to the field in the peer-reviewed professional literature; have a consistent record of presentation of findings at national scientific meetings; may have earned an academic appointment at an affiliated medical school or local university, usually at the rank of associate professor or equivalent; and have responsibility for funded research projects. [The following KSAs are required:

a.] Knowledge of, and ability to apply, advanced scientific methods in the design and execution of highly creative, innovative, or complex research;

[b.] Ability to lead and motivate a research team with diverse backgrounds, research interests, and points of view;

*[c.] Ability to manage large research budgets;

[d.] Knowledge of, and ability to evaluate critically, the research of others in peer review or editorial settings;

[e.] Ability to convey scientific concepts and methodological principles to individuals with diverse levels of technical expertise;

[f.] Ability to apply advanced theories and techniques, demonstrating exceptional depth of knowledge of clinical research literature;

[g.] Advanced knowledge of contemporary audiology and speech-language practice and related disciplines;

[h.] Advanced knowledge of anatomy, physiology, physiology of speech, acoustics, applied acoustics, communication, neuroscience, psychoacoustics, auditory/vestibular pathophysiology, language, voice, swallowing, and neuroanatomy;

[i.] Advanced knowledge of normal and abnormal auditory and balance function; and

[j.] Advanced knowledge of normal and abnormal communication and swallowing function.

**4. DEVIATIONS**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for A/S-LPs in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the educational or licensure requirements be waived, except as provided in paragraph 2c.

c. The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. §§ 7402, 7403.**

# [APPENDIX G32. ORTHOTIST/PROSTHETIST QUALIFICATION STANDARD GS-667 Veterans Health Administration

**1. COVERAGE.** The following are requirements for appointment as an orthotist, prosthetist, or orthotist/prosthetist in the Veterans Health Administration (VHA). The 667 series includes positions that administer, supervise, or perform work involving designing, fabricating, or fitting orthotic or prosthetic devices to preserve or restore function to patients with disabling conditions of the limbs and spine, or with partial or total absence of limbs.

a. The work requires:

(1) Knowledge of anatomy, physiology, body mechanics, the application and function of orthoses and/or prostheses, and of the materials and technology available for use in, and fabrication of, such devices;

(2) Skill in the use of tools, materials, and specialized equipment; and

(3) The ability to deal effectively with patients and their problems and to work with other members of the medical team.

b. Included in this series is such work as:

(1) Planning, developing, and directing an orthotics and prosthetics program at the national, Veterans Integrated Service Network (VISN), or local level;

(2) Serving as an integral member of the professional team providing advice to physicians with regard to development of a treatment plan, selection and prescription of devices, and furnishing information concerning such matters as new developments in the fields of orthotics and prosthetics; and

(3) Assisting in, or leading, research and investigative studies such as those of experimental materials, microprocessor based components, myoelectric components, and emerging technologies.

c. The administrative aspects of the work require an understanding of statistical information and principles, budget development and management, vendor evaluation, human resources, inventory management, the National Prosthetic Patient Database, Decision Support System, a knowledge of the Prosthetic National Software package, and knowledge of accreditation and certification requirements for orthotic and prosthetic laboratories and staff.

**2. BASIC REQUIREMENTS**

a. **Citizenship**. Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

b. **Education**

(1) A bachelor's degree or higher in orthotics and prosthetics from a Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited program.

OR,

(2) A bachelor's degree or higher in any major along with a post-graduate orthotics or prosthetics certificate from a CAAHEP accredited program.

c. **Foreign Graduates.** Graduates of foreign degree programs must have proof of a minimum of a Bachelor's degree from an accredited college or university (or foreign equivalent, as verified through an independent credential evaluation company), with a specialization in orthotics and prosthetics.

d. **Board Certification.** Candidates must be board certified by the American Board for Certification in Orthotics and Prosthetics (ABC) or the Board for Orthotist/Prosthetist Certification (BOC) as an orthotist, prosthetist, or orthotist/prosthetist. The board certificate must be current and the applicant must abide by the certifying body's requirements for continuing education. Certification as a technician, pedorthist, assistant or fitter does not meet this requirement.

e. **Loss of Credential.** An employee in this occupation who fails to maintain the required certification must be removed from the occupation which may result in termination of employment. At the discretion of the appointing official, an employee may be reassigned to another occupation for which he/she qualifies if a placement opportunity exists.

f. **Grandfathering Provision.** Orthotists, prosthetists, or orthotist/prosthetists employed in VHA in this occupation on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education and certification that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Orthotists, prosthetists, or orthotist/prosthetists that do not meet the basic requirements for education and certification may be reassigned, promoted up to and including the full performance (journey) level, or demoted within the occupation, but may not be promoted beyond the journey level or placed in supervisory or managerial positions.

(2) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) Employees initially grandfathered into this occupation who subsequently obtain additional education and/or certification that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

(4) If an employee who was retained under this provision leaves the occupation, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

f. **Physical Requirements.** See VA Directive and Handbook 5019.

g. **English Language Proficiency.** Orthotists, prosthetists, or orthotist/prosthetists must be proficient in spoken and written as required by 38 U.S.C. 7402(d).

## 3. GRADE REQUIREMENTS

a. **Creditable Experience**

(1) **Knowledge of Current Orthotist/Prosthetist Practices.** To be creditable, the experience must have demonstrated the use of knowledge, skills, and abilities associated with current professional orthotic and/or prosthetic professional practice.

(2) **Quality of Experience.** The experience must be post-degree, from an accredited training program and include work as a professional orthotist/prosthetist directly related to the position to be filled. Experience satisfying this requirement may be paid or non-paid employment. For all assignments above the full performance level, the higher level duties must consist of significantly larger scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

(3) **Part-Time Experience.** Part-time experience as a professional orthotist/prosthetist is creditable according to its relationship to the full-time workweek. For example, an orthotist/prosthetist would receive 1 week of full-time credit for each 2 weeks of half-time work.

b. **Titles.** For purposes of this qualification standard the reference "orthotist/prosthetist" is intended to mean orthotist, prosthetist, or orthotist/prosthetist.

(1) **Orthotist.** An allied health professional specifically trained to provide or manage the provision of a custom designed, fabricated, modified, and fitted orthosis based upon independent or consultative clinical assessment of the patient's unique needs and desires, as well as their expectations pursuant to a physician's prescription.

(2) **Prosthetist.** An allied health professional specifically trained to provide or manage the provision of a custom designed, fabricated, modified, and fitted prosthesis based upon independent or consultative clinical assessment of the patient's unique needs and desires, as well as their expectations and pursuant to a physician's prescription.

(3) **Orthotist/Prosthetist.** An allied health professional specifically trained to provide or manage the provision of custom designed, fabricated, modified and fitted orthoses <u>and</u> prostheses based upon the independent or consultative clinical assessment of the patient's unique needs and desires, as well as their expectations and pursuant to a physician's prescription.

c. **Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.

(1) **GS-5 (Entry Level)**

(a) **Experience.** None beyond the basic requirements.

(b) **Assignment.** Assignments at this grade level are entry level trainee in nature where the individual receives developmental assignments designed to build upon the base knowledge, skills, and abilities. The orthotist/prosthetist at this level receives training and instruction to develop proficiency in essential occupational tasks such as taking measurements, patient communication, and fabrication and fitting of simple appliances. The work is performed under close supervision.

(2) **GS-7**

(a) **Experience.** One year of creditable experience as an orthotist/prosthetist equivalent to the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Knowledge of medical terminology, anatomy, physiology, biomechanics, kinesiology, physics, and etiology of diseases.

2. Knowledge of psychology and age-related competency.

3. Knowledge of materials science including materials such as plastics, composites, metals, and leather commonly used in fabrication.

4. Ability to use hand and power tools in the fabrication of devices.

5. Ability to communicate orally and in writing.

(c) **Assignment.** Assignments at this grade level represent a developmental level where the individual continues developing the more complex knowledge, skills, and abilities to prepare for substantially independent functioning at the GS-9 grade level. The work includes consultation with the physician, therapist, and/or senior orthotist/prosthetist staff members to obtain and understand the prescription; taking measurements for fabrication and fitting for common disability levels including orthoses for the trunk and cervical spine, leg braces, and prostheses for short or long stumps; and fabrication and fitting of those appliances. Supervision is close for developmental assignments and more general in nature for assignments for which the individual has demonstrated competency. The supervisor is present at final fittings.

(3) **GS-9**

(a) **Education.** Education equivalent to 2 full years of progressively higher level graduate education or master's or equivalent graduate degree in orthotics and/or prosthetics, provided the applicant's total background demonstrates the core competencies for GS-9 level assignment.

**OR,**

(b) **Experience.** Completion of 1 year of experience equivalent to the next lower grade level which demonstrates possession of the knowledge, skills, and abilities needed to provide orthotic/prosthetic services in a hospital setting.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the education or experience above, the candidate must demonstrate the following KSAs:

1. Ability to attend clinics and participate as a member of the treatment team. This includes knowledge of medical terminology, anatomy, physiology, biomechanics, kinesiology, physics, and etiology of diseases as well as knowledge of psychology and age-related competencies.

2. Knowledge of the Healthcare Common Procedure Coding System (HCPCS).

3. Ability to conduct clinical patient analyses such as gait, range of motion, life style, etc., for patients with complex but typical conditions.

4. Ability to take necessary measurements, casts, or scans to develop positive molds of the affected area of the body to create orthoses and/or prostheses.

(d) **Assignments.** Employees at this level perform a broad range of orthotic and prosthetic services designing custom devices using standard components to optimize patient performance for difficult and complex but typical conditions. Assignments include clinic attendance to provide information on standard and stock items which are readily available. The work involves identification of the biomechanical condition; explaining procedures to patients to reduce anxiety and gain support and cooperation; detailed patient assessment including conducting gait analysis, range of motion, coordination and balance, and motor skills; interviewing patients for lifestyle assessments; taking necessary measurements, casts, or scans to develop positive molds; recognizing physical abnormalities, deviations, and complicating conditions; fabricating, fitting, and evaluating these custom devices; and maintenance of the patient's record. The work may include use of Computer Assisted Design/Computer Assisted Manufacturing (CAD/CAM) systems.

(4) **GS-11 (Full Performance Level)**

(a) **Experience.** Completion of 1 year of experience as an orthotist/prosthetist equivalent to the next lower grade level that demonstrates possession of the knowledge, skills, and abilities needed to provide orthotic/prosthetic services in a hospital setting.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Ability to attend clinics and participate as a fully participating member of the treatment team with considerable influence in the development of the treatment plan. This includes advanced knowledge of medical terminology, anatomy, physiology, biomechanics, kinesiology, physics, and etiology of diseases as well as knowledge of psychology and age related competencies.

2. Ability to conduct clinical patient analyses such as gait, range of motion, life style, etc., for patients with a wide range of complex medical conditions which include unusual problems or complications, and to design unique or innovative devices to accommodate those conditions.

3. Ability to recognize physical abnormalities, deviations, and complicating conditions with potentially life threatening implications.

(c) **Assignments.** This is considered to be the full performance level. The orthotist/prosthetist communicates and interacts with physicians, allied health professionals, patients, and caregivers in various interdisciplinary clinical settings, rehabilitation medicine, orthopedics, neurosurgery, vascular care, podiatry, oncology, etc., as a subject matter expert to develop the orthotic and/or prosthetic treatment plan. The work includes complex patient analyses in accordance with established procedures for patients with unusual conditions, multiple complex conditions, interrelated conditions, etc.; assessment of the patient for indications/contra-indications and discussion of the assessment with the physician/requesting provider for the purpose of developing the overall treatment plan with considerable influence in the development of that plan; consideration of new and emerging technologies in designing unique or innovative devices to accommodate or treat a wide range of complex medical conditions which include unusual problems or complications. The orthotist/prosthetist at this level is expected to recognize physical abnormalities, deviations, and complicating conditions with potentially life threatening implications.

(5) **GS-12**

(a) **Experience.** Completion of 1 year of experience equivalent to the next lower grade level as an orthotist/prosthetist functioning as a full member of the clinical team which includes significant involvement in treatment plan development for the most complex types of conditions.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSA and demonstrate the potential to acquire the assignment-specific KSAs designated by an asterisk (*):

1. Knowledge of regulatory requirements established by the ABC, BOC, the National Committee for Orthotic/Prosthetic Education (NCOPE), the International Association of Orthotists and Prosthetists (IAOP), the American Academy of Orthotists and Prosthetists (AAOP), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), etc.

*2. Knowledge of administrative functions including budget development and management, inventory management, space and workload planning, as well as knowledge of the National Prosthetic Patient Database (NPPD), knowledge of the Prosthetic National Software (PNS) package, Decision Support System (DSS), and knowledge of accreditation requirements for orthotic and prosthetic laboratories and certification requirements for individuals.

*3. Ability to analyze data and provide reports using CPRS, Vista, DSS, HCPCS codes and other patient database information.

*4. Ability to provide training to orthotists/prosthetists in new technologies and innovations in devices.

*5. Ability to manage and supervise employees. (To be used if the assignment is supervisory in nature.)

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety and be performed by the incumbent at least 25% of the time. Candidates at this grade level are in one of the following assignments:

1. **Advanced Practitioner.** The orthotist/prosthetist assignment at this level is intended for smaller, independent laboratories. In addition to functions typical of the GS-11 grade level, the assignment involves responsibility for assuring the accreditation of the laboratory, regulation compliance, and a variety of administrative duties such as developing a budget; managing inventory and resources; overseeing contract employees; planning the orthotics and prosthetics clinical schedule; conducting site surveys of commercial vendors; devising short and long range goals in accordance with local, VISN, and VHA Central Office direction; and conducting quality assurance activities; etc. The orthotist/prosthetist communicates and interacts with physicians, allied health professionals, patients, and caregivers in various interdisciplinary clinical settings, rehabilitation medicine, orthopedics, neurosurgery, vascular care, podiatry, oncology, etc., as a subject matter expert to develop the orthotic and/or prosthetic treatment plan. The work includes complex patient analyses in accordance with established procedures for patients with unusual conditions, multiple complex conditions, interrelated conditions, etc.; assessment of the patient for indications/contra-indications and discussion of the assessment with the physician/requesting provider for the purpose of developing the overall treatment plan with considerable influence in the development of that plan; consideration of new and emerging technologies in designing unique or innovative devices to accommodate or treat a wide range of complex medical conditions which include unusual problems or complications. The orthotist/prosthetist at this level is expected to recognize physical abnormalities, deviations, and complicating conditions with potentially life threatening implications.

2. **Supervisory Orthotist/Prosthetist.** The orthotist/prosthetist at this level serves as supervisor of an orthotics/prosthetics laboratory assessing, planning, and evaluating the orthotic/prosthetic program at the facility level to ensure proper coordination between the delivery of orthotic/prosthetic services and the overall delivery of health care. Responsibilities include assuring the accreditation of the laboratory, regulatory compliance, and a variety of administrative duties such as developing a budget, managing inventory and resources, overseeing contract employees, supervising assigned staff, etc. The assignment includes performance of the full range of supervisory duties. This includes responsibility for assignment of duties; development of performance standards and performance evaluations; and recommendations for appointment, awards, advancement, and when appropriate, disciplinary action; etc. At this level, the orthotist/prosthetist serves as a consultant within orthotic and prosthetic treatment service and with other facility health care staff in evaluating health care delivery to patients.

(6) **GS-13**

(a) **Experience.** Completion of 1 year of experience equivalent to the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSA and demonstrate the potential to acquire the assignment-specific KSAs designated by an asterisk (*):

1. Knowledge of regulatory requirements established by ABC, BOC, NCOPE, IAOP, AAOP, JCAHO, Centers for Medicare and Medicaid Services (CMMS), Occupational Safety and Health Administration (OSHA), etc., in order to provide advice to VISN management of the implementation of those requirements.

*2. Knowledge of administrative functions including budget development and management, inventory management, space and workload planning, as well as knowledge of the National Prosthetic Patient Database, a knowledge of the Prosthetic National Software package, CPRS, DSS and knowledge of accreditation requirements for orthotic and prosthetic laboratories and knowledge of certification requirements for clinical staff in order to develop VISN guidelines and policies, allocate resources within the VISN, and project future workload for the VISN.

*3. Ability to analyze data and provide reports using HCPC codes and other patient database information from VISN orthotic and prosthetic laboratories and to provide such reports to VISN management.

*4. Ability to serve as a consultant to orthotists/prosthetists within the VISN on emerging technologies, the most difficult and complex cases, changes in policy, etc.

*5. Ability to supervise. (To be used if the assignment is supervisory in nature.)

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Candidates at this grade level are in one of the following assignments:

1. **Advanced Practitioner.** Non-supervisory orthotists/prosthetists at this level would be rare; however, in some cases may be justified. The assignment must represent a substantial increase in responsibility over assignments at the GS-12 grade level. An example of an assignment that may possibly warrant this grade level is functioning as a VISN resource/consultant for orthotics andprosthetics and manager of a clinical fabrication facility. The orthotist/prosthetist serves as a referral source for questions from satellite facilities.

2. **Supervisory Orthotist/Prosthetist.** The orthotist/prosthetist at this level serves as the supervisor and laboratory manager for large laboratories or multiple satellite laboratories. In addition to the responsibilities described at the GS-12 level, this assignment includes serving as a VISN

resource/consultant for orthotics and prosthetics; performing or overseeing testing and evaluation of design concepts; overseeing and evaluating contract orthotics and prosthetics vendors.

(7) **GS-14 VHA Central Office National Clinical Manager/ National Director**

(a) **Experience.** Completion of 1 year of experience equivalent to the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs and demonstrate the potential to acquire the assignment-specific KSAs designated by an asterisk (*):

*1. Ability to manage and supervise prosthetic and orthotic laboratories, conduct site visits, and review the functional level of each lab.

2. Knowledge of ABC, BOC, OSHA, and JCAHO standards and Prosthetic and Sensory Aids Service policies and ability to apply these in the daily operations of orthotic and prosthetic laboratories.

*3. Ability to provide training in new technologies involving CAD/CAM systems and devices such as computerized foot orthoses, myoelectric prostheses, and energy storing components, neuro and brain machine interface systems.

4. Ability to apply knowledge of the theories and principles used in orthotics and prosthetics to teach custom design and fabrication of devices that are innovative, complex, and/or unusual in nature.

*5. Ability to function as a team member or leader with orthotists, prosthetists, and other professionals on committees to review local and national agenda items and to make recommendations based on the review.

6. Ability to develop reports and present at the national level to VHA leadership, Congressional members, and organizations such as AAOP, AOPA, and VSOs.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. The national clinical manager/national director is responsible for the planning, development, and implementation of a VHA nationwide delivery system for orthotic/prosthetic appliances; and related services. The assignment involves establishing performance standards for VA orthotic and prosthetic laboratories; assessment of VA orthotist/prosthetist certification; accreditation of VA orthotic/prosthetic laboratories; establishing and implementing an educational plan for clinical and technical orthotic and prosthetic laboratories staff; representing the VA as a liaison to Center for Medicare and Medicaid Services; establishing uniform competency assessment procedures for VA orthotic and prosthetic laboratories; developing and monitoring orthotic/prosthetic resident NCOPE accreditation and university preceptorship programs; establishing and implementing a communication system for clinical staff; and acting as a VA orthotic and prosthetic laboratory representative on prosthetic clinical management workgroups.

**4. DEVIATIONS**

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance, and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the certification or education requirements be waived.

c. The placement of individuals in grade levels or assignments not described in this standard may only be approved by the Under Secretary for Health, or designee, in VHA Central Office prior to placement in the position.

**Authority: 38 U.S.C. §§ 7402, 7403**]

# APPENDIX G33. MEDICAL RECORD[S] ADMINISTRATOR/MEDICAL RECORDS ADMINISTRATION SPECIALIST QUALIFICATION STANDARD GS- [0]669 Veterans Health Administration

1. **COVERAGE**. The following are the requirements for appointment as a [Medical Records Administration Specialist (MRAS) and] Medical Records Administrator (MRA) (collectively referred to as "MRA" or "the occupation") in the Veterans Health Administration (VHA). These requirements apply to all VHA MRAs in the General Schedule (GS)- [0669] series. [ ] MRAs in VHA perform or supervise work concerned with the management of a [health] record program or the provision of services related to medical record administration/health information services. [MRAs] manage, preserve, analyze, and supervise the use of diagnostic and therapeutic [health] records/health information management. They develop policies and procedures and provide advice on the use of [health] records and health information management. [ ] [Excluded from the GS-0669 qualification standard] are positions [such] as [privacy,] compliance, [records manager, medical records technician ((MRT) (Release of Information)), MRT (Health Information Technician), MRT (Coder), clinical documentation improvement specialist, MRT (Cancer Registrar),] or [other occupations which have their own qualification standard.] In the health care community, MRAs are generally referred to as "health information managers [(HIM) or health information management specialists] [(HIMS),"] and [these terms are] considered to be synonymous where stated in this qualification standard.

**[2. DEFINITIONS.**

a. **Coding Certification.** Mastery certification obtained through the American Health Information Management Association (AHIMA) or the American Association of Professional Coders (AAPC). To be acceptable for qualification, the specific certification must represent a comprehensive competency in the occupation. Stand-alone specialty certifications do not meet the definition of mastery level coding certification and are not acceptable for qualifications. Certification titles may change and certifications that meet the definition of mastery level coding certification may be added/removed by the above certifying bodies; however, current mastery level coding certifications include: Certified Coding Specialist (CCS), Certified Coding Specialist (CCS) – Physician-based (CCS-P), Certified Professional Coder (CPC), Certified Outpatient Coder (COC), and Certified Inpatient Coder (CIC).

b. **Creditable Experience.** Experience is only creditable if it is in health information management and is directly related to the position to be filled. To be creditable, the candidate's experience must have demonstrated the use of knowledge, skills, and abilities associated with current practice. Experience satisfying this requirement must be active practice, which is paid/non-paid employment as an MRT/MRA or related field such as medical coding, qualitative and quantitative health record analysis, Health Insurance Portability & Accountability Act privacy and release of information, or preparation, maintenance, and management of health records.

c. **Health Data Analyst Certification.** This is limited to certification obtained through AHIMA. To be acceptable for qualifications, the specific certification must certify mastery in health data analysis. Certification titles may change and certifications that meet the definition of health data analyst certification may be added/removed by the above certifying body; however, current health data analyst certification includes Certified Health Data Analyst (CHDA).

d. **Health Information Management (HIM) Certification.** Higher-level health information management certification is limited to certification obtained through AHIMA. To be acceptable for qualifications, the specific certification must represent a comprehensive competency in the occupation. Certification titles may change and certifications that meet the definition of HIM certification may be added/removed by the above certifying body; however, current HIM certifications include Registered Health Information Technician (RHIT) and Registered Health Information Administrator (RHIA).

e. **Journey Level.** The full performance level for this qualification standard is non-supervisory GS-11 grade level.

f. **Part-Time Experience.** Part-time experience as a professional MRA is creditable according to its relationship to the full-time workweek. For example, an MRA would receive one week of full-time credit for each two weeks of half-time work.

g. **Quality of Experience.** To be creditable, experience must be documented on the application or resume and verified in an employment reference, or through other independent means.]

**[3.] BASIC REQUIREMENTS.**

a. **Citizenship**. [Candidates must be a citizen] of the United States. Non-citizens may be appointed when it is not possible to recruit qualified candidates in accordance with 38 U.S.C. § 7407(a).

b. **Education or Experience:**

(1) **Experience.** Three years of [creditable] experience in the field of medical records that included the preparation, maintenance, and management of [health] records and health information systems [demonstrating a knowledge of medical terminology,] medical records [procedures, medical coding, or medical, administrative, and legal requirements of health care delivery] systems.

OR,

(2) **Education.** [Successful completion of a bachelor's degree or higher from an accredited college or university [recognized by the U.S. Department of Education, with a major field of study in health information management, or a related degree

with a minimum of 24 semester hours in health information management or health information technology.]

OR,

(3) **Experience/Education Combination**. Equivalent combinations of [creditable] experience and education that equals 100 percent may be used to meet basic requirements. [For example, two years above high school from an accredited college or university, with 12 semester hours in health information technology/health information management, plus one year and six months of creditable experience that included the preparation, maintenance, and management of health records and health information systems meets an equivalent combination.

c. **Certification.** Persons hired or reassigned to MRA positions in the GS-0669 series in VHA must meet one of the following:

(1) Coding Certification through AHIMA or AAPC.

**NOTE.** See paragraph 2a above for a detailed definition of Coding Certification.

OR,

(2) HIM Certification through AHIMA.

**NOTE.** See paragraph 2d above for a detailed definition of HIM Certification.

OR,

(3) Health Data Analyst Certification through AHIMA.

**NOTE.** See paragraph 2c above for a detailed definition of Health Data Analyst Certification.

**NOTE.** HIMs Certification is required for all positions above the full performance level.

d. **Loss of Credential.** Following initial certification, credentials must be maintained through rigorous continuing education, ensuring the highest level of competency for employers and patients. An employee in this occupation who fails to maintain the required certification must be removed from the occupation which may result in termination of employment. At the discretion of the appointing official, an employee may be reassigned to another occupation for which he/she qualifies, if a placement opportunity exists.

e. **Grandfathering Provision.**] [ ] All persons employed in VHA [as an MRA] are considered to have met all qualification requirements for the title, series, and grade held, including positive education, and [registration and/or] certification [ ] that are part

of the basic requirements of the occupation. For employees who do not meet all the basic requirements [ ] in this standard, but who met the qualifications applicable to the position at the time they were appointed [ ], the following provisions apply:

[(1)] Such employees [ ] may be reassigned, promoted up to, and including, the full performance ([journeyman]) level, or [changed to lower grade] within the occupation, but may not be promoted beyond the [journeyman] level or placed in supervisory or managerial positions.

[(2)] Employees who [were] appointed on a temporary basis, prior to the effective date of the qualification standard, may not have their temporary appointment extended or be reappointed on a temporary or permanent basis until they fully meet the basic requirements of the standard.

[(3)] Employees initially grandfathered into this occupation who subsequently obtain additional education and/or licensure/[registration/]certification[, and] meet all the basic requirements of this qualification standard, must maintain the required credentials as a condition of employment in the occupation.

[(4) MRAs who are converted to title] 38 [hybrid status] under this provision [and subsequently leave the] occupation [lose] protected status and must meet the full VA qualification standard requirements in effect at the time of reentry [, as a medical records administrator].

[f]. **Physical Requirements.** See VA Directive and Handbook 5019.

[g]. **English Language Proficiency.** MRAs must be proficient in spoken and written English. See 38 U.S.C. § 7403(f).

**[4.] GRADE REQUIREMENTS.**

a. **Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.

[**NOTE***.* For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, range of variety, and be performed by the incumbent at least 25% of the time**.**

(1) **Medical Records Administration Specialist,] GS-5.** None beyond basic requirements.

[(a) **Assignment.** ] Employees at this grade level serve in an MRA career development position under close supervision. [MRAs are responsible for generating multiple HIM reports. They participate in various health record review activities to ensure the integrity of the health record according to established policies.

**(2) Medical Records Administration Specialist,] GS-7**

(a) **Experience.** In addition to the basic requirements, [one] year of [creditable] experience equivalent to the next lower grade level. [ ]

OR,

[(b) **Education. (Advanced Entry-Level Placement).** Applicants who meet the GS-5 grade level may be appointed at the GS-7 grade level, if they possess a bachelor's degree from an accredited college or university in a major field of study in health information management, with an exemplary academic record as demonstrated by:

i. A 3.0 or higher-grade point average (GPA) out of a possible 4.0 GPA ("B" or better), as recorded on their official transcript or as computed based on four years of education, or as computed based on courses completed during the final two years of the curriculum; or

ii. A 3.5 GPA or higher out of a possible 4.0 GPA ("B+" or better) based on the average of the required courses completed in the major field of study, or the required courses completed in the major field of study during the final two years of the curriculum.

AND]

**(c) Demonstrated Knowledge, Skills, and Abilities.**

i. [Knowledge of current] classification systems [, such as International Classification of Diseases, Current Procedural Terminology,] and [the Healthcare Common Procedure Coding System (HCPCS).

ii. Ability to effectively communicate (written and verbal) with medical center staff, patients, and external entities.]

iii. Ability to use data collection and analytical techniques for purposes of review, quality control, studies and analysis [of health information.

[iv. Ability to utilize computer applications with varied functions to produce a wide range of reports, to abstract records, collect and analyze data and present results in various formats.

v. Ability to work independently, adapt to shifting priorities, and meet deadlines.]

(d) **Assignment.** Employees at this level [ ] serve in [an] MRA career development position [with] guidance [from the supervisor or designee] in day-to-day

assignments. [MRAs are responsible for generating, analyzing, and presenting multiple HIM reports. They monitor health record data integrity per established policies, procedures, and industry standards. They prepare workload and production reports and monitor trends to identify efficiencies and deviations. Additionally, they participate in various health record review activities. The MRA typically participates in various facility and regional committees requiring health information management subject matter expertise.

**(3) Medical Records Administration Specialist,] GS-9**

(a) **Experience.** [One] year of [creditable] experience equivalent to the next lower grade level that demonstrates the knowledge, skills, abilities, and other characteristics described at that level.

OR,

(b) **Education.** Education equivalent to [two] full years of progressively higher level graduate education or a master's [degree] or equivalent graduate degree from an accredited college or university in a field directly related to health information management.

[AND]

(c) **Demonstrated Knowledge, Skills, and Abilities**

[i. Knowledge of medical and legal requirements related to health information management and health records.]

ii. Ability to provide technical advice and [guidance] on health information [management practices.

iii. Skill in extracting data from various sources and analyzing health information to create reports.

iv. Skill in researching,] interpreting, and [applying] health information management guidelines.

[v. Knowledge of performance and process improvement techniques to develop new or improved solutions in health information management.

(d) **Assignments.** Employees at this level serve in an MRA career development position with limited guidance, from the supervisor or designee, in day-to-day assignments. MRAs are responsible for generating and analyzing multiple HIM reports and identifying best practices or opportunities for improvement. They perform workflow analyses, recommend process improvements, and implement changes to improve the productivity and quality controls of the HIM department.

They monitor reports, trends, and health record data integrity according to established policies, procedures, and industry standards. MRAs participate in various health record review activities. They also participate in various facility and regional committees requiring health information management subject matter expertise.

**(4) Medical Records Administration Specialist,] GS-11**

(a) **Experience.** [One] year of [creditable] experience equivalent to the next lower grade level that demonstrates all of the KSAs described at that level. [ ]

OR,

(b) **Education.** Education equivalent to three full years of progressively higher-level graduate education or a Ph.D., or equivalent doctoral degree from an accredited university or college in the field of health information management.

[AND]

(c) **Demonstrated Knowledges, Skills, and Abilities**

i. Skill in [performance] and process improvement [techniques to develop and implement new or improved solutions in health information management.

ii. Ability to advise management and staff, at various levels, regarding health record documentation requirements and health information management practices based on current industry standards, policies, statues, laws, and regulations.

iii. Ability to plan, justify, develop, evaluate, assess, monitor, and advise on current health information management processes and recommend changes in policies or procedures.

iv. Ability to determine and evaluate compliance with legal, ethical, and regulatory guidelines and accrediting bodies, as they apply to health information management.

v. Ability to acquire, manage, analyze, interpret, and transform data into accurate, consistent, and meaningful information.

(d) **Assignments.** This is considered the full performance level for MRA positions (MRA/HIM Specialist). MRAs work independently in day-to-day assignments. They perform data mining; complex data analysis; and interpret and transform data into accurate, consistent, and timely information in support of the business and operational needs of the HIM department and the organization. They present findings and recommendations to the Chief of HIM (CHIM) and facility leadership.

MRAs perform workflow analyses, recommend process improvements, identify and implement best practices, and implement changes as needed to improve the productivity and quality controls of the HIM department. They prepare workload and production reports, monitor trends to identify efficiencies and outliers, and recommend appropriate actions which may involve collaborating with staff at all levels for resolution. The MRA designs and performs quality improvement projects related to health information management to identify and recommend ways of eliminating, combining, simplifying or improving procedures and processes. They compile diagnostic, procedural, and statistical data, and present reports locally, regionally, or nationally. MRAs lead various health record review activities. They participate in various facility, regional, and/or national committees requiring health information management subject matter expertise. The MRA exhibits broad organizational knowledge, communicates and provides training and education to individuals and groups, at multiple levels, both internal and external to the facility.

**(5) Medical Records Administrator, (Assistant Chief (ACHIM)), GS-11**

(a) **Experience.** One year of creditable experience equivalent to the next lower grade level that demonstrates all the KSAs described at that level.

OR,

(b) **Education.** Education equivalent to three full years of progressively higher-level graduate education or a Ph.D., or equivalent doctoral degree, from an accredited university or college in the field of health information.

AND

(c) **Certification.** Employees at this level must have a HIM Certification.

**NOTE.** See paragraph 2d of this appendix for detailed definitions of HIM Certification.

AND

(d) **Demonstrated Knowledges, Skills, and Abilities**

i. Skill in performance and process improvement techniques to develop and implement new or improved solutions in health information management.

ii. Ability to advise management and staff at various levels regarding health record documentation requirements and health information management practices based on current industry standards, policies, statutes, laws, and regulations.

iii. Ability to plan, justify, develop, evaluate, assess, monitor, and advise on current health information management processes and recommend changes in policies or procedures.

iv. Ability to determine and evaluate compliance with legal, ethical, and regulatory guidelines and accrediting bodies as they apply to health information management.

v. Ability to plan, justify, develop, evaluate, assess, monitor and/or advise on current HIM processes and recommend changes in policies or procedures.

vi. Ability to successfully apply principles and techniques of sound resource management (i.e., staffing, space, contracts, equipment).

vii. Ability to provide the full range of supervisory duties, to include assignment of work, completing performance evaluations, selection of staff, and recommendation for awards, advancements, and disciplinary actions, when appropriate.

(e) **Assignments.** This assignment is considered above the full performance level. This assignment serves as the Assistant Chief of Health Information Management (ACHIM) in VA Medical Centers designated as complexity level 2 or 3 as designated in the VHA, “2014 Facility Complex Model”. The ACHIM assists the Chief HIM (CHIM) in establishing policies, responsibilities, and requirements for HIM related matters, such as health record documentation, coding and clinical documentation improvement, records management, release of information, file room/scanning, transcription and medical speech recognition, as well as the overall management of health information and Veterans health records. The ACHIM assists the CHIM in identifying and setting short-range and long-range goals, program objectives, and tasks to meet the mission and vision of the medical center. They monitor and manage HIM workflow to ensure program objectives are met. They also assist with planning, developing, directing, and evaluating health information and other functions. They oversee implementation and adherence to HIM industry standards, policies, procedures, laws, regulations, and accrediting bodies. The ACHIM ensures the facility is in compliance with applicable standards by completing HIM audits, healthcare data reports, and statistical information, for timely and accurate reporting. They establish, implement, and monitor HIM performance through metrics, productivity measures, benchmarking, and other applicable tools. This MRA position ensures quality and efficiency for all areas and processes of the HIM department.

**(6) Medical Records Administrator (Assistant Chief (ACHIM)), GS-12**

(a) **Experience.** One year of creditable experience equivalent to the next lower grade level that demonstrates all the KSAs described at that level.

AND

(b) **Certification**. Employees at this level must have a HIM Certification.

**NOTE.** See paragraph 2d of this appendix for detailed definitions of HIM Certification.

AND

(c) **Demonstrated Knowledge, Skills, and Abilities**

i. Skill in managing various projects and processes], which includes the ability to develop new or improved solutions to complex technical problems in health information management.

ii. Ability to advise management and staff [on a wide range of] health information [management practices] based on current [industry] standards, [policies, statutes, laws, and regulations].

iii. Ability to plan, justify, [develop, evaluate,] assess, [monitor,] and/or advise on [ ] current health information management processes, and recommend changes in policies or procedures.

iv. Ability to [determine] and [evaluate compliance with legal, ethical, and regulatory guidelines, and accrediting bodies as they] apply [to] health information [management.]

v.] Ability to [ ] successfully apply principles and techniques of sound [resource] management [(i.e., staffing, space, contracts, equipment).]

[vi. Ability to provide the full range of supervisory duties to include assignment of work, completing performance evaluations, selection of staff, and recommendation of awards, advancements, and disciplinary actions.

(d) **Assignments.** This assignment serves as the Assistant Chief in VA Medical Centers for all categories (1a, 1b, and 1c) within the complexity level 1 as designated in the VHA, “2014 Facility Complexity Level Model”. The ACHIM assists the CHIM in establishing policies, responsibilities, and requirements for HIM related matters, such as health record documentation, coding and clinical documentation improvement, records management, release of information, file room/scanning, transcription and medical speech recognition, as well as the overall management of health information and Veterans’ health records. They assist the CHIM in identifying and setting short-range and long-range goals, program objectives, and tasks to meet the mission and vision of the medical center. The ACHIM monitors and manages HIM workflow to ensure the program objectives are met. The ACHIM assists with planning, developing, directing, and

evaluating health information and other functions. They oversee implementation and adherence to HIM industry standards, policies, procedures, laws, regulations, and accrediting bodies. They ensure the facility is in compliance with applicable standards by completing HIM audits, developing healthcare data reports, and statistical information, for timely and accurate reporting. They establish, implement, and monitor HIM performance through metrics, productivity measures, benchmarking, and other applicable tools. The ACHIM ensures quality and efficiency for all areas and processes of the HIM department.

**(7) Medical Records Administrator (Chief (CHIM)),] GS-12**

(a) **Experience.** One] year of [creditable] experience equivalent to the next lower grade level that demonstrates the KSAs described at that level.

[AND

(b) **Certification.** Employees at this level] must [have a HIM Certification.

**NOTE.** See paragraph 2d of this appendix for detailed definitions of HIM Certification.

AND]

(c) **Demonstrated Knowledge, Skills, and Abilities**

i. Ability to [determine] and [evaluate compliance] with [legal, ethical, and regulatory guidelines] and [accrediting bodies, as they apply to health information] management.

ii. Skill in [evaluating,] developing [and implementing] new policies [,] procedures, [and] programs.

[iii. Ability] to [provide] program [oversight, including advisory and technical expertise on a range of health information management practices and guidelines to staff at various levels.

iv. Ability to develop and conduct training on health information management programs, policies, procedures, and performance improvement activities.

v. Ability to effectively procure and manage HIM resources (i.e. space, staffing, education, budget, etc.).

vi. Ability] to provide the full range of supervisory duties [to] include assignment of work; completing performance evaluations; selection of staff; and recommendation of awards, advancements, and [ ] disciplinary actions.

[vii. Customer service skills necessary to effectively communicate (written and verbal) and interact with all levels of hospital personnel, physicians, patients, and outside agencies.

viii. Ability to deal effectively with sensitive and/or complex situations.

(d) **Assignments.** This assignment serves as the CHIM, which] is the highest-level professional position at the facility, with responsibility for the management and direction of the health information management program. [This assignment is only for facilities designated as complexity level 2 or 3 as designated in the VHA, "2014 Facility Complexity Level Model", with full program management and supervisory responsibility to direct professional MRAs, technical MRTs, and other support staff in health information management.

CHIMs provide technical advice, planning, and evaluation regarding health information management issues that impact the overall program on a regular and recurring basis. Multi-division, integrated health care systems under the leadership of a single director are considered to be a single facility, with one CHIM. A position with program responsibility over less than the single health care system does not have full program responsibility for the health information management program.

The CHIM establishes policies, procedures, responsibilities, and requirements for HIM-related matters, such as health record documentation, coding and clinical documentation improvement, release of information, file room/scanning, records management, transcription and medical speech recognition, as well as the overall management of health information and Veterans health records. They oversee implementation and adherence to HIM industry standards, policies, procedures, laws, regulations, and accrediting bodies. They ensure that the facility is in compliance with applicable standards by completing HIM audits, developing healthcare data reports, and statistical information, for timely and accurate reporting. They monitor HIM performance through dashboards, productivity standards, and benchmarking. The CHIM participates in establishing and implementing strategic facility and HIM Department goals, controlling program activity costs, budgeting, procurement, and property management to achieve goals and improve processes. They monitor and manage HIM workflow to ensure program objectives are met. They effectively communicate and negotiate with staff at all levels of the organization. The CHIM communicates with medical center staff and external organizations to promote compliance with regulations, guidelines, policies, and procedures to meet the goal of excellent patient care. They ensure quality and efficiency for all areas and processes of the HIM department. They develop and implement HIM departmental short-term and long-term budgets, to include contracts, equipment, space, training, and staffing plans.

**(8) Medical Records Administrator (Chief (CHIM)),] GS-13**

(a) **Experience.** [One] year of [creditable] experience equivalent to the next lower grade level that demonstrates the KSAs described at that level.

[AND

(b) **Certification**. Employees at this level must have a HIM Certification.

**NOTE.** See paragraph 2d of this appendix for detailed definitions of HIM Certification.

AND

(c)] **Demonstrated Knowledge, Skills, and Abilities**

[i. Ability to determine and evaluate compliance with] legal, ethical [and regulatory guidelines and accrediting bodies,] as they apply to health information management.

ii. Ability to provide sound, technical guidance to [ ] staff [at various levels] about major program, legal, or procedural changes related to health information management.

[iii. Skill in revising facility policies and] procedures to improve health information management services and to evaluate, modify, and/or adapt new methods to meet regulatory requirements.

iv. Skill in [ ] analyzing [complex] data[, interpreting and trending results for effective management of the HIM program.]

v. [Skill] in management/administration, which includes program planning, coordination, interpretation, supervision, consultation, negotiation, problem solving, and monitoring [of HIM processes.

vi. Ability to delegate authority, evaluate and oversee people and programs, accomplish program goals, and adapt to changing priorities.

(d) **Assignments.** This assignment is the Chief Health Information Management (CHIM), which] is the highest-level professional position at the facility with responsibility for the management and direction of the health information management program. [This assignment is only for the CHIM in VA Medical Centers for all categories (1a, 1b, and 1c) within the complexity level 1 as designated in the VHA, “2014 Facility Complexity Level Model”, with full program management and supervisory responsibility to direct professional MRAs, technical MRTs, and other support staff in health information management.

CHIMs] in this assignment provide technical advice, planning, and evaluation about health information management issues impacting the overall program on a regular and recurring basis. [Multi-division, integrated health care systems under the leadership of a single director are considered to be a single facility with one CHIM. A position with program responsibility over less than a single health care system does not have full program] responsibility for the [ ] health information management program.

[The CHIM establishes policies, procedures, responsibilities, and requirements for HIM-related matters, such as health record documentation, coding and clinical documentation improvement, release of information, file room/scanning, records management, transcription and medical speech recognition, as well as the overall management of health information and Veterans health records. They oversee development, implementation and adherence to HIM industry standards, policies, procedures, laws, regulations, and accrediting bodies. They ensure the facility is in compliance with applicable standards, by completing HIM audits, developing healthcare data reports, and statistical information, for timely and accurate reporting. The CHIM monitors HIM performance through dashboards, productivity standards, and benchmarking. They participate in establishing and implementing strategic facility and HIM Department goals and controlling program activities and cost, budgeting, procurement, and property management, to achieve goals and improve processes. The CHIM monitors and manages HIM workflow to ensure program objectives are met.

**(9) Medical Records Administrator, GS-13]**

(a) **Experience.** [One] year of [creditable] experience equivalent to the next lower grade level that demonstrates the KSAs described at that level.

[AND

(b) **Certification.** Employees at this level must have a HIM Certification.

**NOTE.** See paragraph 2d of this appendix for detailed definitions of HIM Certification.

AND

(c) The] candidate must demonstrate the following professional KSAs [as well as the supervisory KSA (*) if applicable:

(d) **Demonstrated Knowledge, Skills, and Abilities**

i. Ability to maintain effectiveness and adapt proficiently to changes in the environment, work structure, processes, tasks, or requirements..

ii. Skill in developing new policies and procedures for administering health information management programs to improve program effectiveness and/or apply newly developed programs or theories to problems that require new approaches.

iii. Knowledge of the legal, ethical, and professional standards, as they apply to health information management.

iv. Ability to provide sound, technical guidance to the professional staff and executive leadership regarding major programs, legal, or procedural changes related to health information management.

v. Skill in conducting studies, analyzing data, and presenting results.

vi. Skill in management/administration, which includes program planning, coordination, interpretation, consultation, negotiation, problem solving, and monitoring.

*vii. Ability to provide the full range of supervisory duties to include assignment of work; completing performance evaluations; selection of staff; and recommendation for awards, advancements, and disciplinary actions, when appropriate.

(e) **Assignments.** This assignment serves as the MRA Veterans Integrated Service Networks (VISN) HIM with responsibility for the management and direction of the health information management program. VISN medical record administrators serve at the Network level and have health information management oversight responsibilities for the Network. This position may be supervisory or non-supervisory. The MRA VISN HIM is responsible for the programmatic oversight of HIM programs and assures that the VISN has a state-of-the-art HIM program that meets all accreditation, regulatory, and VA requirements, in addition to meeting the needs of executive management. The MRA VISN HIM coordinates overall strategy for HIM services across the multi-facility integrated healthcare system. They implement and support all VISN HIM initiatives and activities and provide operational support to HIM departments at the facility level. The MRA VISN HIM develops, implements, and provides oversight to facility HIM leadership in the management of accuracy and timeliness of work, work processes, and overall workload responsibilities. This position is responsible for all aspects of the HIM program, which includes developing and/or acquiring shared resources, such as contracts, staff, and education and training opportunities.

**(10) Medical Records Administrator, GS-14**

(a) **Experience.** One year of creditable experience equivalent to the next lower grade level that demonstrates the KSAs described at that level. In addition, the candidate must] demonstrate the [following professional KSAs:

AND

(b) **Certification**. Employees at this level must have a HIM Certification.

**NOTE.** See paragraph 2d of this appendix for detailed definitions of HIM Certification.

AND

(c)] **Demonstrated Knowledges, Skills, and Abilities**

[ ]i. Ability to develop, maintain, and evaluate health information management policy and program needs at the national level, and serve as a national technical expert in the medical record administration/health information management program area;

[ ]ii. Ability to provide formal clinical, research, and/or educational consultation on a wide range of health information management issues [ ] for use by the field MRAs and VHA Central Office program officials[; and]

[ ]iii. Ability to determine methodologies for achieving compliance with new and changing [ ] health information [programs and processes] at the national level to improve program effectiveness, implement new legislation, and/or resolve persistent [ ] problem areas.

[(d)] **Assignments.** [These positions are for MRAs assigned to VHA Central Office and] are limited to positions which have national level program assignments as a primary responsibility [. They] function as a national technical expert in the field of medical record administration/health information management, provide leadership and guidance at the national level, and have final and independent technical authority.

[They initiate, develop, oversee, and direct assigned national HIM program areas, assess their impact on VHA HIM programs system-wide, and produce work products, such as written policies and procedures, guidelines, references, and training. They represent the VHA HIM program office on issues in areas such as the electronic health record, the personal health record, health information exchange, privacy, clinical coding, data capture, documentation principles, health record standards, health record maintenance, release of information, records management, and other areas that are either impacted by or impact HIM. The HIM specialist represents HIM on a wide variety of groups, committees, and task forces, which requires a thorough understanding of HIM policies, requirements, and business needs, and ensures those needs are adequately articulated and included in policy or process development. They participate as a subject matter expert on investigative teams, upon request of the Office of Medical Inspector,

Office of General Counsel, Office of Inspector General, and Congressional Affairs and work with HIM staff at facilities to collect relevant information. They act as the HIM subject matter expert and advisor to various customers, agencies, programs, and offices within and external to VHA. The HIM specialist serves as VHA's HIM subject matter expert on federal and/or national organizations. They collaborate with facilities and networks to identify HIM program strengths and weaknesses to determine corrective actions for remediation, when applicable. The HIM specialist identifies potential best practices for implementation at facilities. The HIM specialist monitors HIM metrics, identifies trends, and provides training to the field regarding data patterns and trends. They develop sustainable methodologies, at the national level, for achieving compliance with new and changing regulations pertaining to all assigned program areas related to HIM, to improve program effectiveness.

**5]. DEVIATIONS.**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for [MRAs] in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, [warrant] such action based on demonstrated competence to meet the requirements [of] the proposed grade.

[b. Under no circumstances will the certification requirements be waived.

c.] The placement of individuals in grade levels [or assignments] not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. § 7401(3), 7402, 7403 and 7405.]**

# [APPENDIX G34. PROSTHETIC REPRESENTATIVE QUALIFICATION STANDARD GS-0672
## Veterans Health Administration

**1. COVERAGE.** This standard applies to all Prosthetic Representative positions in the Veterans Health Administration (VHA). Prosthetic Representatives perform the work of rendering prosthetic and sensory aids services to disabled patients. The work may include planning, developing, and directing a prosthetic and sensory aids program. The Prosthetic Representative works with Veterans, caregivers, vendors, and the clinical team to ensure the right devices, equipment, services, and benefits are matched with patient rehabilitative and medical needs.

**2. DEFINITIONS**

a. **Appointing Official.** The Human Resources Management Officer is delegated appointing authority, to process and authenticate notifications of personnel actions, and to effect management-approved employment actions on behalf of officials, employees and facilities for which service is provided.

b. **Approving Official.** The Veterans Integrated Service Network (VISN) Director, Medical Center Director, or designee is the approving official and will determine whether to approve or disapprove the appointment of employees in the hybrid occupations**.**

c. **Journey Level.** The full performance level for this qualification standard is the GS-11 grade level.

d. **Paraprofessional.** A job title given to persons in various occupational fields, such as education, healthcare, engineering, and law, who are trained to assist professionals, but do not themselves have professional licensure.

e. **Creditable Experience.** To be creditable, the experience must have demonstrated the use of knowledge, skills, and abilities associated with Prosthetic Representative responsibilities. The experience is only creditable if documented in the application and verifiable through employment references and/or other means. Examples of qualifying experience include experience in a health care setting, and familiarity with home medical equipment, rehabilitation, home oxygen, visual or hearing impairment, assistive technology, orthotics, or prosthetics.

f. **Part-Time Experience.** Part-time experience is creditable according to its relationship to the full-time work week. For example, one week of full-time credit is equivalent to two weeks of part-time work.

g. **Specialty Services.** These are services that are unique to more complex facilities and require in-depth, specialized knowledge of the multiple disabilities that are associated with patients receiving medical and rehabilitative services in these specialty programs. The Prosthetic Representative needs to be aware of the different rehabilitative treatment goals and strategies that are unique to patients in these specialized programs and specific program requirements. These specialty services include, but are not limited to:

(1) Prosthetic implants (biological and non-biological);

(2) Blind Rehabilitation Center;

(3) Orthotic and Prosthetic Laboratory;

(4) Poly-Trauma Level I Center;

(5) Spinal Cord Injury Center - injuries that disrupt movement, sensation, and function often, with paralysis can impact lower body, upper body, bowel and bladder;

(6) Traumatic Brain Injury Center - injuries that frequently occur as part of the polytrauma spectrum in combination with other disabling conditions, such as amputations, burns, pain, fractures, auditory and visual impairments, post-traumatic stress disorder, and other mental health conditions; and

(7) Driver Rehabilitation Program.

**2. BASIC REQUIREMENTS**

a. **Citizenship.** Citizen of the United States. After a determination is made that it is not possible to recruit qualified citizens, necessary personnel may be appointed on a temporary basis under authority of 38 U.S.C. 7405 without regard to the citizenship requirements of 38 U.S.C. 7402 or any other law prohibiting the employment of or payment of compensation to a person who is not a citizen of the United States. Candidates must meet all other requirements for the grade level and position concerned.

b. **Experience and Education.** Individual must meet at least one of the requirements below.

(1) **Experience.** One year of creditable experience that demonstrates: Knowledge of basic anatomy and medical terminology; knowledge of accounting methods; ability to research, analyze, comprehend, and apply decisions; basic knowledge of inventory management procedures; ability to use computer software packages for word processing, spreadsheet development, and database management; and ability to work independently and as a member of a team; or

(2) **Education.** A bachelor's degree from an accredited educational institution AND at least 24 semester hours in course work related to health care, public administration, or business. The 24 semester hours could include but is not limited to any combination from the following fields: occupational therapy, physical therapy, kinesiotherapy, social work, psychology, prosthetics, orthotics, respiratory therapy, assistive technology, business law, leadership, healthcare, public administration, or business management. This course work may have been completed within the degree or in addition to the degree; or

(3) **Experience/Education Combination.** Equivalent combinations of experience and education are qualifying.

c. **Grandfathering Provision.** All persons employed in VHA as a Prosthetic Representative on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Employees grandfathered into the GS-0672 occupational series as prosthetic representatives may be reassigned, promoted up to and including the full performance (journeyman) level, or changed to lower grade within the occupation, but may not be promoted beyond the journeyman level or placed in supervisory or managerial positions.

(2) Prosthetic Representatives who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) Employees who are retained as a Prosthetic Representative under this provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry as a prosthetic representative.

d. **Foreign Education.** To be creditable, education completed outside the United States must have been submitted to a private organization that specializes in the interpretation of foreign educational credentials, and such education must have been deemed at least equivalent to experience gained in conventional United States programs.

e. **Physical Requirements.** Pre-placement and periodic physical examinations are required for hybrid occupations to ensure workers are placed in positions where they can perform the essential functions of their job including their physical, mental and emotional capacities, without endangering their health or the health of their
co-workers. See VA Directive and Handbook 5019.

f. **English Language Proficiency.** Candidates will not be appointed under authority of 38 U.S.C. chapters 73 or 74, to serve in a direct patient-care capacity in VHA who are not proficient in written and spoken English. See Chapter 2, section D, paragraph 5a, this part.

**3. Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates:

(1) **GS-5 Prosthetic Representative (Entry Level)**

(a) **Experience.** None beyond the basic requirement.

(b) **Assignment.** Assignments at this grade level are entry level trainee in nature where the individual receives developmental assignments designed to build upon the base knowledge, skills, and abilities. At this level, the Prosthetic Representative receives training and instruction to develop proficiency in essential occupational tasks. The work is performed under close supervision.

(2) **GS-7 Prosthetic Representative (Developmental Level)**

(a) **Experience.** In addition to the basic requirements, one year of creditable experience equivalent to the GS-5 grade level, directly related to the position to be filled.

(b) **Demonstrated Knowledge, Skills, and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Ability to understand and apply processes, procedures, regulations, and laws as it applies to purchasing and the provision of prosthetic items/services.

2. Ability to coordinate multiple requests for durable medical equipment (DME), including repairs, services, and benefits.

3. Ability to act as a liaison with and work effectively with health care providers, patients, caregivers and vendors to ensure that the most appropriate device and services are received timely.

4. Ability to monitor contractors and vendors for compliance with contract requirements.

(c) **Assignment.** At this level, responsibilities include interaction with Veterans, caregivers, and clinical staff by answering questions related to benefit programs such as automobile adaptive equipment, home improvement and structural alterations, and clothing allowance programs. Assignments include developmental duties involving more complex work performed under supervision. The Prosthetic Representative addresses questions about the provision of prosthetic items, home care equipment, benefits or service issues, to include discharge planning requirements. The employee ensures requests for items or services are complete and received in accordance with established timeframes. Work may include authorizing and preparing purchase orders for a wide variety of prosthetic and orthotic devices, medical supplies and home medical equipment and repairs. For orders exceeding the micro-purchase threshold, they may conduct market research, price history review, complete justification and approval, and submit to the contracting department. They ensure correct Healthcare Common Procedure Codes are entered into the appropriate database(s). They ensure surgical implants are Federal Drug Administration (FDA) approved; shipped to retain product integrity; delivered to correct location; and received before for the surgical procedure. They collaborate with clinical staff when devices and equipment requires repair or replacement and takes necessary actions to resolve issues.

(3) **GS-9 Prosthetic Representative (Developmental level)**

(a) **Experience.** In addition to the basic requirements, one year of creditable experience equivalent to the GS-7 grade level, that is directly related to the position to be filled.

**OR,**

(b) **Education.** Education equivalent to two full years of progressively higher level graduate education or Master's or equivalent graduate degree from an accredited educational institution AND at least 24 semester hours in course work related to health care, public administration, or business. The 24 semester hours may include, but is not limited to, any combination from the following fields:

occupational therapy, physical therapy, kinesiotherapy, social work, psychology, prosthetics, orthotics, respiratory therapy, assistive technology, business law, leadership, healthcare, public administration, or business management. This course work may have been completed within the degree or in addition to the degree.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Knowledge of methods to identify trends and causation factors sufficient to analyze prepared data and gather information to inform and advise management.

2. Ability to organize, prioritize, and monitor actions to ensure timeliness.

3. Ability to understand and articulate the benefits program options available. This includes communicating with patients, caregivers, health care providers and vendors.

4. Ability to apply and educate others about national, VISN, and facility directives, policies, procedures and regulations.

5. Ability to work effectively with a clinical team and provide recommendations for prosthetic devices.

(d) **Assignment.** The Prosthetic Representative works directly with Veterans and clinical teams to assist with applications for benefits related to benefit programs such as automobile adaptive equipment, home improvement and structural alterations, and clothing allowance programs. The employee ensures devices, equipment, and services, are based on the patient's rehabilitative and medical needs. They work closely with the treatment team in development of prescriptions and provide technical assistance and guidance to assist in planning and coordination to obtain equipment, services, and benefits. The Prosthetic Representative conducts home visits, in collaboration with other healthcare providers to determine if requested equipment is appropriate or can be installed in the home. They are familiar with national, VISN, and facility contracts that apply to Prosthetics and Sensory Aids Service (PSAS), and responsible for providing management with documentation pertaining to contract compliance issues or concerns. This includes working with clinical staff to create quality improvement reports. They work closely with the clinical teams to assist in identifying products available on contract that meet the medical needs of patients. Duties are typically performed independently with minimal supervision. Prosthetics representatives have knowledge and the ability to apply and educate others about national, VISN, and facility directives, policies, procedures and regulations. They analyze and interpret data for trends and provide guidance to improve quality assurance, policies, and procedures.

(4) **GS-11 Prosthetic Representative (Full Performance Level)**

(a) **Experience.** In addition to the basic requirements, one year of creditable experience equivalent to the GS-9 grade level, that is directly related to the position to be filled.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Ability to work independently to set priorities; delegate tasks; meet multiple deadlines; analyze organizational problems; and develop and implement effective solutions to optimize quality, efficiency, performance, and productivity.

2. Ability to work with a team, to provide technical guidance, plan, organize, and coordinate activities to effectively complete job duties of assignment, such as distributing workload; and monitoring the accuracy, status and progress of work.

3. Ability to communicate tactfully and effectively, both orally and in writing, to meet program objectives. This may include preparing reports in various formats and presenting data to various organizational levels.

4. Ability to assist in staff development, outcome management, and strategic planning.

5. Ability to act as liaison between staff to resolve informal employee complaints and concerns.

6. Knowledge of rehabilitative treatment goals and strategies that are unique to patients in specialized programs and knowledge of those specific program requirements. (See paragraph 2.g. above)

(c) **Assignment.** Work at the full performance level is performed independently and with minimal supervision. Prosthetic Representatives provide oversight, administration and coordination for a number of services including but not limited to procurement, clinical services, customer service/reception, inventory management associated with medical, rehabilitative, and durable medical equipment devices; home durable medical equipment delivery/set-up/installation; visual or hearing devices; assistive technology; and orthotics/prosthetics. The Prosthetic Representative assists with management and oversight of contract programs such as home oxygen, durable medical equipment, and eyeglasses. They are responsible for the administration of benefit programs, such as home and structural alterations, automobile adaptive equipment, and clothing allowance. The Prosthetic Representative is aware of rehabilitative treatment goals and strategies that are unique to patients in order to obtain specialized service programs as stated in paragraph 2.g. above. When non-contract products are required, the Prosthetic Representative assists the clinical team in developing appropriate justifications, to ensure access to the most clinically appropriate products and services when such as product functionality not available with contract products to ensure access to the most clinically appropriate products and services. The Prosthetic Representative works directly with Veterans and clinical teams to assist with applications and answer questions related to benefit programs that cannot be handled by lower level employees. They provide recommendations to the treatment team regarding the development of prescriptions and provide technical assistance and guidance on planning and coordination efforts, to address complex patient medical and rehabilitative needs for equipment, services, and benefits. They develop and monitor quality improvement metrics to ensure the program is functioning in accordance with all established guidelines. They have a full working knowledge of national, VISN, and facility contracts that apply to PSAS and responsible for providing management with documentation pertaining to contract compliance issues or concerns. This includes working with clinical staff to make recommendations for improvements based on quality improvement reports. At this level, employees may serve as the lead for the prosthetic program providing oversight of specific services within PSAS. They may assist with oversight duties including making work assignments, monitoring work flow,

providing input on performance, resolving daily workplace issues, and maintaining efficient flow of patient care. They may provide training to PSAS staff and other medical center employees, students and/or trainees.

(5) **GS-12 Prosthetic Representative (Supervisor)**

(a) **Experience.** At least one year of experience equivalent to the GS-11 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

a. 1. Leadership and managerial skills, including skill in interpersonal relations and conflict resolution to deal with employees, team leaders, and managers.

2. Ability to perform the full range of supervisory duties, including responsibility for assignment of work to be performed; evaluation of performance; selection of staff; and recommendation of awards, advancements, and disciplinary actions.

3. Ability to manage a health care program that provides home medical equipment, rehabilitation services, home oxygen, visual or hearing impairment devices, assistive technology, orthotics, or prosthetics.

4. Skill in coordinating work flow and work assignments.

5. Ability to counsel patients and work effectively with a clinical team to resolve conflict.

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and must be performed by the incumbent at least 25% of the time. The supervisor is responsible for the supervision, administrative management, and direction of assigned PSAS staff. The supervisor is delegated full administrative and professional responsibility for planning and directing the staff activities for the section or equivalent work unit. Program areas of responsibility include, but are not limited to, procurement; PSAS clinical services, customer service/reception, inventory management associated with medical, rehabilitative, and durable medical equipment devices, home durable medical equipment deliver/set-up/installation. visual or hearing devices, assistive technology, orthotics/prosthetics, PSAS contract development, management and oversight of contract programs, such as home oxygen, durable medical equipment, orthotics/prosthetics, and eyeglasses, and benefit programs, such as home and structural alterations, automobile adaptive equipment, clothing allowance. They serve as contract officer representative for PSAS contracts and chair facility committees and administer benefit programs. The Supervisor provides education and training to Veterans, caregivers, VA clinical teams and PSAS staff. The Supervisor assures compliance with accrediting agency and regulatory requirements; establishes and monitors performance and quality metrics; reviews and modifies work processes to achieve optimal efficiency and effectiveness; ensures customer satisfaction; and takes corrective actions as needed. He/She develops policies and procedures; manages document control; develops performance standards, position descriptions and functional statements; and is responsible for professional and administrative management of an assigned area to include budget execution. Approves and disapproves employee

leave requests; monitors time and attendance; and ensures that all requests for hiring, promotions, awards and disciplinary actions are justified and carried out according to appropriate VA Human Resources policies and procedures. The supervisor maintains interdepartmental relations with other services to accomplish medical center goals.

(6) **GS-12 Prosthetic Representative (Assistant Chief)**

(a) **Experience.** At least one year of experience equivalent to the GS-11 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Ability to perform the full range of supervisory duties, including responsibility for assignment of work to be performed; assessment of competencies; evaluation of performance; selection of staff; and recommendation of awards, advancements, and disciplinary actions.

2. Ability to analyze data and make recommendations to optimize quality, efficiency, performance, and productivity within the service.

3. Ability to manage a health care program that provides home medical equipment, rehabilitation services, home oxygen, visual or hearing impairment devices, assistive technology, orthotics, or prosthetics.

4. Knowledge of compliance and regulatory accrediting organizations.

5. Ability to manage, interpret, and present fiscal data (i.e. fund controls, contracts and equipment expenditures), forecast resource and equipment needs, and administer an allocated budget.

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Assistant Chief positions are normally located at larger facilities that provide specialty services to smaller facilities and report to a PSAS Service Chief. Assignment as an Assistant Chief is restricted to those serving as a full Assistant to the Chief. Assistant Chiefs share with the Chief full responsibility for managing and supervising all phases of prosthetic operations. This person functions as the Chief of the service in the Chief's absence. They develop and maintain a system of internal reviews that ensure service programs operate in compliance with regulatory and accrediting organizations. They contribute to the effective utilization of resources, budgetary allocation and fiscal management. He/She makes selections; assigns personnel; and provides direction to subordinate staff. They manage the training and evaluation of staff and develop local organizational policies and procedures. Serves as liaison between Prosthetic Service and other departments. Typically, there are no subordinate supervisory prosthetic representatives at the facility level.

(7) **GS-12 Prosthetic Representative (Service Chief)**

(a) **Experience.** At least one year of experience equivalent to the GS-11 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Knowledge of legal, ethical, and professional standards applicable to providing home medical equipment, rehabilitation services, home oxygen, visual or hearing impairment devices, assistive technology, or orthotics/prosthetics services.

2. Ability to manage, interpret, and present fiscal data (i.e. fund controls, contracts and equipment expenditures), forecast resource and equipment needs and administer an allocated budget.

3. Ability to manage a health care program that provides home medical equipment, rehabilitation services, home oxygen, visual or hearing impairment devices, assistive technology, orthotics, or prosthetics.

4. Ability to perform the full range of supervisory duties, including responsibility for assignment of work to be performed; assessment of competencies; evaluation of performance; selection of staff; and recommendation of awards, advancements, and disciplinary actions.

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. At this level, the Service Chief has full responsibility for managing and supervising all aspects of prosthetic operations and is the highest level professional position, at the facility, with responsibility for the professional practice of facility prosthetic and sensory aid service staff. Assignments may include managing programs at more than one facility. The Service Chief has full management and supervisory responsibility for program management, education, human resource management and supervision, and organizational stewardship for the prosthetic program. They are responsible for all supervisory functions including recruitment and hiring. He/She approves and disapproves employee leave requests; monitors time and attendance; and ensures that all requests for hiring, promotions, awards and disciplinary actions are justified and carried out according to appropriate VA Human Resources policies and procedures. Typically, there are no subordinate supervisory prosthetic representatives at the facility level.

(8) **GS-13 Prosthetic Representative (Service Chief)**

(a) **Experience.** At least one year of experience equivalent to the GS-12 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Knowledge of directives, handbooks, clinical practice guidelines, and regulations that apply to Prosthetic and Sensory Aids Service to resolve complex, controversial, or precedent-setting matters.

2. Ability to manage specialty prosthetic services. This includes the ability to provide specialty services based on the unique needs of the patient.

3. Skill and ability to effectively advise senior management officials.

4. Ability to manage a health care program that provides home medical equipment, rehabilitation services, home oxygen, visual or hearing impairment devices, assistive technology, orthotics, or prosthetics.

5. Ability to supervise/manage through subordinate supervisors the activities of prosthetic representatives that have diverse functions.

6. Ability to establish and monitor productivity standards and production and performance priorities.

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Service chiefs have full responsibility for managing and supervising all phases of Prosthetic and Sensory Aids Service operations. This is the highest level professional position, at the facility, with responsibility for the professional practice of all facility PSAS staff. Individuals at the GS-13 level are typically assigned as Chiefs at a complex facility that provide multiple specialty services such as those described in paragraph 2.g and may manage more than one facility through subordinate supervisors. The chief has full management and supervisory responsibility for the PSAS program. Service Chiefs plan, develop, organize, direct, manage, control, implement and evaluate programs for the Service. They have overall responsibility to ensure proper coordination between care delivered by PSAS and the overall delivery of healthcare within the facility. They are responsible for all supervisory functions, including recruitment and hiring, administering employee leave requests and ensuring all requests for hiring, promotions, awards and disciplinary actions are justified and carried out according to appropriate VA Human Resources policies and procedures. The Chief is a member of the senior leadership team providing advice for integrated care programs for a diverse Veteran population with multiple diagnoses, and other needs. The Chief is involved in management planning to achieve medical center, VISN, and national goals.

(9) **GS-13 Deputy VISN Prosthetic Representative**

(a) **Experience.** At least one year of experience equivalent to the GS-12 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Ability to build and maintain partnerships with top management and stakeholders.

2. Skill in persuading others and gaining cooperation to accomplish goals.

3. Ability to effectively communicate orally and in writing regarding complex clinical and technical issues.

4. Knowledge of directives, handbooks, clinical practice guidelines, and regulations that apply to Prosthetic and Sensory Aids Service to develop and implement operational programs.

5. Ability to conduct regional reviews of Prosthetic and Sensory Aids Service.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Deputy VISN Prosthetic Representatives are program managers responsible for assisting in the administration and management of Prosthetic and Sensory Aids Service for an entire network. Assignment may be a collateral duty or a separate position within the VISN. The Deputy assists in providing VISN-level oversight to facility Prosthetic Programs to achieve mission goals by utilizing available resources, adjusting workloads, developing/implementing/monitoring performance measures, and ensuring accountability. They assist Prosthetic Representatives in all aspects of PSAS operation within a network. The Deputy assists with the development of policies and standard operating procedures. They assist with communications and reports for VACO, VISN, and facility Leadership. The Deputy provides advice for new and renovated space for Prosthetic and Sensory Aids Services. Assignments include VISN oversight of quality and performance metrics, staffing and workload distribution, recruitment, staff training requirements, contract development, and compliance with accreditation bodies such as the American Board for Certification in Prosthetics, Orthotics, and Pedorthics (ABC) and Joint Commission; and stakeholder satisfaction. Analyzes results across facilities in the VISN and recommends changes to procedures to enhance services and correct deficiencies. Assists in the coordination of VISN level review and monitoring of high profile benefit programs which include clothing allowance, home oxygen, automobile adaptive equipment, and home and structural alterations to assure all program activities are carried out in accordance with eligibility requirements and VHA regulations. He/She assists in developing VISN level proposals, business, and action plans. Assists the VISN Prosthetic Representative with interaction with Veteran Service Organizations; responds to Congressional inquiries; cooperates with General Accounting Office, Office of the Inspector General, ABC, and Joint Commission audits, and collaborates with other Federal agencies or organizations outside the Federal health care system. He/She reports to the VISN Prosthetic Representative and has interactions with VACO, VISN, and facility level Leadership in the execution of responsibilities. Each VISN may only establish one VISN Deputy Prosthetic Representative position.

(10) **GS-14 Veteran Integrated Service Network Prosthetic Representative**

(a) **Experience.** At least one year of experience equivalent to the GS-13 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Ability to build and maintain partnerships with VISN, facility, and VACO Leadership and Veteran Service Organizations.

2. Skill in persuading others and gaining cooperation to accomplish goals.

3. Ability to effectively communicate orally and in writing regarding complex clinical and technical issues.

4. Knowledge of directives, handbooks, clinical practice guidelines, and regulations that apply to Prosthetic and Sensory Aids Service to develop and implement operational programs.

5. Ability to conduct regional level reviews of Prosthetic and Sensory Aids Service.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Veteran Integrated Service Network Prosthetic Representatives (VPRs) are supervisory or non-supervisory program managers responsible for the administration and management of Prosthetic and Sensory Aids Service for an entire network comprised of varying complexity level facilities. They serve as an advisor to the VA Central Office for development of PSAS policies. VPRs manage and provide VISN-level oversight to facility PSAS Programs to achieve mission goals by standardizing policies, standard operating procedures, and best practices utilizing available resources; adjust workloads; develop/implement/monitor quality and performance measures; and ensure accountability. He/She serves as the VISN lead on all aspects of PSAS operations within a network, such as development of policies and standard operating procedures, communications and reports for VACO, VISN, and facility Leadership. Additionally, the VPR provide guidance on developing new and renovated space for PSAS, quality and performance metrics, staffing and workload distribution, recruitment, staff training requirements, contract development, and ensuring compliance with accreditation bodies such as the ABC and Joint Commission; and stakeholder satisfaction. They analyze results across facilities in the VISN and recommend changes to procedures to enhance services and correct deficiencies. They coordinate VISN level review and monitoring of specialty programs that include clothing allowance, home oxygen, automobile adaptive equipment, home and structural alterations to assure all program activities are carried out in accordance with eligibility requirements and VHA regulations. They develop VISN level proposals, business, and action plans. VPRs serve as lead for PSAS interactions with Veteran Service Organizations; respond to Congressional inquiries; cooperate with General Accounting Office, Office of the Inspector General, ABC, and Joint Commission audits; and collaborate with other Federal agencies or organizations outside the Federal health care system. They report to VISN Leadership and have interactions with VA Central Office, VISN, and facility level Leadership in the execution of responsibilities. Each VISN may establish only one VISN Prosthetic Representative position.

(11) **GS-14 Prosthetic Representative National Program Manager**

(a) **Experience.** At least one year of experience equivalent to the GS-13 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Ability to work effectively with key VA Central Office stakeholders including Veteran Service Organizations and VISN stakeholders such as VISN Prosthetic Representatives.

2. Ability to effectively communicate orally and in writing regarding complex clinical and technical issues.

3. Skill in persuading others and gaining cooperation to accomplish goals.

4. Knowledge of directives, handbooks, clinical practice guidelines, and regulations that apply to Prosthetic and Sensory Aids Service.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Employees at this level serve as a National Program Manager responsible for multiple programs at the national level and interact with other government agencies and standards organizations. Develop national level proposals and business and action plans.

**5. DEVIATIONS**

a. The approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance, and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health or designee in the VHA Central Office prior to placement in the position.

**Authority: 38 U.S.C. §§ 7402, 7403.**]

**APPENDIX G35. MEDICAL RECORD[S] TECHNICIAN [(CANCER REGISTRAR)] QUALIFICATION STANDARD**
**GS-0675**
**Veterans Health Administration**

1. **COVERAGE**. The following are the requirements for appointment as a Medical Record Technician (MRT) [(Cancer Registrar)] in the Veterans Health Administration (VHA). [ ] [Cancer registrars maintain clinical registries and work to meet the standards of regulatory and accrediting agencies that approve cancer programs and/or other programs requiring registries.] Coverage under this standard and the assignment of individuals to this occupation is restricted to the specific position [ ] identified above. [All qualification requirements for other Medical Records Technician parenthetical titles are in the respective newly established qualification standard] in this handbook 5005 part II.

**[2. DEFINITIONS.]**

a. **Creditable Experience.** Knowledge of current [m]edical [r]ecord [t]echnology. To be creditable, the candidate's experience must have demonstrated the use of knowledge, skills, and abilities associated with current [ ] cancer registry practice and may be paid or non-paid employment.

b. **Quality of Experience.** Experience is only creditable if it is either directly related to the position to be filled or in a related field. Qualifying experience must also be equivalent to the next lower grade level. Experience satisfying this requirement must be active practice, which is paid/non-paid employment as a MRT [(Cancer Registrar)].

c. **Part-Time Experience.** Part-time experience as a professional MRT is creditable according to its relationship to the full-time workweek. For example, a MRT would receive one week of full-time credit for each two weeks of half-time work.

**[3.] BASIC REQUIREMENTS.**

a. **Citizenship.** Be a citizen of the United States. Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with [38 U.S.C. § 7407(a).]

b. **Experience and Education**

(1) **Experience**. One year of experience that indicates knowledge of medical terminology and general understanding of the health record. Six months of the required one year of experience must have provided the knowledge, skills, and abilities (KSAs) needed to perform MRT work.

OR

(2) **Education.** Two years above high school with a minimum of 12 semester hours directly related to MRT work (e.g., courses in medical terminology, anatomy and physiology, and introduction to health records).

OR

(3) **Experience/Education Combination.** Equivalent combinations of experience and education are qualifying. The following educational/training substitutions are appropriate for combining education and experience:

(a) Six months of experience that indicates knowledge of medical terminology and general understanding of the health record and one year above high school with a minimum of six semester hours of health information technology courses.

(b) Successful completion of a course for medical technicians, hospital corpsmen, medical service specialists, or hospital training obtained in a training program given by the Armed Forces or the U.S. Maritime Service under close medical and professional supervision. Training may be substituted on a month-for-month basis for up to six months of experience, provided the training program included courses in anatomy, physiology, and medical record techniques and procedures. The position requires six additional months of experience that indicates knowledge of medical terminology and general understanding of the health record.

c. **Grandfathering Provision.** All persons employed in VHA as a [MRT (Cancer Registrar)] on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education that is part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Such employees may be reassigned, promoted up to and including the full performance (journeyman) level, or changed to lower grade within the occupation, but may not be promoted beyond the journeyman level or placed in supervisory or managerial positions.

(2) MRTs [(Cancer Registrar)] who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) MRTs [(Cancer Registrar)] initially grandfathered into this occupation, who subsequently obtain additional education that meets all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

(4) Employees who are retained as a MRT [(Cancer Registrar)] under this provision and subsequently leave the occupation, lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry as a MRT [(Cancer Registrar)].

d. **Physical Requirements.** See VA Directive and Handbook 5019, Employee Occupational Health Service.

e. **English Language Proficiency.** MRT (Cancer Registrar) candidates must be proficient in spoken and written English to be appointed as authorized by 38 U.S.C. § 7403(f)..

**[4.] GRADE REQUIREMENTS.** [All individuals assigned to this occupation must have an approved title as described below:]

[ ]

[a.] MRT (Cancer Registrar) [ ]

[ ]

[b.] MRT (Cancer Registrar) Coordinator; or

[c.] MRT (Cancer Registrar) VISN Coordinator

[d. Lead MRT (Cancer Registrar)]

**[5.] GRADE DETERMINATIONS.**

a. [ ] **MRT (Cancer Registrar), [GS-4]**

(1) **Experience or Education.** None beyond basic requirements.

(2) **Assignment.** [MRT (Cancer Registrar)] at this level serve in entry level [ ] positions and receive close supervision from more experienced [MRT (Cancer Registrar)] staff members.

b. [ ] **MRT (Cancer Registrar), [GS-5]**

(1) **Experience.** One year of experience equivalent to the next lower grade level or successful completion of four years of education above high school from an

accredited college or university with a minimum of 24 semester hours in health information technology.

(2) **Demonstrated [Knowledge, Skills, and Abilities].** In addition to the experience above, the candidate must demonstrate [all of] the following KSAs:

(a) Ability to utilize health information technology and various office software products utilized in MRT (Cancer Registrar) positions (e.g., the electronic health record, coding and abstracting software, release of information systems, etc.)[.]

(b) Knowledge of the Joint Commission requirements, [Centers for Medicare & Medicaid Services], Commission on Cancer [ ], and American College of Surgeons (ACoS) guidance and/or health record documentation guidelines[.]

(c) Ability to manage priorities and coordinate work [ ] to complete duties within required timeframes and ability to follow-up on pending issues.

(3) **Assignment.** [MRTs (Cancer Registrar)] at this grade level serve in developmental positions [ ] and receive guidance from more experienced MRT (Cancer Registrar) staff members for more complex issues and/or procedures.

c. [ ] **MRT (Cancer Registrar), [GS-6]**

(1) **Experience.** One year of experience equivalent to the next lower level.

(2) **Demonstrated [Knowledge, Skills, and Abilities].** In addition to the experience above, the candidate must demonstrate [all of] the following KSAs:

(a) Knowledge of medical terminology to understand the content of the medical record [.]

(b) Knowledge of anatomy and physiology to understand the location of the cancer[.]

(c) Ability to operate computerized programs [ ] to review documentation within the electronic medical record[.]

(d) Ability to notify appropriate parties and organize all required documentation to ensure complete case presentation at tumor boards.

(3) **Assignment.** [MRT (Cancer Registrar)] at this grade level searches the medical record to identify and abstract/code information. The abstract is conducted by collecting, summarizing, [ ] coding detailed demographic and clinical information, and assisting with organizing and maintaining the cancer registry data system.

Assists with lifetime follow-up on patients, including cancer status and vital status. Coordinates and participates on tumor boards to ensure that appropriate documentation is maintained.

**d.** [ ] **MRT (Cancer Registrar), [GS-7]**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Demonstrated [Knowledge, Skills, and Abilities].** In addition to the experience above, the candidate must demonstrate [all of] the following KSAs:

(a) Knowledge of pathophysiology [ ] to understand the spread of the cancer disease process[.]

(b) Ability to analyze the electronic health record and enter appropriate data into the OncoTrax cancer registry software abstract[.]

(c) Knowledge of ACoS standards regarding tumor boards, including clinical staging, prognostic indicators, clinical guidelines, and clinical trials availability.

(3) **Assignment.** [MRTs (Cancer Registrar)] at this grade level serve in developmental cancer registrar positions by thoroughly searching the medical record to identify and abstract/code all information. Organizes and maintains the cancer registry data system. Reviews lifetime follow-up on patients including cancer status and vital status. Coordinates and attends multidisciplinary tumor boards to ensure that appropriate documentation is maintained. Abstracts by collecting, summarizing and coding detailed demographic, and clinical information.

**e.** [ ] **MRT (Cancer Registrar), [GS-8]**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Demonstrated [Knowledge, Skills, and Abilities].** In addition to the experience above, the candidate must demonstrate [all of] the following KSAs:

(a) Knowledge of professional registry operations[.]

(b) Knowledge of medical terminology, staging of cancer, and requirements of internal and external approving organizations[.]

(c) Knowledge of the cancer committee processes and procedures [ ] to improve patient care and verify compliance with ACoS and/or facility standards[.]

(d) Ability to serve as a subject matter expert on cancer programs for the medical center[.]

(e) Skill in utilizing electronic health records and cancer registry software.

(3) **Assignment.** This is [ ] the full performance level for this assignment. [MRTs (Cancer Registrar)] at this level perform all tasks and duties autonomously. Searches the medical record to identify and abstract/code all information. Organizes and maintains the cancer registry data system. Reviews lifetime follow-up on patients including cancer status and vital status. Oversees tumor board documentation, ensuring documentation meets the requirements and standards set forth by ACoS and/or facility standards. Ascertains a random sampling of annual analytic case load for physician review to ensure quality registry data.

**f.** [ ] **Lead MRT (Cancer Registrar), [GS-9]**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Demonstrated [Knowledge, Skills, and Abilities].** In addition to the experience above, the candidate must demonstrate [all of] the following KSAs:

(a) Ability to organize work, set priorities, and delegate tasks/responsibilities [ ] to meet deadlines[.]

(b) Knowledge of neoplastic disease processes, cancer staging systems, biologic and molecular prognostic indicators to determine derived stage[.]

(c) Knowledge of reportable diseases, surveillance, epidemiology and end results [ ] program, cancer staging systems, multiple primary and histology rules, international classification of diseases for oncology, [ ] morphology and topography, cancer treatment modalities, and data requirements[.]

(d) Ability to analyze data using comparative statistical methods and present the data in graph [ ] format[.]

(e) Ability to interpret and apply facility bylaws regarding the cancer program[.]

(f) Knowledge of legal and regulatory requirements governing cancer registry operations to plan, organize, and maintain special cancer registries[.]

(g) Ability to communicate orally and in writing to ensure staff compliance with written directives, rules, and regulations.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Lead [MRTs (Cancer Registrar)] are responsible for developing, organizing, implementing and maintaining an accurate system to identify all reportable diagnoses, assuring that all eligible cases are identified and coded into the registry system. Utilizes the electronic health record to identify and abstract/code the required data elements. Conducts lifetime follow-up on patients, documenting the progression/recurrence of their disease and other required elements. Distributes workload and maintains productivity while assuring accuracy and completeness of registry data. Analyzes and submits data to the internal and external entities as required. Prepares routine statistical reports.

**g.** [ ] **MRT (Cancer Registrar) Coordinator, GS-9]**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Demonstrated [Knowledge, Skills, and Abilities].** In addition to the experience above, the candidate must demonstrate [all of] the following KSAs:

(a) Knowledge and understanding of ACoS and/or facility requirements for administering, monitoring, and reporting compliance of the cancer program to the governing bodies[.]

(b) Ability to interpret data [ ] to set, evaluate, and adjust the cancer program and/or facility goals and objectives[.]

(c) Ability to inform cancer registry staff on the technical components of the cancer database, coordinate workflow and monitor data for accuracy and quality measures[.]

(d) Ability to multitask[.]

(f) Ability to communicate with diverse disciplines regarding the facility requirements of the cancer program[.]

(g) Ability to analyze and interpret data for use in facility strategic planning[.]

(h) Ability to develop cancer program/cancer registry policies and procedures to ensure patient-centered care for cancer patients in accordance with government-wide, agency, and facility requirements.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), [ ] range of variety, and be performed by the incumbent at least 25% of the time. [MRTs (Cancer Registrar)] function as the coordinator of all activities associated with the cancer

registry and cancer program. Provides technical direction to program clerks and technicians who assist with the cancer registry. Performs analysis of work processes to identify reasonable and efficient measurement of the quality of the work and identify areas of possible improvement. Prepares routine and special statistical reports, narratives and graphic representations requiring use of registry data. Conducts special studies and surveys for identifying opportunities to improve patient care. [MRT (Cancer Registrar)] are subject matter experts on ACoS and/or facility standards pertaining to setting and monitoring goals, presenting statistical and written reports to identify resource needs and process improvement opportunities, and participating in strategic planning. Serves as a liaison between the cancer committee and internal and external entities. Serves as a core member on cancer committees to ensure that the discussions are consultative, address patient management issues, and contain applicable staging schema. [MRT (Cancer Registrar)] are subject matter experts on registry and cancer program issues.

**h.** [ ] **MRT (Cancer Registrar) VISN Coordinator, [GS-9]**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Demonstrated [Knowledge, Skills, and Abilities].** In addition to the experience above, the candidate must demonstrate [all of] the following KSAs:

(a) Knowledge and application of program data sources, professional association standards, and other data resources[.]

(b) Ability to organize, coordinate and prioritize simultaneous work assignments, both individual and team related[.]

(c) Knowledge of data extraction, data and statistical analysis techniques, operations and research techniques, and methods of problem analysis [ ] to make appropriate recommendations[.]

(d) Ability to identify and recommend changes in procedures or programs that lead to accreditation and/or a minimum set of standards for cancer care[.]

(e) Knowledge of pertinent laws, regulations, policies and precedents relating to the use of cancer registry information[.]

(f) Ability to communicate both verbally and in writing with administrative and management personnel, line supervisors, and top-management [ ] to optimally disseminate information, resolve queries, and handle administrative functions[.]

(g) Ability to develop and implement training mechanisms for registry staff within the VISN.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. [MRTs (Cancer Registrar)] function as VISN registry coordinator mentoring and training new and experienced tumor registrars within the VISN utilizing electronic cancer registry data collection systems. Performs quality assurance on registry data and may initiate studies to assess completeness, appropriateness and consistency in data collection. Encourages team building by means of teleconferencing and face-to-face meetings within the VISN to assure continuity of care, training, education, and support. Develops training mechanisms utilizing resources available via the web and other sources. Serves as VISN registry experts to VISN management and staff for all programs requiring access to registry data. [MRT (Cancer Registrar)] are responsible for supporting programs with backlog abstraction and/or follow-up. Provides support in the development of cancer registrar programs including establishing a set of minimum standards for cancer care throughout the VISN.

**[6.] DEVIATIONS.**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for MRTs [(Cancer Registrar)] in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. §§ 7401(3), 7402, 7403, 7405, 7407(a)**]

# APPENDIX G36. DENTAL ASSISTANT QUALIFICATION STANDARD
## GS-681
## Veterans Health Administration

**1. COVERAGE.** Following are requirements for appointment as a Dental Assistant in the Veterans Health Administration (VHA). These requirements apply to all VHA dental assistants in the General Schedule (GS)-681 series.

**2. BASIC REQUIREMENTS**

a. **Citizenship.** Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified candidates in accordance with chapter 3, section A, paragraph 3g, this part.)

b. **Experience and Education**

(1) **Experience.** Six months experience that demonstrates the applicant's ability to perform the work, or provides familiarity with the work.

**OR,**

(2) **Education.** Successful completion of a 1-year dental assistant program accredited by the American Dental Association's Commission on [Dental] Accreditation [(CODA)].

(3) **Experience/Education Combination.** Equivalent combinations of experience and education are qualifying.

c. **Certification.** Public Law 97-35 requires that persons who administer radiologic procedures meet the credentialing standards in 42 CFR Part 75. Essentially, they must have successfully completed an educational program that meets or exceeds the standards described in that regulation, and is accredited by an organization recognized by the Department of Education, and be certified as radiographers in their field.

(1) [ ] **Provisions for Certification of Radiologic Competence**

(a) Successful completion of the Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, Inc.;

**OR,**

[(b)] Successful completion of the Principles and Practice of Dental Radiology and Radiographic Safety courses and examinations developed by the Assistant Under Secretary for Health for Dentistry. [ ]

**OR,**

[(c) Successful completion of a radiation health and safety program or examination approved by a state board of dentistry or the Department of Defense (DoD).]

(2) Non-certified applicants who otherwise meet the eligibility requirements for certification of radiologic competence may be given a temporary appointment as a graduate dental assistant under the authority of 38 U.S.C. § 7405 (a) (1) (D). Failure to obtain certification during that period is justification for termination of the temporary appointment. This [will result in removal from the GS-681 series and] may result in termination of employment.

(3) Certification in basic life support methods is highly desirable.

[(4) Certification by the Dental Assisting National Board (DANB). The American Dental Association (ADA) recognizes DANB as the national certification for Dental Assistants. DANB certification is not required, but highly desirable for the appointment of Dental Assistants up to and including the full performance level, **and is required for all positions above the full performance level**.]

[(5)] **Loss of Credential.** An employee in this occupation who fails to obtain licensure/certification/registration within the required time frame, or who fails to maintain the required licensure/certification/registration must be removed from the occupation, which may also result in termination of employment.

[ ]

d. **Grandfathering Provision.** [ ] All persons employed in VHA in this occupation on the effective date of this qualification standard are considered to have met all qualification requirements <u>for the title, series and grade held</u>, including [ ] certification [(for positions above the full performance level)] that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

[ ]

[(1)] Such employees [ ] may be reassigned, promoted up to and including the full performance (journey) level, or [changed to lower grade] within the occupation, but <u>may not</u> be promoted beyond the journey level or placed in supervisory or managerial positions. Such employees [MUST] meet the [certificationion] requirement before they can be promoted to those higher grade levels.

[(2)] Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

[(3)] Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

[(4)] If an employee who was retained [ ] under this provision leaves [the] occupation, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

e. **Physical Requirements.** See VA Directive and Handbook 5019.

f. **English Language Proficiency.** Dental assistants must be proficient in spoken and written English in accordance with chapter 2, section D, paragraph 5a, this part.

**3. GRADE REQUIREMENTS**

a. **Definitions**

(1) **Creditable Experience**

(a) **Knowledge of Current Professional Dental Assistant Practices.** To be creditable, the experience must have required the use of knowledge, skills, abilities [(KSAs)], and other characteristics (also referred to as "core competencies") associated with current professional dental assisting practice. Evidence of such experience includes graduation from a certified dental assisting training program, experience in private practice, VHA, Department of Defense (DoD), or other federal[, state, community or charitable] health care agency.

(b) **Quality of Experience.** Experience is only creditable after the training program certifies that the individual has completed all required courses, an internship if it is part of the program, and graduated with passing grades.

(c) **Part-Time Experience.** Part-time experience as a dental assistant is credited according to its relationship to full-time workweek. For example, a dental assistant would receive 1 week of full-time credit for each 2 weeks of half-time work.

(2) [**Expanded Function Level.** Expanded function level is defined as possessing the training and ability to provide independent and expert dental procedures as well as providing clinical assistance to the treating dentists in more complex procedural cases. The expanded function dental assistant has an increased depth and breadth of dental practice skills, and has mastered a range of dental procedures and interventions and provides direct patient care within the scope of practice. Examples of procedures may be diagnostic, restorative and/or surgical in nature. The expanded function dental assistant will make independent professional decisions and recommendations to the treating dentist and interdisciplinary care teams. The expanded functional dental assistant has the expertise to participate in the professional development of colleagues through mentorship and teaching].

b. **Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.

(1) **GS-3**

(a) **Experience or Education.** None beyond the basic requirements.

(b) **Assignment.** Employees at this level serve in dental assistant career development positions. It is expected that they receive guidance from more experienced staff members for more complex patient issues, and require daily close supervision.

(2) **GS-4**

(a) **Experience or Education.** In addition to the basic requirements, 1 year of experience at the next lower level, OR 2 years of education above high school that included completion of a dental assistant program accredited by the American Dental Association's Commission on [Dental] Accreditation [(CODA)]. In addition, the candidate must demonstrate the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. [Basic knowledge of infection control and safe instrument handling].

2. Basic knowledge of dental procedures and [medical emergencies].

3. [Ability to perform basic radiographic image capture and processing/retrieval].

[4. Basic knowledge of maintenance, care and storage of dental equipment.

5. Basic knowledge of patient privacy requirements.]

(c) **Assignment.** Employees at this level serve as [developmental] staff dental assistants. It is expected that they receive guidance from more experienced staff members for more complex patient issues and require daily and direct contact at the site of work from the assigned supervisor. [Assignments at this level include but are not limited to: receiving and preparing patient for treatment including seating, positioning chair, placing napkin, performing disinfection and sterilization procedures; performing basic chair side assisting with direct instruction from treating dentist; reporting medical emergencies to dentist; preparing procedural trays/armamentaria set-ups; exposing and processing basic dental radiographs with direct supervision; mounting and labeling dental radiographs and/or saving digital images to the electronic medical record with direct supervision; complying with standard recommendation for equipment maintenance; retrieving all pertinent patient records prior to seating the dental patient; directing patient to appropriate staff for the intent of scheduling visits.]

(3) **GS-5**

(a) **Experience or Education**

(1) [In addition to the requirements listed at GS-4 above, applicants must demonstrate] at least 1 year of experience [equivalent to] at the next lower grade level that demonstrates the core competencies described at that level. [ ]

**OR,**

(2) Successful completion of a full 4-year course of study that included or was supplemented by completion of a dental assistant program by [CODA.

(3) In addition to meeting paragraph (1) or (2) above, the applicant must demonstrate the following KSA's:]

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of anatomy and [ability to evaluate diagnostic quality] .

2. [Broad knowledge of common medical emergencies and vital signs measurement].

3. [Basic] knowledge of instruments, materials and standardized dental procedures [ ].

4. [Ability to learn and utilize software programs used within VHA].

5. [Basic communication skills to provide patient instructions according to established protocol].

[ ]

(c) **Assignment.** Employees at this level serve as staff dental assistants [for routine dental procedures. Direct supervision is given for any complex patient procedures from more experienced dental assistants or the treating dentist]. [Assignments at this level include but are not limited to: responds to basic medical emergencies; measures and records vital signs; provides pre- and post-operative instructions; maintains a field of operation during dental procedures through the use of retraction, suction, irrigation, drying, placing and removing cotton rolls; using the concepts of four-handed dentistry, assists with basic restorative procedures; mixes basic dental materials; assists in preparation of laboratory prescription forms; applies pressure indicator paste to removable prostheses; exposes and processes basic dental radiographs; mounts and labels dental radiographs and/or saves digital imaging to electronic medical records; evaluates radiographs for diagnostic quality; maintains routine dental equipment per manufacturer and dental service standards.]

(4) **GS-6** [**Staff Dental Assistant (Full Performance Level)**]

(a) **Experience.** At least 1 year of experience [equivalent to] the next lower grade level that demonstrates the core competencies described at that level. In addition, the candidate must demonstrate the [following] technical KSAs [ ]:

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. [Ability to identify normal oral anatomy.

2. Advanced knowledge of instruments, materials, and standardized dental procedures used in all phases of restorative, surgical, endodontic and periodontal care and procedures.

3. Ability to monitor and perform basic interpretation of vital signs.

4. Ability to independently provide procedure-specific patient education and appropriate referral of patient concerns to treating dentist.

5. Ability to capture standard and special dental images of good diagnostic quality in traditional or digital formats.

6. Ability to perform maintenance on dental equipment used for routine and specialty dentistry.

7. Ability to enter and retrieve data utilizing electronic dental records.

8. Ability to perform dental assistant-appropriate laboratory procedures]

(c) **Assignment.** [Employee serves at the full performance level with the ability to perform full range of duties with some independence in assigned specialties, with indirect supervision from the lead dental assistant, dental assistant supervisor or treating dentist. Assignments at this level include, but are not limited to: using the concepts of four-handed dentistry; assists with specialty procedures including oral surgery, periodontal therapy, endodontic, prosthodontic and implant placement and restoration; anticipates surgeons/specialists needs at each stage of treatment; takes preliminary impressions; selects and manipulates a variety of gypsums and waxes; pours, trims and evaluates the quality of diagnostic casts; fabricates custom trays.

(5) **GS-7 Clinical Expanded Function Dental Assistant or Lead Dental Assistant**. At this level, dental assistants serve either as a Clinical Expanded Function Dental Assistant or Lead Dental Assistant. For all positions above the full performance level, duties must be assigned to the position at least 25% of the time.

(a) **Clinical Expanded Function Dental Assistant**

1. **Experience.** At least 1 year of experience at the next lower grade level or equivalent that demonstrates the core competencies described at that level. In addition, the candidate must demonstrate the following technical KSAs:

2. **Demonstrated Knowledge, Skills, and Abilities**

a. Ability to perform dental assisting expanded functions.

b. Comprehensive working knowledge of advanced imaging techniques in order to provide instruction (e.g. cone beam, cephalometric, advanced panoramic imaging, TMJ, etc).

3. **Assignment:** In this position, the employee performs a higher level, scope, complexity and variety representing the clinical assignment, and applies advanced clinical skills. Representative duties at this level include, but are not limited to: gathering diagnostic information, pulp vitality testing, charting of existing conditions, placing of rubber dam and matrices, selecting shades, placing retraction cord, placing and removing temporary restorations, fabricating temporary crowns and removing permanent cement from supragingival surfaces. In addition, the expanded function assistant may place and remove surgical dressing, monitor nitrous oxide analgesia, and perform coronal polishing and the cleaning and polishing of removable prostheses.

(b) **GS-7 Lead Dental Assistant**

1. **Experience.** At least 1 year of experience at the next lower grade level that demonstrates the core competencies described at that level. In addition, the candidate must demonstrate the following technical KSAs:

2. **Demonstrated Knowledge, Skills, and Abilities**

a. Advanced knowledge of dental assisting across multiple areas of practice, and demonstrated ability to provide guidance to staff dental assistants.

b. Skill in coordinating clinical work flow and assignments.

c. Ability to assist in dental program development, outcome management, and strategic planning.

d. Skill in acting as liaison between staff dental assistants and the supervisor.

e. Ability to provide professional oversight and consultation for staff dental assistants.

3. **Assignment.** The Lead Dental Assistant works with the supervisor or Chief Dental Service to monitor and make work assignments, provide input on performance, resolve daily workplace issues, and maintain efficient flow of patient care; may approve brief periods of leave, provide training to staff dental assistants, students and/or trainees; may recommend special advancements and promotions, disciplinary actions, etc. Assignments at this level include but are not limited to: provides instruction to other assistants in achieving diagnostic quality radiographs, provides instruction in maintenance of all dental service equipment, provides primary support to the chief for the daily delivery of department programs, reporting, staffing and scheduling, coordinates the patients' care plans to reduce redundancies and delay in patient treatment. Lead Dental Assistants generally would be found in Complexity Level 1 (High Complexity) or Complexity Level 2 (Medium Complexity) facilities, or in facilities of lesser complexity levels where large dental services are found. Individuals may perform ancillary assignments, including program management duties on an occasional basis.

(6) **GS-8 Senior Clinical Expanded Function Dental Assistant or Supervisory Dental Assistant.** At this level, dental assistants serve either as a Senior Clinical Expanded Function Dental Assistant or Supervisory Dental Assistant. For all positions above the full performance level, duties must be assigned to the position at least 25% of the time.

(a) **GS-8 Senior Clinical Expanded Function Dental Assistant**

1. **Experience.** At least 1 year of experience at the next lower grade level or equivalent that demonstrates the core competencies described at that level. In addition, the candidate must demonstrate the following technical KSAs.

2. **Demonstrated Knowledge, Skills, and Abilities**

a. Competency in expanded functions to include placement and finishing of permanent restorative materials such as amalgam and/or composite; or recording of final impressions.

b. Comprehensive and thorough knowledge of all aspects of dental imaging.

3. **Assignment.** Representative duties at this level include, but are not limited to: supragingival scaling; placing pit and fissure sealants; placing and finishing permanent restorative materials such as amalgam, glass ionomer or composite resin; making final impressions and adjusting dentures, applying pit and fissure sealants, placing liners and bases, carving amalgams, placing, curing and finishes composite resin restorations. Responsible for the imaging quality control program, troubleshooting and appropriate referral of identified imaging issues. Participates in developing equipment requests and justifications based on workload analysis. Specialty functions may include managing post-surgical bleeding, tying-in arch wires and selecting and placing orthodontic brackets.

(b) **GS-8 Supervisory Dental Assistant**

1. **Experience.** At least 1 year of experience at the next lower grade level that demonstrates the core competencies described at that level. In addition, the candidate must demonstrate the following technical KSAs and demonstrate the potential to acquire the assignment specific KSAs designated by an asterisk (*)

2. **Demonstrated Knowledge, Skills, and Abilities**

a. Advanced knowledge of dental assisting across multiple areas of practice, and the demonstrated ability to provide guidance to staff dental assistants.

b. Skill in coordinating clinical work flow and assignments.

c. Ability to assist the Chief in Dental Clinic operations related to policy development, equipment requests and workload analysis.

d. Ability to establish and maintain effective and cooperative work relationships.

e. Ability to analyze clinically appropriate data effectively to optimize quality, performance, and productivity within section.

f. *Ability to perform supervisory functions such as assessing competency, providing performance appraisals and managing training.

3. **Assignment.** The supervisory dental assistant is responsible for the supervision, administrative management, and direction of dental assistants. The incumbent may be delegated full administrative and professional responsibility for planning and directing the dental assisting activities for the service or equivalent unit at an independent outpatient clinic. They have full supervisory responsibility over a section or equivalent work unit which would require three or more dental assistants. Typical duties include: making work assignments, monitoring of staff dental assistant clinical performance, conducting

performance appraisals, and other clinical and administrative responsibilities as assigned by the Service Chief to ensure that the mission of the service and the medical center has been satisfied].

**4. DEVIATIONS**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for dental assistants in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements on the proposed grade.

b. Under no circumstances will the certification requirements of radiologic competence be waived.

c. The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. §§ 7402; 7403.**

# APPENDIX G37. DENTAL HYGIENIST QUALIFICATION STANDARD

## GS-0682

## Veterans Health Administration

1. **COVERAGE.** The following are requirements for appointment as a Dental Hygienist in the Veterans Health Administration (VHA). These requirements apply to all VHA Dental Hygienists employed in the General Schedule (GS)-0682 series. Dental Hygienists perform a wide variety of interventions which contribute to the overall oral health of Veterans. Their work requires a professional knowledge of the field of dental hygiene and the biomedical sciences related to dentistry.

2. **DEFINITIONS.**

   a. **Journey Level.** The full performance level for this occupation in VHA is the GS-0682-09 grade level.

   b. **Creditable Experience.** To be creditable, the experience must have required the use of knowledge, skills, abilities and clinical competencies associated with current professional dental hygiene practice. This experience must be verified with the practitioner or the supervising officers. Experience satisfying this requirement may be paid or non-paid employment in private practice, United States (U.S.) military services, local/state/federal health care or educational facilities.

   c. **Quality of Experience.** Experience satisfying this requirement must be active, paid or non-paid professional practice employment as a dental hygienist. Qualifying experience must be at a level comparable to dental hygienist experience at the next lower grade level of the position being filled. For all assignments above the full performance level, the higher level duties must consist of significant scope, administrative independence, complexity and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

   d. **Part-Time Experience.** Part-time experience is creditable according to its relationship to a full-time workweek. For example, an individual employed 20 hours per week, or on a half time basis, would receive one full-time work week of credit for each two weeks of service.

3. **BASIC REQUIREMENTS.** To qualify for appointment as a dental hygienist, all applicants must possess the following:

   a. **Citizenship.** Be a Citizen of the United States. Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with

[38 U.S.C § 7407(a), Administrative Provisions for Section 7405 and 7406 Appointments.]

b. **Education.** Applicants must possess an Associate degree or higher from an accredited dental hygiene program. The degree must have been obtained from an institution whose accreditation was in place for the year in which the course of study was completed. Approved programs are:

(1) Dental hygiene programs accredited by the American Dental Association's Commission on Dental Accreditation (CODA).

(2) [Education completed outside of the United States must be considered at least equivalent to that gained in CODA accredited United States programs and would enable the candidate to sit for the National Board Dental Hygiene Examination, which is administered by the Joint Commission on National Dental Examinations.]

c. **Licensure/Certification**

(1) **Licensure.** Applicants must be currently licensed to practice as a dental hygienist with a full, current and unrestricted license in a State, Territory or Commonwealth of the United States, or the District of Columbia.

(2) **Certification.** P.L. 97-35, Omnibus Budget Reconciliation Act Of 1981, requires persons who administer radiologic procedures meet the credentialing standards in 42 C.F.R. Part 75, Standards for the Accreditation of Educational Programs for and the Credentialing of Radiologic Personnel. To meet this requirement, they must have successfully completed an educational program that meets or exceeds the standards described in that regulation and is accredited by an organization recognized by the Department of Education and be certified as radiographers in their field. Accredited dental hygiene programs contain curriculum addressing radiologic procedures meets the requirement for certification as dental radiographers.

(3) **Exceptions for Non-Certified Dental Hygienist.**

(a) Non-certified applicants who otherwise meet the eligibility requirements for licensure, may be given a temporary appointment as a graduate dental hygienist under the authority of 38 U.S.C. § 7405(c)(2)(B), Temporary Full-Time Appointments, Part-Time Appointments and Without-Compensation Appointments for a Period Not to Exceed Two Years.

(b) Non-certified individuals shall only provide care under the supervision of a certified dental hygienist at or above the full performance level.

(c) Non-certified individuals may only be appointed at the entry level and may not be promoted/converted until certification is obtained.

(d) Temporary appointments of non-certified dental hygienist may not be extended beyond two years or converted to a new temporary appointment.

(e) **Failure to Obtain Certification.** In all cases, dental hygienists must actively pursue meeting requirements for certification starting from the date of their appointment. At the time of appointment, the dental hygienist supervisor will provide the dental hygienist with the written requirements for licensure/certification, including the time by which the licensure/certification must be obtained and the consequences for not becoming certified by the deadline. Management officials will remove dental hygienists from their positions who fail to obtain licensure/certification during this time period, which may result in termination of employment

(4) **Loss of Credential.** Management officials will remove dental hygienists from their positions who fail to maintain the required licensure/certification, which may also result in termination of employment.

d. **Grandfathering Provision.** All individuals employed in VHA in this occupational series or in another occupational series performing the duties as described in the qualification standard on the effective date of the qualification standard are considered to have met all qualification requirements for the grade held including positive education and licensure/trademark/registration/certification. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Employees may be reassigned, promoted up to and including the full performance (journey) level or changed to lower grade within the occupation, but may not be promoted beyond the journeyman level or placed in supervisory or managerial positions.

(2) Employees in an occupation that requires a licensure/certification only at higher grade levels must meet the licensure/certification requirement before they can be promoted to those higher grade levels.

(3) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis until they fully meet the basic requirements of the standard.

(4) Employees who are converted to title 38 hybrid status under this provision and subsequently leave the occupation lose protected status and must meet

the full VA qualification standard requirements in effect at the time of reentry to the occupation.

(5) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

e. **Foreign Education.** To be creditable, education completed outside the U.S. must be deemed at least equivalent to that gained in a conventional U.S. program by a private organization specializing in the interpretation of foreign educational credentials.

f. **Physical Requirements.** See VA Directive and Handbook 5019, Employee Occupational Health Service for requirements.

g. **English Language Proficiency.** Dental hygienist candidates must be proficient in spoken and written English in accordance with 38 U.S.C. § 7403(f).

**4. GRADE DETERMINATIONS.** In addition to the basic requirements outlined in paragraph 3.b., the following criteria must be met when determining the grade of candidates.

a. Grade Determinations.

(1) **Dental Hygienist, GS-05**

(a) **Experience.** None, beyond the basic requirements.

(b) **Assignment.** Employees at this level serve in entry level dental hygienist positions. They receive guidance from more experienced staff members for patient issues and require daily supervision at the site of work.

(2) **Dental Hygienist, GS-06**

(a) **Experience.** At least one year of experience at the next lower grade level.

(b) **Assignment.** Employees at this level serve as developmental level 1 dental hygienists. It is expected that they receive guidance from more experienced staff members for complex patient issues and require daily and direct contact at the site of work from the assigned supervisor.

(c) **Demonstrated Knowledge, Skills and Abilities (KSAs)**. In addition to the experience above, the candidate must demonstrate the following KSAs:

i. Knowledge of oral prophylactic, therapeutic, and preventive procedures for periodontal diseases, or inflammation, or on patients with other medical and/or dental problems.

ii. Knowledge of dental methods and techniques used in performing intra and extra oral procedures.

iii. Ability to use communication techniques to encourage and inform individuals and groups.

(3) **Dental Hygienist, GS-07**

(a) **Experience.** At least one year of experience at the next lower grade level that demonstrates the clinical competencies described at that level.

(b) **Assignment.** Employees at this level serve as developmental level 2 dental hygienists. It is expected that they perform more complex work while receiving less frequent supervision than at the GS-6 level.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

i. Knowledge of oral pathology to include disease of the hard and soft tissues, disorders of tooth structure, developmental and congenital anomalies, salivary gland disorders, symptoms of infectious disorders, and appropriate protocols.

ii. Practical knowledge of medical diseases, conditions, and chronic degenerative diseases as they relate to dental health and treatment.

iii. Knowledge of radiographic exposure techniques to produce radiographs of high diagnostic quality.

(4) **Dental Hygienist, GS-08**

(a) **Experience.** At least one year of experience at the next lower grade level that demonstrates the clinical competencies described at that level.

(b) **Assignment.** Employees at this level serve as developmental level 3 dental hygienists with the ability to perform direct patient care under the general supervision of the dentist. It is expected that they receive guidance from higher-level or supervisory staff members for only the most complex patients. Assignments at this level include, but are not limited to: patient assessments (e.g. risk assessments, oral health assessments), prevention recommendations, prophylaxis, periodontal treatment for mild to moderate disease (e.g. scaling and root planing, full mouth debridement), Periodontal Screening and Recording (PSR)

radiograph/image capture, fluoride treatment application, topical anesthesia administration and management of stable medically compromised patients (including risk factors).

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to meeting the KSAs for the GS-07 level, the candidate must demonstrate the following KSAs:

i. Knowledge of state-of-the-art preventive dentistry measures for patient instruction and training.

ii. Knowledge of anatomy and physiology in order to interpret the examination request accurately; to understand the functioning and interrelationship of the various anatomical structures appearing on the radiographic image and the various stages of the examination to judge the acceptability of the radiograph for diagnostic use; and to present for viewing.

iii. Knowledge of The Joint Commission (TJC), Occupational Safety and Health Administration (OSHA), and related regulations and guidelines pertaining to dental matters.

iv. Skill in providing individual and group oral health care instructions to inpatients, outpatients, Nursing Home Care Unit patients, etc.

(5) **Dental Hygienist, GS-09**

(a) **Experience.** At least one year of experience at the next lower grade level that demonstrates the clinical competencies described at that level.

(b) **Assignments.** Employees at this level serve as staff dental hygienists at the full performance level. They provide direct patient care and receive guidance from higher-level or supervisory staff members for only the most complex patients and require only general supervision from a dentist. Assignments at this level include but are not limited to patient medical assessment (e.g. medical/dental history, social history, vital signs, full periodontal assessment and charting), disease and treatment management recommendations, denture care, scaling and root planing, radiographs/image interpretation, patient education (e.g. post-procedure, tobacco cessation, caries and perio-disease prevention), behavior management, management of stable medically compromised patients (including risk factors), instrument sharpening, inter-service communication.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to meeting the KSAs for the GS-8 level, the candidate must demonstrate the following KSAs:

i. Knowledge of hygiene procedures to explain the process and indication, complications and expected treatment outcomes for each.

ii. Knowledge of proper usage of dental radiography equipment, radiation safety, assessment of proper image capture and interpretation of films.

iii. Knowledge to select appropriate available fluoride products and indications/limitations for safe and proper application.

iv. Skill in detecting plaque and calculus, dental abnormalities/pathologies, assessing inflammation and providing safe instrumentation for each procedure.

v. Skill in educating patients and caregivers on periodontal disease, wellness, health maintenance, oral hygiene practices, parafunctional habits, and effects of illness, addictions, medications and tobacco on the oral cavity.

vi. Ability to assess the patient's medical, dental, anxiety/phobias, medications and comorbidities to administer safe patient care.

vii. Ability to assess the impact of patient's medical and dental condition on maintaining oral health, recognize age-related changes in individual patients, adapt patient environment, and maximize patient's physical comfort.

(6) **Dental Hygienist, GS-10 (Advanced Clinical)**

(a) **Experience.** At least one year of experience equivalent to the next lower grade level that is directly related to the position being filled fully meets the KSAs at that level.

(b) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, and range of variety, and be performed by the incumbent at least 25% of the time. At this level, dental hygienists are advanced-level practitioners in assigned areas. Employee assignments may include but are not limited to advanced patient assessments/clinical evaluations (blood glucose levels, medication reconciliation, oral cancer screening, dietary analysis for caries risk, pulse oximeter, comprehensive periodontal charting), prophylaxis in complex restorative cases (e.g. multiple dental implants, orthognathic, post-surgical trauma, etc.), advanced scaling and root planing (ability to

use advanced modalities) with or without soft-tissue curettage, advanced radiographic studies (cone beam computed tomography (CT), cephalometric), local anesthesia administration, advanced adjunctive treatment (xerostomia treatment recommendations, sulcular lavage, placement of intrasulcular medicaments, applying and removing periodontal surgical dressings, orthodontic care, sealant placement, occlusion adjustment, placement of desensitizing agents, professional whitening procedures), individual and group oral hygiene instructions for special-needs populations, elevated educational instruction, development of training materials/presentations), management of medically and/or behaviorally compromised patients, and collaboration with other disciplines.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to meeting the KSAs for the GS-09 level, the candidate must demonstrate the following KSAs:

i. Knowledge of medical assessment techniques including interviewing and evaluating clinical findings (e.g. normal and critical lab values) to adapt treatment based on medical and psychological issues.

ii. Advanced knowledge of oral and dental anatomy including root anatomy, common pathologies and anomalies, and indications for advanced radiographic imaging and proper technique to detect potential abnormalities.

iii. Knowledge of medical treatment adjuncts and indications and the ability to safely administer medicaments (e.g. intrasulcular medicaments, local anesthesia, sulcular lavage, applying and removing periodontal surgical dressing).

iv. Knowledge of advanced adjunctive diagnostic and therapeutic equipment, indication for use and ability to utilize safely (e.g. sonic, magnetostrictive ultrasonic, and piezo ultrasonic scalers).

v. Skill in providing safe and thorough prophylaxis, root planing and soft-tissue curettage for complex periodontal and/or restorative cases and skill in providing safe care for patients with complex medical/psychiatric issues.

vi. Ability to apply adult education techniques/methods, organize curriculum, judge cognitive ability, and provide healthcare education regarding relationships between medical and dental pathologies to groups, interdisciplinary staff, and other outside contacts.

(7) **Lead Dental Hygienist, GS-10**

(a) **Experience.** At least one year of experience at the next lower grade level that demonstrates the clinical competencies described at that level.

(b) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, and range of variety, and be performed by the incumbent at least 25% of the time. Lead dental hygienists generally are found in Complexity Level 1 (High Complexity) or Complexity Level 2 (Medium Complexity) facilities, or in facilities of lesser complexity levels where large dental services are found. The lead dental hygienist monitors work flow and makes work assignments, provides input on performance, resolves daily workplace issues, and maintains efficient flow of patient care; may approve brief periods of leave, provide training to dental auxiliary staff (dental assistants and/or dental hygienists), students and/or trainees; may recommend special advancements and promotions, disciplinary actions, etc. Assignments at this level include but are not limited to providing instruction to dental auxiliary staff (dental assistants and/or dental hygienists) in achieving diagnostic quality radiographs, providing instruction in maintenance of all dental service equipment, providing primary support to the chief for the daily delivery of department programs, reporting, staffing and scheduling, coordinates patient care plans to reduce redundancies and delay in patient treatment. They may perform ancillary assignments, including program management duties, on an occasional basis.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to meeting the KSAs for the GS-09 level, the candidate must demonstrate the following KSAs:

i. Advanced knowledge of dental hygiene and/or dental assisting across multiple types of dental practice and demonstrated ability to provide guidance to dental auxiliary staff (dental assistants and/or dental hygienists).

ii. Knowledge of procedures and policies to provide oversight and training for dental auxiliary staff (dental assistants and/or dental hygienists).

iii. Ability to monitor and report on the status and progress of work and make adjustments to accomplish the workload in accordance with established procedures.

iv. Ability to assist in dental program development, outcome management, and strategic planning.

v. Ability to act as liaison between dental staff to resolve informal employee complaints and concerns.

(8) **Supervisory Dental Hygienist, GS-10**

(a) **Experience.** At least one year of experience at the next lower grade level that demonstrates the clinical competencies described at that level.

(b) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, and range of variety, and be performed by the incumbent at least 25% of the time. Supervisory dental hygienists generally are found in Complexity Level 2 (Medium Complexity) or Complexity Level 3 (Low Complexity) facilities. The supervisory dental hygienist is responsible for the supervision, administrative management, and direction of dental auxiliary staff. They have full supervisory responsibility over a section or equivalent work unit; but may also be delegated full administrative and professional responsibility for planning and directing the dental auxiliary staff activities for the service or equivalent unit at an independent outpatient clinic. . Supervisory dental hygienists' typical duties include preparing work assignments, monitoring clinical performances of dental auxiliary staff, conducting performance appraisals, and other clinical and administrative responsibilities to ensure that the mission of the service and the medical center has been satisfied. They ensure compliance with accrediting agency and regulatory requirements, establishes and monitors the quality of the pre-analytical processes as part of the overall dental service quality management program, and assures corrective action is initiated as needed. They conduct orientation and competency assessments of assigned staff. They develop policies and procedures, manages document control, develop performance standards, position descriptions and functional statements, and are responsible for professional and administrative management of an assigned area to include budget execution. Supervisory dental hygienists maintain interdepartmental relations with other services to accomplish medical center goals.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to meeting the KSAs for the GS-9 level, the candidate must demonstrate the following KSAs and demonstrate the potential to acquire the assignment-specific KSAs designated by an asterisk (*):

i. Advanced knowledge of dental hygiene and/or dental assisting across multiple types of dental practice to provide guidance and training to dental auxiliary staff;

ii. Skill in coordinating clinical workflow and work assignments;

iii. Ability to develop policy, manage equipment requests and provide workload analysis in Dental Clinic operations;

iv. Demonstrated leadership and managerial skills, including skill in interpersonal relations and conflict resolution to deal with employees, team leaders, and managers;

v. Ability to analyze clinically appropriate data and make recommendations to optimize quality, efficiency, performance, and productivity within service; and

*vi. Ability to perform the full range of supervisory duties which would include responsibility for assignment of work to be performed; competency assessments; performance evaluations; selection of staff; and recommendation of awards, advancements, and when appropriate, disciplinary actions.

(9) **Dental Hygienist (Senior Clinical), GS-11**

(a) **Experience.** At least one year of experience equivalent to the next lower grade level that is directly related to the position being filled fully meets the KSAs at that level.

(b) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, and range of variety, and be performed by the incumbent at least 25% of the time. At this level, dental hygienists are senior-level clinical practitioners in assigned areas. Assignments may include but are not limited to conducting comprehensive medical assessment, adaptive treatment of the medically/mentally/physically compromised, using more advanced adjunctive, diagnostic tools and techniques in patients with severe and recalcitrant periodontal disease, designing customized adaptive aids, participating in patient wellness programs, advanced medical and behavioral management, curriculum and examination fabrication, and giving lectures and presentations.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to meeting the KSAs for the GS-10 Advanced Clinical Hygienist level, the candidate must demonstrate the following KSAs:

i. Knowledge of comprehensive medical assessment (including contraindications to dental treatment) and appropriate adaptation techniques to provide safe and effective periodontal care in severely compromised patients.

ii. Knowledge of more advanced adjunctive, diagnostic tools and techniques (e.g. microscopy, toluidine blue dye, intraoral camera) for monitoring clinical disease processes and patient selection for their indicated use.

iii. Knowledge of tobacco cessation treatments and counseling techniques to select and manage patients in a comprehensive program and make recommendations for prescribing tobacco cessation medications.

iv. Knowledge of medical and behavioral management risk factors for medically/mentally/physically compromised patients including indication of administration of adjunctive therapies (e.g. nitrous oxide, self-induced hypnosis techniques).

v. Skill in designing custom adaptive aids based on assessment of patients' abilities and disabilities and training patients and caregivers for proper usage.

vi. Ability to write curriculum, examinations, training protocol, present lectures and presentations at the level of dental hygiene school faculty.

vii. Ability to effectively interview, screen and adapt treatment based on findings of medically/mentally/physically compromised patients.

(10) **Supervisory Dental Hygienist, GS-11**

(a) **Experience.** At least one year of experience at the next lower grade level that demonstrates the clinical competencies described at that level.

(b) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, and range of variety, and be performed by the incumbent at least 25% of the time. Supervisory dental hygienists generally are found in Complexity Level 1 (High Complexity) facilities, or in facilities of lesser complexity levels where large dental services are found. Supervisory dental hygienists are responsible for the supervision, administrative management, and direction of dental auxiliary staff in a section or equivalent work unit. They may be delegated full administrative and professional responsibility for planning and directing the dental auxiliary staff activities for the service or equivalent unit at an independent outpatient clinic. Supervisory dental hygienists' typical duties include preparing work assignments, monitoring clinical performances of dental auxiliary staff, conducting performance appraisals, and other clinical and administrative responsibilities to ensure that the mission of the service and the medical center is satisfied. They ensure compliance with accrediting

agency and regulatory requirements; establish and monitor the quality of the pre-analytical processes as part of the overall dental service quality management program, and ensure corrective action are initiated as needed. They conduct orientation and competency assessment of assigned staff. Supervisory dental hygienists develop policies and procedures, manage document control, develop performance standards, position descriptions and functional statements, and are responsible for professional and administrative management of an assigned area to include budget execution. The supervisor will maintain interdepartmental relations with other services to accomplish medical center goals.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to meeting the KSAs for the GS-10 level, the candidate must demonstrate the following KSAs and demonstrate the potential to acquire the assignment-specific KSAs designated by an asterisk (*).

i. Ability to work independently to set priorities, delegate tasks, meet multiple deadlines, analyze organizational problems, and develop and implement effective solutions to optimize quality, efficiency, performance, and productivity within the service;

ii. Ability to develop policy, manage equipment requests, and provide workload analysis in Dental Clinic operations;

iii. Demonstrated leadership and managerial skills including skill in interpersonal relations and conflict resolution to deal with employees, team members, managers and other departments; and

*iv. Ability to perform the full range of supervisory duties which would include responsibility for assignment of work to be performed; competency assessments; performance evaluations; selection of staff; and recommendation of awards, advancements, and when appropriate, disciplinary actions.

## 5. DEVIATIONS.

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade and/or assignment.

b. The Under Secretary for Health in VHA Central Office must approve the placement of individuals in grade levels or assignments not described in this standard must be prior to placement in the position.

c. Under no circumstances will the educational or credential requirement be waived for those occupations with a positive education requirement or when specific credentials are identified as necessary to meet minimum requirements, unless an exception is annotated in the qualification standard.

**Authority: P.L. 111-163, Caregivers and Veterans Omnibus Health Services Act of 2010, 38 U.S.C. §§ 7401, Appointments in Veterans Health Administration; 7402, Qualifications of appointees; 7403, Period of appointments; promotions; 7405, Temporary full-time appointments, part-time appointments, and without-compensation appointments; 7407, Administrative provisions for section 7405 and 7406 appointments.**

## APPENDIX G38. BIOMEDICAL ENGINEER QUALIFICATION STANDARD

### GS-[0]858
### Veterans Health Administration

1. **COVERAGE.** This [qualification] standard applies to all [B]iomedical [E]ngineer, [GS-0858], positions in the Veterans Health Administration (VHA). The work requires the application of engineering concepts and methodology to investigate problems and phenomena of living systems, in order to advance the understanding of these systems and to improve medical practices. [In addition, the work involves the development and/or deployment of] materials, instruments, diagnostic and therapeutic devices, other equipment applicable to the study of living systems, and to the practice of medicine to improve healthcare delivery within [VHA. Biomedical Engineering work requires knowledge and skill in multiple engineering disciplines and specialized subject matter expertise in areas such as computer applications, electronics, mathematics, along with a background in human anatomy and physiology].

**[2. DEFINITIONS.**

a. **Appointing Official.** The Human Resources Management Officer is delegated appointing authority to process and authenticate notifications of personnel actions, and the authority to effect management-approved employment actions on behalf of officials, employees, and facilities for which service is provided.

b. **Approving Official**. The Assistant Deputy Under Secretary for Health (ADUSH) for Administrative Operations, Veterans Integrated Service Network (VISN) Director, Facility Director, or designee is the approving official and will approve or disapprove the appointment or promotion of employees in hybrid occupations.

c. **Background Investigation.** Due to the sensitivity and criticality of systems managed by Biomedical Engineers, individuals may require higher than minimum background investigations based on the roles and responsibilities outlined in their Functional Statement. The Office of Personnel Management's Position Designation Automated Tool (PDAT) will be used to determine the appropriate investigation level.

d. **Certified Clinical Engineer (CCE)**. Certification means having successfully passed a CCE written and oral examination administered by the American College of Clinical Engineering. Individuals with CCE certification demonstrate competency and professional recognition, as measured by an examination designed by their peers. Certification promotes healthcare delivery improvement through the continuing assessment and recognition of the competency of professionals. These professionals support and advance patient care by applying engineering and management skills to healthcare technology. If appointed with a CCE requirement, the employee must maintain certification throughout employment. The American College of Clinical Engineering determines acceptable educational preparation and degree requirements for CCE eligibility.

e. **Creditable Professional Engineering Experience**. To be creditable, experience must have been accomplished after receipt of the bachelor's degree, and/or CCE certification, and requires the possession and use of knowledge, skills, and abilities associated within the scope of the biomedical engineering profession. Additionally, the experience must have been attained in a healthcare setting for Biomedical Engineer (Clinical) positions, or a research setting for Biomedical Engineer (Research) positions, and be directly applicable to the assignment.

f. **Foreign Education**. To be creditable for the education requirement, a degree/curriculum completed outside the U.S. must have been submitted to a private organization that specializes in the interpretation of foreign educational credentials. Such education must be, at a minimum, equivalent to a bachelor's degree, as outlined in Section 3.b. below.

g. **Lifecycle Management**. A Core Biomedical Engineering/Healthcare Technology Management function for medical equipment which includes: technology assessments, clinical/technical procurement specifications, equipment evaluations, pre-procurement planning, security configurations, deployment project management, technical configurations, ongoing maintenance/management/support, decommissioning, and cyber security sanitization.

h. **Part-Time Experience**. Part-time experience is creditable according to its relationship to the full-time work week. For example, one week of full-time credit is equivalent to two weeks of part-time work.]

**3. BASIC REQUIREMENTS.**

a. **Citizenship.** [Be] a citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with [VA Handbook 5005, Part II,] chapter 3, section A, paragraph 3.g.)

b. **Education and/or Experience**. [The individual must meet either item (1) or (2) below to meet this requirement:

(1) **Bachelor's Degree or Higher in Engineering**. To be creditable, the curriculum must be from a school of engineering with at least one curriculum accredited by the Accreditation Board for Engineering and Technology (ABET), as a professional engineering curriculum. Examples of acceptable engineering degrees include: Biomedical Engineering, Clinical Engineering, Bioengineering, Biomechanical Engineering, Electrical Engineering, Mechanical Engineering, and Biochemical Engineering. Titles may vary from educational institutions and change over time.

**OR,**

(2) Certification as a Certified Clinical Engineer (CCE) and a bachelor's degree not listed in item 3.b.(1) above.]

c. **Grandfathering Provision**. All persons employed in VHA in this occupation, on the effective date of this qualification standard, are considered to have met all qualification requirements for the title, series and grade held, including positive education, and/or certification/registration that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Such employees in an occupation that does not require a certification/registration, may be reassigned, promoted, or demoted within the occupation.

(2) Employees who are appointed on a temporary basis, prior to the effective date of the qualification standard, may not have their temporary appointment extended, or be reappointed on a temporary, or permanent basis, until they fully meet the basic requirements of the standard.

(3) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or certification/registration, that meet all the basic requirements of this qualification standard, must maintain the required credentials as a condition of employment in the occupation.

(4) If an employee, who was retained in an occupation listed in 38 U.S.C. § 7401(3) under this provision, leaves that occupation, the employee loses protected status, and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

d. **Physical Requirements**. See VA Directive and Handbook 5019, Employee Occupational Health Service.

e. **English Language Proficiency**. Biomedical Engineers must be proficient in spoken and written English in accordance with chapter 2, section D, paragraph 5a, this part.

**[4.] GRADE REQUIREMENTS.**

[ ]

[a.] **Grade Determinations**. In addition to the basic requirements for employment [listed in paragraph 3 above], the following education and experience criteria must be met when determining the grade of candidates:

[ ]

[(1) **Biomedical Engineer,] GS-7 [(Entry Level)]**

(a) **Experience.** [None beyond the basic requirements.

(b) **Education**. Bachelor's degree as outlined in paragraph 3.b.(1), above, or CCE certification with at least a bachelor's degree not listed in paragraph 3.b.(1).]

(c) **Demonstrated Knowledge, Skills, and Abilities [.** None beyond the basic requirements.

(d) **Assignment**. Employees serve in an entry level biomedical engineer career development position. It is expected that biomedical engineers at the entry level receive ongoing guidance from more experienced staff members and perform assignments under close supervision.]

(2) [**Biomedical Engineer,] GS-9 [(Developmental Level 1)]**

(a) **Experience**. At least [one] year of specialized experience equivalent to the next lower level.

**OR,**

(b) **Education**

i. [Master's degree in Biomedical Engineering, or a related field of study, as outlined in paragraph 3.b.(1).

**OR,**

ii. Bachelor's degree, as outlined in paragraph 3.b.(1), plus two full years of progressively higher level graduate education in a related field of study, provided the applicant's total background demonstrates the KSAs for the GS-9 level assignment.]

(c) **Demonstrated Knowledge, Skills, and Abilities**[. In addition to the experience above, the candidate must demonstrate all of the following KSAs:]

i. Knowledge of the principles, theories, concepts, and practices of the Biomedical Engineering profession.

ii. [Ability to interpret relevant codes, regulations, guidelines, and standards, and make recommendations to ensure compliance with medical center programs.

iii. Ability to understand the operational needs of clinical services in the health care system.

iv. Ability to prepare material on current technical topics and trends, for presentation to other technical staff and mid-level hospital management, and the ability to keep abreast of changes in technology.

(d) **Assignment.** Biomedical Engineers, at this developmental level, require direction on more complex tasks. Employees complete technical assignments in the engineering field, under the direction of a senior biomedical engineer and will be required to rotate through, and participate in, the operations of other hospital services. At the GS-9 grade level, employees function with oversight by a supervisor for more complex assignments.]

(3) **[Biomedical Engineer,] GS-11 [(Developmental Level 2)]**

(a) **Experience**. At least [one] year of experience equivalent to the next lower level, [and must fully meet the KSAs at that level.]

**OR,**

(b) **Education**

i. [Ph.D., or equivalent doctoral degree in Biomedical Engineering, or a related field of engineering, as outlined in paragraph 3.b.(1).

**OR,**

ii. Bachelor's degree, plus three full years of progressively higher level graduate education in a related field of study, as outlined in paragraph 3.b.(1).]

(c) **Demonstrated Knowledge, Skills, and Abilities.** [In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to implement and/or sustain an equipment management or biomedical research program that meets The Joint Commission (TJC), National Fire Protection Association (NFPA), or other applicable regulatory requirements.]

ii. Ability to develop material for a continuing education program for clinical or research staff, that address the principles and application of medical technology, and/or biomedical theory used in healthcare.

iii. Ability to advise [ ] staff on emerging medical [ ] technology[, or research procedures], while keeping abreast of changes in such technology, and utilizing the information to solve biomedical engineering problems.

iv. [Knowledge of basic project management principles, as applied to the healthcare setting and medical equipment, and information system implementation.]

(d) **Assignment**. [At the developmental level, employees function on a semi-independent basis with limited oversight by senior biomedical engineers. They participate in medical device hazard investigations, to assure compliance with patient safety goals, the Safe Medical Devices Act (SMDA), TJC requirements, and assist in the development of an equipment management program at the medical center. Employees may lead medical technology deployments, directly support medical equipment, or participate in research projects.]

(4) [**Biomedical Engineer,] GS-12 [(Full Performance Level)]**

(a) **Experience.** Completion of at least [one] year of specialized experience equivalent to the next lower level; or completion of a post-doctoral research fellowship in the field of biomedical engineering, and must fully meet the KSAs at that level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** [In addition to the experience above, the candidate must demonstrate all of the following KSAs:]

i. Ability to conduct a medical equipment management [or biomedical research program that is compliant with applicable healthcare standards and regulatory agencies.]

ii. Ability to develop a curriculum for a continuing education program, that address the safe and effective use of medical technology, and/or research devices.

iii. Ability to manage a recall and safety alert program for medical devices, including medical device hazard investigations, to assure compliance with patient safety goals, SMDA, and [TJC] requirements.

[iv. Ability to conduct capital asset and infrastructure planning for medical equipment spanning initial concept, installation, and effective implementation of complex medical equipment.

v. Ability to function as the subject matter expert in the field of biomedical engineering, directly supporting specialized clinical technology, including service, system administration, training, quality assurance, and life-cycle management.

vi. Ability to effectively advise clinical and administrative staff on medical technology, including existing and emerging technology, which addresses viability, long-term suitability, compatibility, and/or safety.

vii. Knowledge of concepts related to computer based medical systems, networking protocols, and information security as it applies to medical technology within VHA.

viii. Skill in communicating and working collaboratively with key stakeholders, including technical and professional staff at various levels of the organization.

ix. Ability to apply project management principles to deployment of medical equipment and health information technologies.

(c) **Assignment.** At the full performance level, employees work under general supervision, with wide latitude to exercise independent judgment. Drawing upon extended professional and technical experience, employees demonstrate an intimate understanding of complex clinical and biomedical subject matter. They serve as institutional resources, working extensively with clinical stakeholders, supporting clinical services by leading market

research, technology assessments, integration planning, and implementation of both current and emerging medical technologies. The employee shares responsibility for managing the Health Insurance Portability and Accountability Act (HIPAA), network security issues for medical systems, and the information communicated across these systems. Biomedical Engineers at the GS-12 grade level further support the clinical mission by contributing to the continuing education program for clinical staff, helping ensure safe and efficient healthcare delivery. Biomedical Engineers at the GS-12 grade level support the institution by assisting with capital asset and infrastructure planning, to help ensure successful strategic planning. They may collaborate frequently with contracting to execute judicious healthcare technology procurements. Within the Biomedical Engineering Department, the employee provides leadership that ensures high quality and responsive customer service is an integral component of biomedical engineering service delivery. They are highly effective communicators, capable of serving as subject matter experts directly supporting the life cycle management of clinical technology, to include ongoing service, system administration, training, and quality assurance. At this level, employees may assist in clinical research projects in the biomedical engineering field.]

(5) [**Biomedical Engineer, (Clinical), GS-13]**

(a) **Experience**. Completion of at least one year of experience equivalent to the next lower level, and must be fully meet the KSAs at that level. Including:

i. Ability to implement and/or sustain an equipment management or biomedical research program that meets The Joint Commission (TJC), National Fire Protection Association (NFPA), or other applicable regulatory requirements.]

ii. Ability to develop material for a continuing education program for clinical or research staff, that address the principles and application of medical technology, and/or biomedical theory used in healthcare.

iii. Ability to advise [ ] staff on emerging medical [ ] technology[, or research procedures], while keeping abreast of changes in such technology, and utilizing the information to solve biomedical engineering problems.

iv. [Knowledge of basic project management principles, as applied to the healthcare setting and medical equipment, and information system implementation.]

(b) **Demonstrated Knowledge, Skills, and Abilities.** [In addition to the experience above, the candidate must demonstrate all of the following KSAs. In addition, the candidate must demonstrate the following KSAs found at subparagraph (b) of this subsection (5) and potential to acquire the assignment specific KSAs designated by an asterisk (*).]

i. Ability to conduct capital asset and infrastructure planning for medical equipment spanning initial concept, installation, and effective implementation of complex medical equipment.

ii. *Knowledge [and capacity to support the most complex and specialized clinical technology including service, system administration, training, and quality assurance.]

iii. [K]nowledge of, and the ability to interpret and apply complex codes, regulations, guidelines, and standards associated with the biomedical engineering field.

iv. [Ability to develop and implement policies that are consistent with organizational objectives.

v. Ability to communicate and work collaboratively with key stakeholders, including technical and professional staff at various levels of the organization.

(c) **Assignment**. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. At this level, employees are non- supervisory, and are organizationally aligned at the facility, Regional, VISN, or National Program Offices. At the facility level, employees must have notable ongoing responsibilities as assigned by the VISN, and/or Healthcare Technology Management Program Office. The employee supports and advances patient care by applying engineering and managerial skills to healthcare technology, as demonstrated by at least four of the following major responsibilities:

i. Assures provision of a continuing education program for clinical or technical staff, addressing the principles and application of healthcare technology used in the delivery of care. This includes a curriculum that addresses the safe and effective use of medical equipment and/or technology.

ii. Manages a recall and safety alert program for medical devices, including medical device incident investigations, to assure compliance with patient safety goals, SMDA, and TJC requirements.

iii. Serves as advisor to senior clinical and leadership staff on medical engineering technology (including existing and emerging technology), addressing viability, long-term suitability, compatibility, and/or safety for strategic initiatives.

iv. Conducts capital asset and infrastructure planning for medical technology spanning initial concept, installation, and effective implementation of highly complex medical technology. Responsible for life-cycle management for medical technology across the scope of a facility or VISN.

v. Serves as a VISN or national expert, who provides support of one or more complex, multi-site systems, to include service, system administration, training, and quality assurance.

vi. Responsible for a medical equipment management program that meets current TJC and NFPA hospital requirements.

vii. Develops and implements VISN or national-level policies that are consistent with Healthcare Technology Management Program Office organizational objectives.

(6) **Supervisory Biomedical Engineer (Clinical), GS-13**

(a) **Experience.** Completion of at least one year of experience equivalent to the next lower level, and must fully meet the KSAs at that level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Knowledge of the management of overall department resources, i.e., finances, space, equipment, supplies, and staffing at the local level.

ii. Ability to draft and/or recommend local policies and/or directives related to healthcare technology management.

iii. Ability to balance multiple responsibilities, set priorities, delegate tasks, meet multiple deadlines, analyze organizational problems, and develop and implement effective solutions.

iv. Ability to analyze organizational and operational problems to develop and implement solutions that result in efficient operations, and use data effectively to manage workload, quality, performance, and productivity within the area of responsibility.

v. Skill in interpersonal relationships in leading and dealing with employees, team leaders, and managers, both within and outside the biomedical engineering program, to include conflict management, dispute resolution, mediation, or reasonable accommodations.

(c) **Assignment**. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. At this level, employees are supervisors and are at the facility level. The supervisory biomedical engineer (clinical) is responsible for the professional and administrative management of a facility biomedical engineering program. Such individuals have responsibility supervising technical staff, including lower level engineers, biomedical engineering technicians, and other staff. The range of supervisory responsibility includes development of performance standards and performance evaluations; recommendations for appointments, awards, advancements, and when appropriate, disciplinary actions; and identification of continuing training needs etc. The supervisory biomedical engineer (clinical) is responsible for financial management of budget resources allocated to support quality assurance and maintenance activities necessary to assure the facility's medical equipment is available for patient care activities. The supervisory biomedical engineer (clinical) is responsible for compliance and reporting of medical device cyber security and isolation for facilities under their management oversight.

(7) **Biomedical Engineer (Research), GS-13**

(a) [**Experience.** Completion of at least one year of experience equivalent to the next lower level and must fully meet the KSAs at that level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the biomedical engineer (research) must demonstrate all of the following KSAs:

i. Ability to apply appropriate scientific methods in the design and execution of basic and applied research in the field of biomedical engineering.

ii. Ability to coordinate work across multiple settings, e.g., medical centers, universities.

iii. Ability to convey scientific biomedical engineering concepts and methodology to individuals with diverse levels of technical expertise.

(c) **Assignment**. The biomedical engineer (research) is responsible for conducting biomedical research involving significant engineering concepts and applications as an investigator; serving as senior author in the preparation of manuscripts published in peer-reviewed archival journals; serving as principal investigator on competitive research proposals for funding by Federal and non-Federal peer reviewed sources; disseminating research findings at the local facility, and interacting with clinicians and clinical biomedical engineers.

(8) **Biomedical Engineer (Clinical), GS-14]**

(a) **Experience.** Completion of at least [one] year of experience equivalent to the next lower level, and must fully meet the KSAs at that level.

(b) **Demonstrated Knowledge, Skills, and Abilities**[. In addition to the experience above, the biomedical engineer (clinical) must demonstrate all of the following KSAs. In addition, the candidate must demonstrate the potential to acquire the assignment specific KSAs designated by an asterisk (*):]

i. [*][Ability to apply advanced knowledge of relevant codes, regulations, guidelines, and standards associated with biomedical engineering to support the needs of multiple facilities.

ii. Ability to effectively convey highly technical information to] a wide variety of individuals, including technical and professional clinical staff, and senior level managers at the facility, VISN and/or national level.

iii. *Ability to manage a recall and safety alert program for medical devices, including medical device incident investigations to assure compliance with patient safety goals, SMDA, and [TJC requirements for multiple facilities.]

iv. [ ] Ability to apply advanced knowledge of principles, theories, concepts, and practices of biomedical engineering. This would include the ability to keep abreast of changes in technology and utilize the information gained in the solution of biomedical engineering problems to meet operational needs of multiple facilities.

v. *Ability to directly support the most complex and specialized clinical technology including service, system administration, training, and quality assurance for

multiple facilities.

vi. [*Ability to work collaboratively with other disciplines, senior management, VHA Central Office, and VISN staff.

vii. Ability to develop and implement healthcare technology management policies that are consistent with organizational objectives. Scope of organization spans from multiple facilities to national.

(c) **Assignment**. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. At this level, employees are non-supervisory and are typically at the VISN or National Program Offices. At the VISN level, employees must have notable ongoing responsibilities, as assigned by the VISN and/or Healthcare Technology Management Program Office. Major duties must include at least four of the following major responsibilities:

i. Supports and advances patient care by applying engineering and managerial skills to healthcare technology across the VISN, or nationally.

ii. Assists and advises facilities in the implementation of an equipment management program that meets current TJC and NFPA requirements. Evaluates other biomedical engineering programs in the VISN or the national program office.

iii. Assures provision of a continuing education program for professional staff addressing the principles and application of healthcare technology management. This includes a curriculum that addresses the safe and effective management of medical equipment and/or technology. Provides continuing education on behalf of the VISN and/or the national program office.

iv. Provides support and oversight for a recall and safety alert program for medical devices in the VISN, or for the national program office, including medical device incident investigations, to ensure compliance with patient safety goals, SMDA, and TJC requirements. Conducts medical equipment investigations for the VISN or the national program office.

v. Serves as a subject matter expert advisor to senior VISN or national clinical and leadership staff on medical technology crossing multiple clinical disciplines, including existing and emerging technology, addressing viability, long-term suitability, compatibility, and/or safety.

vi. Conducts and/or supports capital asset and infrastructure planning of medical technology found in a hospital, spanning initial concept, installation, and effective implementation of complex medical equipment.

vii. Implementation of complex medical technology. Participates in capital asset planning at the VISN and/or national level. Analyzes organizational and operational problems and develops timely and economical solutions to meet facility, VISN, and/or national needs.

viii. Serves as an institutional expert supporting the most complex and specialized clinical technology, including service, system administration, training, sustainment, and quality assurance across multiple facilities.

ix. Develops national policy for the Healthcare Technology Management Program Office. Serves as a senior technology advisor to assist the Healthcare Technology Management Program Office with technology and program management.

(9) **Supervisory Biomedical Engineer (Clinical), GS-14**

(a) **Experience.** Completion of at least one year of experience equivalent to the next lower level, and must fully meet the KSAs at that level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the biomedical engineer (clinical) must demonstrate all of the following KSAs:

i. Ability to manage overall department resources, i.e., finance, space, equipment, supplies, and staffing at a highly complex medical center or at the VISN level.

ii. Ability to develop local or VISN policies and/or draft directives related to healthcare technology management.

iii. Skill in balancing multiple responsibilities, setting priorities, delegating tasks and projects, meeting multiple deadlines, analyzing organizational problems, and developing and implementing effective solutions.

iv. Ability to analyze complex organizational and operational problems to develop and implement solutions that result in efficient operations, and use data effectively to manage workload, quality, performance, and productivity within the area of responsibility.

v. Skill in interpersonal relationships leading and dealing with employees, team leaders, and managers, within and outside the biomedical engineering program, to include conflict management, dispute resolution, mediation, or reasonable accommodations.

(c) **Assignment**. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. At this level, employees are supervisors and are at the facility, VISN, or National Program Office level. The supervisory biomedical engineer (clinical) is assigned overall biomedical engineering program management responsibility typically found at a university affiliated tertiary care facility (complexity level 1,) with one or more subordinate biomedical engineers. In this assignment, supervisory biomedical engineers at the facility level will have notable ongoing responsibilities, supporting VISN biomedical engineering initiatives, and/or notable ongoing responsibilities as assigned by the Healthcare Technology Management (HTM) Program Office. The range of supervisory responsibility includes development of performance standards and performance evaluations; recommendations for appointment; awards; advancements; and when appropriate,

disciplinary actions and identification of continuing training needs, etc. At this level, the supervisor is responsible for the financial management of budget resources allocated to support quality assurance and maintenance/management activities necessary to assure the facility medical equipment inventory is available for patient care activities. The supervisory biomedical engineer (clinical) is responsible for compliance and reporting of medical device, cyber security, and isolation for facilities under their management oversight.

**OR,**

At the VISN level, the supervisory biomedical engineer (clinical) is responsible for oversight and coordination of facility biomedical engineering programs, and will serve as the primary liaison between the HTM Program Office and the VISN and facilities. The supervisory biomedical engineer (clinical) must have notable ongoing responsibilities, as assigned by the HTM Program Office. The supervisory biomedical engineer (clinical) is responsible for compliance and reporting of medical device security and isolation for facilities under their management oversight.

**OR,**

At the national level, the supervisory biomedical engineer (clinical) is assigned responsibility for specific program areas within the HTM Program Office.

(10) **Biomedical Engineer (Research), GS-14**

(a) **Experience.** Completion of at least one year of experience equivalent to the next lower level and must fully meet the KSAs at that level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the biomedical engineer (research) must demonstrate the following KSAs and potential to acquire the assignment specific KSAs designated by an asterisk (*):

i. ] Ability to provide formal clinical, research, and/or educational consultation to multidisciplinary staff.

[ii.] Knowledge of the legal, ethical, and professional standards applicable to clinical research in the field of biomedical engineering.

*[iii.] Knowledge of budget control procedures that including funding from multiple sources and may vary annually.

[(c) **Assignment**. At this level, the biomedical engineer (research) designs and supervises biomedical research projects, including the assembly and supervision of an investigative team; has a record of publication as a senior author on manuscripts published in peer-reviewed archival journals; participates in the peer-review of manuscripts in archival journals; has a record of funded, competitive research proposals by Federal or non-Federal peer-reviewed sources; disseminates research findings at the VISN, national, and international level; and participates in the mentorship and training of junior researchers and investigators.]

(11)[**Supervisory Biomedical Engineer (Clinical), GS-15**

(a) **Experience.** Completion of at least one year of experience equivalent to the next lower level and must fully meet the KSAs at that level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the biomedical engineer (research) must demonstrate the following KSAs and potential to acquire the assignment specific KSAs designated by an asterisk (*) below:

i. Ability to balance responsibilities in an extremely complex environment and to work with great autonomy.

*ii. Ability to independently create, organize, manage, and maintain high-quality programs.

iii. Knowledge of budget control procedures that include funding from multiple sources, which may vary annually.

iv. Ability to interpret and apply relevant codes, regulations, guidelines, and standards associated with biomedical engineering to establish criteria on a national basis for biomedical engineering programs across VHA.

v. Ability to effectively communicate technical information with a wide variety of individuals, including senior VHA executives at the VACO level.

vi. Ability to apply the principles, theories, concepts, and practices of the biomedical engineering profession to establish guidance and national policies.

vii. Knowledge of, and experience in conducting medical equipment investigations or biomedical engineering program reviews for the National Program Office.

(c) **Assignment.** The Under Secretary for Health, or designee, may approve the assignment of a biomedical engineer at the GS-15 grade level when the composite record of qualifications, scope, and complexity of the assignment justifies such action. At this level, employees may be in supervisory or research positions. Other positions may be established when the composite record of qualifications, scope, and complexity of the assignment justifies such action. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time.

Within this assignment, the GS-15 grade level is for the Director and the senior program manager within the VHA HTM Program Office, as well as VISN biomedical engineers with full programmatic responsibility (staffing, budget, planning, compliance, etc.) over all facility biomedical engineering programs within their VISN. On a limited basis, VISN biomedical engineers with notable, ongoing national responsibilities, a composite record of qualifications and accomplishments, and HTM Program Office leadership will qualify.

The supervisory biomedical engineer (clinical) supports and advances patient care by applying engineering and managerial skills to healthcare technology, as demonstrated by at least four of the following major responsibilities:

i. Establishes national criteria for VHA's medical equipment management program that meet current TJC, NFPA, and VA standards. Responsibility at this level would typically be held by the Director or Associate Director of the HTM Program Office.

ii. Manages a VISN biomedical engineering program with direct management/supervisory responsibilities over all facility biomedical engineering programs.

iii. Serves as a national subject matter expert for the HTM Program Office in one or more.

iv. core competency or programmatic areas for biomedical engineering and has notable ongoing.

v. responsibility in the area, in support of the National Program Office.

vi. Assures provision of a continuing education program for professional staff addressing the principles and application of medical instrumentation used in the delivery of healthcare. This includes a curriculum that addresses the safe and effective use of medical equipment and/or technology. Develops and organizes training for the VISN or national level for professional engineering, and medical staff as appropriate on engineering topics.

vii. Leads high profile medical equipment investigations or program reviews for the VHA HTM Program Office.

viii. Works with the full range of clinical programs at the national level to identify medical equipment needs and priorities, determines maintenance, support, and quality assurance requirements. Serves as an expert technical advisor to senior clinical and HTM staff on medical technology (including existing and emerging technology), for multiple sites addressing viability, long-term suitability, compatibility, and/or safety. Leads technology assessment activities for the VHA HTM Program Office.

ix. Represents VHA capital asset and infrastructure planning for medical equipment at the national level. Reviews all requests for major medical equipment systems to assure they meet economic and programmatic requirements established by VA and good clinical practice; or coordinates VISN requests for major medical equipment systems to assure they meet VISN economic and programmatic requirements; and assists with capital asset review at the national level.

(12) **Biomedical Engineer (Research), GS-15**

[(a) **Experience**. Completion of at least one year of experience equivalent to the next lower level and must fully meet the KSAs at that level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the biomedical engineer (research) must demonstrate the following KSAs and potential to acquire the assignment specific KSAs designated by an asterisk (*):]

[i.] Ability to balance responsibilities in an extremely complex environment and to work with great autonomy.

[*ii.] Ability to independently create, organize, manage, and maintain high-quality programs.

[iii.] Knowledge of budget control procedures that include funding from multiple sources which may vary annually.

[(c) **Assignment.** At this level the biomedical engineer (research) assembles, maintains, and guides broad-based research efforts involving multiple independently funded investigators; maintains a competitive publication record achieving national and/or international recognition for research accomplishments; serves as a principal investigator on multiple research projects funded by Federal and/or non-Federal sources; serves as a principal investigator on programs or center research proposals for funding by Federal or non-Federal peer-reviewed sources; designs and supervises a mentoring and career development program for junior researchers and investigators; participates in editorial decisions, or serves on the editorial board of an archival journal, and/or is involved in research grant proposal peer-review, and/or in regional or national research policy development. An employee achieving the academic rank at the full professor level, at an affiliated university's promotion and tenure committee, may demonstrate this recognition.

**5.] DEVIATIONS.**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for Biomedical Engineers in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

b. The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health or designee, in VHA Central Office.

**Authority: 38 U.S.C. §§ 7402, 7403.**

# APPENDIX G39. SOCIAL WORKER QUALIFICATION STANDARD
## GS-0185
## Veterans Health Administration

1. **COVERAGE.** The following are requirements for appointment as a social worker in the Veterans Health Administration (VHA). These requirements apply to all social workers in the GS-0185 series, including those assigned to VA medical centers, Community-Based Outpatient Clinics (CBOCs), Readjustment Counseling Service (RCS)/Veteran Centers, Veterans Integrated Service Network (VISN) offices, and VHA Central Office.

2. **DEFINITIONS.**

a. **Journey Level.** The full performance level for this qualification standard is at the GS-11 grade level.

b. **Creditable Experience.** The candidate must have knowledge of current professional social work practices. To be creditable, the experience must have required the use of knowledge, skills, abilities, and other characteristics associated with current professional social work practice. The experience or education must be post-Masters of Social Work (MSW) degree. Experience and education satisfying this requirement must be active professional practice, which is paid/non-paid employment as a professional social worker, as defined by the appropriate state licensing board.

c. **Quality of Experience.** Experience is only creditable if it is obtained following graduation with a master's degree in social work and if it includes work as a professional social worker directly related to the position to be filled. Qualifying experience must also be at a level comparable to social work experience at the next lower level

[d. **Facility Size and Complexity.** The size of the medical center, the type of program managed, and scope of responsibility are critical aspects of the assignments in the standard. The following definitions apply throughout the standard when discussing a small, moderate, and large social work service.

(1) **Small**. A small social work service is located in a VA facility which provides general medical services to Veterans, families, and caregivers and may have an affiliated health care system. Services include programs that are technical and complex. Services may be delivered at a variety of VA sites.

(2) **Moderate.** A moderate social work service is located in a complex VA facility which provides general medical and specialty services to Veterans, families and caregivers and may have an affiliated health care system. Services include multi-faceted specialty care programs that are technical and complex. Services may be delivered at a variety of VA sites.

(3) **Large.** A large social work service is located in a highly complex VA facility which provides diverse services to Veterans, families and caregivers, and is typically an affiliated tertiary care health care system. Services include multiple specialty care programs and VA Centers of Excellence that are highly technical and complex

across the continuum of care. Services may be delivered at VA sites spanning a large geographic area.]

e. **Advanced Practice Level.** For all assignments above the full performance (journey) level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. Advanced Practice Level is defined as the ability to provide independent and expert clinical psychosocial and case management services in a specialized area of practice to Veterans who tend to have serious and severe crises, may lack any familial and community support, may be poor self-monitors, may frequently fail to comply with instructions and treatment, or may have major deficits in coping skills and require continuing professional psychological support. The advanced practice or senior social worker has an increased depth and breadth of practice skills; has expertise in participating in the professional development of colleagues through mentorship and teaching; demonstrates leadership in developing and expanding professional intervention strategies; demonstrates leadership in defining and attending to professional practice issues; and has the ability to expand the conceptual knowledge of the profession. The advanced practice or senior social worker will make independent professional decisions and recommendations for agency action; the consequences to the Veteran of these decisions and actions may be quite serious. Work involves intensive social work services requiring the exercise of mature professional judgment and the flexible use of a wide range of complex social work practice skills not typically required in routine social work interventions. The advanced practice or senior social worker has mastered a range of specialized interventions and provides consultation to colleagues, renders professional opinions based on experience and expertise, develops new models of psychosocial assessment or intervention, and incorporates complex multiple causation in differential diagnosis and treatment. The advanced practice or senior social worker utilizes outcome evaluations to further treatment and designs system changes based on empirical findings.

f. **Differentiating Independent Practice from Advanced Practice Level.** Experience must be evaluated to differentiate between independent practice and advanced practice levels**.** A social worker practicing at the independent level has a generalized knowledge of practice, (which is required for all social workers at the full performance level and above.), whereas the social worker practicing at the advanced level has specialized knowledge of practice typically related to a particular diagnosis or patient population. The advanced practice social worker can be further differentiated from the independent practice social worker by their ability to expand clinical knowledge in the profession, provide consultation and guidance to colleagues, role model effective social work practice skills, teach or provide orientation to less experienced social workers, develop innovations in practice interventions, and provide clinical supervision for social work licensure or certification. A social worker with advanced practice skills and personal qualifications that meet the standard for the senior social worker will have passed an advanced generalist or clinical Association of Social Work Boards (ASWB) examination and be assigned to a position that requires use of the advanced practice skills in order to be considered for the senior social worker grade.

g. **Part-Time Experience.** Part-time experience is creditable according to its relationship to the full-time work week. For example, one week of full-time credit is equivalent to two weeks of part-time work.

h. **Fellowships or Post-Graduate Training.** Fellowship and post-graduate training programs are typically in a specialized area of clinical practice, i.e., group or family practice. Training as a fellow or post-graduate may be substituted for creditable experience on a year-for-year basis.

i. **Practicum in a VA Setting.** A VHA practicum experience may not be substituted for experience, as the practicum (field placement) is completed prior to graduation with a master's degree in social work.

**3. BASIC REQUIREMENTS.** The basic requirements for employment as a VHA social worker are prescribed by statute in 38 U.S.C. § 7402(b)(9), as amended by section 205 of Public Law 106-419, enacted November 1, 2000. To qualify for appointment as a social worker in VHA, all applicants must meet the following:

a. **Citizenship.** Be a citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g this part).

b. **Education.** Have a master's degree in social work from a school of social work fully accredited by the Council on Social Work Education (CSWE). Graduates of schools of social work that are in candidacy status do not meet this requirement until the School of Social Work is fully accredited. A doctoral degree in social work may not be substituted for the master's degree in social work. Verification of the degree can be made by going to http://www.cswe.org/Accreditation to verify that the social work degree meets the accreditation standards for a masters of social work.

c. **Licensure.** Persons hired or reassigned to social worker positions in the GS-0185 series in VHA must be licensed or certified by a state to independently practice social work at the master's degree level. Current state requirements may be found by going to http://vaww.va.gov/OHRM/T38Hybrid/.

[(1) **Exception.** VHA may waive the licensure or certification requirement for persons who are otherwise qualified, pending completion of state prerequisites for licensure/certification examinations. This exception only applies at the GS-9 grade level. For the GS-11 grade level and above, the candidate must be licensed or certified. At the time of appointment, the supervisor, chief social work or social work executive will provide the unlicensed/uncertified social worker with the written requirements for licensure or certification, including the time by which the license or certification must be obtained and the consequences for not becoming licensed or certified by the deadline.]

(a) For appointments at the GS-9 grade level, VHA social workers who are not licensed or certified at the time of appointment must become licensed or certified at the independent, master's level within three years of their appointment as a

social worker. Most states require two years of post-MSW experience as a prerequisite to taking the licensure/certification exam, and VHA gives social workers one additional year to pass the licensure/certification exam. In states such as California, Washington, and others where the prerequisites for licensure exceed two years, social workers must become licensed at the independent, master's level within one year of meeting the full state prerequisites for licensure.

(b) A social worker who does not yet have a license that allows independent practice must be supervised by a licensed independent practitioner of the same discipline who is a VA staff member and who has access to the electronic health record.

(c) Different states have different levels of licensure or certification, making it difficult for VHA staff to determine the independent practice level. Each state, Puerto Rico, and the District of Columbia completed surveys identifying the level of licensure or certification allowing independent practice. Copies of the surveys are on file in the VHA Office of Care Management and Social Work Services, and a summary spreadsheet of the levels of licensure or certification is available to social work professional standards board members for purposes of determining whether the social worker's level of licensure or certification meets the VHA qualification standards. All states except California use a series of licensure exams administered by the ASWB. Information can be found at https://www.aswb.org/. The ASWB is the association of boards that regulates social work. ASWB develops and maintains the social work licensing examination used across the country and is a central resource for information on the legal regulation of social work. The ASWB offers three examinations. The master's examination is generally used by states for the independent practice level of licensure or certification, while the advanced generalist and the clinical examinations are used for the advanced practice level of licensure or certification. Differences between the master's and the advanced exams demonstrate the expectation that advanced practice social workers will have a more sophisticated knowledge of practice theory and its application.

(2) **Failure to Obtain License or Certification.** In all cases, social workers must actively pursue meeting state prerequisites for licensure or certification starting from the date of their appointment. Failure to become licensed or certified within the prescribed amount of time will result in removal from the GS-0185 social worker series and may result in termination of employment.

(3) **Loss of Licensure or Certification.** Once licensed or certified, social workers must maintain a full, valid, and unrestricted independent license or certification to remain qualified for employment. Loss of licensure or certification will result in removal from the GS-0185 social worker series and may result in termination of employment.

d. **Grandfathering Provision.** The following is the standard grandfathering policy for all title 38 hybrid qualification standards. Please carefully review the qualification standard to determine the specific education and/or licensure/certification/registration requirements that apply to this occupation.

(1) All persons employed in VHA in this occupation on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education and licensure or certification that are part of the basic requirements of the occupation. For employees who do not meet all of the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(2) Such employees in an occupation that requires a licensure or certification, may be reassigned, promoted up to and including the full performance (journey) level, or changed to lower grade within the occupation, but may not be promoted beyond the journey level or placed in supervisory or managerial positions.

(3) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(4) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration that meet all of the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

(5) If an employee who was retained in an occupation listed in 38 U.S.C. § 7401(3) under this provision leaves that occupation, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

**NOTE:** If social workers covered under the grandfathering provision of the 1991 Federal law regarding licensure or certification of VHA social workers leave the GS-0185 social work series, they lose the grandfathering protection. If they choose to return at a later date to the GS-0185 series, they must be licensed or certified to qualify for employment as a social worker.

e. **Physical Requirements.** See VA Directive and Handbook 5019, Employee Occupational Health Services.

f. **English Language Proficiency.** Candidates must be proficient in spoken and written English to be appointed as authorized by 38 U.S.C. § 7403(f).

**4. GRADE DETERMINATIONS.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.

a. **Social Worker, GS-9 [ ]**

(1) **Experience, Education, and Licensure.** None beyond the basic requirements.

(2) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to work with Veterans and family members from various socioeconomic, cultural, ethnic, educational, and other diversified backgrounds utilizing counseling skills.

(b) Ability to assess the psychosocial functioning and needs of Veterans and their family members, and to formulate and implement a treatment plan, identifying the Veterans problems, strengths, weaknesses, coping skills, and assistance needed.

(c) Ability to implement treatment modalities in working with individuals, families, and groups to achieve treatment goals. This requires judgment and skill in utilizing supportive, problem solving, or crisis intervention techniques.

(d) Ability to establish and maintain effective working relationships and communicate with clients, staff, and representatives of community agencies.

(e) Fundamental knowledge of medical and mental health diagnoses, disabilities, and treatment procedures. This includes acute, chronic, and traumatic illnesses/injuries; common medications and their effects/side effects; and medical terminology.

(3) **[Entry Level] Assignments.** Individuals assigned as GS-9 grade level social workers are considered to be at the entry level and are closely supervised, as they are not yet functioning at the independent practice level conferred by independent licensure or certification. Social workers at the GS-9 entry level are typically assigned to program areas that do not require specialized knowledge or experience. Duties may include but are not limited to: identifying behaviors or symptoms of abuse, neglect or exploitation; providing education on advance directives and advanced care planning; providing social work case management; acting as an advocate with appropriate VA and community service providers/agencies when it serves the best interest of the Veteran and family members/caregiver; assessing the psychosocial functioning and needs of Veterans and their family members identifying the Veteran's strengths, weaknesses, coping skills and psychosocial acuity, in collaboration with the Veteran, family, and interdisciplinary treatment teams; maintaining a current network of internal and external resources to educate the Veteran and/or family members/caregivers and assist with the appropriate referrals. Since social workers at this level are not practicing at an independent level, they should not be assigned to program areas where independent practice is required, such as in a CBOC, unless there is a licensed social worker in the program area who can provide supervision for practice. GS-9 social workers provide psychosocial services in the assigned area under supervision.

b. **Social Worker, GS-11 [ ]**

(1) **Experience and Licensure.** Appointment to the GS-11 grade level requires completion of a minimum of one year of post-MSW experience equivalent to the GS-9 grade level in the field of health care or other social work-related settings, (VA or non-

VA experience) and licensure or certification in a state at the independent practice level.

**NOTE:** For appointment licensure or certification at this level please refer to paragraph 3c.

OR

(2) **Education.** In addition to meeting basic requirements, a doctoral degree in social work from a school of social work may be substituted for the required one year of professional social work experience in a clinical setting.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, candidates must demonstrate all of the following KSAs:

(a) Knowledge of community resources, how to make appropriate referrals to community and other governmental agencies for services, and ability to coordinate services.

(b) Skill in independently conducting psychosocial assessments and treatment interventions to a wide variety of individuals from various socio-economic, cultural, ethnic, educational and other diversified backgrounds.

(c) Knowledge of medical and mental health diagnoses, disabilities and treatment procedures (i.e. acute, chronic and traumatic illnesses/injuries, common medications and their effects/side effects, and medical terminology) to formulate a treatment plan.

(d) Skill in independently implementing different treatment modalities in working with individuals, families, and groups who are experiencing a variety of psychiatric, medical, and social problems to achieve treatment goals.

(e) Ability to provide consultation services to new social workers, social work graduate students, and other staff about the psychosocial needs of patients and the impact of psychosocial problems on health care and compliance with treatment.

(4) **[Full Performance Level] Assignments.** This is the full performance level. Social workers at this level are licensed or certified to independently practice social work. Incumbents are assigned to all program areas, including but not limited to: inpatient or outpatient medicine, surgery, mental health, neurology, rehabilitation medicine, and geriatrics. Employees provide professional, independent social work services in the assigned area. Duties include but are not limited to: assessing and documenting identified behaviors or symptoms of abuse, neglect, exploitation and/or intimate partner violence; use of clinical social work skills and knowledge to maintain Veteran privacy and confidentiality per policies, handbooks or directives; and acts as an advocate with appropriate VA and community service providers and agencies when it serves the best interest of the Veteran and family members/caregiver. Incumbent independently assesses the psychosocial functioning and needs of Veterans and their family members, identifying the Veteran's strengths, weaknesses, coping skills, and

psychosocial acuity. In collaboration with the Veteran, family/caregiver, and interdisciplinary treatment team, the social worker facilitates the delivery of health care services. The social worker identifies family/caregiver stressors, conducts assessment and provides specific interventions. The incumbent provides case management and care coordination to facilitate appropriate delivery of health care services, incorporates complex multiple causation in differential diagnosis and treatment of Veterans, including making psychosocial and psychiatric diagnoses within approved clinical privileges or scope of practice. The social worker links the Veteran with services, resources, and opportunities, in order to maximize the Veteran's independence, health, and well-being. The social worker conducts timely assessment of at-risk Veterans in crisis to identify immediate needs, evaluate risk, and initiate safety plan as appropriate. The social worker provides interventions independently with Veterans and their families/caregivers who are experiencing a wide range of complicated medical, behavioral health, financial, legal, and psychosocial problems. They provide a range of interventions and treatment modalities which may include individual, group, and/or family counseling or psychotherapy. They independently formulate and implement a treatment plan including measurable, achievable goals identifying the Veterans' needs, strengths, weaknesses, coping skills, and psychosocial acuity. Social workers serve on committees, work groups, and task forces at the facility and VISN level or in the community. They provide subject matter consultation to colleagues and students on the psychosocial treatment of Veterans offering professional opinions based on experience, expertise and role modeling effective social work practice skills. The social worker establishes and maintains ongoing education programs for Veterans, community agencies, students, and staff, to facilitate understanding of social work interventions specific to the Veteran/Military population.

c. **Senior Social Worker, GS-12**

(1) **Experience/Education.** The candidate must have at least two years of experience post advanced practice clinical licensure and should be in a specialized area of social work practice of which, one year must be equivalent to the GS-11 grade level. Senior social workers have experience that demonstrates possession of advanced practice skills and judgment. Senior social workers are experts in their specialized area of practice. Senior social workers may have certification or other post-masters training from a nationally recognized professional organization or university that includes a defined curriculum/course of study and internship or equivalent supervised professional experience in a specialty.

(2) **Licensure/Certification.** Senior social workers must be licensed or certified by a state at the advanced practice level which included an advanced generalist or clinical examination, unless they are grandfathered by the state in which they are licensed to practice at the advanced practice level (except for licenses issued in California, which administers its own clinical examination for advanced practice) and they must be able to provide supervision for licensure.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, candidates must demonstrate all of the following KSAs:

(a) Skill in a range of specialized interventions and treatment modalities used in specialty treatment programs or with special patient populations. This includes individual, group, and/or family counseling or psychotherapy and advanced level psychosocial and/or case management.

(b) Ability to incorporate complex multiple causation in differential diagnosis and treatment within approved clinical privileges or scope of practice.

(c) Knowledge in developing and implementing methods for measuring effectiveness of social work practice and services in the specialty area, utilizing outcome evaluations to improve treatment services and to design system changes.

(d) Ability to provide specialized consultation to colleagues and students on the psychosocial treatment of patients in the service delivery area, as well as role modeling effective social work practice skills.

(e) Ability to expand clinical knowledge in the social work profession, and to write policies, procedures, and/or practice guidelines pertaining to the service delivery area.

(4) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. Senior social workers are licensed or certified to independently practice social work at an advanced level. Senior social workers typically practice in a major program area such as but not limited to: Polytrauma Rehabilitation Center or Polytrauma Network Site; a Spinal Cord Injury Rehabilitation Center, or a national VHA referral center, such as a national Center for Post-Traumatic Stress Disorder or a national Transplant Center, or other program areas of equivalent scope and complexity. The senior social worker may be assigned administrative responsibility for clinical program development and is accountable for clinical program effectiveness and modification of service patterns. Assignments include clinical settings where they have limited access to onsite supervision such as CBOCs or satellite outpatient clinics. The senior social worker collaborates with the other members of the treatment team in the provision of comprehensive health care services to Veterans, ensures equity of access, service, and benefits to this population, ensures the care provided is of the highest quality. The senior social worker provides leadership, direction, orientation, coaching, in-service training, staff development, and continuing education programs for assigned social work staff. They serve on committees, work groups, and task forces at the facility, VISN and national level, or in the community as deemed appropriate by the supervisor, Social Work Executive or Chief of Social Work Services. This assignment is to be relatively few in number based on the size of the facility/service and applying sound position management. This assignment must represent substantial additional responsibility over and above that required at the full performance grade level and cannot be used as the full performance level of this occupation.

[d. **Social Worker (Research), GS-12**

(1) **Experience and/or Education.** One year of experience equivalent to the GS-11 grade level. Experience must demonstrate possession of advanced practice skills in administration, demonstrating progressively more professional competency skills and judgment. The candidate may have a certification or other post-master's degree training from a nationally recognized professional organization or university that includes a defined curriculum/course of study and internship, or equivalent supervised professional experience.

(2) **Licensure/Certification.** The social worker performing research must be licensed or certified at the advanced practice level, and must be able to provide supervision for licensure.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to implement social work research methodology, health services research, and the peer review processes in the preparation of study proposals meeting the guidelines of various funding agencies.

(b) Ability to formulate a research study, from conceptualization of the research problem through the implementation, analysis, interpretation, and reporting phases.

(c) Skill in the use of computer input and analysis of social science data including the use of statistical packages.

(d) Knowledge of the principles of scientific reporting for publications in peer reviewed journals and for presentation at scientific and professional meetings.

(e) Ability to develop realistic goals and objectives, translate management needs, and concerns into operational terms that can be subjected to empirical study and analysis, and communicate the results in both verbal and written form.

(f) Knowledge of current and standard literature in disciplinary field and literature sources, including VA reporting requirements, recurring and non-recurring statistical reports, as well as computer files, forms, and procedures created to support them.

(g) Skill in the critical review and synthesizing of large amounts of information into cogent presentations, translating management needs and concerns into operational terms that can be subjected to empirical study and analysis.

(h) Knowledge in preparing research project budgets, using VA guidelines in the management of funds, monitoring and evaluating the appropriateness of research funding requests in coordination with Fiscal Service and the R&D Administrative Officer.

(4) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be

performed by the incumbent at least 25% of the time. Social workers in this assignment are responsible for social work-related research and management information activities. They are responsible for identifying, initiating, developing, conducting, and testing hypotheses related to the operational efficiency and effectiveness of social work at the facility level. They serve as an expert consultant to health services researchers throughout the facility in their disciplinary area of expertise. Research social workers provide hospital-wide research technical support to other offices such as the Associate Chief of Staff (ACOS) for Research and Development and the ACOS for Education. They are responsible for planning, implementing, and consulting on joint social work and inter-disciplinary research projects conducted through the auspices of affiliated academic institutions. They identify deficits in information regarding optimum delivery of social work services relating to both patients and the health care delivery system. The research social worker develops proposals to address identified social problems, the execution of research projects, analysis of the results, and their dissemination to improve the effectiveness and organizational efficiency of social work service and the medical center it supports. They work independently and in collaboration with other health services research scientists to formulate and conduct research projects related to their disciplinary field. Duties include but are not limited to: consulting and assisting VA health services researchers in the integration of theoretical concepts and applied research issues; advising and assisting VA health services researchers in the selection and application of appropriate analytic methods and statistical procedures for projects involving their area of expertise; preparing and submitting scientific articles and research reports to journals, publication and professional meetings; participating in the scientific review and critique of health services research proposals; and serving on medical center research related committees as appointed (i.e., Research and Development committee, Animal Care and Use Committee and Human Studies Sub-committee). With direction from the social work chief/executive and other medical center leaders, the incumbent coordinates, assesses, and develops data elements, information systems, and reports that address the reporting requirements and information needs of social work service. The research social worker participates in the needs assessments and the development of program evaluation projects that address the department needs. They determine research project staffing needs. They submit complete progress and final reports to fulfill specified reporting requirements. Responsibilities may include clinical social work duties in patient care areas.]

d. **Supervisory Social Worker, GS-12 [ ]**

(1) **Education and Experience.** One year of experience equivalent to the GS-11 grade level. Experience must demonstrate possession of advanced practice skills in a specialty area or in administration demonstrating progressively more professional competency and judgment. Candidate may have certification or other post-master's degree training from a nationally recognized professional organization or university that includes a defined curriculum/course of study and internship, or equivalent supervised professional experience.

(2) **Licensure/Certification.** Individuals assigned as Supervisory Social Workers must be licensed or certified at the advanced practice level, and must be able to provide supervision for licensure.

[(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to independently organize work, set priorities, and meet multiple deadlines.

(b) Knowledge of supervisory duties which includes clinical supervision, consultation, negotiation with other departments and quality improvement.

(c) Ability to ensure provision of clinical social work services.

(d) Ability to provide staff training and development.

(e) Skill in interpersonal relationships in dealing with employees, team leaders, and managers.

(4) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. At the GS-12 grade level, supervisory social workers typically have significant personnel management responsibilities for a small to moderate sized professional and non-professional staff, including support staff and professional staff at the GS-12 grade level and below. The supervisory social worker is responsible for the professional and administrative management of an area in a social work service, in a care/product line, or multiple facilities. They provide direct clinical services with or without program coordination responsibilities.]

f. Social Worker (Program Coordinator), GS-12

(1) **Experience and Education.** One year of experience equivalent to the GS-11 grade level. Experience must demonstrate possession of advanced practice skills and judgment, demonstrating progressively more professional competency. Candidate may have certification or other post-master's degree training from a nationally recognized professional organization or university that includes a defined curriculum/course of study and internship, or equivalent supervised professional experience.

(2) **Licensure/Certification.** Individuals assigned as social worker program coordinator must be licensed or certified at the advanced practice level, and must be able to provide supervision for licensure.

[(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of program coordination and administration which includes consultation, negotiation, and monitoring.

(b) Knowledge and ability to write policies, procedures, and/or practice guidelines for the program.

(c) Ability to supervise multidisciplinary staff assigned to the program.

(d) Skill in organizing work, setting priorities, meeting multiple deadlines, and evaluating assigned program area(s).

(e) Ability to provide training, orientation, and guidance within clinical practice.

(4) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. Program coordinators at the GS-12 grade level are administratively responsible for a clinical program providing treatment to Veterans in a major specialty area, such as but not limited to: Spinal Cord Injury, Homeless Continuum Veteran Program, Hospice and Palliative Care Program, Suicide Prevention Program, Veterans Justice Outreach, Caregiver Support Program and Community Nursing Home Program. The program coordinator may be the sole practitioner in this specialty at the facility and typically provide direct patient care services in the program area. The program coordinator oversees the daily operation of the program, develop policies and procedures for program operation, and prepare reports and statistics for facility, VISN, and national use. They may be responsible for the program's budget, developing and monitoring staff compliance with practice, standards and guidelines on documentation, workload, data entry, ethical practice and service delivery. The program coordinator provides analysis and evaluation of clinical program data and computerized programs to identify system-wide trends and needs to enhance the quality of service. They may be responsible for, or contribute to, the program's resource and fiscal management, monitoring control points developing the annual budget, operating within that budget, and accounting for appropriated funds. The program coordinator is administratively responsible for the clinical programming and prepares reports and statistics for facility, VISN, and national use. They provide leadership, direction, orientation, coaching, in-service training, staff development, and continuing education programs for assigned staff. They initiate and conduct a variety of program or service audits and complete designated clinical practice audits and reports, including productivity assessments. They oversee program operations and evaluations, identifying areas for improvement, gathering relevant data, assessing the data, developing and implementing ideas for improvement and evaluating efficacy of improvement efforts.]

g. **Social Worker (Assistant Chief), GS-12 [ ]**

(1) **Experience/Education.** Individuals assigned as assistant service chiefs must have the equivalent of at least one year of creditable experience comparable to the GS-11 grade level. The assistant service chief must evidence possession of supervisory

and management skills. Experience must demonstrate possession of advanced practice skills in administration, demonstrating progressively more professional competency skills and judgment. Candidates may have certification or other post-master's degree training from a nationally recognized professional organization or university that includes a defined curriculum/course of study and internship, or equivalent supervised professional experience.

(2) **Licensure/Certification.** Individual must be licensed or certified at the advanced practice level, and must be able to provide supervision for licensure.

[(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of administrative and supervisory duties, which includes personnel actions, clinical supervision, consultation, negotiation with other departments, and quality improvement.

(b) Knowledge of legal, ethical, and professional standards applicable to social work practice.

(c) Ability to develop, maintain, and oversee social work programs in all settings. This includes identifying needs for social work assessment, evaluation, and treatment; determining priority needs for social work services; and recommending adjustments to staffing levels accordingly.

(d) Demonstrated global knowledge of social work practice in health care and mental health settings including resources, and the policies and procedures pertaining to home and community-based care, acute care, ambulatory care, long term care, performance measures, and clinical guidelines.

(e) Ability to provide consultation to care line managers and other staff on social work qualification standards, social work practice, social work competency, social work productivity, and social work continuing education.

(f) Ability to provide supervision for social work licensure and practice supervision for facility social workers.

(4) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. This position is restricted to those serving as a full assistant to the chief social work service for both administrative and professional practice. At the GS-12 grade level, individuals are typically assigned as an assistant chief of a small to moderately complex social work service within the organization. While the chief has full management and supervisory responsibility for clinical practice, program management, education, human resource management and supervision, and organizational stewardship for the social work program, the assistant chief is responsible for supporting these functions per the direction of the chief. In the absence of the social work chief, the assistant chief has full management and

supervisory responsibility of the social work program. Such facilities may offer specialty care and services and may be affiliated with academic institutions. Typically, there are no subordinate supervisory social workers at the facility.]

h. **Social Worker (Research), GS-13 [ ]**

(1) **Experience/Education.** One year of experience equivalent to the GS-12 grade level. Experience must demonstrate possession of advanced practice skills in administration, demonstrating progressively more professional competency skills and judgment. Individual may have certification or other post-master's degree training from a nationally recognized professional organization or university that includes a defined curriculum/course of study and internship, or equivalent supervised professional experience.

(2) **Licensure/Certification.** The social worker performing research must be licensed or certified at the advanced practice level, and must be able to provide supervision for licensure.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of social work research concerns, health services research, peer review processes, and experience in the preparation of study proposals meeting the guidelines of various funding agencies.

(b) Knowledge of the processes involved in formulating a research study, from conceptualization of the research problem through the implementation, analysis, interpretation and reporting phases; various types of needs assessments, their purpose, execution and interpretation to develop realistic goals and objectives.

(c) Skill in the use of computer input and analysis of social science data including the use of statistical packages.

(d) Knowledge of the principles of scientific reporting for publications in peer reviewed journals and for presentation at scientific and professional meetings.

(e) Ability to function as principal investigator and as a team leader in conducting health services research, communicate verbally and in writing with a wide variety of facility level clinical and administrative staff, and communicate results in both verbal and written form.

(f) Skill in communicating verbally and in writing with a wide variety of clinical and administrative staff on the VISN and national levels, and to critically review and synthesize large amounts of information into cogent presentations.

(g) Knowledge in preparing and managing research project budgets, using VA guidelines in the management of funds, monitoring and evaluating the appropriateness of research funding requests in coordination with national VHA fiscal and administrative requirements.

[(4) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. The research social worker serves as a subject matter expert to leadership at the VISN and national levels, for social work-related research and management information activities. They are responsible for identifying, initiating, developing, conducting, and testing hypotheses related to the operation efficiency and effectiveness of projects assigned at the VISN and national levels of the Veteran Health Administration. The research social worker serves as an expert consultant to health services researchers throughout the VA system in their disciplinary area of expertise. They provide VISN level and national research technical support to national program offices such as, but not limited to: Care Management and Social Work Services, Primary Care, Geriatrics and Extended Care, Office of Academic Affiliations, Homeless and Mental Health. They are responsible for planning, implementing, and consulting on national joint social work and inter-disciplinary research projects conducted through the auspices of affiliated academic institutions. The research social worker identifies deficits in information regarding optimum service delivery relating to both patients and the health care delivery system. They develop proposals to address identified system wide psychosocial and health care problems, the execution of research projects, analysis of the results, and their dissemination to improve the effectiveness and organizational efficiency of social work service and the greater health care system. The research social worker works independently and in collaboration with other health services research scientists to formulate and conduct research projects related to their disciplinary field. Duties include but are not limited to: consulting and assisting other VA health services researchers on a VISN and national level in the integration of theoretical concepts and applied research issues; advising and assisting VA health services researchers in the selection and application of appropriate analytic methods and statistical procedures for projects involving their area of expertise; preparing and submitting scientific articles and research reports to journals, publication and professional meetings; participating in the scientific review and critique of health services research proposals; and serving on medical center research related committees as appointed (i.e., Research and Development Committee, Animal Care and Use Committee and Human Studies Sub-committee). They coordinate, assess, and develop data elements, information systems, and reports that address national reporting requirements and information needs of program offices on the VISN and national levels. The research social worker participates in needs assessments, to include staffing needs and the development of program evaluation projects at the VISN and national level. Submits reports to fulfill specified reporting requirements. Responsibilities may include clinical social work duties in patient care areas as research projects permit.]

i. Supervisory Social Worker, GS-13

(1) **Experience/Education.** One year of experience equivalent to the GS-12 grade level. Experience must demonstrate possession of advanced practice skills in a specialty area or in administration demonstrating progressively more professional competency and judgment. Candidate may have certification or other post-master's degree training from a nationally recognized professional organization or university

that includes a defined curriculum/course of study and internship, or equivalent supervised professional experience.

(2) **Licensure/Certification.** Individuals assigned as supervisory social workers must be licensed or certified at the advanced practice level, and must be able to provide supervision for licensure.

[(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to independently organize work, set priorities, and meet multiple deadlines.

(b) Skill in a range of supervisory duties which includes clinical supervision, consultation, negotiation with other departments and quality improvement.

(c) Ability to ensure provision of clinical social work services by supervised social workers.

(d) Ability to delegate authority, manage priorities, coordinate work, and follow up on pending issues to complete duties in an accurate and timely fashion.

(e) Ability to analyze organizational and operational problems, develop and implement solutions that result in efficient operations, and use data effectively to manage workload, quality, performance, and productivity within the service.

(f) Ability to provide staff training and development.

(4) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. Supervisory social workers at the GS-13 grade level typically supervise professional and non-professional staff. They are responsible for the professional and administrative management of an area in a social work service, in a care/product line, or across multiple sites, (e.g., multi-division facilities and CBOCs). Incumbent may also provide direct clinical services.]

j. **Social Worker (Program Coordinator), GS-13 [ ]**

(1) **Experience/Education.** One year of experience equivalent to the GS-12 grade level. Experience must demonstrate possession of advanced practice skills and judgment, demonstrating progressively more professional competency. Candidates may have certification or other post-master's degree training from a nationally recognized professional organization or university that includes a defined curriculum/course of study and internship, or equivalent supervised professional experience.

(2) **Licensure/Certification.** Individuals assigned as social worker program coordinator must be licensed or certified at the advanced practice level, and must be able to provide supervision for licensure.

[(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs.

(a) Skill in coordinating and implementing one or more specialty program(s), across the facility.

(b) Skill in local policy and practice development, procedures, and/or practice guidelines for the program as prescribed by the program handbook or national directive.

(c) Skill in organizing work, setting priorities, meeting multiple deadlines, and evaluating assigned program area(s).

(d) Ability to collaborate with internal and external partners to further program goals and enhance patient centered care.

(e) Ability to provide the full range of supervisory duties including assignment of work to be performed; performance evaluations; and selection of staff, training, and recommendation of awards, advancements, and when appropriate, disciplinary action.

(f) Ability to oversee the fiscal matters of the functions supervised (including fund controls, contracts, and equipment expenditures), forecast resource and equipment needs, and administer the allocated budget.

(g) Knowledge of organizational structure and impact on program operations.

(4) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. At this grade level, social worker program coordinators oversee the administrative and clinical aspects of a major specialty treatment program, such as, but not limited to: Post Traumatic Stress Disorder, Substance Abuse Treatment Program, Home-Based Primary Care, Mental Health Intensive Case Management, Caregiver Support Program or Transition and Care Management Program, or a combination of programs located at one facility or multiple divisions of a facility. They are responsible for coordinating interdisciplinary staffing, work assignments, budget, treatment services provided, and admission criteria for the program. The program coordinator may or may not have supervisory responsibilities. They have full responsibility for all phases of service delivery for a major specialty program. The program coordinator is responsible for the program's resource and fiscal management, monitoring control points developing the annual budget, operating within that budget, and accounting for appropriated funds. They are administratively responsible for the programming and operations of the program assigned, develop policies and procedures for program operation, and prepare reports and statistics for facility, VISN, and national use. Program coordinators provide leadership, direction, orientation, coaching, in-service training, staff development, and continuing education programs for assigned staff. They initiate and conduct program or service audits and complete designated clinical practice

audits and reports, including productivity. Program coordinators oversee program operations and evaluations, identifying areas for improvement, gathering relevant data, assessing the data, developing and implementing ideas for improvement, and evaluating efficacy of improvement efforts.]

k. **Social Worker (Assistant Chief), GS-13 [**

(1) **Experience and Education.** One year of experience equivalent to the GS-12 grade level. Experience must demonstrate possession of advanced practice skills in administration, demonstrating progressively more professional competency skills and judgment. Individual may have certification or other post-master's degree training from a nationally recognized professional organization or university that includes a defined curriculum/course of study and internship, or equivalent supervised professional experience.

(2) **Licensure/Certification.** The assistant service chief must evidence possession of supervisory and management skills, must be licensed or certified at the advanced practice level, and must be able to provide supervision for licensure.

[(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of administrative and supervisory duties which includes personnel actions, clinical supervision, consultation, negotiation with other departments, and quality improvement.

(b) Knowledge of legal, ethical, and professional standards applicable to social work practice.

(c) Ability to develop, maintain, and oversee social work programs in all settings.

(d) Knowledge of social work practice, policy, and accreditation standards across the continuum of health care.

(e) Skill in providing consultation to facility leadership, managers, and other staff on social work qualification standards, practice, competency, productivity, and continuing education requirements.

(4) **Assignment**. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. This position is restricted to those serving as a full assistant to the chief social work service for both administrative and professional practice. These individuals share with the chief full responsibility for managing and supervising all aspects of social work service operations. At the GS-13 grade level, individuals are typically assigned as assistant chief of a large complex social work service within the organization that offers social work services at VHA facilities with one or more divisions. While the chief has full management and supervisory responsibility for clinical practice, program management, education,

human resource management and supervision, and organizational stewardship for the social work program, the assistant chief is responsible for supporting these functions per the direction of the chief. In the absence of the social work chief, the assistant chief has full management and supervisory responsibility for the social work program. The assistant chief provides supervision to a moderate social work service and staff, members of different grades that may include multiple disciplines; treatment sites are limited and in close proximity to the medical center, and programs are with limited administrative oversite responsibility. Such facilities may offer specialty care and services and may be affiliated with academic institutions. The assistant chief develops and maintains a system of internal reviews that ensure service programs operate at a satisfactory level of performance and are in compliance with regulations. The assistant chief has responsibility for utilization of resources and budget. They make selections, assign personnel, and serve as a mentor to help employees develop their full potential.]

I. **Social Worker (Service Chief), GS-13 [ ]**

(1) **Experience/Education.** One year of experience equivalent to the GS-12 grade level. The chief social work service must evidence possession of supervisory and management skills. Experience must demonstrate possession of advanced practice skills in administration demonstrating progressively more professional competency skills and judgment. May have certification or other post-master's degree training from a nationally recognized professional organization or university that includes a defined curriculum/course of study and internship, or equivalent supervised professional experience.

(2) **Licensure/Certification.** Individual must be licensed or certified at the advanced practice level, and must be able to provide supervision for licensure.

[(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, candidates must demonstrate all of the following KSAs:

(a) Skill in administrative and supervisory duties which includes personnel actions, clinical supervision, consultation, negotiation with other departments, and quality improvement.

(b) Skill in applying legal, ethical, and professional standards applicable to social work practice.

(c) Skill in developing, maintaining, and managing social work services in all settings.

(d) Ability to ensure compliance with social work practice, policy, and accreditation standards across the continuum of health care.

(e) Skill in providing consultation to facility leadership, managers, and other staff on social work qualification standards, practice, competency, productivity, and continuing education requirements.

(4) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. The chief social work at this level typically has responsibility for management of small to moderately complex social work service within the organization. The chief social work service is the highest level professional position at the facility with responsibility for the professional practice of all facility social workers and provision of social work services. The chief social work provides supervision to social work service staff members of different grades. Supervision may include multiple disciplines, treatment sites that are limited and in close proximity to the medical center, and programs are with limited administrative oversite responsibility. The chief social work has full responsibility for managing and supervising all aspects of social work service operations including clinical practice, program management, education, human resource management and supervision of the service.]

m. Social Work Executive, GS-13

(1) **Experience/Education.** One year of experience equivalent to the GS-12 grade level. social work executive positions are only established at facilities that do not have a chief social work service. In facilities with care/product lines, the social work executive is the highest level professional position at the facility with responsibility for the professional practice of all facility social workers and provision of social work services. The social work executive must evidence possession of supervisory and management skills. Experience must demonstrate possession of advanced practice skills in administration, demonstrating progressively more professional competency skills and judgment. Candidates may have certification or other post-master's degree training from a nationally recognized professional organization or university that includes a defined curriculum/course of study and internship, or equivalent supervised professional experience.

(2) **Licensure/Certification.** The social work executive must be licensed or certified at the advanced practice level, and must be able to provide supervision for licensure.

[(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to provide technical social work guidance in order to complete job assignments.

(b) Skill in applying legal, ethical, and professional standards to social work practice.

(c) Knowledge of social work practice, policy, and accreditation standards across the continuum of health care.

(d) Skill in providing consultation to facility leadership, care/product line managers, and other staff on social work qualification standards, practice, competency, productivity, and continuing education requirements.

(e) Skill in developing, implementing, and maintaining clinical social work practice standards.

(f) Skill in administrative oversight to ensure compliance with social work licensure requirements.

(4) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. In the absence of a facility social work chief, the social work executive is typically responsible for clinical oversight of a professional social work practice in a small to moderate program at a VHA facility. The social work executive is responsible for overseeing the provision of social work services and the professional practice of all facility social workers to include participation in the selection and credentialing of social workers. Additionally, these are generally collateral assignments, determined by the needs of the local facility, the VISN, and/or VHA Central Office.]

n. Social Worker (Program Manager) [ ], GS-14

(1) **Experience and Education.** One year of experience equivalent to the GS- 13 grade level. Experience must demonstrate possession of advanced practice skills and judgment, demonstrating progressively more professional competency. Individual may have certification or other post-master's degree training from a nationally recognized professional organization or university that includes a defined curriculum/course of study and internship, or equivalent supervised professional experience.

[(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all the following KSAs:

(2) **Licensure/Certification.** Individuals assigned as social worker program manager must be licensed or certified at the advanced practice level, and must be able to provide supervision for licensure.

(a) Skill in large scale program coordination and administration across multiple sites, which includes consultation, negotiation, and monitoring.

(b) Ability to translate management goals and objectives into well-coordinated and controlled work operations.

(c) Ability to analyze organizational and operational problems and to develop and implement solutions that result in sound operation of the program.

(d) Ability to collaborate with internal and external partners to further program goals and enhance patient centered care.

(e) Ability to provide the full range of supervisory duties which would include responsibility for assignment of work to be performed; performance evaluations;

selection of staff, training, and recommendation of awards, advancements, and when appropriate, disciplinary action.

(f) Ability to oversee the fiscal matters of the functions supervised (including fund controls, contracts, and equipment expenditures), forecast resource and equipment needs, and administer the allocated budget.

(g) Skill in developing policies, procedures, and/or practice guidelines for the program and in participating in national program development.

(h) Ability to collaborate with internal VHA partners, locally and on a national level, as well as external community partners to further program goals and enhance patient centered care.

(4) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. At the GS-14 grade level, social worker program managers are assigned to manage, direct, and oversee a major specialty program(s) at the facility, VISN or VA Central Office level. As the facility level program manager, typical assignments include serving as a care/product line manager. Program managers may have responsibility for staffing, work assignments, budget, services provided, program criteria, day-to-day program operations, and all reporting requirements. Additionally, program managers at this grade generally have collateral assignments, determined by the needs of the local facility. The program manager provides analysis and evaluation of program data and computerized programs to identify system-wide trends and needs to enhance the quality of service. They develop and monitor staff compliance with practice, standards and guidelines. As the VISN level program manager, typical assignments include overseeing a VISN level program. The program manager serves as consultant to facilities in matters of program operations. They develop and monitor facility compliance with practice, standards, and guidelines across the VISN. The program manager reviews program status with facility leadership. Additionally, program managers at this grade generally have collateral assignments, determined by the needs of the VISN. The VISN program manager provides analysis and evaluation of program data and computerized programs to identify system-wide trends and needs to enhance the quality of service. As the national level program manager, typical assignments include supporting implementation of a national program. The national program manager reports to senior executive service equivalent or GS-15 grade level national program director. They may have responsibility for staffing, work assignments, budget, services provided, day-to-day program operations, and all reporting requirements. Program manager responsibilities also include developing and serving as a subject matter expert for program specific policy and regulations and interface with congressional representatives. Program managers at this grade generally have collateral assignments determined by the needs of VHA Central Office. The national program manager provides analysis and evaluation of program data and computerized programs to identify system-wide trends and needs to enhance the quality of service. They develop and monitor staff compliance with program standards, guidelines, and

service delivery. They develop and implement national training programs for internal and external partners. Program managers are responsible for ensuring program development, management, and evaluation that includes assessing the mission, goals, and programs of the organization in terms of psychosocial needs of Veterans, their families, and caregivers and establishing objectives consistent with organizational goals.]

o. **Social Worker (Service Chief) [ ], GS-14**

(1) **Experience/Education.** One year of experience equivalent to the GS-13 grade level. The chief social work service must evidence possession of supervisory and management skills. Experience must demonstrate possession of advanced practice skills in administration, demonstrating progressively more professional competency skills and judgment. May have certification or other post-master's degree training from a nationally recognized professional organization or university that includes a defined curriculum/course of study and internship, or equivalent supervised professional experience.

(2) **Licensure/Certification.** The chief social worker must be licensed or certified at the advanced practice level, and must be able to provide supervision for licensure.

[(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Skill in providing the full range of supervisory duties across multiple service divisions/sections, which would include responsibility for assignment of work to be performed, performance evaluation, selection of staff, and recommendations of awards, advancements, and when appropriate, disciplinary actions.

(b) Skill in applying legal, ethical, and professional standards to social work practice.

(c) Skill in developing, maintaining, and managing social work services in multiple divisions/sections.

(d) Ability to ensure compliance with social work practice, policy, and accreditation standards across the continuum of health care.

(e) Skill in providing consultation to facility leadership, managers, and other staff on social work qualification standards, practice, competency, productivity, and continuing education requirements

(f) Skill in administrative oversight to ensure compliance with social work licensure requirements.

(4) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. At the GS-14 grade level, size, scope, significance and impact are greater than the GS-13 grade level. The

chief social worker responsibility includes management of large, complex, social work services within the organization. The chief social worker is the highest level professional position at the facility with responsibility for the professional practice of all facility social workers and provision of social work services. The chief social worker provides supervision to social work service, with multiple sections or programs across the health care delivery system as well as an assistant chief and supervisors. Social work service includes staff members of different grades, as well as multiple disciplines, various treatment sites and at locations close to and distant from the medical center. The chief social worker has full responsibility for managing and supervising all aspects of social work service operations including clinical practice, program management, education, human resource management and supervision of the service.]

p. **Social Work Executive, GS-14**

(1) **Experience/Education.** One year of experience equivalent to the GS-13 grade level. Social work executive positions are only established at facilities that do not have a chief social work service. In facilities with care/product lines, the social work executive is the highest level professional position at the facility with responsibility for the professional practice of all facility social workers and provision of social work services. Social work executive must evidence possession of supervisory and management skills. Experience must demonstrate possession of advanced practice skills in administration, demonstrating progressively more professional competency skills and judgment. Individual may have certification or other post-master's degree training from a nationally recognized professional organization or university that includes a defined curriculum/course of study and internship, or equivalent supervised professional experience.

(2) **Licensure/Certification.** The social work executive must be licensed or certified at the advanced practice level, and must be able to provide supervision for licensure.

[(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, candidates must demonstrate all of the following KSAs:

(a) Skill in providing technical social work guidance in order to complete job assignments in multiple divisions/sections.

(b) Skill in applying legal, ethical, and professional standards to social work practice.

(c) Knowledge of social work practice, policy, and accreditation standards across the continuum of health care.

(d) Skill in providing consultation to facility leadership, care/product line managers, and other staff on social work qualification standards, practice, competency, productivity, and continuing education requirements.

(e) Skill in developing, implementing, and maintaining clinical social work practice standards in multiple divisions/sections.

(f) Skill in administrative oversight to ensure compliance with social work licensure requirements.

(4) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. At the GS-14 grade level the size, scope, significance, and impact are greater than at the GS-13 social work executive level. In the absence of a social work chief, GS-14, grade level, the social work executive is typically responsible for clinical oversight of a professional social work practice in a large program at a VHA facility. Social work executive is typically assigned to a care/product line management role at a VHA facility and has responsibility for overseeing the practice of social workers in the facility or of social workers in multiple divisions of a VHA facility. The GS-14 social work executive is responsible for overseeing the professional practice of all facility social workers and provision of social work services the professional practice of all facility social workers to include participation in the selection and credentialing of social workers. The position usually includes a management role, such as a care/product line manager/administrator.]

q. **Social Worker (National Program Director) [ ], GS-15**

(1) **Experience/Education.** The national program director must have at least four years of experience as a VA clinical social worker with at least one-year equivalent to the GS-14 grade level, and evidence of at least two years of supervisory and management experience. Experience must demonstrate possession of advanced practice skills in administration, demonstrating professional competency, skills and judgment including knowledge of the VHA System and operations. Individual may have certification or other post-master's degree training from a nationally recognized professional organization or university that includes a defined curriculum/course of study and internship, or equivalent supervised professional experience.

(2) **Licensure/Certification.** Individual must be licensed or certified at the advanced practice level, and must be able to provide supervision for licensure.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to lead a large, diverse group of clinical and administrative professionals to facilitate collaboration, and individual and organizational development.

(b) Knowledge of Department Level communication protocols to effectively communicate the program specific information, including regulatory changes and policies to VHA leadership, VA staff and community partners.

(c) Skill in advising high level officials in adoption of, and conformance to, performance measures, monitors, and other policy guidelines related to specific

program areas; setting policy for national program(s) and directing VHA staff in the monitoring, assessment, and implementation of national program(s) throughout VHA.

(d) Ability to develop education/training initiatives in concert with clinical and education officials; monitor key activities in program(s) and projects for timeliness, accomplishment of key milestones, and support of overall objectives outlined in directives and other publications of a specific program area.

(e) Ability to develop and sustain strategic partnerships with key internal and external VA stakeholders and community partners on a national level.

(f) Skill in providing technical consultation and support for various projects and special initiatives, including responses to Congressional inquiries; developing high level briefing papers to convey findings and VHA program positions.

(g) Ability to develop and maintain national program databases to track program data and trends across VHA.

(h) Ability to respond to inquiries from within the Department, the Administration, Congress, Office of Management and Budget, the Government Accountability Office, and others as appropriate.

[(4) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. The national director position is characterized by the size, scope, and high level of complexity of the program; has significant impact on the VHA mission; and is of significant importance to the VA. Examples of positions may be similar to those listed under the GS-14 grade level program manager position heading, but, at the GS-15 grade level, the individual has full responsibility for the program or programs. The size, scope, significance, and impact of the programs at the GS-15 level are greater. The national program director serves as subject matter expert to VA senior leaders, including providing consultation to facility and network directors, and other VHA program offices. The national program director is responsible for all aspects of national program operations, including but not limited to managing the national program budget, responding to inquiries from within the Department, the Administration, Congress, and the Government Accountability Office. The incumbent is responsible for the development and implementation of program specific federal regulations and VHA policies impacting all of VHA and ensuring the national program meets VA mission requirements.]

r. **Social Work Program Manager, GS-15**

(1) **Experience/Education.** The social work program manager at the GS-15 grade level must have at least four years of experience as a VA clinical social worker with at least one-year equivalent to the GS-14 grade level. The social work program manager must evidence possession of progressively higher supervisory and

management skills. Experience must demonstrate possession of advanced practice skills in administration, demonstrating progressively more professional competency skills and judgment. The individual may have certification or other post-master's degree training from a nationally recognized professional organization or university that includes a defined curriculum/course of study and internship, or equivalent supervised professional experience.

(2) **Licensure/Certification.** The social work manager must be licensed or certified at the advanced practice level, and must be able to provide supervision for licensure.

(3) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience above, the candidate must fully meet the KSAs for the GS-14 grade level and demonstrate all the following professional KSAs:

(a) Ability to manage and direct unusually large interdisciplinary programs, complex organizational units, apply effective management practices, plan, design, implement, and evaluate a program(s) that encompasses a wide range of facility/healthcare system/VISN/CO activities.

(b) Ability to oversee issues related to budget projections and participate with senior leaders from the governing body, management and staff in upholding the facility mission, vision, value and strategic plan to include directly interacting with elected officials on VA related issues/concerns (i.e., members of Congress, Veterans Service Organizations, State and Local entities).

(c) Knowledge in establishing policy, procedures and quality monitors while considering multiple priorities, funding sources, and varying resources.

(d) Skill in assessing need for basic and complex services across multiple programmatic patient care venues, coordinate and expand the efforts of multiple program elements across a complex system.

(e) Knowledge to complete all program evaluations and documents required by the medical center, VISN and VHA Central Office, ensuring compliance with appropriate accrediting bodies such as The Joint Commission (TJC), Commission on Accreditation of Rehabilitation Facilities (CARF), and Association for the Accreditation of Human Research Protection Programs (AAHRPP).

(f) Ability to orient, teach and serve as a consultant to other medical center staff and trainees and assists in their formulation of the clinical social work characteristics and appropriate treatment expectations regarding Veterans, family members and caregivers.

(g) Skill in balancing responsibilities in a complex environment and to work with great autonomy, set priorities and delegate tasks, meet multiple deadlines; analyze complex organizational problems and develop and implement effective solutions for those problems.

(h) Ability to promote and effectively manage a culturally diverse workforce which embraces the values and needs of all individuals through long-term commitment, strategic and business planning, education, experience which broadens the mindset and by fully managing human resources.

[(4) **Assignment**. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. At the GS-15 grade level, size, scope, significance and impact is greater than the GS-14 grade level. The broad responsibility includes management of a very large, significantly complex service within the organization. The social work program manager delivers a wide range of specialized professional services that significantly impact the health care provided to Veterans, their families, and caregivers. Provides direct oversight to services with multiple complex programs, located at multiple sites and sections across the health care delivery system. The social work program manager is typically located in a complexity level one Health Care System and is assigned as a service line director, associate chief of staff, or service chief within the facility. The service includes staff members of different grades, multiple disciplines, and various treatment sites at multiple locations close to and distant from the primary medical facility. The manager has full responsibility for managing and supervising all aspects of program operations, including clinical practice of an unusually large number of employees across multiple areas/sites, education, quality assurance for outcomes, human resource management and supervision of the extraordinarily large service. Professional staff under direct supervision may include psychiatrists, psychologists, physicians, social workers, nurses, health system specialists and patient services assistants. The social work program manager provides strategic planning, including establishment of long and short-range goals, and development of policies and procedures to ensure goal attainment management of administrative and programmatic resources (including budget and line authority within the service), and outcomes monitoring, using data-driven quality assurance processes. They may have the responsibility for managing and supervising additional facility wide programs outside of the Service including supervision, operations, clinical practice, and program management. The manager develops responses to controlled correspondence received by the Medical Center, from VISN, and VHA Central Office levels, inclusive of responding to elected representatives and the Office of Inspector General Hotline concerning Veteran care and other matters of public interest.]

## 5. DEVIATIONS.

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance, and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the educational requirements be waived. Under no circumstances will licensure requirements be waived for positions at the GS-11 grade level or above.

c. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health or designee in VHA Central Office prior to placement in the position.

**Authority: 38 U.S.C. §§ 7402, 7403**

# [APPENDIX G40. DEVELOPMENT OF QUALIFICATION STANDARDS FOR VETERANS HEALTH ADMINISTRATION (VHA) POSITIONS FILLED UNDER 38 U.S.C. § 7401(1)

**1. SCOPE**. This appendix provides VA procedures for the development of qualification standards by VHA Central Office program officials and occupation-specific subject matter experts, working with representatives of the Recruitment & Placement Policy Service (R&PPS) (059), for VHA positions under 38 U.S.C. § 7401(1). Authority is given to the Secretary under 38 U.S.C. § 7421 to prescribe qualifications for occupations identified in § 7401(1).

## 2. BACKGROUND

a. Qualification Standards are critically important documents for the identification of candidates with the needed knowledge, skills, and abilities to perform VA's work. Qualification standards establish minimum requirements that are predictive of successful performance.

b. A qualification standard is a statement of the minimum requirements that an individual must meet to be qualified for appointment or assignment to a position.

c. Minimum requirements include such considerations as experience, education, training, personal characteristics, physical ability, minimum age, citizenship, and licensure or certification.

d. In a broad sense, a qualification standard includes the examining guides, rating schedules, rating scales and other standardized measuring devices and techniques through which the qualifications of candidates are evaluated.

e. A qualification standard does not include the more general eligibility requirements such as restrictions on employment of relatives, security/suitability determinations, etc. of successful performance. The application of qualification standards in VHA is an integral part of ensuring a fully qualified workforce is available to care for Veteran patients.

**3. INTERPRETING QUALIFICATION STANDARDS.** The following information is pertinent to the interpretation of VA qualification standards:

a. VHA appointing officials and Professional Standards Boards act for the Under Secretary for Health in applying the qualification standards in a fair and consistent manner. Such decisions are made through an analysis of personal data and/or experience records.

b. When there is disagreement on the interpretation of a qualification standard, the appropriate HRM Officer may request an interpretation or decision from the Deputy Assistant Secretary for Human Resources Management (05). A courtesy copy of such request will be sent to the appropriate VHA Program Official in VA Central Office.

**4. RESPONSIBILITIES.** The following is an explanation of responsibilities associated with the development of VA qualification standards:

a. Qualification standards are developed by teams with representatives from R&PPS (059) and subject matter experts from VHA.

b. VHA Field facilities may be requested to review and comment on drafts of VA qualification standards.

c. Professional Standards Boards may recommend changes to qualification standards electronically to R&PPS (059) to improve the quality and clarity of the standards. R&PPS (059) will consult with the appropriate VHA program officials before final proposed changes are submitted for consideration.

**5. GENERAL GUIDELINES**. These procedures describe a step-by-step process for assembling, analyzing, and verifying occupational information that can then be used to convert a qualification standard from Title 5 to Title 38 format or to revise an existing or develop a new Title 38 qualification standard.

a. For each step, an expected product is described. When the product for each step is completed, it should be forwarded to the R&PPS email box (Staffing Policy 059/VACO@ va.gov). Work on the next steps(s) should proceed while R&PPS (059) representatives are reviewing each completed product.

b. For the development of a Title 38 qualification standard for which there is little to no current occupational information or no current and usable job analysis, all eight steps will usually need to be completed.

c. For the development of a Title 38 qualification standard for which there is current occupational information and/or a current and usable job analysis, but some significant changes to the basic requirements for the profession are anticipated, some steps may not need to be completed.

d. Subject-matter experts should review these procedures and identify which steps to complete in consultation with R&PPS (059) in the Office of Human Resources Management.

## 6. EIGHT STEPS TO DEVELOPING A TITLE 38 QUALIFICATION STANDARD

a. **Step 1.** Gather functional statements. Functional statements should represent the full range of assignments at different types and sizes of facilities, including outpatient clinics, small and large medical centers, etc. Identify representative assignments, duties, tasks, etc. for each grade level, and identify and describe special assignments at appropriate grade levels.

Product: Representative critical duties/task statements for all grade levels and special assignments.

b. **Step 2.** Compare representative critical duties/task statements to statutory requirements for each grade level.

Product: Analysis demonstrating how the grade levels assigned to representative critical duties/task statements meet the statutory requirements for each grade level.

c. **Step 3.** Conduct analysis to identify knowledge, skills, abilities and other characteristics required to perform the work of the position.

Product: A job analysis worksheet for each functional statement that identifies the duties performed and the KSAOs required to perform each duty, and a list of the most important KSAOs required for each grade level.

d. **Step 4.** Identify the source or means by which each KSAO is obtained, for example, through specific education or training.

Product: Itemized list of KSAOs and means by which they are obtained.

e. **Step 5.** Gather information on private sector and other Federal healthcare organization's practices regarding licensure, certification, registration, and positive educational/training requirements, and comparable pay rates.

Product: Summary of findings with supporting documents attached.

f. **Step 6.** Compare findings of Step 5 with results of Step 4.

Product: List of duties with respective required KSAOs, and required licensure, certification, registration, and positive education/training requirements identified.

g. **Step 7.** Review product of Step 6 with statutory requirements for grade levels.

Product: Analysis discussing results of comparison.

h. **Step 8.** Write qualification standard in Title 38 format.

Product: Qualification standard with all supporting documents from Steps 1 through 8.

| Duty/Task | Knowledge, Skill, Ability, Other Characteristic Required | Means of Obtaining KSAO |
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# APPENDIX G41. BLIND REHABILITATION SPECIALIST QUALIFICATION STANDARD GS-0601
## Veterans Health Administration

1. **COVERAGE.** The following are requirements for appointment as a Blind Rehabilitation Specialist (BRS) in the Veterans Health Administration (VHA). This standard applies to all VHA BRSs, including Visual Impairment Services Team (VIST) Coordinator positions. The work requires knowledge of the concepts, principles, and practices of blind and vision rehabilitation and the use of assessments, therapies, and technologies to improve the independent function, quality of life and adjustment for Veterans who are blind or visually impaired. BRSs evaluate Veterans by interviews, tests, and measurements and use such findings solely and/or as a part of an interdisciplinary team to develop and implement blind and vision rehabilitation programs for individual Veterans. Instructional activities are directed toward achieving therapeutic objectives for Veterans who are blind and visually impaired in effective literacy and communication skills, orientation to and management of the environment, safe ambulation and travel, manual skills, proficiency and understanding in activities of daily living, pursuit of avocational and vocational skills, and adjustment to visual [impairment].

   **NOTE:** *Blind Rehabilitation Outpatient Specialist (BROS) Qualification Standard is contained in VA Handbook 5005, Part II, Appendix G42*.

2. **[DEFINITIONS.**

   a. **Journey Level.** The BRS full performance level for this qualification standard is the GS-11 grade level. The full performance level for BRS VIST Coordinator is the GS-12 grade level.

   b.] **Creditable Experience.** To be creditable, the experience must demonstrate possession of the knowledge, skills, and abilities associated with current blind and vision rehabilitation practice, as outlined in the current scope and standards of practice for blind and vision rehabilitation. Applicants may have one or more of the following:

      (1) The equivalent of one year of active practice. Active practice means paid/non-paid employment (VA or Non-VA) as a BRS or BROS.

      (2) Academic course work leading to an advanced degree in blind or vision rehabilitation or closely related rehabilitation therapeutic intervention program.

   c. **Quality of Experience.** Work as a graduate BRS directly related to the position to be filled; and the work to be credited is at a level comparable to BRS experience at the same or next lower grade level than the grade level being considered for placement. For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

d. **Part-Time Experience.** Part-time experience is creditable according to its relationship to the full-time work week. For example, one week of full-time credit is equivalent to two weeks of part-time work

e. **Graduate Education.** Master's[/Doctoral] degrees may be substituted for experience through the GS-11 grade level [(Master's degree up to the GS-9 grade level, Doctoral degree up to the GS-11 grade level).] Degrees must be from a college or university that was regionally or nationally accredited at the time the candidate completed the program. To substitute the degree, it must have been completed after the individual met the basic requirements for appointment.

f. **Content Specialty.** Specialized content areas of blind and vision rehabilitation include, but are not limited to: orientation and mobility, low vision therapy, vision rehabilitation therapy, manual skills, technology and computer access for the people who are visually impaired, and case-management for disability due to blindness.

**[3. BASIC REQUIREMENTS.]**

a. **Citizenship.** [Be a ]citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3.g., of this part.)

b. **Education**

(1) The individual must have earned:

(a) A bachelor's degree from an accredited college or university with a major field of study in blind or vision rehabilitation, closely related program in rehabilitation, special education for the visually impaired, family and consumer science education, or technology and industrial arts education [ ].

OR,

(b) A bachelor's degree from an accredited college or university (without a major field of study as outlined in (1)(a) above) that included, or was supplemented by, at least one of the following:

i. At least 30 semester hours of directly related, upper level undergraduate courses (e.g., at least 200-course level or higher, or as identified by the college or university).

ii. One full year of directly related graduate level coursework (typically at least 15 - 18 semester hours).

iii. A certificate from an accredited college or university in the core curriculum in orientation and mobility, vision rehabilitation therapy, assistive technology for

blind and visually impaired individuals, or low vision therapy and a directly related practicum/internship in the occupation, either included in the degree or post-degree.

iv. Foreign Graduates must have proof of a minimum of a bachelor's degree from an accredited college or university (or foreign equivalent, as verified through an independent credential evaluation company), with a specialization in blind rehabilitation.

c. **Certification.** Required at the GS-11 grade level and above.

(1) Applicants must possess at least one active, current, full and unrestricted certification to be eligible for appointment. Certification must be granted by the Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP), or another equivalent, closely related professional credential in special education or rehabilitation. [ ]

**NOTE:** *The ACVREP administers four certification programs: Low Vision Therapy, Orientation and Mobility, Assistive Technology Instruction and Vision Rehabilitation Therapy. They may then use the designation for the certification they hold (as listed in subparagraph (2)) below:*

(2) BRS who provide the following service must obtain certification granted by ACVREP as follows:

(a) Orientation and mobility training - Certified Orientation and Mobility Specialists (COMS®).

(b) Communication and daily living therapy - Certified Vision Rehabilitation Therapists (CVRT®).

(c) Low vision therapy - Certified Low Vision Therapists (CLVT®).

[(d) Assistive Technology - Certified Assistive Technology Instructional Specialists (CATIS®).

(3) BRS Advanced Practitioners at the GS-13 grade level must possess two certifications awarded by ACVREP.

(4)] BRS VIST Coordinators may be drawn from traditional blind/vision rehabilitation backgrounds, and from counseling backgrounds such as social work, vocational rehabilitation counseling, etc. VIST Coordinators must be credentialed/certified through:

(a) Any certification via the ACVREP,

OR,

(b) Individuals appointed based on experience as a Social Worker must be licensed or certified by a state to independently practice social work at the master's degree level. A doctoral degree in social work may not be substituted for the master's degree in social work. If appointed as a VIST Coordinator, Social Workers are appointed to the GS-0601 series, but must still maintain a full, valid, and unrestricted independent license or certification to remain qualified for employment,

OR,

(c) Certification via the Commission on Rehabilitation Counselor Certification (CRCC) Certified Rehabilitation Counselor, (CRC),

OR,

(d) Individuals appointed based on experience in other health care occupations must be licensed or certified by a state to independently practice in their field. If appointed as a VIST Coordinator, such individuals are appointed to the GS-0601 series, but must still maintain their full, valid, and unrestricted independent license or certification in their occupation to remain qualified for employment. Examples of occupations may include but [are not limited to Marriage and Family Therapist or Licensed Mental Health Counselor.]

d. **Loss of Credential**

(1) Once certified, a BRS must maintain a full, valid, and unrestricted independent certification to remain qualified for employment. Loss of certification will result in removal from the BRS occupation and may result in termination of employment.

(2) A BRS who has, or has ever had his/her certification revoked, suspended, denied, restricted, limited, or issued/placed in a probationary status may be appointed only in accordance with the provisions in VA Handbook 5005, Part II, Chapter 3, Section B, Paragraph 16 of this part.

(3) If hired based on experience as a social worker, rehabilitation counselor, or equivalent, relevant professional counseling credential in rehabilitation, the VIST Coordinator must still maintain a full, valid, and unrestricted independent license or certification to remain qualified for employment.

e. **Grandfathering Provision.** All BRSs employed in VHA in this occupation on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education and certification(s) that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Such employees may be reassigned, promoted up to and including the full performance (journey) level, or changed to lower grade within the occupation.

(2) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or certification(s) that meet all the basic requirements of this qualification standard must maintain the required equivalent credential(s) as a condition of employment in the occupation.

(4) If a BRS who was retained under this provision leaves the occupation, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation. **Physical Requirements.** See VA Directive and Handbook 5019, Employee Occupational Health Service.

[f.] **English Language Proficiency.** Candidates will not be appointed under authority of 38 U.S.C. chapters 73 or 74, to serve in a direct patient-care capacity in VHA who are not proficient in written and spoken English. See Chapter 2, section D, paragraph 5a, this part.

[4. **GRADE DETERMINATIONS.]** In addition to the basic requirements, the following criteria must be used when determining the appropriate grade assignment of candidates. This criteria is consistent with the two grade interval structure for professional/scientific professions found in VA Handbook 5005, Part II, Appendix G17.

[ ]

**a. BRS, GS-9 [(Entry Level)]**

(1) **Experience.** Bachelor's degree and completion of one year of experience.

OR,

(2) **Education.** Completion of at least two full years of progressive graduate education or a master's degree in a field directly related to the position.

(3) **Certification.** No certification is required at this level.

(4) **Demonstrated Knowledge, Skills, and Abilities (KSAs).** In addition to the education and experience above the candidate must demonstrate all the following KSAs:

(a) Knowledge of policies and procedures of the blind/vision rehabilitation service.

(b) Knowledge of administration and interpretation of assessments and evaluations in blind/vision rehabilitation.

(c) Ability to develop a basic written blind/vision rehabilitation plan from assessment results and develop more complex plans with consultation from supervisor.

(d) Skill in instructing [Veterans] and families in a meaningful rehabilitation program and applying blind/vision rehabilitation therapeutic techniques.

(e) Ability to recommend appropriate blind/vision prosthetic devices for Veterans within the scope of practice.

(f) Ability to serve as team coordinator for assigned Veterans during their rehabilitation programs.

(5) **Assignment.** Individuals at this grade level serve as [entry level] staff BRSs. They are responsible for intake, assessment, planning for rehabilitation, intervention, and follow-up in the content specialties. They receive guidance from experienced staff members for the most complex [Veteran cases.]

[b. **BRS, GS-11 (NOTE:**] *Full performance level for BRS who are not VIST Coordinators.***)**

(1) **Experience.** In addition to meeting the basic requirements, completion of one year of progressively complex experience equivalent to the GS-9 grade.

OR,

(2) **Education.** Three years of progressively higher level graduate education leading to a Doctoral Degree; or Doctoral Degree in Blind Rehabilitation or a directly related field.

(3) **Certification.** Certification is required at this grade level and above. Staff BRS candidates must meet the certification requirements in paragraph 3c(1) above. BRSs at the GS-11 grade level must have at least one certification from ACVREP or a related, equivalent, professional certification.

(4) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the KSAs described at the GS-9 grade level, the candidate must demonstrate all the following KSAs:

(a) Knowledge and understanding of highly specialized complex evaluations and diagnostic tests and procedures of blind/vision rehabilitation.

(b) Ability to properly assess Veterans having diverse and multiple disabilities to make recommendations for blind/vision rehabilitation therapeutic interventions.

(c) Skill in writing a blind/vision rehabilitation plan that includes evaluation information from multiple disciplines with observable, measurable goals and that identifies specific outcomes.

(d) Skill in instructional methods and learning principles.

(e) Ability to employ interventions and unusual motivational techniques and coordinate treatment with other professionals to achieve outcomes of the rehabilitation plan.

(f) Ability to recommend appropriate blind/vision rehabilitation prosthetic devices for Veterans within scope of practice, making adaptations and modifications as required.

(5) **Assignments.** This is the full performance level for BRSs who are not VIST Coordinators. Assignments at this grade level include the following:

(a) **Staff BRS.** In addition to providing services to Veterans described at the GS-9 grade level, individuals at this level have duties that typically include the following: serving as a consultant to blind/low vision rehabilitation and other medical center staff in evaluating and treating Veterans in the specialty area; serving as a mentor to other therapists who are evaluating and treating Veterans in the content specialty or program area; serving as internship supervisor to students who are completing their supervised practice; and providing in-service and clinical training programs in the content specialty or program area.

(b) **BRS (Sole Practice).** Individuals in this assignment may serve as the only BRS at a medical center or an outpatient clinic and are responsible for independent decision-making and independent care. Individuals in this assignment serve as a member of or as consultant to a specialty care team, [and provide in-service and clinical training programs in the content specialty or program area.

**c. BRS GS-11 (VIST Coordinator-Developmental Level)**]

(1) **Experience.** In addition to meeting the basic requirements, completion of one year of progressively complex experience equivalent to the GS-9 grade level.

OR,

(2) **Education.** Three years of progressively higher level graduate education leading to a Doctoral Degree; or Doctoral Degree in Blind Rehabilitation or a directly related field.

(3) **Certification.** VIST Coordinator candidates must meet the certification requirements in paragraph 3c(3) above. BRSs who are VIST Coordinators may be drawn from traditional blind/vision rehabilitation backgrounds and from counseling backgrounds such as social work, vocational rehabilitation counseling, etc. VIST Coordinators may be credentialed/certified through any of the following:

(a) Certification via the ACVREP;

(b) Licensure via the Social Worker Licensure Board;

(c) Certification via the CRCC;

*OR,

(d) Equivalent and relevant professional credential in counseling or rehabilitation. [Examples of other health care occupations may include but are not limited to Marriage and Family Therapists or Licensed Mental Health Counselors.]

(4) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the KSAs described at the GS-9 grade level, the candidate must demonstrate all the following KSAs: (a) [Ability to communicate both orally and in writing with staff at all organizational levels; with Veterans and their family members; with community groups; and individuals with varying degrees of understanding about visual impairment.]

(b) Ability to assess Veterans having diverse and multiple disabilities to make recommendations for blind/vision rehabilitation therapeutic interventions.

(c) Ability to write a blind/vision rehabilitation plan that includes evaluation information from multiple disciplines with observable, measurable goals and that identifies specific outcomes.

(d) [Knowledge of VA blind and low vision rehabilitation treatment programs.]

(e) Skill in interpersonal relationships in dealing with patients, employees, other team leaders, managers and other stakeholders.

(f) Knowledge of psychological, rehabilitation, and counseling theories and principles.

(g) Ability to coordinate with various resources to identify suitable training programs.

(5) **Assignment.** Individuals in this assignment serve in a developmental capacity as case management professionals whose knowledge must be broad ranging and include not only the medical conditions and rehabilitation of Veterans who are blind and visually impaired, but also knowledge of their compensation and benefits, as well as VA and non-VA rehabilitation programs. In addition, VIST Coordinators work with Veterans and their families in readjustment counseling.

**[d. BRS,] GS-12 (VIST Coordinator-Full Performance Level)**

(1) **Experience.** In addition to meeting the basic requirements, completion of a minimum of one year of progressively complex experience equivalent to GS-11 grade level.

(2) **Certification.** VIST Coordinators must meet the certification requirements in paragraph 3c(3) above.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the KSAs described at the GS-11 grade level, the candidate must demonstrate all the following KSAs:

[(a) Skill to effectively communicate both orally and in writing with staff at all organizational levels, with Veterans and their family members, with community groups, and individuals with varying degrees of understanding.

(b) Ability to assess Veterans having diverse and multiple disabilities to make recommendations for therapeutic interventions.

(c) Skill in writing a blind/vision rehabilitation plan that includes evaluation information from multiple disciplines and contains observable, measurable goals that identify specific outcomes.

(d) Knowledge of VA and non-VA blind and low vision rehabilitation treatment programs.

(e) Skill in interpersonal relationships dealing with patients, employees, other team leaders, managers, and other stakeholders.

(f) Knowledge of psychological, rehabilitation, and counseling theories and principles.

(g) Ability to coordinate with various resources to identify and refer Veterans to suitable training programs.

(h)] Ability to apply decision-making principles to adjust programs on a day-to-day basis, to develop short term and long-range goals, and to plan for future utilization of resources.

(4) **Assignment.** The GS-12 grade level is the full performance level for a VIST Coordinator. Individuals in this assignment will demonstrate mastery in adjustment counseling, coordinating access to services, assuring adequate compensation and benefits, and must conduct complex negotiations with the medical and benefit systems as well as non-VA service delivery systems. VIST Coordinators convene and manage a local medical center Visual/Impairment Services Team that meets regularly to influence and make recommendations regarding the best programs for Veterans who are visually impaired. VIST Coordinators at the full performance level manage a support group for blinded Veterans, publish a VIST newsletter, and provide community presentations to professional and lay groups to publicize the program. They plan and execute programs to locate blinded Veterans previously unknown to Blind Rehabilitation Service through outreach in their medical centers, in the community and in other service delivery systems such as vocational rehabilitation, community services for the visually impaired, community eye care, etc. They work closely with the BRS national consultants and VA central office staff to continuously upgrade and improve their practice and programs.

**e. [BRS, GS-12 (Sole Practice)]**

(1) **Experience.** In addition to meeting the basic requirements, completion of one year of progressively complex experience equivalent to the GS-11 grade level.

(2) **Certification.** Staff BRS candidates must meet the certification requirements in paragraph 3c(1) above.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the KSAs described at the GS-11 grade level, the candidate must demonstrate all the following KSAs:

[(a) Knowledge and understanding of highly specialized, complex evaluations and diagnostic tests and procedures of blind/vision rehabilitation.

(c) Ability to properly assess Veterans having diverse and multiple disabilities to make recommendations for therapeutic interventions.

(d) Skill in writing a blind/vision rehabilitation plan that includes evaluation information from multiple disciplines and contains observable, measurable goals that identify specific outcomes.

(e) Ability to act as a subject matter expert in the blind/vision rehabilitation field and as a consultant, supervisor and/or mentor in evaluating and treating Veterans in specialty or program areas.

(f) Ability to employ interventions and unusual motivational techniques and coordinate treatment with other professionals to achieve outcomes of the rehabilitation plan.

(g) Ability to recommend appropriate blind/vision rehabilitation prosthetic devices for Veterans within the scope of practice, while making adaptations and modifications, as required.

(h) Ability to independently develop, plan, and administer complex treatment programs.

(i) Ability to communicate both orally and in writing with staff at all organizational levels, Veterans and their family members, community groups, and individuals with varying degrees of understanding.]

(4) **Assignment.** Individuals in this assignment serve as the only BRS at a medical center or an outpatient clinic and are responsible for a high level of decision-making and are responsible for independent care. Incumbent serves as member or consultant to specialty care teams. [Incumbent may oversee volunteers and/or may have part-time administrative clerk support. Incumbent serves as a subject matter expert, assuring that a complete range of skills is available for a diverse Veteran population at affiliated blind rehabilitation inpatient centers or outpatient clinics. Additional activities include evaluating new products and equipment and making recommendations concerning upgrades/new purchases that improve operations.]

**[f. Supervisory BRS,] GS-12**

(1) **Experience.** In addition to meeting the basic requirements, completion of a minimum of one year of progressively complex experience equivalent to the GS-11 grade level.

(2) **Certification.** BRS must meet the certification requirements in paragraph 3c(1) above.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the KSAs described at the GS-11 grade level, the candidate must demonstrate all the following KSAs:

[(a) Ability to plan, direct, mentor, and distribute work assignments to volunteers, assistants, interns, and/or Blind Rehabilitation Specialists at lower grade levels.]

(b) Ability to act as a subject matter expert in the blind/vision rehabilitation field and as consultant, supervisor and/or mentor in evaluating and treating Veterans in specialty or program areas.

(c) Ability to coordinate, motivate, and effectively manage staff and/or committee members to include organizing work, setting priorities, and delegating tasks and responsibilities.

(d) Ability to disseminate appropriate information through various media as a consultant or mentor.

(e) Skill in interpersonal relationships in dealing with Veterans, employees, other team leaders, managers, and other stakeholders.

(f) Ability to identify team group dynamics, objectively observe, and modify behaviors.

(g) Ability to apply decision-making principles to adjust programs on a day-to-day basis, develop short term and long-range goals, and plan for future utilization of resources.

[(h) Skill in developing, planning, and administering complex treatment programs.] VA Handbook

(4) **Assignment.** [The employee assigned to this position is located within an inpatient Blind Rehabilitation Center (BRC) and functions in a supervisory position for BRS professional staff at the GS-9 and GS-11 grade levels and who are not VIST Coordinators or Blind Rehabilitation Outpatient Specialists.] This employee serves as a subject matter expert, assuring that a complete range of skills are available for a diverse Veteran population at affiliated blind rehabilitation inpatient centers or outpatient clinics. At this level, the blind or vision rehabilitation program typically includes a variety of specialties, an extensive educational program, and data collection and review as well as research activities. Additional activities include the evaluation of new products and equipment and making recommendations concerning upgrades/new purchases that would improve operations. Other supervisory responsibilities include informing higher-level management of anticipated staffing variances and recommending promotions, reassignments, or other

personnel actions such as retention or release of probationary employees as well as recommending recognition of superior performance when applicable.

**[g. BRS, GS-12 (Admission Coordinator)**

(1) **Experience.** In addition to meeting the basic requirements, completion of one year of experience as a BRS equivalent at the GS-11 grade level.

(2) **Certification.** Candidates must meet the credentialing/certification requirements in paragraph 3c(1) above.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the education and experience above, the candidate must demonstrate all the following KSAs:

(a) Ability to plan, coordinate, and manage applications, admissions and discharges, and ensure provision of the appropriate clinical care for Veterans in an inpatient BRC.

(b) Ability to ensure that cooperative partnerships exist among Veterans, Service members and their families, VHA rehabilitation providers, community providers, and other stakeholders, to support a comprehensive blind rehabilitation program structure.

(c) Ability to develop, maintain, analyze, and present statistical and programmatic data and information related to BRC operations.

(d) Knowledge of budgetary and financial management processes, including VERA reimbursement, catastrophic disability, and beneficiary travel policies.

(e) Ability to perform the full range of supervisory duties, when authorized, which would include responsibility for assignment of work to be performed, competency assessments, performance evaluations, hiring decisions, and recommendations for awards, advancements, and disciplinary actions.

(4) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety, as described in this standard, at the specified grade level, and will be performed by the incumbent at least 25% of the time. This assignment may or may not be supervisory. BRS Admission Coordinator duties include, but are not limited to coordination, review, and management of all BRC applications; admissions; discharges; and waiting lists. The Admission Coordinator organizes clinical delivery of services, schedules the Veterans' treatment program processes, admissions and discharges, and facilitates travel arrangements for Veterans to inpatient BRCs. Develop and maintain admission and discharge, wait time/wait list statistics, and other programmatic information to assist in coordinating reports to VACO, VISN, and the BRC Director, as well as the facility Chief of Staff. Counsels and advises VIST regarding prospective applicants. Maintains good relations with all relevant stakeholders, including local, state, and regional agencies,

and Veterans Service Organizations. Maintains various internal BRC data and tracking systems. Provides technical assistance in day-to-day operations, program planning, and special projects, as assigned. May provide direct patient care to Veterans, as deemed appropriate and necessary by the BRC Chief and/or designated supervisor. Admission Coordinators who are supervisors review and approve or disapprove leave requests; interview candidates for vacancies; and assume administrative responsibilities in the absence of the BRC Chief or supervisor. Represents administration at planning and team meetings as required/needed. Reports to Blind Rehabilitation Center (BRC) Chief and/or designated supervisor.

**h. BRS, GS-13 (Advanced Practitioner)**

(1) **Experience.** In addition to meeting the basic requirements, completion of one year of experience as a BRS equivalent at the GS-12 grade level.

(2) **Certification.** Candidates must meet the credentialing/certification requirements in paragraph 3c(2) above. Advanced Practitioners at the GS-13 grade level must achieve two ACVREP certifications to demonstrate mastery in two areas of blind rehabilitation.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the education and experience above, the candidate must demonstrate all the following KSAs. (a) Ability to develop educational materials/in-service education curriculum for VA staff and providers, as well as non-VA personnel.

(b) Ability to act as a subject matter expert to create, update, and deploy models for best practice, including researching literature, developing clinical practice guidelines and guiding BRS professionals in applying these tools, as well as following up to evaluate outcomes of new practices.

(c) Ability to manage the implementation and evaluation of BRS programs.

(d) Skill to provide technical assistance in day to day operations, budget formulation, program planning, and special projects.

(e) Knowledge of scientific concepts and methodological principles related to vision impairment and blindness rehabilitation.

(f) Ability to analyze and use data effectively to manage workload, quality, performance, and productivity.

(g) Knowledge of telehealth policies and procedures, to include best practice for deployment, assessment, and training, to support and evaluate telehealth

(h) Ability to identify and develop recommendations for acquisition, training, and deployment of cutting edge technology.

(i) Skill in professional writing, such as technology evaluations, newsletters, letters to editors, etc., that are relevant, germane, and elevate the practice and profession of blind and vision rehabilitation.

(4) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty) and a range of variety, as described in this standard, at the specified grade level, and will be performed by the incumbent at least 25% of the time. The Advanced Practitioner assists in the creation and implementation of instructional models for BRS programs and field training opportunities. Develops educational materials and in-service education classes for VA/non - VA agencies and personnel. Assists leadership in managing the development, implementation, and evaluation of blind rehabilitation programs that demonstrate best practices and services. Provides technical assistance in day-to-day operations, program planning and special projects, as assigned. Participates in modifications and proposed innovative methods for performance and quality improvement. Analyzes clinically appropriate data to support optimization of quality, performance, and productivity. Assists in maintenance and monitoring of records required for accreditation/risk management (Joint Commission and Commission on Accreditation of Rehabilitation Facilities). May provide direct patient care to Veterans, as deemed appropriate and necessary by the BRC Chief and/or designated supervisor. Develops recommendations for acquisition, training, and deployment of emerging technology. Demonstrates knowledge of current assistive/access technology (e.g., electronic and non-electronic emerging and currently available technology). Promotes telehealth services through a partnership within all service areas in BRS. Participates in, and assists with, resource allocation, budget planning, financial management, and execution of contracts within BRS. Develops strong relationships with Veterans, families, professional organizations, and other stakeholders within the general public. Creates opportunities to educate professionals and the public about blindness and BRS programs. Works with the BRC leadership team and other medical center leadership to formulate a marketing plan to promote BRS within VHA and the local community. Contributes to literature published in professional journals that elevate blind rehabilitation practice.

**i. BRS,] GS-13 (National Program Consultant)**

(1) **Experience.** In addition to meeting the basic requirements, completion of one year of experience as a BRS equivalent to the GS-12 grade level.

(2) **Certification.** Candidates must meet the credentialing/certification requirements in paragraph 3c(1) and (2) above. VIST Coordinators must meet the certification requirements in 3c(3) above.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the KSAs described at the GS-12 grade level, the candidate must demonstrate all the following KSAs:

(a) Ability to balance responsibilities and to work with great autonomy.

(b) Ability to set priorities, delegate tasks, meet multiple deadlines, analyze organizational problems, and develop and implement effective solutions.

(c) Ability to monitor and report on the status and progress of work, evaluate program quality to ensure that methods, deadlines, and quality have been met, and make adjustments to accomplish the workload in accordance with established priorities.

(d) Ability to analyze and use data effectively to manage workload, quality, performance, and productivity within the section.

(e) Ability to utilize evidence-based practices and clinical practice guidelines in a professional area and to guide BRS professionals in applying these tools.

(f) Ability to apply and to instruct professionals in current practice, literature, and research to enhance the continuum of care in blind/vision rehabilitation services.

(g) Ability to provide consultation and promote best practice procedures in blind/vision rehabilitation nationally; and serve as a national leader in the field of blind/vision rehabilitation.

(h) Ability to serve as coach, facilitator, and/or negotiator in coordinating Blind Rehabilitation Service initiatives and consensus building activities among individuals with widely divergent backgrounds, interests, and points of view.

(4) **Assignment.** [For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty) and a range of variety, as described in this standard, at the specified grade level, and will be performed by the incumbent at least 25% of the time. The employees assigned as] the BRS National Program Consultants (NPCs) are responsible for support, oversight and communication among the various local, regional, and national levels of VHA Blind Rehabilitation Service. They create and implement the instructional models for training, perform ongoing review and evaluation of programs and services, and report findings to VA Central Office. NPCs articulate findings from data and research for programmatic quality assurance.

**[j. Supervisory BRS,] GS-13 (Assistant Chief)**

(1) **Experience.** In addition to meeting the basic requirements, completion of one year of experience as a BRS equivalent to the GS-12 grade level.

(2) **Certification.** Candidates must meet the credentialing/certification requirements in paragraph 3c(1) and (2) above. VIST Coordinators must meet the certification requirements in 3c(3) above.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the KSAs described at the GS-12 grade level, the candidate must demonstrate all the following KSAs:

(a) Ability to balance responsibilities and work with great autonomy.

(b) Ability to organize work, set priorities, delegate tasks, meet multiple deadlines, analyze organizational problems, and develop and implement effective solutions.

(c) Ability to analyze and use data effectively to manage workload, quality, performance, and productivity within the section, and to develop and administer systematic internal reviews to ensure conformance with local and national policies as well as accreditation standards.

(d) Ability to provide technical expertise, supervise, motivate, and effectively manage a diverse clinical staff.

(e) Skill in assessing qualifications and abilities of current and prospective employees.

(f) Ability to develop productivity standards applicable to a blind rehabilitation center or equivalent clinical program.

(g) Ability to adapt to new and changing work conditions, staffing, and contingencies.

(4) **Assignment.** [For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty), and a range of variety, as described in this standard, at the specified grade level, and will be performed by the incumbent at least 25% of the time.] Assistant Chiefs serve as full assistants to Blind Rehabilitation Chief (BRC). Assistant Chiefs support the service chief and have full responsibility for all professional areas in a service-level department in the absence of the service chief. Assistant Chiefs exercise supervision, administrative management, and direction of professional areas in a blind rehabilitation center or clinical program. Assistant Chiefs have responsibility for general and/or technical supervision of key clinical and training programs within the service, and overall technical and administrative oversight of BRS.

**[k. Supervisory BRS,] GS-13 (Service Chief)**

(1) **Experience.** In addition to meeting the basic requirements, completion of one year of experience as a BRS equivalent to the GS-12 grade level.

(2) **Certification.** Candidates must meet the credentialing/certification requirements in paragraph 3c(1) and (2) above. VIST Coordinators must meet the certification requirements in 3c(3) above.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the KSAs described at the GS-12 grade level, the candidate must demonstrate all the following KSAs: (a) Ability to supervise, motivate, and manage effectively a diverse clinical staff applicable to a small Blind Rehabilitation Center or equivalent program.

[(b) Skill in assessing qualifications and abilities of current and prospective employees.

(c) Knowledge] to apply administrative and human resources policies effectively.

[(d) Skill to] organize work, set priorities, delegate tasks and responsibilities, and manage and direct the work of others to accomplish program goals and missions.

(e) Ability to adapt to new and changing work conditions, contingencies, and staffing.

(f) Ability to translate management goals and objectives into well-coordinated and controlled service operations through technical direction, review, analyses and evaluation of program components including productivity, and ability to manage budgets.

(g) Ability to provide consultation and promote best practice procedures in blind/vision rehabilitation nationally; and serve as a national leader in the field of blind/vision rehabilitation.

(4) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty) and [a] range of variety[,] as described in this standard[,] at the specified grade level and [will] be performed by the incumbent at least 25% of the time. Service Chiefs at this grade level have overall responsibility for a blind rehabilitation center or its equivalent clinical program. These individuals have responsibility for general supervision of clinical[,] and/or training programs, and overall technical and administrative oversight for operations within the service. Service chiefs develop, organize, direct, manage, supervise, control, and implement policies and procedures for complex service-level departments. They have overall responsibility for planning, assessing, and evaluating programs[,] to ensure proper coordination between care delivered by the service[,] and the overall delivery of health care within the facility. Service chiefs make decisions that affect section supervisors and/or assistant chiefs (if applicable), clinical and clerical staff, and other resources associated with the department, with great autonomy. Service chiefs exercise supervision, administrative management, and direction of all professional areas in a unified blind/vision rehabilitation service.

**[I. Supervisory BRS, GS-14 (Service Chief)**

(1)] **Experience.** In addition to meeting the basic requirements, completion of one year of experience as a BRS equivalent to the GS-13 grade level. VA Handbook 5005/109 March 13, 2019

(2) **Certification.** Candidates must meet the credentialing/certification requirements in paragraph 3c(1) and (2) above. VIST Coordinators must meet the certification requirements in 3c(3) above.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the education and experience above the candidate must demonstrate all the following KSAs:

[(a) Skill] to supervise, motivate, and manage effectively a diverse clinical staff applicable to a large blind rehabilitation center or equivalent program.

(b) Ability to assess qualifications and abilities of current and prospective employees.

(c) Ability to establish and monitor productivity standards and production and performance priorities and to apply administration and human resource policies effectively.

(d) Skill to organize work, set priorities, delegate tasks and responsibilities and to manage and direct the work of others to accomplish program goals and missions.

(e) Ability to [adapt] to new and changing work conditions.

(f) Ability to advance scientific methods in the oversight and management of highly creative, innovative, and complex blind rehabilitation research and to convey scientific concepts and methodological principles to individuals with diverse levels of technical expertise.

(g) Ability to provide consultation and promote best practice procedures in blind/low vision rehabilitation nationally and serve as a national leader in the field of blind/low vision rehabilitation.

(4) **Assignment.** [For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty), and a range of variety, as described in this standard, at the specified grade level, and will be performed by the incumbent at least 25% of the time.] BRS at this grade level demonstrate exceptional achievement, professional competence, and leadership and are appointed to service chief positions that have broad and overall responsibility for larger blind rehabilitation centers or their equivalent clinical programs. They manage substantive blind rehabilitation centers that deliver specialized, complex, professional services. They have responsibility for general supervision of clinical and/or training programs and overall technical and administrative oversight for operations within the service. They have responsibility for overseeing research programs that evaluate effectiveness and efficiency in service delivery, provide evidence to inform best practice, and evaluate and recommend technology for the entire blindness program. Service chiefs make decisions with great autonomy that affect section supervisors, assistant chiefs, clinical and clerical staff, and other resources associated with the department. Service chiefs exercise supervision, administrative management, and direction of professional areas in a blind rehabilitation center or equivalent clinical program.

**5. DEVIATIONS.**

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance, and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the educational or certification requirements be waived.

c. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health or designee in VHA Central Office prior to placement in the position.

**Authority: 38 U.S.C. §§ 7402, 7403.**

# APPENDIX G42. BLIND REHABILITATION OUTPATIENT SPECIALIST QUALIFICATION STANDARD GS-0601 Veterans Health Administration

**1. COVERAGE.** The following are requirements for appointment as a Blind Rehabilitation Outpatient Specialist (BROS) in the Veterans Health Administration (VHA). This standard applies to all VHA BROS positions. BROS are professionals who have been cross-trained to provide outpatient services in blind/low vision rehabilitation[,] including orientation and mobility, communication and daily living, low vision therapy, technology and computer access and manual skills. The work requires the application of knowledge of the concepts, principles, and practices of blind and vision rehabilitation[,] and the use of assessments, therapies, and technology to improve the independent function, quality of life and adjustment for patients who are blind or visually impaired. BROS evaluate patients by interviews, tests, and measurements[.] [] [BROS] use such findings solely and/or as a part of an interdisciplinary team to develop and implement blind and vision rehabilitation programs for individual patients. Instructional activities are directed toward achieving therapeutic objectives for patients who are blind and visually impaired in effective literacy and communication skills, orientation to and management of the environment, safe ambulation and travel, manual skills, proficiency and understanding in activities of daily living, pursuit of a vocation and vocational skills, and adjustment to visual [impairment].

**NOTE:** *Blind Rehabilitation Specialist (BRS) Qualification Standard, including Visual Impairment Service Team (VIST) Coordinator, is contained in VA Handbook 5005, Part II, Appendix G41.*

**2. DEFINITIONS.**

a. **Journey Level.** The BROS initial performance level for this qualification standard is the GS-11 grade level. The full performance level for BROS is the GS-12 grade level.

b. **Creditable Experience.** To be creditable, the experience must demonstrate possession of the knowledge, skills[,] and abilities associated with current blind and vision rehabilitation practice as outlined in the current scope and standards of practice[,] for blind and vision rehabilitation. One or more of the following may have evidenced this:

(1) The equivalent of one year of active practice. Active practice means paid/non-paid employment (VA or Non-VA) as a BRS or BROS.

(2) Academic course work leading to an advanced degree in blind or vision rehabilitation[,] or related therapeutic intervention program.

c. **Quality of Experience**. The work to be credited is at a level comparable to BROS experience at the same or next lower grade level than the grade level being considered for placement.

d. **Part-Time Experience.** Part-time experience as a professional BROS is credited according to its relationship to the full-time work week. For example, a BROS would receive one week of full-time credit for each two weeks of half-time work.

e. **Content Specialty.** Specialized content areas of blind and vision rehabilitation include, but are not limited to: orientation and mobility, low vision therapy, vision rehabilitation therapy, manual skills, technology, and computer access for people who are visually impaired, and case-management for disability resulting from blindness.

**3. BASIC REQUIREMENTS.**

a. **Citizenship.** Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, of this part.)

b. **Education and Experience**

(1) The individual must have earned:

(a) A bachelor's degree from an accredited college or university with a major field of study in blind or vision rehabilitation, [or a closely] related program in rehabilitation, special education, family and consumer science education, technology, and industrial arts education;

OR,

(b) A master's degree from an accredited college or university with a major field of study in blind or vision rehabilitation, [or a closely] related program in rehabilitation, special education, family and consumer science education, technology, and industrial arts education;

OR,

(c) A bachelor's [or master's] degree from an accredited college or university (without a major field of study as outlined in (1)(a) and (b) above) and obtained a certificate from an accredited college or university in the core curriculum in orientation and mobility, vision rehabilitation therapy, assistive technology for blind and visually impaired individuals, or low vision therapy. This education must have included supervised practice; and

(d) Completion of one year of progressively complex experience equivalent to the BRS, GS-9 grade level;

OR,

(e) Three (3) years of progressively higher-level graduate education leading to a doctoral degree in blind rehabilitation or a directly related field.

(2) Foreign graduates must have proof of a minimum of a bachelor's degree from an accredited college or university (or foreign equivalent, as verified through an independent credential evaluation company), with a specialization in blind rehabilitation.

c. **Certification. Required at all levels.**

(1) Applicants must possess at least one active, current, full, and unrestricted certification to be eligible for appointment.

(2) An applicant who has, or ever had his/her certification suspended, restricted, limited, or issued/placed in a probationary status may be appointed only in accordance with the provisions in Chapter 3, Section B, Paragraph 16 of this part. An applicant who has or has ever had a certification revoked or terminated for cause, or voluntarily relinquished such certification after being notified in writing by the State of potential revocation or termination for cause, is ineligible for employment and must be removed from the GS-0601 series. This applies even if the applicant possesses one or more valid certifications or registration (38 U.S.C. § 7402(f)).

**NOTE:** *The Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP) administers [four (4)] certification programs: Low Vision Therapy, Orientation, and Mobility, [Certified Assistive Technology Instructions Specialist] and Vision Rehabilitation Therapy. They may then use the designation for the certification they hold (as listed in subparagraph (2)) below:*

(3) BROS who provide the following services must obtain and maintain one certification at the GS-11 grade level and two certifications at the GS-12 grade level granted by ACVREP as follows:

(a) Orientation and mobility training - Certified Orientation and Mobility Specialists (COMS®).

(b) Communication and daily living therapy - Certified Vision Rehabilitation Therapists (CVRT®).

(c) Low vision therapy - Certified Low Vision Therapists (CLVT®).

[(d) Assistive technology - Certified Assistive Technology Instructional Specialist (CATIS®)].

d. **Loss of Credential.** Once certified, a BROS must maintain a full, valid, and unrestricted independent certification[(s)] to remain qualified for employment. Loss of certification[(s)] will result in removal from the BROS occupation and may result in termination of employment.

[ ]

e. **Grandfathering Provision.** All BROS employed in VHA in this occupation on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education and certification(s) that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Such employees may be reassigned, promoted up to and including the full performance (journey) level, or changed to lower grade within the occupation.

(2) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or certification(s) that meet all the basic requirements of this qualification standard must maintain the required equivalent credentials as a condition of employment in the occupation.

(4) If a BROS who was retained under this provision leaves the occupation, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

[ ]

[f]. **Physical Requirements.** See VA Directive and Handbook 5019.

[g]. **English Language Proficiency.** [Candidates who are not proficient in written and spoken English will not be appointed to serve in a direct patient-care capacity in VHA under the authority of 38 U.S.C. chapters 73 or 74. See Chapter 2, section D, paragraph 5a, this part.]

**4. GRADE LEVEL DETERMINATIONS.** In addition to the basic requirements, the following criteria must be used when determining the appropriate grade assignment of candidates.

**NOTE:** *Appointments of BRSs at the [ ] GS-9 grade level is made in accordance with Appendix G41 (Blind Rehabilitation Specialist Qualification Standard). The only grade levels for BROS positions are the GS-11 and GS-12 grade levels as stated below.*

a. **BROS, GS-11 (Entry level)**

(1) **Experience.** [None beyond the basic requirements.]

(2) **Certification.** Candidates must meet the certification requirements in subparagraph 2c above (at least one certification from ACVREP).

(3) **Demonstrated Knowledge, Skills, and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate all [of] the following KSAs:

(a) Knowledge and understanding of highly specialized complex evaluations and diagnostic tests and procedures of blind/vision rehabilitation.

(b) Ability to properly assess a wide variety of patients having diverse and multiple disabilities to make recommendations for blind/vision rehabilitation therapeutic interventions.

(c) [Skill in development and writing of a] blind/vision rehabilitation plan that includes evaluation information from multiple disciplines with observable, measurable goals and that identifies specific outcomes.

(d) Knowledge of teaching methods and learning principles.

(e) Ability to employ interventions, unusual motivational techniques, and coordinate treatment with other professionals to achieve outcomes of the rehabilitation plan.

[(f) Skill in recommending appropriate blind/vision rehabilitation prosthetic devices for patients within scope of practice, making adaptations and modifications as required.

(g) Ability to plan, direct, and distribute work assignments to volunteers, assistants, interns, and/or BRSs at lower grade levels and perform assigned mentoring duties for staff, students, and interns.]

(4) **Assignment.** Individuals in this assignment serve in a developmental capacity as the BROS at a medical center[,] or an outpatient clinic[,] and in patients' homes and communities. BROS are responsible for decision-making and [ ] independent care under the direction of their supervisors and the Blind Rehabilitation National Consultant for their region. Individuals in this assignment serve as a member of a specialty care team. At the GS-11 level, BROS[s] will receive training and oversight from the Blind Rehabilitation National Consultant for their regions.

[**NOTE***: Upon hire, GS-11 BROS are required to obtain a 2nd certification from ACVREP within 2 years of the initial appointment date to demonstrate journey mastery in two specialty areas and to become a GS-12 BROS. Failure to do so will result in removal from the BROS occupation and may result in termination of employment.]*

b. **BROS, GS-12 (Full Performance Level)**

(1) **Experience.** In addition to meeting the basic requirements, completion of a

minimum of 1 year of experience equivalent to the GS-11 grade level [is required.]

(2) **Certification.** Candidates must meet the certification requirements in subparagraph 3c above. BROS at the GS-12 grade level must achieve two ACVREP certifications to demonstrate full mastery in two areas of blind rehabilitation.

(3) **Demonstrated Knowledge, Skills, and Abilities (KSAs).** In addition to meeting the KSAs at the GS-11 grade level, the candidate must fully demonstrate all [of] the following KSAs:

(a) Skill to independently develop, plan, and administer complex treatment programs.

(b) Ability to act as a subject matter expert in the blind/vision rehabilitation field[,] and as consultant, supervisor[,] and/or mentor in evaluating and treating patients in specialty or program areas.

(c) Ability to coordinate, motivate, and effectively manage staff and/or committee members to include organizing work, setting priorities, and delegating tasks and responsibilities.

(d) Ability to disseminate appropriate information through various media as a consultant or mentor.

(e) Skill in interpersonal relationships in dealing with patients, employees, other team leaders, managers, and other stakeholders.

(f) Ability to identify team group dynamics, objectively observe, and modify behaviors.

(g) Ability to apply decision-making principles to adjust programs on a day-to-day basis, to develop short[-]term and long[-]range goals, and to plan for future utilization of resources.

(4) **Assignment.** Individuals in this assignment may serve as the only BROS at a medical center[,] or an outpatient clinic[,] or in patients' homes and communities, and are responsible for independent decision-making and independent care. Individuals in this assignment may serve as a member of, or as [a] consultant to a specialty care team[,] such as the Polytrauma System of Care. BROS will demonstrate mastery abilities in two of the blind/vision rehabilitation specialty areas: orientation and mobility, low vision therapy, vision rehabilitation therapy, and assistive technology [ ] for blind and visually impaired individuals. BROS will also demonstrate advanced skill in the practice of the other content specialties in blind rehabilitation, e.g., computer training and manual skills. At the GS-12 grade level, BROS practice independently, seeking support from the Blind Rehabilitation Service National Consultant for the region when necessary.

***NOTE:*** *GS-13 grade level and above. Assignments as Supervisory BRS, National Program Consultant, Assistant Chief, and/or Service Chief are filled as BRS ([See] VA Handbook 5005, Part II, Appendix G41).*

**5. DEVIATIONS.**

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance, and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the educational or certification requirements be waived.

c. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office prior to placement in the position.

**Authority: 38 U.S.C. §§ 7402, 7403**

# [APPENDIX G43. LICENSED PROFESSIONAL MENTAL HEALTH COUNSELOR QUALIFICATION STANDARD GS-0183 Veterans Health Administration

1. **COVERAGE.** The following are requirements for appointment as a Licensed Professional Mental Health Counselor (LPMHC) in the Veterans Health Administration (VHA). LPMHCs provide professional counseling and mental health services using knowledge, theory, and training foundations in professional counseling. LPMHCs may be assigned to any VHA program area, may consult with peers and supervisors, and may be involved in program evaluation and/or research activities. These requirements apply to all VHA LPMHCs in the GS-0183 series, including those assigned to VA Medical Centers, Community-Based Outpatient Clinics (CBOCs), Vet Centers, Veterans Integrated Service Network (VISN) offices, and VHA Central Office.

2. **DEFINITIONS.**

a. **Appointing Official**. The Human Resources Management Officer is delegated appointing authority to process and authenticate notifications of personnel actions, and authority to effect management-approved employment actions on behalf of officials, employees and facilities for which service is provided.

b. **Approving Official**. The Veterans Integrated Service Network (VISN) Director, facility Director, or designee is the approving official and will determine whether to approve or disapprove the appointment of employees in the hybrid occupations.

c. **Journey Level**. The full performance level for this qualification standard is the GS-11 grade level.

d. **Creditable Experience**. To be creditable, the experience must have required the use of knowledge, skills, abilities, and other characteristics (KSAs), also referred to as core competencies associated with the scope of LPMHC practice.

e. **Part-Time Experience**. Part-time experience is creditable according to its relationship to the full-time work week. For example, one week of full-time credit is equivalent to two weeks of part-time work.

f. **LPMHC professionals**. LPMHC professionals may be referred to differently in each state and titles may reflect different levels of practice. For example, states may license an LPMHC as a Licensed Professional Counselor (LPC), Licensed Professional Clinical Counselor (LPCC), Licensed Clinical Professional Counselor (LCPC), Licensed Mental Health Counselor (LMHC) etc. Please refer to specific state licensing guidelines. VA refers to the occupation as LPMHCs.

g. **Clinical supervision**. Clinical supervision is between a licensed and unlicensed clinician or trainee in which the supervisee's clinical work is reviewed and reflected upon, with the aims of: improving the supervisee's work with clients; ensuring client welfare; supporting the supervisee in relation to their work, and supporting the supervisee's professional development. This includes co-signing clinical notes and supervising an individual as they are working towards licensure. Some state licenses do not license an individual to provide clinical supervision to trainees or unlicensed LPMHCs. Please refer to specific state licensing laws regarding the requirements for providing clinical supervision.

h. **Administrative Supervision**. Administrative supervision is supervisory responsibility including but not limited to assigning and evaluating the work of subordinate staff; resolving complex problems to ensure patient services are met; making final decisions on selections; evaluating performance, and taking disciplinary action when necessary. The employee has full administrative and professional responsibility for planning and directing the work.

**3. BASIC REQUIREMENTS.** The basic requirements for employment as a LPMHC are prescribed by statute in 38 U.S.C. §7402(b)(11). To qualify for appointment as a LPMHC all applicants must:

a. **Citizenship.** Be a citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with VA Handbook 5005, Part II, Chapter 3, Section A, paragraph 3.g.).

b. **Education.** Hold a master's or doctoral degree in: Clinical Mental Health Counseling; Clinical Rehabilitation Counseling; Clinical Mental Health Counseling and Clinical Rehabilitation Counseling; **or** a related field, from a program accredited by the Council on Accreditation of Counseling and Related Educational Programs (CACREP). Examples of related mental health counseling fields include, but are not limited to Addiction Counseling; Community Counseling; Gerontology Counseling; Marital, Couple, and Family Counseling. CACREP defines the date when graduates are considered to have graduated from a CACREP accredited program. Additional information may be obtained from http://www.cacrep.org/directory/. **NOTE:** Traditional Rehabilitation counseling programs that are accredited by CACREP do not meet the LPMHC qualification standards as Traditional Rehabilitation counseling differs from Clinical Rehabilitation counseling.

c. **Licensure.** Persons hired or reassigned to LPMHC positions in the GS-0183 series in VHA must hold a full, current, and unrestricted license to independently practice as a Licensed Professional Mental Health Counselor, which includes diagnosis and treatment. NOTE: It is VHA policy that a LPMHC who does not yet have a license that allows independent practice must be supervised by a licensed independent practitioner of the same discipline who is a VA staff member and who has access to the electronic health record.

(1) **Exception.** VHA may waive the licensure requirement for persons who are otherwise qualified, pending completion of state prerequisites for licensure. This exception only applies up to the full performance level. For grade levels at or above the full performance level, the candidate must be licensed.

(2) The appointing official may waive the requirement of licensure for a period not to exceed 3 years for a LPMHC that provides care under the clinical supervision of a licensed LPMHC who is at or above the full performance level. This exception only applies at the entry level (GS-9). For grade levels at or above the full performance level, the candidate must be licensed. The Human Resources Office will provide the unlicensed LPMHC in writing the requirement to obtain licensure, the date by which the license must be acquired, and the consequences for not becoming licensed by the deadline. The written notice must be provided prior to the entrance on duty date.

(3) **Failure to Obtain License.** In all cases, LPMHCs must actively pursue meeting state prerequisites for licensure starting from the date of their appointment. Failure to become licensed within three years from date of appointment will result in removal from the GS-0183 LPMHC series and may result in termination of employment.

(4) **Loss of Licensure.** Once licensed, LPMHCs must maintain a full, valid, and unrestricted license to independently practice mental health counseling, which includes diagnosis and treatment. Loss of licensure will result in removal from the GS-0183 LPMHC occupation and may result in termination of employment.

d. **Grandfather Provision**. All persons employed in VHA in as LPMHC on the effective date of this qualification standard are considered to have met all qualification requirements for the grade held, including positive education and licensure/certification/registration that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Such employees in an occupation that <u>requires</u> a licensure, may be reassigned, promoted up to and including the full performance level, or demoted within the occupation, but <u>may not</u> be promoted beyond the full performance level or placed in supervisory or managerial positions.

(2) Such employees in an occupation that requires a licensure/certification/registration only at higher grade levels must meet the licensure/certification/registration requirement before they can be promoted to those higher grade levels.

(3) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(4) If an employee who was retained (grandfathered) under this provision leaves that occupation, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

(5) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

e. **Physical Requirements.** See VA Directive and Handbook 5019.

f. **English Language Proficiency.** LPMHCs must be proficient in spoken and written English in accordance with VA Handbook 5005, Part II, chapter 3, section A, paragraph 3.j.

**4. GRADE REQUIREMENTS.**

**a. Creditable Experience**

(1) **Knowledge of Current LPMHC Practices.** To be creditable, the experience must have demonstrated the knowledge, skills, and abilities associated with current mental health counseling practice. Experience satisfying this requirement must be active professional practice at the post- master's degree level, which is paid/non-paid employment as a professional mental health counselor.

(2) **Quality of Experience.** Experience is only creditable if it is post- master's degree experience as a mental health counselor directly related to the position to be filled. Qualifying experience must be at a level comparable to LPMHC experience at the next lower grade level. For all assignments above the full performance level, the higher level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

(3) **Part-Time Experience.** Part-time experience as a LPMHC is creditable according to its relationship to the full-time workweek. For example, a LPMHC employed 20 hours a week, or on a 1/2-time basis, would receive one full-time workweek of credit for each two weeks of service.

(4) **Fellowships or Post-Graduate Training.** Fellowship and post- graduate training programs are typically in a specialized area of clinical practice, i.e., mental health counseling. Training as a fellow or post-graduate may be substituted for creditable experience on a year-for-year basis.

(5) **Practicum in a VA Setting.** VHA practicum experience may not be substituted for experience, as the practicum (field placement) is completed prior to graduation with a master's degree in mental health counseling or related field**.**

**b. Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.

(1) **Licensed Professional Mental Health Counselor, GS-9 (Entry Level)**

(a) **Experience, Education, and Licensure.** The GS-9 grade level is the entry grade level for LPMHCs with less than one year of experience(post-master's degree) **or** for LPMHCs at the master's or doctoral level) who are graduates not yet licensed at the independent practice level. Unlicensed LPMHCs at the GS-9 grade level have completed the required education listed in paragraph 3.b., and are working toward completion of prerequisites for licensure. In addition, the candidates must demonstrate the KSAs in subparagraph (c) below.

(b) **Assignments.** Individuals assigned as GS-9 LPMHCs are considered to be at the entry level and are closely supervised, including co-signatures where required, as they are not functioning at the full performance level. They are typically assigned to VHA areas that do not require specialized knowledge or experience. Since they are not practicing at an independent level, they should not be assigned to areas where independent practice is required, such as in a CBOC, unless there is a licensed LPMHC in the area who can provide supervision for practice. Under supervision, LPMHCs at this level provide professional mental health counseling services.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the basic requirements, the candidates must demonstrate all of the KSAs below:

1. Ability to engage in intake and assessment, problem identification, diagnosis, treatment planning and implementation, continuum of care, evaluation and follow-up.

2. Knowledge of current Diagnostic and Statistical Manual (DSM) of Mental Disorders in formulation of treatment goals and application

of appropriate clinical interventions using professional counseling practices.

3. Basic knowledge of professional counseling practice with emphasis on human development principles through cognitive, affective, behavioral or systemic interventions, and strategies that address high risk behaviors, wellness, personal growth, and career development across the life span.

4. Ability to use a wide variety of individual, group, or family counseling interventions; demonstrates sensitivity to diversity and possesses multicultural counseling skills.

5. Ability to serve on an interdisciplinary team with focus on the intrapersonal, interpersonal, and relational functioning of individuals, groups and families and on the counseling approaches, strategies, and techniques that will best help patients function effectively.

6. Basic skill in the use of computer software applications for drafting documents, data management, maintaining accurate, timely and thorough clinical documentation and delivery of services, such as Telehealth.

7. Ability to learn and utilize software programs in use by VHA.

8. Knowledge and understanding of existing relevant statutes, case laws, ethical codes, and regulations affecting professional practice of counseling.

9. Ability to communicate effectively, both orally and in writing, with people from varied backgrounds.

(2) **Licensed Professional Mental Health Counselor, GS-11 (Full Performance Level)**

(a) **Experience, Education, and Licensure.** In addition to the basic requirements, candidates must have at least one year of post-master's or post- doctoral degree mental health counseling experience (VA or non-VA experience) and must be licensed to practice at the independent practice level and demonstrate the KSAs in subparagraph (c) below. LPMHCs may provide clinical supervision over the clinical practice of an unlicensed LPMHC or LPMHC trainee. Some state licenses do not license an individual to provide clinical supervision to trainees or unlicensed LPMHCs. Please refer to specific state licensing laws regarding the requirements for providing clinical supervision.

(b) **Assignments.** This is the full performance grade level for LPMHCs. At this level they are licensed to independently practice professional counseling and to provide mental health services within the knowledge, theory, and training foundations of professional counseling. LPMHCs may be assigned to any VHA area, consulting with peers and supervisors as appropriate. LPMHCs may be involved in program evaluation and/or research activities.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the KSAs for the GS-9 grade level, the candidate must demonstrate all of the KSAs below:

1. Ability to make professional evaluations, decisions, and recommendation for treatment planning and implementation.

2. Advanced knowledge and mastery of the fundamentals of the counseling process which includes defining patient/family problems and maintaining an effective counseling relationship.

3. Ability to provide subject matter consultation to colleagues and trainees on the counseling process within various specialty areas, build on the foundation of competence through regular meetings and discussions to explain assignments, review progress of cases and confer about the counseling perspectives and orientation.

4. Ability to provide complex crisis intervention and stabilization to patients who are in psychological distress. Requires independent judgment and skill.

5. Ability to establish goals/treatment through a collaborative process with the patient utilizing advanced counseling skills, including evidenced- based practices, screening, and psychosocial assessment.

6. Ability to use a wide variety of individual, group, or familial counseling interventions; demonstrates sensitivity to diversity and possesses multicultural counseling skills.

7. Ability to fully utilize the current DSM in making diagnoses and formulation of treatment goals and application of appropriate clinical intervention using professional counseling practices.

8. Ability to develop and facilitate psychotherapy and psycho- education groups that include life skills, family support, and community integration. This may include evidence based psychotherapy.

(3) **Senior Licensed Professional Mental Health Counselor, GS-12**

(a) **Experience, Education, and Licensure**. In addition to the basic requirements, candidates must have at least one year of progressively complex LPMHC experience equivalent to the GS-11 grade level. Senior LPMHCs must have five years of post-licensed experience that demonstrates possession of advanced practice skills and judgment, demonstrating progressive professional competency and expertise and be licensed to provide clinical supervision to trainees or unlicensed LPMHCs.

(b) **Assignments.** Senior LPMHCs provide treatment to patients with complex needs including multiple mental health diagnoses, and numerous psychosocial issues, using independent judgment. LPMHCs at this level provide clinical consultation to less experienced staff which may include coordinating crisis situations. Senior LPMHCs will provide clinical supervision to LPMHC staff and/or LPMHC trainees, and may serve as the subject matter expert for the discipline. Senior LPMHCs develop behavioral health related training curriculum and often conduct trainings for clinical staff. LPMHCs model ethical and professional behaviors and standards to include multicultural awareness. Senior LPMHCs meet routinely with inter-professional team members and leadership to communicate about program and patient issues for in depth problem solving. Senior LPMHCs collaborate with internal and external stakeholders and frequently serve as a liaison. This assignment is to be relatively few in number based on the size of the facility/service and applying sound position management. This assignment must represent substantial additional responsibility over and above that required at the full performance grade level and cannot be used as the full performance level of this occupation.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the KSAs for the GS-11 grade level, the candidate must demonstrate all of the KSAs below:

1. Advanced knowledge of and mastery of theories and modalities used in the specialized treatment of complex mental illness. Ability to incorporate complex multiple causation in differential diagnosis and treatment of veteran patients, including making psychosocial and psychiatric diagnoses within approved clinical privileges or scope of practice. Ability to determine priority of services needed and provide specialized treatment.

2. Advanced and expert skill in a range of specialized interventions and treatment modalities for Veterans with complex needs. This includes individual, group, and/or family counseling, or

psychotherapy and advanced level psychosocial, and/or case management interventions used in the treatment of Veterans.

3. Ability to coordinate the delivery of specialized psychosocial services and programs. Ability to design system changes based on data.

4. Ability to provide subject matter consultation to colleagues and trainees on the psychosocial treatment of patients, rendering professional opinions based on experience, expertise and role modeling effective clinical skills.

5. Ability to teach, mentor staff and trainees, and provide supervision for licensure or for specialty certifications.

6. Ability to engage in written and oral communication with leadership/staff and community stakeholders regarding policies, procedures, practice guidelines, and issues pertaining to the practice of the profession.

(4) **Licensed Professional Mental Health Counselor (Program Coordinator), GS-12**

(a) **Experience, Education, and Licensure.** In addition to the basic requirements, candidates must have at least one year of progressively complex experience equivalent to the GS-11 grade level. Experience must have been in a major specialty treatment program area such as, but not limited to, Post- Traumatic Stress Disorder (PTSD), mental health intensive case management (MHICM), or other areas of equivalent scope and complexity. Experience must demonstrate possession of advanced practice skills and judgment, demonstrating progressively more professional competency.

(b) **Assignments.** LPMHC Program Coordinators are administratively responsible for a clinical program and provide treatment to patients in a major specialty. They manage the daily operations of the program, develop policies and procedures, and prepare reports and statistics for facility, VISN, and national use. They may supervise unlicensed graduate LPMHCs and may administratively manage any employees assigned to their program.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the KSAs for the GS-11 grade level, the candidate must demonstrate all of the KSAs below:

1. In depth knowledge of the program coordinated, and demonstrated knowledge and ability to write policies procedures and or practice guidelines for the program.

2. Ability to make key decisions in the hiring and identification of top candidates.

3. Ability to provide leadership in facilitating the process of coordinating program consults, assessments, admissions, care assignments and discharges.

4. Ability to provide subject matter consultation to other colleagues and trainees within the field of counseling working on an interdisciplinary team.

(5) **Supervisory Licensed Professional Mental Health Counselor, GS-12**

(a) **Experience, Education, and Licensure.** In addition to the basic requirements, candidates must have at least one year of progressively complex experience equivalent to the GS-11 grade level. Experience must demonstrate possession of advanced practice skills, judgment, and competency.

(b) **Assignments.** At this level, LPMHCs administratively supervise their licensed staff and/or graduates and are considered LPMHC subject matter experts and may serve as the discipline lead. LPMHCs may provide treatment to patients. They direct the development and implementation of services and treatment to patients through the administrative supervision, mentoring, and oversight of assigned clinical staff. Their experience must demonstrate practice skills in a specialty area or in administration demonstrating progressively more professional competency and judgment.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the KSAs for the GS-11 grade level, the candidate must demonstrate all of the KSAs below:

1. Ability to administratively supervise other providers and conduct meetings.

2. Ability to maintain a professional environment by following organizational policies, guidelines and safety standards.

3. Ability to establish and clearly communicate guidelines and performance expectations for staff.

(6) Licensed Professional Mental Health Counselor (Program Manager), GS-13

(a) Experience, Education and Licensure. In addition to the basic requirements, candidates must have at least one year of progressively complex experience equivalent to the GS-12 grade level. The experience must demonstrate possession of advanced practice skills and judgment, demonstrating progressively more professional competency.

(b) Assignments. LPMHCs manage the daily operations of multiple programs, develop and implement program policies and procedures, or serve as chief or principal counselor to a number of LPHMCs. They are responsible for oversight of administrative and programmatic resources and monitoring of outcomes. They prepare reports and statistics for facility, VISN, and national leadership. Decisions may affect staff and other resources associated with the programs managed and are made while exercising wide latitude and independent judgment. They may be responsible for the program's budget. They may also supervise employees assigned to the program.

(c) Demonstrated Knowledge, Skills, and Abilities. In addition to meeting the KSAs for the GS-12 grade level, the candidate must demonstrate the KSAs below:

1. Ability to make judgments and decisions associated with program management.

2. Ability to monitor program outcomes using data driven quality assurance process.

3. Ability to develop productivity standards appropriate to each service provided.

4. Ability to manage a wide range of programs which include the operation and management of key clinical, training or administrative programs.

(7) **Licensed Professional Mental Health Counselor (Care Line Manager/VISN/National), GS-14 - Program Manager Leadership Assignments**

(a) **Experience, Education and Licensure.** In addition to the basic requirements, candidates must have at least one year of progressively complex experience equivalent to the GS-13 grade level. They must demonstrate possession of advanced practice skills in administration, demonstrating progressively more professional competency skills and judgment.

(b) **Assignments.** Typical assignments include serving at a facility as a care line manager or at the VISN/national level. A care line manager is assigned to manage, direct, and oversee complex treatment programs within the medical center. Supervisory responsibilities cover multiple disciplines that may be separated geographically or in multi-division facilities. They have responsibility for staffing, work assignments, budget, ensuring availability and timeliness of clinical services to be provided and admission criteria for the program, day-to-day program operation, and all reporting requirements. Leadership positions at the VISN or national level are characterized by their scope, level of complexity, significant impact on VHA mission, significant importance to the VISN. They direct mental health, behavioral science or other patient care program components at the VISN or national level or direct organizational development at the national level. Duties are exercised with wide latitude, autonomy, and independence. They have delegated authority to determine long range work plans and assure that implementation of the goals and objectives are carried out. They may serve as consultants to other management officials in the field, VISN, or national level.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the KSAs for the GS-13 grade level, the candidate must demonstrate all of the KSAs below:

1. Advanced knowledge and skill in management/administration of multidisciplinary mental health programs at complex facilities and/or across multiple sites which includes supervision, consultation, negotiation, and monitoring.

2. Demonstrated global knowledge of mental health counseling practice to develop, maintain, and oversee programs in all settings.

3. Ability to provide consultation on policy implementation, qualification standards, counseling practice, and competency with medical center director, VISN, or national program managers that are consistent with organizational goals and objectives.

4. Advanced knowledge of evidence-based practices and mental health practice guidelines in multiple professional areas, and the ability to use these resources to guide the program staff in providing appropriate treatment interventions.

5. Ability to influence high level officials in adoption of, and conformance to, performance measures, monitors, and other policy guidelines.

## 5. DEVIATIONS

a. The approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for LPMHCs in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the educational requirements be waived. Under no circumstances will licensure requirements be waived for grade levels GS-11 or above.

c. The placement of individuals in assignments and/or grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority 38 U.S.C. 7402, 7401, 7403]**

# [APPENDIX G44. MARRIAGE AND FAMILY THERAPIST QUALIFICATION STANDARD GS-0182
## Veterans Health Administration

1. **COVERAGE**. The following are requirements for appointment as a Marriage and Family Therapist (MFT) in the Veterans Health Administration (VHA). These requirements apply to all VHA MFTs in the GS-0182 series including those assigned to VA Medical Centers, Community-Based Outpatient Clinics (CBOCs), Readjustment Counseling Service (RCS)/Vet Centers, Veterans Integrated Service Network (VISN) offices, and VHA Central Office. Marriage and Family Therapist is one of the core mental health professions recognized by the Office of Mental Health and Suicide Prevention. MFTs work with couples, families, individuals and groups utilizing systemic theories, requiring expertise in interpersonal relationships, with conceptualizations that are distinct from individually oriented therapies. These professionals are licensed to diagnose and treat mental health disorders and are highly trained in psychotherapy and family systems. MFTs treat a wide range of serious mental health issues including relationship issues, child-parent challenges, depression, Post-Traumatic Stress Disorder (PTSD), anxiety and other mental health disorders.

3. **DEFINITIONS.**

   a. **Journey Level**. The full performance level (FPL) for this qualification standard is the GS-11 grade level.

   b. **Advanced Practice Level**. Advanced Practice Level is given to providers who possess the ability to provide expert clinical services from a systemic perspective in a specialized area of practice to Veterans and their families. The MFT practicing at the advanced practice level has specialized knowledge and has mastered a range of specialized family systems theory/therapy modalities.

   c. **Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)**. The specialized accrediting body that accredits master's degree, doctoral degree and post-graduate degree clinical training programs in marriage and family therapy throughout the U.S. and Canada. Since 1978, COAMFTE has been recognized by the U.S. Department of Education (USDE) as the national accrediting body for the field of marriage and family therapy. MFTs who have a COAMFTE accredited degree have undertaken a course of professional preparation that meets specific standards established by the discipline's accrediting body and individuals with COAMFTE degrees have been thoroughly trained in family systems theory/therapy.

   d. **Association of Marital and Family Therapy Regulatory Board Examination (AMFTRBE)**. The AMFTRBE is the most widely used and accepted test for the MFT profession. The AMFTRBE is provided to assist State boards of examiners

in evaluating the knowledge of applicants for licensure or certification. There is a wide diversity of educational backgrounds among the applicants who seek licensure or certification in marital and family therapy. The AMFTRB offers a standardized examination, to determine if applicants have attained the knowledge considered essential for professional practice, which includes family systems theory/therapy and models.

e. **Regionally Accredited Institution**. The educational accreditation of schools, colleges, and universities in the United States by one of seven regional accrediting agencies. Each regional accreditor oversees the vast majority of public and private educational institutions, both not-for-profit and for- profit, in its region. The regional accrediting bodies recognized by the USDE are listed at Ed.gov.

f. **Related Degrees/Field**. For the purposes of this standard, VHA defines related degrees as degrees in licensed professional mental health counseling, social work, psychiatric nursing, psychology, and psychiatry.

g. **Clinical Supervision for Licensure**. Supervision between a licensed and unlicensed clinician or trainee in which the supervisee's clinical work is reviewed and reflected upon, with the aims of: improving the supervisee's work with clients; ensuring client welfare; supporting the supervisee in relation to their work, and supporting the supervisee's professional development. This includes co-signing clinical notes and supervising an individual as they are working towards licensure. Please refer to specific State licensing laws regarding the requirements for providing clinical supervision.

h. **Systemic Clinical Supervision**. Supervision focusing on working with families and those in a close relationship to foster change. These changes are viewed in terms of systems of interactions between each person in the family or relationship.

i. **Family Systems Theory/Therapy**. Theory or therapy that seeks to address Veterans on an individual level as well as in relationships. MFTs who are trained in Systemic therapy treat the entire system and evaluate the parts of a system in the relation to the whole.

j. **Administrative Supervision**. Supervisory responsibilities includes, but is not limited to, assigning and evaluating the work of subordinate staff; resolving complex problems to ensure Veteran services are met; evaluating performance, and taking disciplinary action when necessary. The supervising employee has full administrative and professional responsibility for planning and directing the work of others.

k. **American Association for Marriage and Family Therapy (AAMFT).** The AAMFT is the professional association for the field of marriage and family therapy and represents the professional interests of MFTs.

l. **AAMFT Approved Supervisor**. AAMFT issues a national credential to allow MFTs to provide clinical supervision. MFTs must take specific course work and meet specific standards to become an AAMFT approved supervisor. An AAMFT Approved Supervisor and AAMFT Supervisor candidates may clinically supervise trainees or unlicensed MFTs.

m. **State Approved Supervisor**. Some States have State-specific standards to allow MFTs to provide supervision. The requirements to become a State approved supervisor vary from state to state. A State Approved Supervisor may clinically supervise trainees or unlicensed MFTS.

**3. BASIC REQUIREMENTS**. The basic requirements for employment as a VHA MFT are prescribed by statute in 38 U.S.C. § 7402(b)(10), as amended by section 239 of Public Law 114- 223, enacted Sept 29, 2016. To qualify for appointment as an MFT in VHA, all applicants must:

115- **Citizenship**. Be a citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

116- **Education**. Candidates must meet one of the following:

(1) Hold a master's degree or doctoral degree in marriage and family therapy from a program approved by COAMFTE,

(2) Hold a master's degree or doctoral degree in marriage and family therapy from a MFT program from a regionally accredited institution, **OR**,

(3) Hold a master's degree or doctoral degree in a comparable mental health degree (Licensed Professional Mental Health Counselor, Social Work, Psychiatric Nursing, Psychology, and Psychiatry) that meets the current VA qualification standard of that profession.

117- **Licensure**. Persons hired or reassigned to MFT positions in the GS-0182 series in VHA must hold a full, current, and unrestricted MFT license to independently practice marriage and family therapy in a State. **Exception:** The Secretary, or his/her designee, may waive the licensure requirement for persons who are otherwise qualified, pending completion of State prerequisites for licensure examinations for a period not to exceed three years from the date of employment on the condition that MFTs appointed on this basis provide care only under the supervision of a fully licensed MFT with an AAMFT approved license. Non-licensed MFTs who otherwise meet the eligibility requirements may be given an appointment as an MFT under the authority of 38 U.S.C. § 7401(3). This exception only applies at the entry grade level (GS-9). For grades at or above the full performance level, the candidate must be licensed.

(1) MFTs that are not licensed at the time of appointment must become licensed at the independent level (Journey level) within three years of their appointment as a MFT. Most States require two years of post-graduate MFT experience as a pre-requisite to taking the licensure examination; VHA allows MFTs one additional year to pass the licensure exam.

(2) It is VHA policy that a MFT who does not yet have a license that allows independent practice must be clinically supervised by an AAMFT approved licensed MFT at or above the journey level who is a VA staff member and who has access to the electronic health record.

d. **Failure to Obtain License.** In all cases, unlicensed MFTs must actively pursue meeting State prerequisites for licensure starting from the date of their appointment. At the time of appointment, the Human Resource Officer will provide the unlicensed MFT with the written requirements for licensure, the date by which the license must be obtained, and the consequences for not becoming licensed by the deadline. Failure to obtain a license by the prescribed date will result in removal from the GS-0182 MFT series and may result in termination of employment.

e. **Loss of Licensure.** Once licensed, MFTs must maintain a full, current and unrestricted license to remain qualified for employment. Loss of licensure will result in removal from the GS-0182 MFT series and may result in termination of employment.

f. **Physical Requirements**. See VA Directive and Handbook 5019.

g. **English Language Proficiency**. MFTs must be proficient in spoken and written English in accordance with VA Handbook 5005, Part II, Chapter 3, Section A, paragraph 3j.

h. **Grandfathering Provision**. All persons employed in VHA as a MFT on the effective date of this qualification standard are considered to have met all qualification requirements for the grade held, including positive education that is part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Such employees may be reassigned, promoted up to and including the full performance (journey) level, demoted, but may not be promoted beyond the journeyman level or placed in supervisory or managerial positions.

(2) MFTs who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) Employees who are retained as a MFT under this provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry as a MFT.

## 4. GRADE REQUIREMENTS.

### a. Creditable Experience

(1) Knowledge of current professional marriage and family therapy practices. To be creditable, the experience must have required the use of knowledge, skills, and abilities associated with current professional marriage and family therapy practice. The experience must be post-master's degree or above. The experience should include working with couples, families, individuals and/or groups utilizing family systems theory/therapy. The experience also includes the ability to diagnose and treat mental health disorders. Experience satisfying this requirement must be active professional practice, which is paid/non-paid employment as a MFT, as defined by the appropriate State licensing board.

(2) Quality of Experience. Experience is only creditable if it is obtained following graduation with a master's or higher degree in marriage and family therapy or comparable degree in mental health (Social Work, Psychiatric Nursing, Psychology, Licensed Professional Mental Health Counselor and Psychiatry) and includes work as an MFT directly related to the position to be filled. Qualifying experience must also be at a level comparable to marriage and family therapy experience at the next lower grade level. For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

(3) Part-Time Experience. Part-time experience as an MFT is creditable according to its relationship to the full-time workweek. For example, an MFT employed 20 hours a week, or on a 1/2-time basis, would receive one full-time workweek of credit for each two weeks of service.

(4) Fellowships or Post-Graduate Training. Fellowship and post-graduate training programs are typically in a specialized area of clinical practice, e.g., group or family practice. Training as a fellow or post-graduate may be substituted for creditable experience on a year-for-year basis.

(5) Practicum in a VA or other clinical setting. A practicum experience may not be substituted for experience, as the practicum (field placement) is completed prior to graduation with a master's degree in marriage and family therapy or comparable mental health degree.

b. **Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.

(1) **Marriage and Family Therapist, GS-9 (Entry Level)**

(a) **Experience, Education and Licensure**. The entry level grade is used for non-licensed MFTs or for MFTs (master's or doctoral level) who are graduates not yet licensed at the independent practice (Journey) level. Unlicensed MFTs at the GS-9 grade level have completed the required education listed in paragraph 3b above, and are working toward completion of prerequisites for licensure. In addition, the candidates must demonstrate the Knowledge, Skills, and Abilities (KSAs) in subparagraph (b) below.

(b) **Demonstrated KSAs.** In addition to meeting the KSAs for GS-9 grade level, the candidate must demonstrate all of the KSAs below:

1. Knowledge of human development throughout the lifespan, interventions based on research and family systems theory and therapy, formal diagnostic criteria, risk assessment, evidence-based practice and assessment tools.

2. Ability to assess, with supervision, the psychosocial functioning and needs of Veterans and their family members.

3. Knowledge to formulate, implement, and re-evaluate a treatment plan through continuous assessment identifying the Veteran's challenges, strengths, readiness to change, external influences and current events surrounding the origins and maintenance of the presenting issue, and interactional patterns within the client system.

4. Ability to provide counseling and/or psychotherapy services, under supervision, to individuals, groups, couples and families in a culturally competent manner that facilitates change through restructuring and reorganizing of the client system.

5. Basic knowledge and understanding of existing relevant statutes, case law, ethical codes, and regulations affecting professional practice of marriage and family therapy.

6. Ability to draft documents, manage data, maintain accurate, timely and thorough clinical documentation, and track quality improvements.

(c) **Assignments**. Entry level MFTs provide mental health services under clinical supervision and within the ethics and guidelines of the professional standards.

Individuals assigned at the entry level are clinically supervised since they are not yet functioning at the independent practice level conferred by independent licensure. Entry level MFTs are not practicing at an independent level, therefore should not be assigned to program areas where independent practice is required, such as in a CBOC, unless there is a licensed MFT in the program area who can provide supervision for practice.

(2) **Marriage and Family Therapist, GS-11 (Full Performance Level**)

(a) **Experience, Education and Licensure**. In addition to the basic requirements, the GS-11 full performance level requires completion of a minimum of one year of post-master's degree experience in the field of marriage and family therapy work (VA or non-VA experience) and licensure in a State at the independent practice level. In addition, the candidate must demonstrate the KSAs in subparagraph (b) below. **OR**, In addition to the basic requirements, a doctoral degree in marriage and family therapy or comparable degree in mental health that meets the current VA qualification standard of that profession (Licensed Professional Mental Health Counselor, Social Work, Psychiatric Nursing, Psychology, and Psychiatry) may be substituted for the required one year of marriage and family therapy experience in a clinical setting. **AND** the candidate must be licensed to practice at the independent practice level and they must demonstrate the following KSA.

(b) **Demonstrated KSAs.** In addition to meeting the KSAs for GS-11 grade level, the candidate must demonstrate all of the KSAs below:

1. Skill to independently assess the psychosocial functioning and needs of Veterans and their family members.

2. Ability to provide counseling and/or psychotherapy services to individuals, groups, couples and families in a culturally competent manner that facilitates change through restructuring and reorganizing the client system.

3. Ability to establish and maintain effective working relationships with Veterans and their families, colleagues, and other professionals in collaboration throughout treatment regarding clinical, ethical and legal issues and concerns.

4. Knowledge and understanding of existing relevant statutes, case law, ethical codes, regulations and VA policies affecting the practice of marriage and family therapy. This includes the ability to assist Veterans and their families in making informed decisions relevant to treatment to include limits of confidentiality.

5. Ability to provide orientation, training and consultation to new MFTs including clinical oversight of MFT graduate students, and/or provide clinical supervision to pre-licensure MFTs.

6. Skill in the use of computer software applications for drafting documents, data management, maintaining accurate, timely and thorough clinical documentation, and tracking quality improvements.

(c) **Assignments**. MFTs at the full performance level are licensed to independently practice marriage and family therapy. MFTs can provide general mental health services to Veterans within the ethics and guidelines of the professional standards. MFTs at this level formulate, implement, and re- evaluate treatment plans through continuous assessment identifying the Veteran's challenges, strengths, readiness to change, external influences and current events surrounding the origins and maintenance of the presenting issue, and interactional patterns within the client system. In the event that Advanced or Supervisory level assignments are not established/supportable, the incumbents at this level can be responsible for clinical supervision for licensing purposes only, provided they have an AAMFT approved supervisor credential.

(3) **Marriage and Family Therapist, GS-12 (Advanced)**

(a) **Education, Experience and Licensur**e. Candidate must have successfully completed evidence based training in family therapy and must have graduated from a COAMFTE accredited program OR have passed the AMFTRE. Candidate must have at least five years of post-licensed clinical experience in delivery of family systems therapy including one-year equivalent to the GS-11 grade level. This experience must demonstrate the use of an evidence based family therapy model while exhibiting progressive professional competency and expertise. Assignments requiring responsibility for providing clinical supervision must have an AAMFT Approved Supervisor credential. In addition, the candidate must demonstrate the professional KSAs listed below.

(b) **Demonstrated KSAs:**

1. Ability to provide specialized consultation for complex cases involving individuals, families and/or couples utilizing evidenced-based family systems theory/therapy.

2. Ability to provide crisis intervention which includes assessment, safety planning and complex treatment planning using independent clinical judgment utilizing family systems theory/therapy.

3. Ability to provide family systems therapy, which seeks to address Veterans and their family members on an individual level and deals with interpersonal interactions.

4. Ability to provide unlicensed MFT staff/trainees with systemic clinical supervision towards licensure from a family systems theory/therapy perspective.

(c) **Assignments:** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. Advanced MFTs can be assigned as the sole licensed mental health provider in settings such as CBOCs or satellite outpatient clinics or have responsibility and oversight for a MFT training program established under VA/VHA training policy as well as provide systemic clinical supervision to those MFT interns. The Advanced MFT who has responsibility for the training program provides family systemic clinical supervision to unlicensed MFTs and provides clinical consultation to less experienced staff. Advanced MFTs develop behavioral health related training curriculum and conduct trainings for clinical staff. Advanced MFTs meet routinely with inter-professional team members and leadership to communicate about program and veteran and family issues for in depth problem solving.

(4) **Supervisory Marriage and Family Therapist, GS-12**

(a) **Experience, Education, and Licensure.** Candidates must have successfully completed evidence based training in marriage and family therapy and must have graduated from a COAMFTE accredited program OR have passed the AMFTRBE. Candidates must have at least five years of post-licensed clinical experience in delivery of family systems therapy including one-year equivalent to the GS-11 grade level. This experience must demonstrate possession of using evidence based family therapy model while demonstrating progressive professional competency and expertise. Assignments responsible for providing clinical supervision must have an AAMFT Approved Supervisor credential. In addition, the candidate must demonstrate the professional KSAs in subparagraph (b) below.

(b) **Demonstrated KSAs.** In addition to meeting the KSAs for GS-12 grade level, the candidate must demonstrate all of the KSAs below:

1. Ability to identify professional development needs of other MFTs and guide them in current family systems theory/therapy practice guidelines.

2. Ability to collaborate with members of other disciplines and supervisors and to represent the family systems theory/therapy profession both in and outside of VHA. This includes knowledge of the roles, contributions, and interrelationships with other disciplines.

3. Ability to perform the full range of administrative and clinical supervisory duties including responsibility for work assignments, competency assessments, performance evaluations, selection of staff, and recommendation of awards, advancements, and when appropriate, disciplinary actions.

4. Ability to analyze clinical data and make recommendations for corrective actions to optimize quality, efficiency, performance, and productivity within service keeping in line with accrediting bodies and policy.

(c) **Assignment**. At this level, MFTs administratively supervise professional staff which may include experienced MFTs, Advanced MFTs, MFT Program Coordinators, other Mental Health occupations and administrative staff. Duties include preparing work assignments, monitoring clinical performance, conducting performance appraisals, developing performance standards, as well as other clinical and administrative responsibilities. Interviews/recommends individuals for hire, trains, evaluates, disciplines and recommends for termination. Duties may include tracking of data to ensure that trends are analyzed and monitored, preparing appropriate administrative reports and quality assurance reviews. The supervisor at this level may be assigned to any program area. Supervisors may include coordinator responsibilities and may supervise other MFTs for licensure.

(5) **Marriage and Family Therapist, GS-12 (Program Coordinator)**

(a) **Experience, Education, and Licensure**. In addition to the basic requirements, completion of one year of progressively responsible assignments and experience equivalent to the GS-11 grade level which demonstrates knowledge, skills, and abilities that are directly related to the specific assignment. MFT program coordinators of family programs must be trained in family systems therapy/theory. If the assignment is responsible for providing systemic clinical supervision for licensure the individual must have an AAMFT Approved Supervisor credential. In addition, the candidate must demonstrate the professional KSAs in subparagraph (b) below:

(b) **Demonstrated KSAs.** In addition to meeting the KSAs for GS-12 grade level, the candidate must demonstrate all of the KSAs below:

1. Ability to organize work, set priorities, meet multiple deadlines, delegate tasks and facilitate team building.

2. Ability to manage and direct the work of others to accomplish program goals and objectives.

3. Ability to devise innovative ways to adapt work operations to new and changing programs, to develop staffing and budget requirements, and to translate management goals and objectives into well- coordinated and controlled work operations and ensure compliance with pertinent VHA policies.

4. Ability to establish and monitor performance priorities according to standards and program evaluation criteria.

5. Knowledge of family systems theory/therapy in coordination of family programs.

(c) **Assignments**. MFT Program Coordinators are administratively responsible for a clinical program providing treatment to Veterans in a specialty area as defined by the National Mental Health Office. Examples include RCS/Vet Centers, Homeless Veterans program and Mental Health Intensive Case Management (MHICM). They coordinate the daily operations of the program, develop policies and procedures for program operation and prepare reports and statistics for facility, VISN and national use. At this level, MFTs are licensed to independently provide mental health services and may supervise for licensure other MFTs.

(6) **Marriage and Family Therapist (Program Manager), GS-13**

(a) **Experience, Education, and Licensure**. In addition to the basic requirements, completion of one year of progressively responsible assignments and experience equivalent to that equivalent to the GS-12 grade level which demonstrates knowledge, skills, and abilities that are directly related to the specific assignment. MFT Program Manager must have graduated from a COAMFTE approved program OR have passed the AMFTRB examination. MFT Program Manager must have five years of post- licensed clinical experience in family systems theory/therapy and must demonstrate possession of advanced practice skills and judgment, demonstrating progressive professional competency and expertise. MFT Program Manager must have an AAMFT Approved Supervisor credential.

(b) **Demonstrated KSAs.** In addition to meeting the KSAs for GS-13 grade level, the candidate must demonstrate all of the KSAs below:

1. Skill in assessing qualifications and abilities of current and prospective employees to include staff performance evaluation and may include

evaluations of lower level assignments and support staff.

2. Ability to facilitate professional development of other MFTs across programs/or locations (i.e. CBOC, outpatient clinics, etc.) and guide them in current practice guidelines.

3. Ability to collaborate with leaders of other disciplines within facilities, the community, VISN, and VACO.

4. Skill in managing and directing the work of others to accomplish program goals and objectives, reporting requirements and the ability to devise ways to adapt work operations to new and changing programs, staffing and budget requirements. This includes knowledge of VA policy and procedures as well as fair, principled and decisive leadership practices.

5. Ability to analyze organizational and operational problems and to develop and implement solutions that result in sound operation of the program.

6. Ability to clinically supervise in areas related to the provision of marital and family therapy services to accomplish organizational goals and objectives.

(c) **Assignments.**

1. MFT Program Managers have broad program management responsibilities which include the operation and management of key clinical, training, or administrative programs. Responsibilities include development and implementation of programs, policies and procedures; oversight of administrative and programmatic resources; and monitoring of outcomes using a data driven quality assurance process. Decisions made affect staff and other resources associated with the programs managed and are made while exercising wide latitude and independent judgment. Such programs deliver specialized, complex, highly professional services that are important program components and significantly impact the health care provided to Veterans and their families. They have responsibility for staffing, work assignments, budget, clinical services provided and admission criteria for the program, day-to-day program operations and all reporting requirements. Additionally, program managers at this grade generally have collateral assignments determined by the needs of the local facility, RCS/Vet Center, the VISN, and or VACO.

2. MFT Program Managers may also have full responsibility for oversight of the professional practice of MFTs to assure the highest quality of mental

health care provided to Veterans and their families throughout the facility and affiliated clinics. This responsibility also includes insuring that all MFTs in the facility and its affiliated clinics meet the requirements of this qualification standard. At this advanced performance level, GS-13 MFTs are licensed to independently provide marital and family therapy services with program management responsibilities.

(7) **Marriage and Family Therapist Program Manager Leader, GS-14 (Care Line Manager/VISN/National)**

(a) **Experience, Education, and Licensure**. In addition to the basic requirements, completion of one year of progressively responsible assignments and experience at the GS-13 grade level which demonstrates knowledge, skills, and abilities that are directly related to the specific assignment. The MFT Program Manager must have graduated from a COAMFTE approved program OR have passed the AMFTRB examination. The MFT Program Manager must have at least five years of post-licensed clinical experience in family systems theory/therapy and must demonstrate possession of advanced practice skills and judgment, demonstrating progressive professional competency and expertise. The MFT Program Manager must have an AAMFT Approved Supervisor credential.

(b) **Demonstrated KSAs**. In addition to meeting the KSAs for GS-14 grade level, the candidate must demonstrate all of the KSAs below:

1. Advanced knowledge and skill in management/administration of multidisciplinary mental health programs at complex facilities and/or across multiple sites which includes supervision, consultation, negotiation, and monitoring.

2. Demonstrated global knowledge of the practice of marriage and family therapy to develop, maintain, and oversee programs in all settings.

3. Ability to provide consultation on policy implementation, qualification standards, counseling practice, and competency with medical center director, VISN, or national program managers that are consistent with organizational goals and objectives.

4. Advanced knowledge of evidence-based practices and mental health practice guidelines in multiple professional areas, and the ability to use these resources to guide the program staff in providing appropriate treatment interventions.

5. Ability to influence high level officials in adoption of, and conformance to, performance measures, monitors, and other policy guidelines.

(c) **Assignments**. Typical assignments include serving at a facility as a care line manager or at the VISN/VACO level. A care line manager is assigned to manage, direct, and oversee complex treatment programs within the medical center. Supervisory responsibilities cover multiple disciplines that may be separated geographically or in multi-division facilities. They have responsibility for staffing, work assignments, budget, clinical services provided and admission criteria for the program, day-to-day program operation, and all reporting requirements. Leadership positions at the VISN or national level are characterized by their scope, level of complexity, significant impact on VHA mission, significant importance to the VISN, etc. They direct a mental health, behavioral science, other patient care program component at the VISN or national level or direct organizational development at the national level. Duties are exercised with wide latitude, autonomy, and independence. They have delegated authority to determine long range work plans and assure that implementation of the goals and objectives are carried out. They may serve as consultants to other management officials in the field, VISN, or national level.

**5. DEVIATIONS.**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for MFTs in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the educational or licensure requirements be waived for the GS-11 grade level or above.

c. The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority 38 U.S.C. 7401, 7402, 7403]**

# APPENDIX G45. MEDICAL SUPPORT ASSISTANT QUALIFICATION STANDARD GS-0679 Veterans Health Administration

1. **COVERAGE.** The following are requirements for appointment as a Medical Support Assistant (MSA) in the Veterans Health Administration (VHA). These requirements apply to all VHA MSAs in the General Schedule (GS)-0679 series. [This series covers one-grade interval administrative support positions that supervise, lead, or perform support work relating to the care and treatment given to patients in inpatient units, outpatient clinics, patient scheduling call centers, Care in the Community Support Staff (CitC), and ancillary support services. The work includes functions such as serving as an initial point of contact for the units, clinics, patient, call centers, CitC, to include, but not limited to, scheduling patient appointments, tracking, reviewing, and responding to electronic orders, consults, and other elements in the electronic medical record and medical systems. This series includes work that requires a practical knowledge of computerized data entry, information processing systems and software related to patient care, the healthcare system's organization and services, basic rules and regulations governing visitors and patient treatment, knowledge of standard procedures, utilizing medical records, and medical terminology.]

**[2. DEFINITIONS.**

a. **Ancillary Services**. Clinics that provide diagnostic studies and/or support services to assist in the provision of patient care. Areas of service include, but are not limited to, Blind and Vision Rehabilitation, Diagnostic Laboratory, Nutrition and Food Service, Prosthetics, Radiology (x-rays and imaging), Recreation and Creative Arts Therapists (music, art, dancing, and drama), Social Work (housing, discharge, planning, family support), and Speech/Language Pathology.

b. **Call Center**. Centralized unit dedicated to multiple ancillary and interdisciplinary outpatient clinics that determine the need of the caller (i.e., scheduling, processing refill requests, reviewing CPRS, and routing clinical questions to appropriate clinical staff).

c. **Care in the Community (CitC)**. The local VA Community Care department is the 'clinic' that coordinates all patient services for Veterans outside the VA Healthcare System.

d. **Consult Management**. Includes the basic review and scheduling of patient consult appointments and further review of a specific clinics consults, (i.e., care in the Community consults, primary care provider entered consults and specific clinic consult listings). This review includes identification of status issues, (i.e. scheduled but not linked; scheduled to past appointment; significant findings, etc.) and taking appropriate action to fix such issues or referring to lead/supervisor for further action.

e. **Direct Scheduling.** Schedules routine appointments without a consult referral.

f. **Interdisciplinary Coordinated Care Delivery Models**. Coordination of care across all elements of the broader health care system, which may include primary care, mental health, specialty care, Call Center, and community care services and support.

g. **Patient Aligned Care Team (PACT)**. Team of health care professionals that provides comprehensive primary care in partnership with the patient, and the patient's personal support person(s), and manages and coordinates health care services consistent with agreed upon goals of care.

h. **PACT Teamlets**. A typical teamlet [ ] consists of staff designated in a PACT to each of the following roles: a Primary Care Provider, Registered Nurse Case Manager (RNCM), Clinical Associate, and Administrative Associate. These roles can be occupied by varies occupations. For example, a provider can be a physician, Nurse Practitioner or a Physician Assistant. Special population PACTs may designate additional or other positions to the teamlet. Teamlet members collectively take responsibility for ongoing care of all patients assigned to a single patient panel.

i. **Patient Systems**. Various software, hardware system products, and data portals used to transfer and capture information electronically used in the support of the daily operation of the unit. These systems include, but are not limited to: Veterans Integrated System Technology Architecture (VistA), Computerized Patient Record System (CPRS), Vetlink, VistA Scheduling Graphical User Interface (VS GUI), Insurance Capture Buffer (ICB), VHA Support Service Center (VSSC), Fee Basis Claim System (FBCS), Bed Management Systems (BMS), Compensation and Pension Record Interchange (CAPRI), Veterans Benefit Management System (VBMS), Strategic Analytics for Improvement and Learning (SAIL), Patient Centered Management Model (PCMM), Picture Archiving and Communication System (PACS), Telecare Record Manager (TRM), Automated Call Delivery (ACD), Audio Care (AC), Business Intelligence Service Line (BISL), Scheduling Audit Tool (SAT), and Veterans Affairs Portal to view external medical records. Patient systems names may vary from institutions and change over time.

j. **Radiology/Imaging/Nuclear Medicine**. Units which provide diagnostic testing to patients as a result of a request from a clinician in a patient care setting.

k. **Specialty Clinics**. A variety of specialized medical, surgical, and mental health outpatient clinics. Services performed in the Specialty Care Clinics include, but are not limited to: Arthritis Clinic, Cardiology Clinic, Cardio-Thoracic Clinic, Chest/Pulmonary Clinic, Colorectal Clinic, Dermatology Clinic, Diabetes Education, Ears, Nose and Throat Clinic, Eye Clinic, Gastroenterology Clinic, General Surgery Clinic, Hand and Plastics Reconstruction Clinic, Liver Clinic, Metabolic/Endocrine Clinic, Neurology and Memory Disorder Clinic, Neurosurgery Clinic, Orthopedics Clinic, Podiatry Clinic, Proctology Clinic, Renal Clinic, Traumatic Brain Injury Clinic, Urology Clinic, and Vascular Clinic. Specialty clinic names may vary from institutions and change over time.

l. **Veterans Appointment Request (VAR)**. The VAR allows a Veteran to self-schedule appointments with a primary care provider, request help in the scheduling of primary care and/or mental health appointments, and view/cancel future appointments.

m. **VistA Scheduling Graphical User Interface (VS GUI)**. An upgrade to the scheduling system. VS GUI will improve the efficiency of scheduling, enabling a more Veteran centric process, while addressing the need to schedule appointments through a user-friendly system (or interface).

n. **Ward**. Inpatient units including, but not limited to: Community Living Center (CLC), Medical Unit, Surgical Unit, Intensive Care Unit (ICU), Domiciliary, Mental Health Units (Acute, Geriatric Psych, and Substance Abuse).]

## 3. BASIC REQUIREMENTS.

a. **Citizenship.** Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with VA Handbook 5005, Part II, Chapter 3, Section A, paragraph 3.g.).

b. Experience and Education.

(1) **Experience.** Six months experience of clerical, office, [customer service], or other [administrative] work that indicates the ability to acquire the particular knowledge and skills needed to perform the duties of the position;

OR,

(2) **Education.** One year above high school;

OR,

(3) **Experience/Education Combination.** Equivalent combination of experience and education are qualifying for entry level for which both education and experience are acceptable.

c. **Certification.** None required.

d. **Grandfathering Provision.** All MSAs employed in VHA in this occupation on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series, and grade held, [which] are [a] part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply: (1) Such employees may be reassigned, promoted, or [changed to a lower grade] within the occupation.

(2) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) If an employee who was converted to [Title] 38 hybrid status under this provision leaves the occupation, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

e. **Foreign Education.** To be creditable, education completed outside the U.S. must have been submitted to a private organization that specializes in the interpretation of foreign educational credentials and such education must have been deemed at least equivalent to that gained in conventional U.S. programs.

f. **Physical Requirements.** See VA Directive and Handbook 5019.

g. **English Language Proficiency.** MSAs must be proficient in spoken and written English in accordance with VA Handbook 5005, Part II, Chapter 3, Section A, paragraph 3.j.

**4. GRADE REQUIREMENTS.**

a. Creditable Experience

(1) **Knowledge of** [ ] **MSA Practices.** To be creditable, the experience must have demonstrated the knowledge, skills, and abilities (KSAs) associated with current MSA responsibilities [or an equivalent administrative patient support role in a non-VA medical inpatient or outpatient setting]. Experience satisfying this requirement may be paid/non-paid employment as [an] MSA or [an equivalent position in a non-VA hospital or clinic setting].

(2) **Quality of Experience.** Qualifying experience must be at a level comparable to MSA experience [or equivalent administrative clinical support role in a non-VA medical inpatient or outpatient setting] at the next lower grade level. For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty), and a range of [varieties] as described in this standard, at the specified grade level and be performed by the incumbent at least 25% of the time.

(3) **Part-Time Experience.** Part-time experience as [an MSA or equivalent administrative patient support in] a [non-VA medical inpatient or outpatient setting] is creditable according to its relationship to the full-time workweek. For example, [an] MSA employed 20 hours a week, or on a 1/2-time basis, would receive [one] full-time workweek of credit for each [two] weeks of service.

b. **Grade Determinations**. [In addition to the basic requirements for employment listed in paragraph 3 above, the] following [education and experience] criteria must be met when determining the grade of candidates:

(1) **Medical Support Assistant, GS-3**

(a) **Experience or Education.** None beyond the basic requirements.

(b) **Assignment.** This is an entry level MSA position. It is expected that MSAs [at this level] receive guidance from more experienced staff members and require frequent and direct supervision. [At this level, MSAs apply general rules and policies relating to clinic functions, staff, and automated data processing methods in support of treatment to patients. They utilize a variety of patient data systems in scheduling patients for treatment and annotates patient records. They perform front desk duties, receives telephone call, and visitors to the MSA unit. They make and cancel appointments, review patient records for necessary information, and review patient demographics and insurance verification. They consult with clinic staff when processing physician scheduling and administrative orders.]

[(c) **Demonstrated Knowledge, Skills, and Abilities.** [ ] Candidates must demonstrate all of] the KSAs below:

i. Ability to meet, communicate, and interact with individuals in a courteous and helpful manner in order to give instructions and arrange appointments.

ii. Ability to utilize computer systems to enter administrative data in patient systems.

iii. Ability to learn and utilize basic medical terminology to record patient messages and physician requests pertaining to follow-up medical care.]

(2) **Medical Support Assistant, GS-4**

(a) **Experience.** One year of experience in clerical, office, [customer service, or other administrative] work that indicates the ability to acquire the particular knowledge and skills needed to perform the duties of the position [ ];

OR,

[(b)] **Education.** Two years of education above high school.]

[(c)] **Assignment.** This is a developmental level MSA position. It is expected that MSAs [at this level] receive [minor and less frequent] guidance from higher experienced staff members for more difficult tasks [ ]. Assignments at this level include, but are not limited to: [scheduling and rescheduling patients for treatment; interviewing patients for appointments; referring patients to other medical specialty

clinics; providing information to patients necessary to resolve VA Handbook complaints;] interacting with both internal and external customers; [reviewing] and [documenting] medical outpatient and inpatient [electronic health records], as well as administrative records; verifying third party insurance and updating information in the Insurance Capture Buffer (ICB) system; obtaining medical information from patients; coordinating information and actions related to patient care and services; and scheduling appointments in accordance with VHA national scheduling guidelines. [ ] [MSAs at this level refer] all questions [regarding] medical attention to [the] appropriate health care team member.

[(d)] **Demonstrated Knowledge, Skills, and Abilities.** Candidates must demonstrate [all of] the KSAs below:

i. Ability to meet, communicate, and interact with individuals from varying backgrounds and other health care team members in a courteous and helpful manner in order to [facilitate medical care for patients].

ii. Ability to use, [and navigate between], various types of office automation equipment and software [(i.e. computer systems, web based scheduling programs; insurance collection system; scanning software, multiple line phone systems; electronic faxing programs) to support patient care].

iii. [Knowledge of basic medical terminology to assist in the provision of care to patients].

iv. [Skill in recording patient messages and understanding physician requests pertaining to follow-up medical care in internal or external clinics.]

(3) **Medical Support Assistant, GS-5**

(a) **Experience** [ ]**.** One year of experience equivalent to the [GS-4] grade level;

[OR,

(b) **Education.** Four] years of education above high school.

[(c)] **Assignment.** This is the full performance level for MSAs. At this level, the MSA independently performs a full range of duties [related to the delivery of healthcare services in an inpatient or outpatient setting. Advises clinical staff on current administrative processes.] The MSA is responsible for [answering phones, greeting patients, relaying messages to appropriate staff inside or outside of the unit], scheduling appointments, including interpreting and verifying provider orders in accordance with VHA national scheduling guidelines. Assignments at this level include, but are not limited to: scheduling, canceling, re-scheduling [patient] appointments and/or consults; entering no-show information; monitoring [appointment requests from multiple] electronic [sources; participating in huddles with other MSAs and/or clinic staff to determine the daily needs of the clinic],

monitoring both inpatient and outpatient appointments [in] areas of responsibility; [ ] verifying and updating demographics and insurance information when [patients check-in for appointments. Coordinates administrative functions relating to] emergency and non-emergency transfers to other VA facilities or private hospitals [and determines appointment type based on the patient's] eligibility [status] (i.e., TRICARE, sharing agreements, [collaterals, research patient, VA employee], etc.).

[(d)] **Demonstrated Knowledge, Skills, and Abilities.** Candidates must demonstrate [all of] the KSAs below:

i. Ability to operate computerized programs and [systems] in order to enter, modify, and retrieve sensitive [medical and patient identifying] information [(PII)] into or from electronic [health] records, scheduling systems, and/or reports.

ii. [Advanced knowledge of medical terminology specific to understand medical diagnosis and procedures sufficient to communicate clinical staff instructions to patients.]

iii. Ability to [schedule medical] appointments in a clinical setting.

iv. Ability to work independently in the accomplishment of a wide variety of duties [performing patient support work].

v. Ability to communicate effectively and professionally [in person, electronically, and/or by telephone], with [internal and external customers].

vi. [Skill in customer service with the ability] to identify [customer] concerns, [and refer] to the [appropriate staff], as necessary, to ensure a satisfactory resolution.

(4) **Medical Support Assistant (Advanced), GS-6**

(a) **Experience**. One year of experience equivalent to the [GS-5] grade level.

(b) **Assignment.** The Advanced MSA [provides specialized and expert administrative patient support while working] collaboratively in an interdisciplinary coordinated care delivery model [ ]. [Work involves specialized administrative judgment and the flexible use of a wide range of clinical flow processes relating to access to care across multiple clinics, specialties, and/or care in the community resources. Recommends changes to existing clinic procedures based on current administrative guidelines. Expertise in utilizing numerous advanced patient systems in support of multiple clinics involved in an interdisciplinary coordinated care delivery model. Coordinates] with the patient care team to review clinic [appointment availability] (utilization) [ ] to ensure that clinic [schedules are] closely monitored to effectively support the needs of the clinics, and [makes adjustments as

necessary]. [MSAs at this level] develop [and/or] maintain effective and efficient communication with the patient, interdisciplinary [coordinated care delivery model teams] , VA medical centers, and other agencies (e.g., assist with communications during the inpatient to outpatient discharge; communicate with non-VA medical facilities; [prepare correspondence] to notify patients of normal lab results; [ ] manage a [ ] system for follow-up care such as consults, tests, etc.).

Other assignments at this level include, but are not limited to: [processes incoming patient secure messaging through MyHealthyVet and coordinates with care team as appropriate; participates in] team huddles and team meetings to manage, plan, [problem solve, and follow-up with] patient [care by sharing information and collaborating with the interdisciplinary team]; setting priorities and deadlines, adjusting the flow and sequencing of the work to meet team and patient needs; [identifies incomplete encounters and communicates findings to providers; as needed; assists] the team to reinforce the plan of care and self-help solutions; [enters] appropriate information into the electronic record; monitors pre-appointment information and/or requirements to assure readiness for patient visit/procedure; [manages patient systems] to verify and validate accuracy and resolve issues; evaluates patient information and clinic schedule lists to determine whether [the patient requires an immediate appointment; informs team members] about shared patients ([i.e]., those who receive their care at multiple [VA centers] or those who [receive] care in the community) [ ]. For all [assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty), and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time].

(c) **Demonstrated Knowledge, Skills, and Abilities.** Candidates must demonstrate [all of] the KSAs below:

i. Ability to collaborate [and] communicate [with a wide range of medical clinicians across multiple disciplines (e.g. medical doctors, nurse practitioners, physician assistants, psychologists, psychiatrists, social workers, clinical pharmacists, and nursing staff) to accomplish team goal setting to ensure medical care to patients is met.]

ii. [Ability to independently] set priorities and organize [ ] work to meet deadlines, ensuring compliance with established processes, policies, and regulations.

iii. Ability to communicate tactfully and effectively, [electronically, by phone, in person], and in writing, [with internal and external customers]. This may include preparing reports in various formats and presenting data to various organizational levels, [as well as resolving patient concerns].

iv. Advanced knowledge of the technical health care process [(including, but not limited to, scheduling across interdisciplinary coordinated care delivery and/or care in the community models and patient health care portals)] as it relates to access to care.

[ ]

[v.] Advanced knowledge of policies and procedures associated with interdisciplinary coordinated care delivery and/or care in the community operational activities that affect patient flow, and patient support care [administrative functions] to include, but not limited to appointment cycles, outside patient referrals, follow-up care, overbooking, provider availability, etc.

[vi.] Advanced knowledge of medical terminology due to the technical nature of language utilized by clinicians.

[(5) **Lead Medical Support Assistant, GS-6**

(a) **Experience.** One year of experience equivalent to the [GS-5] grade level.

(b) **Assignment.** The Lead MSA is responsible for answering questions for lower graded staff relating to healthcare services in an inpatient or outpatient setting. The Lead MSA monitors and makes work assignments, provides input on performance, resolves daily workplace issues, and maintains efficient workflow. Assignments at this level include, but are not limited to: assuring coverage of all areas of responsibility; conducting ongoing reviews to ensure quality of work; ensuring accurate and timely scheduling of appointments; providing guidance to staff members, to include changes in policies and procedures; distributing and balancing workload; creating and maintaining employee work schedules; orienting and providing on-the-job training for new and current employees; ensuring all training requirements are met; organizing the work structure of his/her assigned areas; and acting as a liaison between MSA and staff to resolve day to day conflicts. For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty), and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

(c) **Demonstrated Knowledge, Skills, and Abilities.** Candidates must demonstrate all of the KSAs below:

i. Ability to organize work, set priorities, and delegate tasks/responsibilities in order to meet deadlines.

ii. Skill in communicating with individuals to obtain the desired effect, ensuring compliance with established policies and regulations.

iii. Ability to provide staff development and training.

iv. Ability to manage staffing requirements, manage priorities, and coordinate with staff in the unit in order to complete duties in an accurate and timely manner. This includes the ability to follow-up on pending issues and demonstrate an understanding of the impact of incomplete work.

v. Ability to review and monitor data to ensure all reports are complete and accurate.]

(6) **Lead Medical Support Assistant, GS-7**

(a) **Experience.** One year of experience equivalent to the [GS-6] grade level.

(b) **Assignment.** The Lead MSA [is responsible for the coordination of Advanced MSA assignments and workflow found in an interdisciplinary unit. The Lead MSA is responsible for daily workload assessments, assigning work, and assuring proper staffing coverage; evaluating training records; and determining training needs of MSAs to provide support across interdisciplinary settings. The Lead assists the unit with complex and non-standard procedures, including clinical flow processes related to access to care across multiple clinics, specialties, and/or community resources. Assignments at this level include, but are not limited to: ensuring accurate and timely scheduling of appointments; providing guidance to staff members, to include changes in policies and procedures; creating and maintaining employee work schedules; and acting as a liaison among Advanced MSA staff, patients, and other interdisciplinary staff to resolve day-to-day conflicts.] For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

(c) **Demonstrated Knowledge, Skills, and Abilities.** Candidates must demonstrate [all of] the KSAs below:

i. [Advanced knowledge of medical terminology and a wide range of clinical flow processes relating to access to care across multiple clinics, specialties, and/or community resources.

ii. Ability to utilize numerous advanced patient systems in support of multiple clinics in an interdisciplinary setting.]

[iii.] Ability to organize work, set priorities, and delegate tasks/responsibilities in order to meet deadlines.

iv. Skill in communicating with individuals to obtain the desired effect [and coordinating with a variety of interdisciplinary care team staff].

[v.] Ability to provide staff development and training.

[vi.] Ability to manage staffing requirements, manage workflow priorities, and adjust the flow of work to meet team and patient needs. This includes the ability to follow-up on pending issues and demonstrate an understanding of the impact of incomplete work across multiple clinics.

(7) **Supervisory Medical Support Assistant, GS-7**

(a) **Experience.** One year of experience equivalent to the [GS-6] grade level [leading or supervising MSAs or equivalent administrative patient support staff in a non-VA medical inpatient, outpatient, or interdisciplinary setting].

(b) **Assignment.** Supervisory MSAs plan and direct programs at medical centers and/or satellite outpatient clinics and have full supervisory responsibility. Assignments at this level include, but are not limited to: assigning and evaluating the work of subordinate MSA staff; resolving complex problems to ensure patient services are met; evaluating new products, equipment, and systems to make recommendations for improved clinic operations; identifying educational or training needs; making final decisions on hiring selections; evaluating performance, and taking disciplinary action when necessary. The employee has full administrative and professional responsibility for planning and directing the MSA's activities. For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

(c) **Demonstrated Knowledge, Skills, and Abilities.** Candidates must demonstrate [all of] the KSAs below:

i. Ability to provide the full range of administrative and supervisory duties [in a patient support setting,] which includes assignment of work, performance evaluations, selection of staff, and recommendation of awards and/or advancements].

ii. Ability to collaborate, communicate, and demonstrate customer service and interpersonal skills with [internal and external customers] to ensure quality/continuity of care and ensure compliance with established policies and regulations.

iii. Ability to provide briefings, orientations, staff development, and [training related to administrative functions in a patient support setting].

iv. Ability to delegate authority, evaluate and oversee people and programs, accomplish program goals, and adapt to changing priorities.

(8) **Supervisory Medical Support Assistant, GS-8**

(a) **Experience.** One year of experience equivalent to the [GS-7] grade level [leading or supervising MSAs or equivalent administrative patient support staff in a non-VA medical inpatient, outpatient, or interdisciplinary setting.]

(b) **Assignment.** [Supervisory MSAs at this level plan and direct programs at medical centers and/or satellite outpatient clinics. They have full responsibility for supervising at least one subordinate MSA team leader, supervisor, or equivalent administrative patient support staff in a non-VA medical inpatient, outpatient, or interdisciplinary setting. Assignments at this level include, but are not limited to: evaluating the work of subordinate staff; resolving complex problems to ensure patient services are met; evaluating new products, equipment, and systems to make recommendations for improved operations; identifying educational or training needs; making final decisions on hiring selections; evaluating performance, and taking disciplinary action when necessary. The employee has administrative and professional responsibility for planning and directing the subordinate lead, supervisor, and MSA's activities. Responsible for extracting and analyzing data to provide reports to senior management in support of tracking measures.] For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

(c) **Demonstrated Knowledge, Skills, and Abilities.** Candidates must demonstrate [all of] the KSAs below:

i. Ability to provide the full range of administrative and supervisory duties [to at least one subordinate MSA supervisor or team leader in a patient support setting which includes assignment of work, performance evaluations, selection of staff, and recommendation of awards and/or advancements.]

ii. Ability to collaborate, communicate, and demonstrate customer service and interpersonal skills with internal and external customers to ensure quality/continuity of care and ensure compliance with established policies and regulations.

iii. Ability to provide briefings, orientations, staff development, and training [in a patient support setting].

iv. Ability to manage fiscal matters, forecast resource and equipment needs, and identify budget needs.

[v. Advanced knowledge of managing or leading patient support staff in a clinic. This includes independently utilizing reference sources, decision making, and

empowering the team to collaborate and resolve problems within a complex systems environment.]

**5. DEVIATIONS.**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for MSAs in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

b. The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority 38 U.S.C. §§ 7402, 7403]**

# APPENDIX G46. [ ] NURSING ASSISTANT QUALIFICATION STANDARD GS-621 Veterans Health Administration

**1. COVERAGE.** The following are requirements for appointment as a [ ] Nursing Assistant [(NA)] in the Veterans Health Administration (VHA). These requirements apply to all VHA [NAs] in the GS-621 series [ ].

## 2. BASIC REQUIREMENTS

a. **Citizenship.** Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

b. **Education or Training.** One year above high school with courses related to the [NA] occupation. Completion of an intensive, specialized, occupation-related course of study of less than one year [ ] as a nursing assistant may also meet in full the experience requirements for GS-3.

[ ]

[c.] **Physical Requirements.** See VA Directive and Handbook 5019.

[d.] **English Language Proficiency.** [NAs] must be proficient in spoken and written English in accordance with VA Handbook 5005, part II, chapter 3, section A, paragraph 3j.

[e.] **Grandfathering Provisions.** All Nursing Assistants employed in VHA on the effective date of this qualification standard are considered to have met all qualification requirements for the series and grade held that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

[ ]

[(1)] Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

[(2)] If an employee who was retained (grandfathered) under this provision leaves the occupation, the employee loses protected status of the grandfathering provision and must meet the full VA qualification standard basic requirements in effect at the time of reentry to the occupation.

## 3. GRADE REQUIREMENTS

a. **Creditable Experience**

(1) **Knowledge of Current Practice.** To be creditable, the experience must have required the use of knowledge, skills, and abilities associated with the current practice.

(2) **Quality of Experience.** To be creditable, [NA] experience must be documented on the application or resume and verified in an employment reference, or through other independent means.

(3) **Part-Time Experience.** Part-time experience as a [NA] is creditable according to its relationship to the full-time workweek. For example, a [NA] employed 20 hours a week, or on a 1/2-time basis, would receive 1 full-time workweek of credit for each 2 weeks of service.

b. **Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.

(1) **GS-3** [**NA**] **(Entry Level)**

(a) **Experience** [**and**] **Education** [ ]**.** None beyond the basic requirements.

(b) **Assignments.** Individuals assigned as GS-3 [NAs] are considered to be at the entry level and are closely supervised.

(2) **GS-4** [**NA**]

(a) **Experience.** One year of specialized experience as a [NA] or experience in another medical field (licensed practical nurse, health technician, hospital corpsman, etc.), performing technical and nursing skills requiring knowledge of the human physical and emotional states, therapeutic communication, and technical skills required for basic and intermediate treatments;

**OR,**

(b) **Education.** Successful completion of 2 years above high school in an accredited institution with courses related to nursing care, health care or in a field of study appropriate to the specialization of the position, such as education in a program for psychology, psychiatric, or operating room technicians; AND

(c) **Demonstrated Knowledge, Skills, and Abilities (KSAs).** In addition, the candidate must demonstrate the following KSAs:

▪

1. Ability to provide a range of patient/resident care and contribute to the completion of the nurse care plan and recovery of patients/residents.

2. Ability to observe patients/residents' or resident's physical or emotional status and refer deviations and/or problems to supervisor in a timely manner.

3. Ability to properly use equipment, materials and supplies in simple diagnostic and treatment procedures such as bladder scan, continuous passive motion device, blood glucose monitoring machine, specimen collection, etc.

4. Ability to communicate effectively with patients/residents, their families and other health professionals.

(d) **Assignment**

1. Individuals assigned as GS-4 [NAs] are considered to be at the intermediate or developmental level and are closely supervised. [NAs] at this grade level function as a member of the nursing care team and assist higher graded [NAs], licensed nursing staff, and other members of the care team in the care of patients/residents receiving outpatient care, home or community living care or other patients/residents who are in acute, sub-acute, or chronic states of illness. The significant factor is that they provide care under close supervision and refer issues/questions to supervisors, higher graded [NAs] or other healthcare professionals.

2. In this role, the Nursing Assistant functions as a member of the nursing care team and assists higher graded [NAs], licensed nursing staff, and other members of the care team in the care of patients/residents receiving outpatient care, home or community living care, or other patients who are in acute, sub-acute, or chronic states of illness. The Nursing Assistant in this role provides care under close supervision and refers issues/questions to supervisors, higher graded [NAs], or other healthcare professionals.

(3) **GS-5** [**NA**] **(Full Performance Level)**

(a) **Experience.** One year of progressively responsible assignments and experience equivalent to the GS-4 level which demonstrates knowledge, skills, and abilities that are directly related to the specific assignment. In addition, the candidate must demonstrate the professional KSAs in subparagraph (c) below;

**OR,**

(b) **Education.** Successful completion of a 4-year course of study above high school leading to a bachelor's degree that included 24 semester hours of courses related to health care or possession of a bachelor's degree; AND

(c) **Demonstrated KSAs**

1. Ability to assist in the full range of nursing care to patients/residents with physical and/or behavioral problems in a hospital, long term care or outpatient setting under the direction of a Registered Nurse and/or Licensed Vocational Nurse/Licensed Practical Nurse.

2. Ability to communicate orally with patients/residents, families, interdisciplinary team and other personnel. This includes serving as a preceptor to new [NAs] by assisting with the coordination of their orientation and overseeing/assessing their practical experience while in a clinical setting.

3. Ability to recognize and react to emergent patient/resident care situations and intervene while waiting for assistance. For example, recognizing need for basic life support, controlling bleeding and assisting with behavior crisis, etc.

(d) **Assignment.** This is the full performance level for [NAs]. [NAs] at this grade level function as a member of the nursing care team and assist licensed nursing staff in the care of patients/residents receiving outpatient care, home or community living care or other patients/residents who are in acute, sub acute or chronic states of illness. The distinguishing factor is that patient/resident assignments typically involve more complex nursing needs which can vary within a range of predictable to unpredictable requirements. [NAs] at this level also assume more of a peer education/mentorship role.

**NOTE:** *Students/trainees may be appointed in accordance with 38 U.S.C. 7405(a)(1)(D). See Part II, Chapter 3, paragraph 5 of VA Handbook 5005.*

**4. DEVIATIONS**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for [NAs] in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

[ ]

[b.] The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority 38 U.S.C. 7402, 7403**

# [APPENDIX G47. MEDICAL SUPPLY TECHNICIAN (STERILE PROCESSING) QUALIFCATION STANDARD GS-622 Veterans Health Administration

**1. COVERAGE.** The following are requirements for appointment as a Medical Supply Technician (Sterile Processing) in the Veterans Health Administration (VHA). These requirements apply to all VHA Medical Supply Technicians (Sterile Processing) (MSTs) in the General Schedule (GS)-0622 series. **NOTE:** *Individuals performing supply related duties that do not meet the coverage of this qualification standard should be classified in accordance with title 5 classification procedures.*

## 2. BASIC REQUIREMENTS

a. **Citizenship.** Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with VA Handbook 5005, Part II, Chapter 3, Section A, paragraph 3g.)

b. **Experience and/or Education**

(1) **Experience.** Six months of experience that demonstrates the applicant's ability to perform the work or provides an understanding of the work; or

(2) **Education.** One year above high school that included at least 6 semester hours in health care related courses such as sterile processing, nursing assistant, hospital corpsman, and operating room and surgical technician courses or other courses related to the position; or

(3) **Experience/Education Combination.** Equivalent combination of experience and education are qualifying for entry level for which both education and experience are acceptable.

c. **Certification.** None.

d. **Grandfathering Provision.** All MSTs that are employed in VHA in this occupation on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Employees grandfathered into the GS-622 occupational series as MSTs may be reassigned, promoted up to and including the full performance (journeyman) level, or changed to lower grade within the occupation.

(2) MSTs who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis until they fully meet the basic requirements of the standard.

(3) MSTs who are converted to title 38 hybrid status under this provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

e. **Foreign Education.** To be creditable, education completed outside the U.S. must have been submitted to a private organization that specializes in the interpretation of foreign educational credentials and such education must have been deemed at least equivalent to that gained in conventional U. S. programs.

f. **Physical Requirements.** See VA Directive and Handbook 5019.

g. **English Language Proficiency.** MSTs must be proficient in spoken and written English in accordance with chapter 3, section A, paragraph 3j, this part.

**3. GRADE REQUIREMENTS**

a. **Creditable Experience**

(1) **Knowledge of Current MST Practices.** To be creditable, the experience must have demonstrated the knowledge, skills, and abilities (KSAs) associated with MST responsibilities. Experience satisfying this requirement may be paid/non-paid employment as a MST.

(2) **Quality of Experience.** Qualifying experience must be at a level comparable to MST experience at the next lower grade level of the position being filled. For all assignments above the full performance level, the higher level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

(3) **Part-Time Experience.** Part-time experience as a MST is creditable according to its relationship to the full-time workweek. For example, a MST employed 20 hours a week, or on a 1/2-time basis, would receive 1 full-time workweek of credit for each 2 weeks of service.

b. **Grade Determinations.** The following criteria must be met when determining the grade of candidates.

(1) **GS-03 (Entry Level)**

(a) **Experience or Education.** None beyond the basic requirements.

(b) **Assignment.** This is an entry level MST position. MSTs receive guidance from more experienced staff members and require frequent and direct supervision.

(2) **GS-04 (Developmental Level)**

(a) **Experience.** Six months experience as a MST, operating room or surgical technician or other position that demonstrated knowledge of sterile processing in a clinical setting; or

(b) **Education.** Two years of education above high school that included at least 12 semester hours in courses related to the occupation. **NOTE**: *Successful completion of a course for medical technicians, hospital corpsmen, medical service specialists, or nursing assistants obtained in a training program given by the Armed Forces, the U.S. Maritime Service, or hospitals under close medical and professional supervision, may be substituted on a month-for-month basis for up to 6 months of experience.*

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience or education above, the candidate must demonstrate the KSAs below:

1. Knowledge of universal precautions for safety and prevention of cross contamination.

2. Basic knowledge of medical terminology in order to assemble specialty operating room/clinic instrument sets.

3. Basic knowledge of sterilization and cleaning equipment.

4. Ability to communicate both orally and in writing.

(d) **Assignment.** This is a developmental level MST position. Performs segments of work pertaining to the decontamination, sterilization and inspection of reusable medical equipment (RME). Completes segments of work pertaining to the assembly of basic sets and trays for use in the medical center. Operates equipment involved in sterilization processes. Prepares operating room case carts. MSTs receive guidance from more experienced staff members and require frequent and direct supervision.

(3) **GS-05 (Developmental Level)**

(a) **Experience.** One year of experience equivalent to the next lower grade level; or

(b) **Education**. Four academic years above high school leading to a Bachelor's degree with at least 12 semester hours in courses related to the occupation or a Bachelor's degree.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience or education above, the candidate must demonstrate the following KSAs:

1. Basic knowledge of surgical instruments used in operating rooms and clinic settings.

2. Basic knowledge of event-related packaging in regards to sterility.

3. Knowledge of sterilization and cleaning equipment.

(d) **Assignment**: This is a developmental level MST position. Removes soil, blood, tissue fragments, body fluids, and other containments by wiping, soaking, rinsing, and scrubbing. Inspects packages for indications of proper sterilization, assembles basic sets and trays used throughout the medical center including those used in the operating room. Prepares, loads, and operates sterilizers such

as steam, Sterrad, Steris, ETO, and a high level disinfecting scope reprocessor; prepares operating room case carts daily using surgery schedule. MSTs receive guidance from more experienced staff members for more complex tasks and require direct supervision on new assignments.

(4) **GS-06 (Full Performance Level)**

(a) **Experience.** One year of experience equivalent to the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Knowledge of surgical instruments used in operating rooms and clinic settings.

2. Knowledge of universal precautions for safety and prevention of cross contamination.

3. Working knowledge of medical terminology, anatomy and physiology, microbiology, medical conditions and procedures.

4. Knowledge of sterility principles in regards to instrumentation.

5. Ability to read and interpret written instructions and procedures.

(c) **Assignment.** This is the full performance level for the occupation. Receives contaminated critical and semi-critical RME in the decontamination area and may receive noncritical equipment in the decontamination area as well. Disassembles the RME and determines the correct cleaning method, such as but not limited to ultrasonic cleaners, mechanical washers, cart washers and chemical cleaning/decontamination agents, as determined by manufacturer instructions. Inspects, assembles and determines the correct method and packaging for sterilization such as but not limited to steam, Sterrad, Steris, ETO, and high level disinfecting scope reprocessors. Performs and documents daily operational checks and records for all sterilization equipment.

(5) **GS-07 (Advanced Level)**

(a) **Experience.** One year of experience equivalent to the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Detailed knowledge of complex surgical instruments used in operating rooms and clinic settings.

2. Ability to assemble specialty operating room and clinic instrument sets.

3. In-depth knowledge of sterilization and cleaning equipment.

4. Ability to communicate both orally and in writing in order to convey information and thoughts to others.

(c) **Assignment.** The Advanced MST assembles highly complex instrument sets including, but not limited to, open heart, major orthopedic total joint, cardiovascular, craniotomy and complex endoscopic instrumentation. Processes all complex endoscopic instrumentation to include those medical devices used in the gastroenterology laboratory, bronchoscopy laboratory, urology and operating room. Reviews manufacturer guidelines to ensure the correct methods and parameters are followed when cleaning, decontaminating and sterilizing RME. Troubleshoots and analyzes mechanical failures and makes necessary adjustments to complex decontamination and sterilization equipment, as well as interprets alarm conditions which may occur while operating the equipment. Informs management and healthcare staff when cleaning and processing standard operating procedures (SOPs) or instruction for use have been changed or updated to assure the changes have been validated to meet all guidelines.

(6) **GS-07 Lead Medical Supply Technician (Sterile Processing)**

(a) **Experience.** One year of experience equivalent to the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Ability to instruct staff on the correct procedures and protocols for completing assignments.

2. Skill in communicating with staff to ensure compliance with written directives, rules and regulations.

3. Skill in interpersonal relationships in dealing with employees, team leaders, and managers.

4. Knowledge of sterility principles in order to instruct staff on decontamination procedures.

5. Ability to lead individuals, manage priorities, and schedule work assignments.

(c) **Assignment.** The Lead MST works in support of the Sterile Processing Service (SPS) management team. Distributes and prioritizes workload among employees in accordance with established workflow and/or job specializations. Assures an even workflow and distribution of the workload. Revises work schedules to meet anticipated and unanticipated changes in the workload. Assigns work to staff based on experience and training needs. Monitors and reports on the status of work. Ensures SOPs and SPS mandates are followed during the performance of workflow. Reviews work in progress or spot checks work not requiring review to ensure completed work meets supervisors' instructions on such things as work sequence, procedures, methods, and deadlines. Assesses the quality and quantity of work by reviewing the cleaning, reprocessing, and distribution of technical medical equipment, material and instrumentation. Provides information to management officials concerning performance issues, assignment changes and task completion. Instructs employees on work-related activities, policies, procedures and goals.

(7) **GS-07 Medical Supply Technician (Sterile Processing) - Quality Assurance**

(a) **Experience.** One year of experience equivalent to the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Knowledge of fact-finding and investigative techniques in order to evaluate work processes.

2. Ability to analyze data and make recommendations to correct quality control problems.

3. Knowledge of sterile processing operations, infection control procedures, and Joint Commission requirements to assess compliance during quality assurance reviews.

4. Ability to compile information, evaluate facts, document findings and prepare reports.

5. Thorough knowledge of aseptic principles and techniques to maintain quality control.

6. Ability to effectively communicate with technical and professional staff on the proper use of delicate instruments and equipment, and resolve problems that may occur.

(c) **Assignment.** The Quality Assurance (QA) Technician serves as the monitoring specialist for all activities of SPS, which includes the operating room case cart management system. Monitors the process of cleaning/decontamination, sterilization, reprocessing, and distribution of critical, semi-critical and non-critical RME. This includes following the use of bacteriological controls, principles and methods of sterilization, packaging, and assembly of simple to more complex items for therapeutic and surgical procedures. Develops procedures to evaluate the quality of work performance and outcomes as it relates to the quality assurance program. Maintains a system of internal and external reviews ensuring overall compliance of all critical, semi-critical and non-critical RME used within the medical center. Tracks and analyzes required documentation pertaining to critical, semi-critical and non-critical RME within the scope of SPS for quality control purposes. Utilizes qualitative analysis tools to prepare reports for trending, evaluate operations and facilitate improvements in workflow and quality processes. Troubleshoots computer programs related to SPS operations and trains staff on the inputting of data associated with the cleaning and sterilization of equipment, biological processing, and quality assurance programs. Collaborates with SPS management when deviations occur. Validates SPS policies on cleaning and sterilization as it relates to manufacturer information for use, standards and mandates. Updates the quality assurance program annually or when manufacturer information and guidelines are changed.

(8) **GS-07 Medical Supply Technician (Sterile Processing) - RME Coordinator**

(a) **Experience.** One year of experience equivalent to the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Ability to interact with individuals of varying backgrounds in order to assess the needs of the department.

2. Ability to coordinate work in order to complete duties in an accurate and timely fashion.

3. Ability to interpret and apply sterile processing/infection prevention regulations and policies.

4. Ability to evaluate new products and equipment.

5. Ability to initiate and lead interdisciplinary groups in carrying out sterile processing functions.

(c) **Assignment.** The RME Coordinator provides oversight in the development, implementation, coordination, maintenance and evaluation of critical and semi-critical medical devices within the RME Program. Reviews the acquisition of new equipment and advises using services of anticipated delivery dates. Controls the release of any new equipment until verification of all SOPs have been developed and communicated to staff. This includes coordination across services and/or disciplines which can influence the organizational mission, vision, values and strategic priorities for RME. Monitors, analyzes and provides consultation on infection control issues regarding RME. Participates in clinical rounds to assist in the verification of each service's SOPs for RME. Investigates the need for any manufacturer and model-specific SOP required for new RME at the time of the acquisition request. When new SOPs are required, obtains the necessary information from the manufacturer or vendor. Develops SOPs to standardize equipment used in the medical center. Educates hospital staff, including the executive level, on all new equipment to ensure compliance is met as it relates to RME.

(9) **GS-07 Medical Supply Technician (Sterile Processing) – Trainer**

(a) **Experience.** One year of experience equivalent to the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Knowledge of SPS and Infection Prevention regulations.

2. Knowledge of procedures and/or operations in training developed for, and operations of SPS functions for both new and existing staff.

3. Ability to manage integrated training programs as it relates to sterile processing procedures.

4. Working knowledge of Microsoft Word, Excel or other software programs in order to complete reports and develop skills.

5. Ability to communicate effectively with staff and management officials in regards to sterile processing procedures.

(c) **Assignment.** The MST Trainer is responsible for developing formal and informal written plans for the SPS training program, in compliance with accreditation organizations and VHA-specific requirements as well as medical center policies and procedures for SPS and related staff. Facilitates training of SPS staff through educational programs and job specific instruction. Improves SPS processes by facilitating the application for new technology of reusable medical devices by training all new and existing staff. Develops, monitors, and revises SPS educational programs for both new and

existing staff. Documents and assesses staff's training, to identify areas of strength and need. Develops an education plan (literature review, continuing education, in-services, certification and/or formal education) to maintain and improve knowledge in specialized areas of processing reusable medical devices. Participates in tracking, trending and analyzing education data. Identifies opportunities for improvement, makes recommendations and/or prepares reports based on findings. Develops and conducts the annual review of the SPS preceptor program.

(10) **GS-07 Medical Supply Technician (Sterile Processing) – Coordinator**

(a) **Experience.** One year of experience equivalent to the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Practical knowledge of conventional fact-finding or investigative techniques in order to evaluate internal work processes.

2. Skill to develop, analyze and evaluate facts relative to unsatisfactory conditions or trends.

3. Knowledge of and skill in applying various methods and techniques for investigating, analyzing and recommending corrective action on complex quality problems.

4. Knowledge of the SPS policies and procedural manuals, infection control procedures, and accrediting agencies and quality assurance guidelines to assure appropriateness of work during quality assurance reviews.

5. Working knowledge of Microsoft Word, Excel and other software programs.

6. Thorough knowledge of aseptic principles and techniques, which include sterilized operations, sterilizer mediums, and tests to determine the effectiveness of sterilization, packaging, storage, and shelf life.

7. Ability to communicate orally and in writing to ensure staff compliance with written directives, rules and regulations.

(c) **Assignment.** The MST Coordinator monitors quality assurance in the cleaning/decontamination, sterilization, reprocessing, and distribution of surgical instruments and technical medical equipment processed in SPS, ensuring proper procedures are followed and the items are safe for use. Ensures national sterile processing standards are followed in the process of cleaning/decontamination, sterilization, reprocessing, and distribution of critical and/or semi-critical reusable medical equipment. Coordinates training that is well structured and includes appropriate materials. Ensures staff is competent for reprocessing critical and semi-critical RME by reviewing actual demonstration of tasks. Coordinates with hospital staff (e.g. operating room, emergency department and clinics) on critical and semi-critical medical equipment to ensure compliance with all national and local directives. Updates the Chief (or designee) on patient safety alerts and issues concerning reusable medical equipment.

Establishes and maintains frequent contacts with interdisciplinary staff and outside vendors and manufacturers.

(11) **GS-08 Lead Medical Supply Technician (Sterile Processing)**

(a) **Experience.** One year of experience equivalent to the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Ability to read and interpret written procedures and select appropriate action in order to instruct staff in correct procedures and protocols for completing assignments.

2. Ability to communicate orally and in writing to ensure staff compliance with written directives, rules and regulations.

3. Skill in interpersonal relationships in dealing with employees, team leaders, and managers.

4. Knowledge of sterility principles in order to instruct staff on decontamination procedures.

5. Ability to lead individuals, manage priorities, and schedule work assignments.

(c) **Assignment.** The Lead MST at this level oversees a work team that includes at least one MST position that is above the full performance. Distributes and prioritizes workload among employees in accordance with established workflow and/or job specializations. Assures an even distribution of the workload. When necessary, revises work schedules to meet anticipated and unanticipated changes in the workload. Assigns tasks as necessary to provide new employees with the experience and training required to perform decontamination of scopes and instrumentation in the work area. Monitors and reports on the status of work. Ensures SOPs and SPS mandates are followed during the performance of workflow. Reviews or spot checks scope processing work to ensure completed work meets supervisors' instructions (e.g., work sequences, procedures, methods, and deadlines). Assesses the quality and quantity of work by reviewing the cleaning, reprocessing, and distribution of scope medical equipment, material and instrumentation. Provides information to management officials concerning performance issues, assignment changes and task completion. Instructs employees on work-related activities, policies, procedures and goals.

(12) **GS-08 Supervisory Medical Supply Technician (Sterile Processing)**

(a) **Experience.** One year of experience equivalent to the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Ability to manage, interact and deal with individuals of varying backgrounds.

2. Ability to direct staff and manage tasks to be completed.

3. Ability to oversee and supervise all aspects of decontamination, preparation, sterilization, monitoring, and distribution of RME.

4. Ability to perform a full range of supervisory duties, including assigning, planning and evaluating work, recommending awards, approving leave, identifying training needs, and resolving staff issues.

(c) **Assignment.** The Supervisory MST functions as a first-level supervisor responsible for the oversight of a group of MSTs, with administrative responsibility for planning and directing the work. Oversees attendance and leave, including approval of sick and annual leave and vacation schedules. Informs higher level management of anticipated vacancies or increases in workload. Recommends promotions, reassignments, recognition of superior performance, retention or release of probationary employees or other changes of assigned personnel. Holds corrective interviews with employees, referring disciplinary problems to higher levels of management. Resolves informal complaints of employees and deals with union representatives on personnel matters. Provides technical supervision necessary for accomplishing the work of the organizational unit.

(13) **GS-09 Supervisory Medical Supply Technician (Sterile Processing) - Assistant Chief**

(a) **Experience.** One year of experience equivalent to the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Ability to plan and project staffing needs and requirements.

2. Ability to manage, interact and deal with individuals of varying backgrounds.

3. Ability to manage, direct and adapt work to accomplish program goals and objectives, and meet new and changing program requirements.

4. Ability to develop and recommend new or revised policies that are consistent with organizational goals and objectives.

5. Ability to perform a full range of supervisory duties, including assigning, planning and evaluating work, recommending awards, approving leave, identifying training needs, and resolving staff issues.

6. Ability to evaluate new products and equipment, develop options, and make recommendations.

7. Ability to manage, interpret, and present fiscal data (i.e. fund controls, contracts and equipment expenditures), forecast resource and equipment needs and administer an allocated budget.

(c) **Assignment.** The Assistant Chief contributes to the oversight of all supervision, administrative management and direction of the SPS. Oversees all decontamination, sterilization and disposition of facility critical and semi-critical RME. Develops and maintains a system of internal reviews that

ensure service programs operate in compliance with regulatory and accrediting organizations. Contributes to the effective utilization of resources, budgetary allocation and fiscal management. Makes selections, assigns personnel and provides direction to subordinate staff. Manages the training, documenting and evaluating of staff. Serves as liaison between SPS and other departments.

(14) **GS-10 Supervisory Medical Supply Technician (Sterile Processing) - Chief**

(a) **Experience.** One year of experience equivalent to the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Ability to implement and incorporate regulations, policies, and procedures to manage SPS operations.

2. Ability to evaluate new products and equipment, develop options, and make recommendations.

3. Ability to integrate SPS managerial duties, which includes strategic planning of facility organizational goals and integration of SPS vision and values within the organizational mission.

4. Ability to perform a full range of supervisory duties, including assigning, planning and evaluating work, recommending awards, approving leave, identifying training needs, and resolving staff issues.

5. Skill to initiate and lead interdisciplinary groups in order to facilitate daily SPS functions.

6. Ability to analyze and interpret fiscal data in order to forecast resource and equipment needs.

(c) **Assignment.** The Chief has the overall responsibility for the supervision, administrative management and direction of the SPS. Ensures SPS functions are in compliance with all regulatory mandates. Forecasts, plans, develops and manages the SPS program. Manages SPS personnel and serves as liaison between SPS and other departments. Maintains effective interdepartmental relationships, coordinates and resolves problems, and ensures cooperation with other programs and services. Manages the overall SPS budget including determining resource needs, allocating resources, and ensuring proper utilization in productivity, efficiency and cost effectiveness of SPS operations. Formulates objectives, develops priorities and implements plans that support organizational goals. Ensures operations are in compliance with all safety, regulatory and accrediting requirements. Oversees orientation and training of staff.

## 4. DEVIATIONS

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for Medical Supply Technician (Sterile Processing) in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

b. The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee in VHA Central Office.

**Authority 38 U.S.C. § 7402, 7403**]

# [APPENDIX G48. THERAPEUTIC MEDICAL PHYSICIST QUALIFCATION STANDARD GS-601
## Veterans Health Administration

**1. COVERAGE.** The following are requirements for appointment as a Therapeutic Medical Physicist (TMP) in the Veterans Health Administration (VHA). These requirements apply to all VHA TMPs in the GS-601 General Health Science series.

**2. BASIC REQUIREMENTS**

a. **Citizenship.** Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

b. **Education.** Master's degree or higher in a physics, science, or engineering discipline recognized by an accredited college or university with at least 30 semester hours in medical physics, health physics, radiological science, physics, engineering, chemistry, or biology; or an equivalent foreign degree and coursework substantiated by the National Association of Credential Evaluation Services.

c. **Board Certification.** Persons hired or reassigned to TMP positions in the VHA must be board certified in the field of therapeutic medical physics by an approved certifying body. The board certificate must be current and the applicant must abide by the certifying body's requirements for continuing education.

(1) **Approved Certifying Bodies**

(a) The American Board of Radiology (ABR) in any of the following field titles:

1. Therapeutic Medical Physics

2. Therapeutic Radiologic or Therapeutic Radiological Physics

3. Radiologic Physics or Radiological Physics

(b) The American Board of Medical Physics (ABMP) in the subfield of Radiation Oncology Physics.

(c) The Canadian College of Physicists in Medicine (CCPM) in the subfield of Radiation Oncology Physics.

(2) **Exception for Non-Board Certified, Entry Level Candidates.** Non-board certified TMPs designated by the certifying agency (e.g., American Board of Radiology) as "board eligible", who otherwise meet the eligibility requirements, may be given a temporary appointment as a graduate TMP under the authority of 38 U.S.C. § 7405(c)(2)(B). The appointing official may waive the requirement of certification for a period not to exceed 2 years for a TMP that provides care under the supervision of a board certified TMP at or above the full performance level. This exception only applies at the GS-12 entry level. For grade levels at or above the full performance level, the candidate must be board certified. Temporary

appointments of non-board certified TMPs may not be extended beyond 2 years, or converted to a new temporary appointment.

(3) **Failure to Obtain Board Certification.** In all cases, uncertified TMPs must actively pursue obtaining board certification from the date of their appointment. At the time of appointment, the supervisor will provide the uncertified TMP with the written requirements for board certification, the date by which board certification must be obtained, and the consequences for not becoming board certified by the deadline. Failure to obtain board certification by the prescribed date will result in removal from the GS-601 TMP series and may result in termination of employment.

(4) **Loss of Board Certification.** Once board certified, TMPs must maintain a full, valid and unrestricted board certification to remain qualified for employment. Loss of board certification may result in termination of employment.

d. **Grandfathering Provision**. All persons employed in VHA as a TMP on the effective date of this qualification standard are considered to have met all qualifications requirements for the title, series and grade held, including positive education and certification that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following apply.

(1) Such employees may be reassigned, promoted up to and including the full performance (journeyman) level, or changed to lower grade within the occupation, but may not be promoted beyond the journeyman level or placed in supervisory or managerial positions.

(2) TMPs who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or certification that meet all the basic requirements of the qualification standard must maintain the required credentials as a condition of employment in the occupation.

(4) TMPs who are converted to title 38 hybrid status under this provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry as a TMP.

e. **Physical Requirements.** See VA Directive and Handbook 5019.

f. **English Language Proficiency.** TMPs must be proficient in spoken and written English as required by 38 U.S.C. 7402(d), and 7407(d).

## 3. GRADE REQUIREMENTS

a. **Creditable Experience**

(1) **Knowledge of Current Medical Physicist Practices.** To be creditable, the experience must have required the use of knowledge, skills, and abilities (KSAs) associated with current professional TMP practice. The experience must be post-master's degree or above. Experience satisfying this requirement must be active professional practice, which is paid/non-paid employment as a professional TMP.

(2) **Quality of Experience.** Experience is only creditable if it is obtained following graduation with a master's or doctoral degree in medical physics, physics, or another relevant physical science or engineering discipline from an accredited training program and includes work as a professional TMP directly related to the position to be filled. Qualifying experience must also be at a level comparable to TMP experience at the next lower grade level. For all assignments above the full performance level, the higher level duties must consist of significantly larger scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

(3) **Part-Time Experience.** Part-time experience as a professional TMP is creditable according to its relationship to the full-time workweek. For example, a TMP employed 20 hours a week, or on a 1/2-time basis, would receive 1 full-time workweek of credit for each 2 weeks of service.

(4) **Clinical Training/Clinical Residency.** TMPs go through a post-graduate clinical training program in therapeutic medical physics before they are eligible to work as a TMP. The post-graduate clinical training may be substituted for creditable experience on a year-for-year basis.

b. **Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.

(1) **GS-12 Therapeutic Medical Physicist (Entry Level)**

(a) **Experience, Education, and Board Certification.** None beyond the basic requirements. (**NOTE**: *See exception to certification requirement in subparagraph 2c(2) above.)*

(b) **Assignments.** The employee works under the direction of a board-certified TMP. The employee provides direct evaluation of radiation therapy patients with regard to safety and accuracy of delivery through determination of the methodology for accurate positioning of the patient and assessment of the feasibility of delivery of the prescribed plan. The employee applies specialized knowledge of treatment planning in order to assess the fidelity of treatment plan alternatives. The employee organizes treatment plans, chooses the modality, and oversees the delivery of treatment. The employee provides direct assessment of the patient in order to render clinical physics judgment for radiation planning and delivery. The employee works and exercises sound judgment in the evaluation of the quality, safety, and accuracy of radiation treatments planned and delivered to patients, thus ensuring that correct radiation dose is delivered as prescribed. The employee implements radiation therapy of marked difficulty and responsibility because the underlying radiotherapy planning and delivery process has multiple potential failure modes of a highly complex nature. The employee is responsible for the technical aspects of external beam and brachytherapy treatment procedures from treatment simulation to treatment planning to the actual treatment delivery. The employee provides limited leadership, guidance and oversight of the work of medical dosimetrists and radiation therapists. The employee performs the following actions to assist in the implementation of new equipment and processes: assesses radiation

therapy equipment needs; performs acceptance testing and commissioning of new radiation therapy equipment; evaluates the adequacy of room shielding; performs radiation surveys; and develops and implements treatment processes. The employee also performs the following actions to oversee radiation therapy treatment planning: monitors and improves treatment processes; evaluates treatment plans for conformance to department standards, ensures the accuracy of treatments and integrity of data recorded in the patient's medical records; performs patient-specific treatment validation measurements; and documents medical physics policies and procedures for the delivery and quality assessment of advanced treatment procedures such as intensity modulated radiation therapy, stereotactic body radiation therapy, and brachytherapy. The employee operates and documents the medical physics quality assurance program; applies Federal regulations as they relate to ionizing radiation medical use; and manages the radiation safety program for radiation oncology.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the basic requirements, the candidate must demonstrate the following KSAs:

1. Knowledge of the scientific and technical principles and properties of radiotherapy devices for external beam radiotherapy. This includes specialized knowledge of the clinical applications of these devices.

2. Ability to exercise independent judgment in the calibration and commissioning of external beam photon and electron beam delivery devices for clinical use. This includes specialized knowledge of the acceptance testing and commissioning of radiation therapy treatment simulation equipment such as Computerized Tomography (CT) simulators.

3. Scientific and technical knowledge of electronic data handling techniques and software.

4. Ability to exercise independent judgment in the safe operation of radiotherapy equipment and quality assurance. This includes specialized knowledge of sources of uncertainty associated with treatment delivery and how to minimize the deviation between planned and delivered treatments; configuration of test equipment and associated software; and expected equipment performance for external beam radiotherapy treatment, brachytherapy, and simulation equipment.

5. Detailed scientific and technical knowledge of radiotherapy treatment planning principles, treatment planning algorithms, and treatment delivery.

6. Knowledge of scientific and technical aspects of brachytherapy delivery systems and radiation sources.

7. Ability to exercise independent judgment in radiation shielding techniques for external beam delivery systems. This includes specialized knowledge of detection and survey methods for external beam delivery systems. This also includes knowledge of regulatory requirements and guidelines for radiation shielding and protection.

8. Knowledge of multi-modality medical imaging to include a detailed scientific and technical understanding of megavoltage photon beam imaging, CT, radiographic imaging, magnetic resonance imaging, and positron emission computed tomography.

(2) **GS-13 Therapeutic Medical Physicist (Full Performance Level)**

(a) **Experience.** In addition to the basic requirements, completion of a minimum of 1 year of progressively complex experience equivalent to the next lower grade level.

(b) **Assignments.** The full performance level TMP is board certified and performs the clinical practice of therapeutic medical physics in its entirety with considerable discretion and independent judgment. The employee plans, delivers, verifies, and monitors quality assurance of radiotherapy at all levels of complexity. Specific tasks include: recommending an optimal modality and treatment technique for the patient; evaluating the quality, safety, and accuracy of radiation treatments planned and delivered to patients, thus ensuring that radiation dose is carried out correctly and completely; and safely operating all radiation planning and delivery devices. The TMP implements radiation therapy of outstanding technical difficulty and responsibility, providing knowledge-based solutions to resolving issues where no rule-based solutions exist. The employee plans and directs a specialized program encompassing all physics and clinical aspects of external beam and brachytherapy treatment procedures from treatment simulation to treatment planning to the actual treatment delivery. The TMP provides technical oversight for the work of entry level TMPs, medical dosimetrists and radiation therapists. The incumbent oversees radiation therapy treatment planning; designs and approves treatment plans; monitors the accuracy of treatment data recorded in the patient's medical records; provides consultation to the radiation oncologist regarding difficult treatment cases; performs patient-specific treatment validation measurements; and develops medical physics policies and procedures for the delivery and quality assessment of advanced treatment modalities such as intensity modulated radiation therapy, stereotactic body radiation therapy, and brachytherapy. The TMP develops, operates and fully documents the medical physics quality assurance program and ensures regulatory compliance within the Radiation Safety Officer's radiation safety program. The employee safely utilizes and properly operates all radiation oncology equipment, and is therefore qualified and responsible for educating radiation oncology team members including radiation oncologists, radiation therapists and dosimetrists in safety issues that relate to radiotherapy planning and delivery.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Knowledge regarding the safe and efficient use of all radiotherapy devices for external beam radiotherapy.

2. The ability to evaluate and ensure correct and safe operation of radiotherapy equipment through complex problem diagnosis and scheduled quality assurance.

3. Knowledge of the scientific, clinical, and technical applications of high dose rate and low dose rate brachytherapy treatment simulation, planning, dosimetry, and treatment methods.

4. Expertise in the professional, scientific, and technical aspects of shielding methods for external beam radiation delivery systems, radiation survey methods, developing procedures, setting action levels, delivering radiation safety training, developing and documenting competencies, and reporting. This includes an in-depth knowledge of regulatory requirements and guidelines for radiation shielding and personnel protection.

5. Ability to exercise independent professional judgment in the performance and evaluation of calibration, acceptance testing, and clinical commissioning procedures for all types of external beam photon and electron beam delivery systems. Skilled in the evaluation of acceptance testing and commissioning results of CT simulators.

6. Technical skills in 3-D treatment planning, intensity modulated radiation therapy treatment planning, and stereotactic body radiation therapy planning. This includes specialized knowledge of clinical process steps and resource requirements for planning and delivery of radiation oncology treatments.

7. Ability to process information from multi-modality imaging datasets for treatment planning, treatment verification, and radiotherapy response assessment.

(3) **GS-14 Therapeutic Medical Physicist (Advanced Level)**

(a) **Experience.** In addition to the basic requirements, completion of a minimum of 1 year of progressively complex experience equivalent to the next lower grade.

(b) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Employees at this level who are not supervisors are able to carry out assigned tasks independently in all areas of radiation therapy requiring TMP competencies which substantially exceed the full performance level and require advanced knowledge in all areas of radiation therapy. Regardless of the nature of the specific assignment, the work must be of sufficient scope and complexity to meet the knowledge, skills, and abilities to perform at this grade level.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Advanced expertise and experience in the safe and efficient use of all radiotherapy devices for external beam radiotherapy and brachytherapy.

2. Highly developed expertise with commissioning linear accelerators and treatment planning systems for complex clinical use, to include project management, performance testing, data acquisition, beam modeling, and validation testing.

3. Advanced knowledge (treatment simulation, planning, dosimetry, and treatment methods) of the scientific, clinical, and technical applications of one or more specialized procedures including, but not limited to, high dose rate brachytherapy, low dose rate brachytherapy, stereotactic body radiation therapy, stereotactic radiation therapy, intensity modulated radiation therapy, volumetric modulated arc therapy, total body irradiation, advanced image-guided therapy, and adaptive therapy.

4. Advanced expertise in acceptance testing, clinical commissioning, and (when applicable) calibration procedures for a variety of ancillary radiation oncology delivery, imaging, dosimetry, metrology, and computational systems.

(4) **GS-14 Supervisory Therapeutic Medical Physicist**

(a) **Experience.** In addition to the basic requirements, completion of a minimum of 1 year of progressively complex experience equivalent to the next lower grade.

(b) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. A supervisory TMP provides professional, scientific, and clinical practice of therapeutic medical physics for external beam and brachytherapy treatment procedures from treatment simulation to treatment planning to the actual treatment delivery. The incumbent oversees the technical development and implementation of new radiotherapy techniques and modalities; oversees the activities of all other TMPs, dosimetrists, and other staff members assigned to the unit; directs the technical aspects of treatment procedures; and, performs duties qualifying them as a supervisor to include planning and directing work, developing performance plans, evaluating staff performance, and other administrative functions. The supervisory TMP has full supervisory responsibility for a staff that includes lower level TMP positions and other clinical and professional staff within the unit. The employee directs the implementation of new equipment and processes through oversight of the following activities: assesses radiation therapy equipment needs; monitors acceptance testing and commissioning of new radiation therapy equipment; evaluates the adequacy of room shielding and radiation surveys; develops and implements treatment processes in concert with a radiation oncologist; and, ensures the precision and accuracy of treatment delivery. The employee optimizes technical infrastructure and workflow for streamlined operations in the department of radiation oncology through the mastery and application of techniques such as Failure Mode and Effect Analysis (FMEA), Root Cause Analysis (RCA), and Fault Tree Analysis (FTA). The employee directs the radiation therapy treatment planning team through oversight of the following activities: designs and approves of treatment plans; monitors the accuracy of treatment data recorded in the patient's medical records; provides consultation to the radiation oncologist regarding difficult treatment cases; performs patient-specific treatment validation measurements; develops medical physics policies and procedures for the delivery and quality assessment of advanced treatment modalities such as intensity modulated radiation therapy, stereotactic body radiation therapy and brachytherapy. The employee develops, operates, and documents the medical physics quality assurance program; ensures regulatory compliance; supervises the Radiation Safety Officer's radiation safety program; and, trains and educates radiation oncology team members in safe operations in Radiation Oncology.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Ability to oversee the technical development and implementation of new radiotherapy techniques and modalities. This includes knowledge of current standards of care, VA policies, trends and changes in delivery technology, as well as fair, principled, and decisive leadership practices.

2. Ability to optimize technical infrastructure and workflow for streamlined operations in the department of radiation oncology. This includes the knowledge and application of techniques such as Failure Mode and Effect Analysis (FMEA), Root Cause Analysis (RCA), and Fault Tree Analysis (FTA).

3. Ability to assess the qualifications and abilities of current and prospective employees, to include staff performance evaluations and professional development.

4. Advanced knowledge of regulatory requirements, manufacturer's standards, and professional society guidelines for performing quality assurance of radiation therapy equipment to include accelerators, simulators, and high dose rate/low dose rate brachytherapy delivery systems.

5. Ability to use written and verbal communication with a strong command of technical writing considerations.

6. Ability to collaborate with the members of other disciplines and supervisors and to represent the profession both in and outside of VHA. This includes knowledge of the roles, contributions, and interrelationships with other health care specialties and supporting divisions.

7. Knowledge of instructional methods and documenting competencies.

8. Ability to manage and supervises employees.

(5) **GS-15 Medical Physicist (Program Manager)**

(a) **Experience.** In addition to the basic requirements, completion of a minimum of 1 year of progressively complex experience equivalent to the next lower grade level.

(b) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. The employee provides leadership and exceptional experience in dealing with complex and challenging professional, scientific, and technical practice in therapeutic medical physics for external beam and brachytherapy treatment procedures from treatment simulation to treatment planning to the actual treatment delivery. The TMP at program manager level supervises the activities of other TMPs and dosimetrists and performs all duties of a supervisory level TMP. The program manager TMP manages the development and implementation of advanced techniques and special initiatives in radiotherapy, collaborates with radiation oncologists in the development of new clinical protocols, and directs special projects involving clinical applications, clinical research, or quality assurance. The employee serves as a subject matter expert on certain aspects of therapeutic medical physics in which the incumbent has achieved national recognition. The employee's expertise in medical physics is utilized to provide consultative services to the National Radiation Oncology Program (NROP), the National Health Physics Program (NHPP), other VHA program offices and other Federal agencies. In addition, the program manager level TMP provides liaison with those professional organizations whose purview is the organization, development or regulation of medical physics.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

1. Knowledge at an in-depth level of the processes and underlying medical physics principles used in the planning and delivery of therapeutic radiation.

2. Skill to directly supervise program specialists for Departmental critical initiatives and indirectly oversee medical physicists at the facility level.

3. Knowledge of regulatory frameworks, implementation details, and their evolution in time.

4. Skill in the performance of investigatory team leadership, causal analysis, investigatory interviewing techniques, and communication of conclusions.

5. Ability to formulate, refine, and deploy major initiatives of national significance to the Department.

6. Ability to assess and improve the quality of facility-level programs based on accreditation reports and similar documentation or direct inspection.

7. Ability to communicate both in writing and verbally with exceptional concision and clarity for disparate audiences.

8. Skill in managing resources, i.e. space, equipment, personnel; at the regional or national level.

**4. DEVIATIONS**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for TMPs in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the educational requirements be waived for any grade level. Under no circumstance will the board certification requirement be waived for grade levels GS-13 or above.

c. The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority 38 U.S.C. 7402, 7403**]

# [APPENDIX G49. BIOMEDICAL EQUIPMENT SUPPORT SPECIALIST QUALIFICATION STANDARD GS-1601 Veterans Health Administration

**1. COVERAGE**. The following are the requirements for appointment as a Biomedical Equipment Support Specialist (BESS) in the Veterans Health Administration (VHA). These requirements apply to all BESSs in the GS-1601 series. The work requires the application of engineering and mechanical concepts and methodology to provide life-cycle management and technical support of diagnostic, therapeutic devices, monitoring, and other equipment applicable in the practice of medicine, and to improve health service delivery systems for communities and within individual VA facilities (medical centers, outpatient clinics, domiciliaries). BESS work requires, in addition to knowledge and skill in engineering disciplines, a background in physiology and anatomy, and a practical facility in specialized subject matter areas such as computer applications, electronics, or mathematics.

## 2. DEFINITIONS

a. **Appointing Official.** The Human Resources Management Officer is delegated appointing authority, to process and authenticate notifications of personnel actions, and authority to effect management-approved employment actions on behalf of officials, employees and facilities for which service is provided.

b. **Approving Official.** The Veterans Integrated Service Network (VISN) Director, Facility Director, or designee is the approving official and will determine whether to approve or disapprove the appointment of employees in the hybrid occupations**.**

c. **Journey Level.** The full performance level for this qualification standard is at the GS-11 grade level.

d. **Creditable Experience.** To be creditable, experience must demonstrate the use of knowledge, skills, and abilities associated with Biomedical Equipment Support. Experience may be acquired by paid or non-paid employment.

e. **Quality of Experience.** Experience is only creditable if it is either directly related to the position to be filled or in a related field (i.e. Biomedical Equipment Support Specialist, Biomedical Equipment Technician, Field Service Engineer, Medical Equipment Repairer, or IT Specialist in a healthcare setting). Experience satisfying this requirement may be paid or non-paid employment as a BESS in the parenthetical title as described in subparagraph 3 b. below.

f. **Part-Time Experience.** Part-time experience is creditable according to its relationship to the full-time work week. For example, one week of full-time credit is equivalent to two weeks of part-time work.

## 3. BASIC REQUIREMENTS

a. **Citizenship.** Citizen of the United States. After a determination is made that it is not possible to recruit qualified citizens, necessary personnel may be appointed on a temporary basis under authority of 38 U.S.C. 7405 without regard to the citizenship requirements of 38 U.S.C. 7402 or any other law prohibiting the employment of or payment of compensation to a person who is not a citizen of the United States. Candidates must meet all other requirements for the grade and position concerned.

b. **Experience and Education.** Associates degree in Biomedical Electronics Technology, Biomedical Equipment Technology or Biomedical Engineering Technology or in a related technical field such as Electronic Technology or Information Technology **and** two years of experience as a Biomedical Equipment Support Specialist, Biomedical Equipment Technician, Field Service Engineer, Medical Equipment Repairer, or Information Technology Specialist.

**Or,**

Bachelor's degree in Biomedical Engineering Technology or in a related field such as Electronics Engineering Technology (EET) or Information Technology.

**Or,**

Completion of a military training program in biomedical equipment **and** two years of experience as a Biomedical Equipment Support Specialist or Biomedical Equipment Technician, Field Service Engineer, Medical Equipment Repairer or Information Technology Specialist.

c. **Licensure/Certification/Registration.** None

d. **Grandfathering Provision.** All persons employed in VHA as a BESS on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education that is part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Such employees may be reassigned, promoted up to and including the full performance (journeyman) level, or changed to lower grade within the occupation, but <u>may not</u> be promoted beyond the journeyman level or placed in supervisory or managerial positions.

(2) BESSs who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) BESSs initially grandfathered into this occupation, who subsequently obtain additional education that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

(4) Employees who are retained as a BESS under this provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry as a BESS.

d. **Physical Requirements.** See VA Directive and Handbook 5019.

e. **English Language Proficiency.** Candidates will not be appointed under authority of 38 U.S.C. chapters 73 or 74, to serve in a direct patient-care capacity in VHA who is not proficient in written and spoken English. See Chapter 2, section D, paragraph 5a, this part.

**4. GRADE DETERMINATIONS.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates:

a. **Biomedical Equipment Support Specialist, GS-5 (Entry Level)**

(1) **Experience or Education.** None beyond basic requirements.

(2) **Assignment.** This is an entry level BESS position. Employees at this level receive guidance from more experienced BESS staff members and require frequent direction from a supervisor. The incumbent acquires training from in-house as well as outside sources (e.g. attendance in community college courses, vendor service schools, conferences/seminars, etc.) to improve working knowledge of medical equipment, including current technology and future advances. This employee will provide support of basic medical equipment and systems to include, but not limited to: installation, preventive maintenance, troubleshooting, repair, calibrations and safety inspections.

b. **Biomedical Equipment Support Specialist, GS-7 (Developmental Level 1)**

(1) **Experience.** At least one year of experience equivalent to the GS-5 grade level.

(2) **Demonstrated Knowledge, Skills, and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to read, interpret, and apply a great variety of technical data such as schematic drawings, wiring diagrams, table charts, mathematical expressions and formulas.

(b) Ability to learn equipment maintenance, operating procedures, and repair procedures from training materials and courses.

(c) Fundamental knowledge of electronics to include analog, digital and microprocessor theory, pneumatics, hydraulics, optics, electro-mechanics, physics, basic networking, and chemistry.

(d) Knowledge of the use of standard level test equipment to include, but not limited to, multi-meters, electrical safety analyzers, patient simulator, storage oscilloscopes, manometers, tachometers, etc.

(e) Knowledge of anatomy, physiology, medical terminology, medical equipment, and technology.

(f) Knowledge of basic networking, computer/server hardware/software and information technologies and computer virus protection software, available software patches and upgrades, and information security tools (i.e. Microsoft Office, Windows operating systems, McAfee, etc.).

(3) **Assignment.** Employees at this grade level serve as developmental BESSs and receive guidance from more experienced staff members. The incumbent acquires training from in-house as well as outside sources (e.g. attendance in community college courses, vendor service schools, conferences/seminars, etc.) to maintain and improve working knowledge of medical equipment, including current technology and future advances. This employee will provide support of medical equipment and systems to include, but not limited to: installation, preventive maintenance, troubleshooting, repair, reliability, calibrations and safety; supporting basic biomedical equipment such as but not limited to infusion pumps; PCA pumps, feeding pumps, suction pumps, defibrillators, clinical video systems, hypo/hyperthermia units, vital sign monitors, physiological monitors, dental equipment, and other patient care devices; performs and documents all repairs and preventive maintenance activities; and ensures that the data is correctly entered into the medical equipment management computer system. Utilizes schematic drawings, wiring diagrams, and technical manuals as guidelines for accomplishing work. Uses specialized electronic test gear or software to analyze, evaluate, diagnose, troubleshoot, calibrate or repair analog and digital microprocessor controlled, computerized or networked digital systems. Makes determinations as to whether systems are safe for patient and operator use and initiates appropriate corrective action when necessary. The specialist performs incoming inspections on new medical equipment and systems to determine that all government safety regulations, manufacturer's specifications, contract requirements, and needs of the user are met. Contacts vendors and their representatives to obtain information on equipment and coordinate problem resolution. Monitors the quality of vendor service provided and ensures satisfactory and timely completion. Provides tactful instruction to equipment operators on the proper use of equipment to avoid use error recurrences; and documents appropriately; and instructs on operator level preventative maintenance. Provides biomedical equipment related technical training to peer and clinical staff.

c. **Biomedical Equipment Support Specialist, GS-9 (Developmental Level 2)**

(1) **Experience.** At least one year of experience equivalent to the GS-7 grade level.

(2) **Demonstrated Knowledge, Skills, and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of electronics and electricity including analog and intermediate digital electronics to test, calibrate, maintain, and repair biomedical equipment and moderately complex biomedical instrumentation systems.

(b) Skill in the setup and use of standard and advanced level test equipment to perform precise and detailed analysis of the operating and design characteristics of equipment and initiate repairs, reconfiguration, or redesign of moderately complex medical systems.

(c) Skill in applying theory, concepts, techniques, design characteristics, operation, and functions to assist and support installation, operation, test, maintenance, repair, design, and modification for a comprehensive range of medical equipment connected to networks or other operating systems.

(d) Ability to evaluate practical and technical information from manufacturers, contract specifications, manuals, and historical data in order to perform analysis required to make effective recommendations concerning operation, maintenance, and repair of medical equipment.

(e) Ability to perform testing and troubleshooting of medical devices involving their interfaces and connections to other medical devices, clinical systems, or information systems either directly or through the hospitals hardwired and wireless networks.

(f) Ability to use application software and hardware as it relates to the operation and diagnostics of medical equipment.

(g) Knowledge of computer equipment with a wide variety of software to input and retrieve data as required, and to prepare a variety of specific working documents and forms such as spreadsheet, database, word processing, and other similar products.

(3) **Assignment:** Employees at this grade level serve as developmental level 2 BESSs and receive minimal guidance from more experienced staff members. This employee will provide support of medical equipment and systems, install, maintain, safety test, calibrate, troubleshoot, and support medical technologies such as sleep lab monitoring systems, GI endoscopic systems, dental imaging equipment, surgical equipment, and clinical laboratory equipment. Performs and documents all repairs and preventive maintenance activities and ensures that the data is correctly entered into the medical equipment management computer system. Utilizes schematic drawings, wiring diagrams, and technical manuals as guidelines for accomplishing work. Maintains inventory documentation of assigned networked-attached medical equipment/systems to include electronic protected health information (ePHI) requirements, Virtual Local Area Network (VLAN), IP addresses, Access Control Lists (ACL), anti-virus software, and other necessary information. Provides biomedical equipment related technical training to peer and clinical staff.

d. **Biomedical Equipment Support Specialist, GS-11 (Full Performance Level)**

(1) **Experience.** At least one year of experience equivalent to the GS-9 grade level. Certification as a Certified Biomedical Equipment Technician (CBET), Certified Laboratory Equipment Specialist (CLES), Net+ and A+ are highly desirable at this level but not required.

(2) **Demonstrated Knowledge, Skills, and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of a wide range of sciences including, but not limited to, electronics (analog and digital), computer science/networking, mechanical engineering design, pneumatics, hydraulics, chemistry, physiology, medical terminology, anatomy, optics, and biology to perform duties of a broad scope and nature on complex and sophisticated patient-related medical systems and sub-systems.

(b) Ability to perform advanced testing and troubleshooting of medical devices involving their interfaces and connections to information systems either directly or through the hospitals hardwired and wireless networks.

(c) Knowledge of codes and standards relevant to safe operation of medical instrumentation such as National Fire Protection Association (NFPA), Food and Drug Administration (FDA), Nuclear Regulatory Commission (NRC), the Joint
Commission (TJC), and the Association for the Advancement of Medical Instrumentation (AAMI).

(d) Skill in the use of all types of test and calibration equipment such as digital multi-meters, electrical safety analyzers, defibrillator analyzers, patient simulators, digital oscilloscopes, pulse generators, and Local Area Network (LAN) analyzers in performing troubleshooting/repair and preventive maintenance activities.

(e) Ability to configure and maintain medical servers and desktop computers.

(f) Knowledge of contracting regulations, requirements, and specific contract specifications including performance-based contracts.

(3) **Assignment.** Responsible for the life-cycle management of diagnostic, therapeutic, and other patient related medical equipment and systems. Performs routine and complex tasks involved in the installation, maintenance, modification, troubleshooting and calibration of complex therapeutic, diagnostic and life support biomedical equipment. Responsible for monitoring system backups, file integrity, ensuring-network connectivity between systems, servers, databases, and the electronic medical record. Must be able to reload operating systems and clinical application software in the event of a system failure and interface with Office of Information and Technology (OI&T) locally and at other sites to keep systems operational. Conducts pre-purchase evaluations and addresses pre-implementation security issues to ensure that medical device isolation architecture (MDIA) requirements are met. Serves as project leader for equipment installation to include but not limited to: discussing contract requirements and concerns with the architect/engineer and contractor; identifying the site requirements, preparing cost analysis and justifications, preparing site plans and progress reports; acting as the project coordinator during installation, testing phases and through to completion of the project to include acceptance testing, planning and coordinating work schedules with other services, arranging utility shutdowns; identifying and ordering materials and arranging for assistance from other trades and crafts as necessary. Responds appropriately to hazard recall notifications concerning medical equipment. Investigates equipment incidents and alerts, cases of equipment damage and abuse, equipment failure reports that cannot be duplicated and medical device security incidents. May be a member of a Root Cause Analysis (RCA) team when appropriate. May serve as a Contracting Officer Representative (COR) for the purchase of medical equipment, maintenance/repair contracts, and facility projects. This work includes but is not limited to; drafting Request for Proposal (RFP) language, Sole-source justifications, Statements of Work (SOW), conducting market research, product evaluations, evaluating contractor performance, and pre-procurements assessments. Consults and advises clinical and administrative staff in evaluating medical equipment proposed for purchase. Determines when healthcare technology, instrumentation, or systems are obsolete, hazardous and/or not cost effective to

maintain. Performs incoming inspections on new and unfamiliar medical equipment and systems upon receipt to determine that all government safety regulations, manufacturer's specifications, contract requirements are met. Attends training from in-house as well as outside sources (e.g. attendance in community college courses, vendor service schools, conferences/seminars, etc.) to maintain and improve working knowledge of medical equipment, including current technology and future advances. Provides biomedical equipment related technical training to peer and Developmental BESS's as well as clinical staff.

e. **Biomedical Equipment Support Specialist (Biomedical Information Systems), GS-12**

(1) **Experience.** At least one year of specialized experience equivalent to the GS-11 grade level.

(2) **Demonstrated Knowledge, Skills, and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Current knowledge of computer virus protection software, available software patches and upgrades, and information security tools.

(b) Expert knowledge of electronics, computer and networking theory with experience maintaining, interfacing and troubleshooting networked medical equipment to include VLAN configuration, IP addressing, sub-netting, and network security.

(c) Ability to utilize and maintain computer and server based medical equipment, medical record databases, and proprietary and generic software, Experience with TCP/IP, HL7, networking, network security, and DICOM standards.

(d) Ability to interpret, identify, and apply network engineering principles and practices where there often times is no previous example to follow, or precedence.

(e) Skill to distinguish networking problems from non-networking problems and discuss various options with IT networking and operations staff members.

(3) **Assignment.** For all assignments above the full-performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Manages complete systems of central computerized networks, databases, analytic servers and medical device networks. Implements and plans for new or emerging technologies such as new diagnostic modalities, network management and storage appliances, virtual data centers and associated software. Coordinates and provides technical and project oversight of CIS, ARK, Imaging, and similar biomedical information systems (e.g., analytics, data bridge interface, anesthesia record keeping, cardiology information systems, and diagnostic medical imaging systems). Coordinates with OI&T for functionality, space availability, maintenance and replacement of server(s), and facilitating infrastructure updates and upgrades for servers, operating system problems, and virus protection. May manage entire data center dedicated to medical device servers. Identities and troubleshoots issues related to VLAN configuration, IP addressing, sub-netting, HL7 messaging, DICOM standards, and network security to minimize downtime. Most systems are server based with special requirements both in scope of attention and environmental security concerns. Examples of

typical devices or systems include, but is not limited to, Computerized Voice Recognition systems, Picture Archiving and Communication Systems (PACS) (Dental, Ophthalmology, Radiology & Cardiology PACS), and patient data management systems. Evaluates compatibility and adaptability of the biomedical devices for integration over the medical center's local area network (LAN) and wide area network (WAN). Maintains documentation of assigned medical IT equipment/systems to include ePHI requirements, VLAN, IP addresses, anti-virus software, security, and other necessary information. Addresses pre-implementation security issues to ensure that medical device isolation architecture (MDIA) requirements are met. Regularly reviews available software patches/updates and virus software updates for applicability to medical IT equipment. Coordinates with other BESSs, manufacturers, informatics, and IT staff to complete required software updates and system/data backups. Ensures compliance of networked attached clinical systems to all Medical Device Protection Program (MDPP) requirements. Designs, implements and manages appropriate security measures and disaster recovery plan that is critical to ensure system uptime and prevent loss of patient data from critical computerized databases and operating systems. May participate in VISN wide projects to provide their expertise in medical device isolation architecture (MDIA), Biomedical Server Virtualization, storage of Protected Health Information(PHI). May serve as a Contracting Officer Representative (COR) for the purchase of medical equipment, maintenance/repair contracts, and facility projects. This work includes but is not limited to; drafting Request for Proposal (RFP) language, sole-source justifications, Statements of Work (SOW), conducting market research, product evaluations, evaluating contractor performance, and pre-procurements assessments.

f. **Biomedical Equipment Support Specialist (Imaging), GS-12**

(1) **Experience.** At least one year of experience equivalent to the GS-11 grade level. Certification as a Certified Radiology Equipment Specialist (CRES) is highly desirable at this level however it is not required.

(2) **Demonstrated Knowledge, Skills, and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of codes and standards relevant to safe operation of radiation producing medical devices such as National Fire Protection Association (NFPA), Food and Drug Administration (FDA), Nuclear Regulatory Commission (NRC), The Joint Commission (TJC), American College of Radiology (ACR), Center for Devices and Radiological Health (CDRH) and The Association for the Advancement of Medical Instrumentation (AAMI).

(b) Comprehensive knowledge of imaging techniques, technologies, radiological practices and procedures.

(c) Skill in using advanced radiological test equipment such as radiation dosimeters, calibration phantoms, high voltage testing devices, KV and MA meters and monitor calibration devices.

(d) Ability to resolve highly complex breakdowns that have an immediate risk to patient safety.

(e) Ability to maintain and troubleshoot networked medical imaging equipment to include VLAN configuration, IP addressing, sub-netting, and network security, and build, configure, repair and install workstations and servers in imaging and non-imaging environments.

(f) Ability to utilize and maintain computer and server based medical equipment, medical record databases, and proprietary and generic software, experience with TCP/IP, HL7, networking, and DICOM standards.

(3) **Assignment**. For all assignments above the full-performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. The incumbent may be responsible for the complete systems management of computerized/networked imaging systems and databases and their inter-connectivity with PACS, related modalities and the Electronic Medical Record (EMR). Utilizes specialized diagnostic software, specialized quality assurance tools and measuring equipment, detailed technical literature, and standard electronic and computer test equipment. Ensures required software updates and backups are completed to maintain continued functionality of equipment, patient safety, and data integrity. The incumbent assists in designing and implementing best approaches to recovery of critical computerized databases and operating systems. The incumbent should be considered a technical expert on one or more advanced imaging system and may provide input to the VISN High-Cost/High-Tech Committee, may serve as a VISN or national technical resource as needed. Advises clinicians and management regarding the acquisition, integration, and application of medical imaging technologies. Participates in the acquisition, technical requirements and evaluations, project planning and deployment of medical imaging systems. May serve as a Contracting Officer Representative (COR) for purchase of medical equipment, maintenance/repair contracts, and facility projects. He/she is responsible for coordinating with the facility stakeholders including but not limited to medical staff, clinical personnel, Biomedical Engineering, OI&T, service managers, Patient Safety, senior salespeople and equipment manufacturers on procurement related or technical issues.

g. **Biomedical Equipment Support Specialist, GS-12**

(1) **Experience.** One year of experience equivalent to the GS-11 grade level.

(2) **Demonstrated Knowledge, Skills, and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of VA, NFPA, FDA, NRC, The Joint Commission, and other relevant safety and radiation safety standards.

(b) Ability to lead biomedical staff and work on medical equipment if needed to maintain compliant workflow.

(c) Knowledge of project management principles required to effectively and efficiently manage multiple, concurrent projects.

(d) Skill in communication to interact with clinical, technical and managerial staff.

(e) Ability to instruct staff, lead individuals, manage priorities, and schedule work assignments.

(3) **Assignment.** For all assignments above the full-performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. The Lead BESS works in support of the BESS management team. Distributes and prioritizes workload among employees in accordance with established workflow and/or job specializations. Revises work schedules to meet anticipated and unanticipated changes in the workload. Assigns daily work to staff, establishing priorities based on workload related to BESS. Prepares estimates and reports on expected time of completion of work. Reviews progress of work assignments and modifies as needed and checks completed work for accuracy. Ensures SOPs and mandates are followed during the performance of workflow. Instructs employees on work-related activities, policies, procedures and goals. Implements the Biomedical Section training program, in-house cross training, and vendor training, to ensure that technicians are kept abreast of the changing technology as effectively as possible within the available resources. May participate in VISN wide projects to provide their expertise in a particular technology. The incumbent may provide input to the VISN High-Cost/High-Tech Committee and capital investment proposals, and may serve as a VISN technical resource. Provides information to management officials concerning performance issues, assignment changes and task completion. Responds and supports resolution of customer service concerns.

h. **Supervisory Biomedical Equipment Support Specialist, GS-12**

(1) **Experience.** At least one year of experience at the GS-11 grade level that demonstrates the technical competencies described at that level. Certification as a Certified Healthcare Technology Manager (CHTM) is highly desirable at this level but not required.

(2) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the KSAs for the GS-11 level, the candidate must demonstrate all of the following KSAs and demonstrate the potential to acquire the assignment-specific KSAs designated by an asterisk (*):

(a) Advanced knowledge of Healthcare Technology Management across multiple types of equipment modalities to provide guidance and training to Healthcare Technology Management staff;

(b) Skill in managing Healthcare Technology Management work flow and directing the work of others to accomplish programs goals and objectives.

(c) Ability to develop policy, manage medical equipment life-cycle processes, and provide workload analysis in Healthcare Technology Management operations.

(d) Knowledge of interpersonal relations and conflict resolution to deal effectively with individuals or groups representing widely divergent backgrounds, interests, and points of view.

(e) Ability to analyze Healthcare Technology data and make recommendations to optimize quality, efficiency, performance, and productivity within service.

*(f) Ability to perform the full range of supervisory duties which would include responsibility for assignment of work to be performed; assessments of competency; evaluation of performance; selection of staff; and recommendation of awards, advancements, and disciplinary actions.

(3) **Assignments.** For all assignments above the full-performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Supervisory BESS at this level are generally found in Complexity Level 2 (Medium Complexity) or Complexity Level 3 (Low Complexity) facilities. Although uncommon, they may also be found in a Complexity Level 1 facility. The Supervisory BESS is responsible for the supervision, administrative management, and direction of lower level BESS. The incumbent supports the Chief Biomedical Engineer with assisting in the administrative and professional responsibilities of planning and directing the Biomedical Engineering/Healthcare Technology Management staff activities for the service or equivalent unit at an independent outpatient clinic. Incumbent may have full supervisory responsibility over a section or equivalent work unit if there is not a Biomedical Engineer at the facility. Typical duties may include: preparing work assignments, monitoring technical performance of some Biomedical Engineering staff, conducting performance appraisals, and other department and administrative responsibilities to ensure that the mission of the service and the medical center has been satisfied. The supervisor assures compliance with accrediting agencies and regulatory requirements, establishes and monitors the quality of the pre-analytical processes as part of the overall Biomedical Engineering service quality management program, and assures corrective action is initiated as needed. The supervisor assures orientation and competency assessment of assigned staff. Develops policies and procedures, manages document control, develops performance standards, position descriptions and functional statements. They may be responsible for professional and administrative management of an assigned area to include budget execution. The supervisor maintains interdepartmental relations with other services to accomplish medical center goals.

i. **Supervisory Biomedical Equipment Support Specialist, GS-13**

(1) **Experience.** At least one year of experience at the GS-12 grade level that demonstrates the technical competencies described at that level.

(2) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the KSAs at the GS-12 grade level, the candidate must demonstrate all of the following KSAs and demonstrate the potential to acquire the assignment-specific KSAs designated by an asterisk (*):

(a) Ability to work independently to set priorities, delegate tasks, meet multiple deadlines, analyze organizational problems, and develop and implement effective solutions to optimize quality, efficiency, performance, and productivity within the service.

(b) Ability to develop policy; manage medical equipment life-cycle processes; and provide workload analysis in Healthcare Technology Management operations.

(c) Ability to translate management goals and objectives into well-coordinated and controlled biomedical work operations.

*(d) Ability to perform the full range of supervisory duties which would include responsibility for assignment of work to be performed; assessments of competency; evaluation of performance; selection of staff; and recommendation of awards, advancements, and when appropriate, disciplinary actions.

(3) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Supervisory Biomedical Engineering Support Specialists are generally found in Complexity Level 1 (High Complexity) facilities. The supervisory BESS is responsible for the supervision, administrative management, and direction of lower level BESSs. The incumbent supports the Chief Biomedical Engineer with assisting in the administrative and professional responsibilities of planning and directing the Biomedical Engineering/Healthcare Technology Management staff activities for the service or equivalent unit at an independent outpatient clinic. Incumbent may have full supervisory responsibility over a section or equivalent work unit if there is not a Biomedical Engineer at the facility. Typical duties may include: preparing work assignments, monitoring medical equipment life-cycle management performances of Biomedical Engineering/Healthcare Technology Management staff, conducting performance appraisals, and other technical and administrative responsibilities to ensure that the mission of the service and the medical center has been satisfied. The supervisor assures compliance with accrediting agency and regulatory requirements; establishes and monitors the quality of the pre-analytical processes as part of the overall Biomedical Engineering service quality management program, and assures corrective action is initiated as needed. The supervisor assures orientation and competency assessment of assigned staff. The supervisor develops policies and procedures, manages document control, develops performance standards, position descriptions and functional statements. They may be responsible for professional and administrative management of an assigned area to include budget execution. The supervisor will maintain interdepartmental relations with other services to accomplish medical center goals.

j. **Biomedical Equipment Support Specialist, GS-13 (VISN Level) or Biomedical Equipment Support Specialist (Geographical Regional Technical Specialist), GS-13**

(1) **Experience.** At least one year of experience equivalent to the GS-12 grade level. Certification as a Project Manager highly desired but not required.

(2) **Demonstrated Knowledge, Skills, and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to effectively communicate with professionals of varying levels of technical knowledge within multiple levels of the VHA organization.

(b) Ability to coordinate work across multiple settings, e.g., medical centers, VISNs.

(c) Knowledge of the codes and standards of VA, TJC, NFPA, AAMI, FDA, and AHA as they apply to the safety and operation of medical instrumentation.

(d) Knowledge related to the characteristics, capabilities, installation, and configuration of medical equipment and their associated networks.

(e) Ability to analyze regional technical issues and develop timely and economical solutions.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. The incumbent supports medical technology systems in multiple facilities in a geographic region. The incumbent provides maintenance and technology management support to the facilities both remotely and on-site as needed. May participate in regional (e.g. VISN-wide) medical technology projects to provide technical and Biomedical Engineering expertise. The incumbent may draft RFP requirements; translating clinical needs into technical specifications. The incumbent may provide input on healthcare technology to the regional High-Cost/High-Tech or other equipment committees. He/she is responsible for coordinating with the regional and facility stakeholders including but not limited to medical staff, clinical personnel, Biomedical Engineering, OI&T, Facilities Engineering, Patient Safety, Logistics, Contracting, and equipment manufacturers on procurement related or technical issues. Incumbent may provide technical support and/or advice to the national VHA Healthcare Technology Management Program Office as needed.

k. **Biomedical Equipment Support Specialist, GS-13 (National Level)**

(1) **Experience.** At least one year of experience equivalent to the GS-12grade level. Certification as a Project Manager highly desired but not required.

(2) **Demonstrated Knowledge, Skills, and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to recommend and review policies and/or directives regarding medical technology.

(b) Ability to effectively communicate and coordinate work across multiple settings, e.g. medical centers, VISNs, VACO.

(c) Knowledge of the codes and standards of VA, TJC, NFPA, AAMI, FDA, and AHA as they apply to the safety and operation of medical instrumentation.

(d) Knowledge related to the characteristics, capabilities, installation, and configuration of medical equipment and their associated networks.

(e) Ability to analyze national and VISN-level technical issues and develop timely and economical solutions.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. The incumbent supports medical technology systems that span across multiple regions in the VHA organization. The incumbent provides maintenance and technology management support nationally across VHA both remotely and on-site as needed. He/she provides assistance and technical support to the regional BESS as needed. The incumbent participates in national workgroups and projects to provide technical and Biomedical Engineering expertise. Assists with drafting and reviewing national policies and procedures for VHA-wide implementation. The incumbent

may draft RFP (request for proposal) requirements; translating clinical needs into technical specifications. The incumbent may provide input on healthcare technology to the national Healthcare Technology Management Program Office on High-Cost/High-Tech requests. He/she is responsible for coordinating with national, regional and facility stakeholders including but not limited to medical staff, clinical personnel, Biomedical Engineering, OI&T, Facilities Engineering, Patient Safety, Logistics, Contracting, and equipment manufacturers on procurement related or technical issues.

**5. DEVIATIONS**

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance, and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will education requirements be waived.

c. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health or designee in VHA Central Office prior to placement in the position.

**Authority: 38 U.S.C. §§ 7402, 7403]**

# [APPENDIX G50. HEALTH TECHNICIAN (TELEHEALTH CLINICAL), GS-0640
## Veterans Health Administration

**1. COVERAGE.** The following are requirements for appointment of a Health Technician (Telehealth Clinical) in the Veterans Health Administration (VHA). These requirements apply to all VHA Health Technicians (Telehealth Clinical) in the General Schedule (GS)-0640 series.

## 2. DEFINITIONS

a. **Appointing Official.** The Human Resources Management Officer is delegated appointing authority, to process and authenticate notifications of personnel actions, and authority to effect management-approved employment actions on behalf of officials, employees and facilities for which service is provided.

b. **Approving Official.** The Veterans Integrated Service Network (VISN) Director, Facility Director, or designee is the approving official and will determine whether to approve or disapprove the appointment of employees in the hybrid occupations**.**

c. **Journey Level.** The full performance level for this qualification standard is at the GS-6 grade level.

d. **Creditable Experience.** Candidates need to have knowledge of current Health Technician (Telehealth Clinical) Practice. To be creditable, experience must demonstrate the knowledge, skills, and abilities (KSAs) associated with a health care field or knowledge, skills, and abilities related to the current occupation. Experience satisfying this requirement may be paid or non-paid employment in the health care field.

e. **Quality of Experience.** Qualifying experience must be at a level comparable to the Health Technician (Telehealth Clinical) experience at the next lower grade level of the position being filled. For all assignments above the full performance level, the higher level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

f. **Part-Time Experience.** Part-time experience is creditable according to its relationship to the full-time work week. For example, one week of full-time credit is equivalent to two weeks of part-time work.

## 3. BASIC REQUIREMENTS

a. **Citizenship.** Citizen of the United States. After a determination is made that it is not possible to recruit qualified citizens, non-citizen personnel may be appointed on a temporary basis under authority of 38 U.S.C. 7405, without regard to the citizenship requirements of 38 U.S.C. 7402 or any other law prohibiting the employment of or payment of compensation to a person who is not a citizen of the United States. Candidates must meet all other requirements for the grade and position concerned.

b. **Experience and Education.**

(1) **Experience.** One year of experience in a health care field that demonstrates the applicant's ability to perform the work or provides an understanding of the work such as but not limited to a medical or clinical assistant (or technician) or health technician.

**OR**

(2) **Education.** Four academic years above high school leading to a bachelor's degree with courses related to the occupation.

**OR**

(3) **Experience/Education Combination.** Equivalent combination of experience and education are qualifying for entry level for which both education and experience are acceptable. Examples are listed below:

(a) Six months of experience in the health care field and two years of education above high school that included at least six semester hours in health care related courses such as, biological science, surgical technician courses, nursing assistant or other courses related to the position; or an associate's degree in a health care related field; or

(b) Six months of experience in the health care field and successful completion of a course for health care technicians, hospital corpsmen, or medical service specialists given by the U.S. Armed Forces.

c. **Certification.** None

d. **Grandfathering Provision.** All Health Technicians (Telehealth Clinical) employed in VHA in this occupation on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series, and grade held. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Such employees may be reassigned, promoted up to and including the full performance (journeyman) level, or changed to lower grade within the occupation, but <u>may not</u> be promoted beyond the journeyman level or placed in supervisory or managerial positions.

(2) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) If an employee who was retained (grandfathered) under this provision leaves that occupation, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of re-entry to the occupation.

e. **Physical Requirements**. See VA Directive and Handbook 5019.

f. **English Language Proficiency.** A candidate will not be appointed under authority of 38 U.S.C. chapters 73 or 74, to serve in a direct patient-care capacity in VHA who is not proficient in written and spoken English. See chapter 2, section D, paragraph 5a, this part
.

**4. GRADE DETERMINATIONS**. In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.

a. **Health Technician (Telehealth Clinical), GS-5 (Entry Level)**

(1) **Experience or Education.** None beyond the basic requirements.

(2) **Assignment.** This is an entry level Health Technician (Telehealth Clinical) position. It is expected that the Health Technician (Telehealth Clinical) receive guidance from more experienced staff members and require frequent and direct supervision. Assignments associated with this position include, but are not limited to, schedule telehealth appointments using an electronic scheduling system; obtain and document patient history and pertinent clinical information in electronic medical records; prepares the telehealth room where the Health Technician (Telehealth Clinical) readies the equipment for examination, establishes video conferencing connection, makes introductions between patient site and provider site; monitors and maintains electronic schedule of rooms, patients, technologies, and presenters; administers the patient satisfaction survey; cleans and performs minor routine maintenance of assigned telehealth technology.

b. **Health Technician (Telehealth Clinical), GS-6 (Full Performance Level)**

(1) **Experience.** One year of experience equivalent to the next lower grade level

(2) **Demonstrated Knowledge, Skills, and Abilities (KSA).** In addition to the experience above, the candidate must demonstrate all of the following KSAs.

(a) Comprehensive knowledge of computer systems and programs to perform a variety of tasks.

(b) Ability to communicate, consult, and interact with other members of the healthcare team, external relations, customer service and patient education.

(c) Ability to provide and receive guidance and technical direction.

(d) Ability to plan, organize, set priorities, work as a team member, and effectively complete assignments.

(e) Ability to read, interpret, and apply complex written instructions.

(f) Knowledge of general clinical policies and procedures in a healthcare environment.

(g) Skilled in the use of telehealth technologies for the facilitation of telehealth clinical encounters.

(3) **Assignment.** This is considered the full performance level for this assignment. The Health Technician (Telehealth Clinical) performs a full range of duties and is responsible for day-to-day operation of the Connected Care Services. Assignments at this level include, but are not limited to, screening patients for Telehealth modality and referring patients that do not meet established criteria to appropriate care; communicating effectively with administrative and professional staff, and obtaining assistance for issues that may arise or backlogs that cannot be resolved in a timely manner. Responsible for performing imaging duties in accordance with VHA national telehealth guidelines such as: capture and transmission of clinical images and/or data, obtains consent as necessary, generates consults according to established procedures for each telehealth specialty, transmits images or clinical data to the electronic medical record, provides patient education regarding general anatomy, disease processes and prevention as appropriate, and takes appropriate action based on the providers' findings and recommendations. Responsible for facilitation of real-time Telehealth encounters by providing hands on assistance and reporting clinical observations under the direction of a licensed independent Practitioner or clinical specialist; schedules, confirms and coordinates Telehealth services between internal and external VA and non-VA sites; analyzes own work flow to determine potential problem areas and recommends corrective action to improve coordination between various units/facilities; has regular contact with the Facility Telehealth Coordinator to work out process issues, equipment needs, problems, data collection and any other logistical issues; responsible for conducting routine inventories and consistently tracking location/status of Telehealth technology located at assigned site; and communicates with National Telehealth Technology Help Desk to facilitate troubleshooting, repair, and coordination of replacement equipment as necessary.

c. **Health Technician (Telehealth Clinical), GS-7 (Advanced)**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs.

(a) Ability to use independent technical judgment to analyze, evaluate and resolve problems.

(b) Knowledge of quality control and assurance procedures and principles of performance improvement.

(c) Ability to function effectively between competing priorities.

(d) Knowledge of proper maintenance and troubleshooting of telehealth equipment.

(e) Ability to work with a team to provide technical guidance, plan, organize and coordinate activities of a health technician in order to effectively complete job duties of assignment such as distributing workload, monitoring the status and progress of work, monitoring accuracy of work.

(f) Ability to assist in Health Technician (Telehealth Clinical) development, outcome management and strategic planning.

(g) Ability to perform successful knowledge transfer regarding the use of telehealth technologies.

(3) **Assignment.** At the Advanced Health Technician (Telehealth Clinical) level, the incumbent will monitor and capture workload credit, develop reporting procedures and participate in performance improvement activities aimed at improving patient care access and Telehealth processes. This would include; sampling techniques, taking measurements at various points in the telehealth process; and develop and provide reporting procedures that identifies and analyzes inherent weaknesses in work and telehealth procedures. The incumbent will coordinate and work with Biomed and IT staff for the installation and upgrade of hardware and software for all telehealth technologies; will be responsible for advanced telehealth technical support to patients, staff and providers; provides technical consultation and support for staff and patients via phone, web chat, social media and face to face sessions; provides instruction, training and resources on the use of advanced telehealth technologies to patients, staff and providers alike for the delivery of care using telehealth technologies. For all assignments above the full performance level, the higher level duties must consist of significant scope, complexity (difficulty) and range of variety and be performed by the incumbent at least 25% of the time.

d. **Lead Health Technician (Telehealth Clinical), GS-8**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs.

(a) Ability to work with a team to provide technical guidance, plan, organize and coordinate activities of a Health Technician (Telehealth Clinical) in order to effectively complete job duties of assignment such as distributing workload, monitoring the status and progress of work, monitoring accuracy of work.

(b) Skill in leadership and interpersonal relations and conflict resolution to deal with employees, team leaders, providers, and managers.

(c) Ability to communicate effectively in order to meet program objectives. This may include preparing reports in various formats and presenting data to various organizational levels.

(d) Knowledge of quality control and assurance procedures and principles of performance improvement.

(e) Skill in the assessment and resolution of complex workload capture issues using multiple data sources.

(f) Ability to develop and compose complex written instructions.

(g) Knowledge of analytical and evaluative processes to independently resolve complex issues.

(3) **Assignment.** The Lead Health Technician (Telehealth Clinical) provides an array of complex and specialized duties related to leadership, staff education, technology management, as well as project and program management related duties for all dimensions of virtual care and telehealth initiatives. Duties include: serves as an official team lead for telehealth staff; monitors and reports on the status of work to ensure that the supervisor's instructions on work priorities, methods, deadlines and quality have been met; works with the supervisor to develop assignments for team members and distributes workload and tasks among employees in accordance with established workflows and specialized requirements, and provides information to the supervisor regarding all conduct and performance related achievements or concerns. The Lead Telehealth Clinical Technician is responsible for independently reviewing performance metrics to ensure telehealth operations are timely, effective and efficient. This includes the assessment and analysis of the impact, demand and utilization of telehealth services, the coordination of establishing telehealth clinics according to the Decision Support System and VHA guidelines, the monitoring of workload credit for interfacility workload credit and specialized encounters; responsible for the development or revision of diverse and complex standard operating procedures, and assisting stakeholders to develop new telehealth programs based on patient needs; serves in an official capacity as a telehealth preceptor and provides standardized training related to patient care, telehealth technology and quality assurance. This includes the facilitation of interactive simulations and referential documents, the assessment of competency of all clinical staff participating in telehealth programs and maintaining compliance with national VA standards established by the Office of Connected Care regarding training and operations. For all assignments above the full performance level, the higher level duties must consist of significant scope, complexity (difficulty) and range of variety and be performed by the incumbent at least 25% of the time.

e. **Supervisory Health Technician (Telehealth Clinical), GS-9**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to perform the full range of supervisory duties which includes responsibility for assignment of work to be performed, performance evaluations, selection of qualified staff, and recommendations of awards, advancements, and when appropriate disciplinary actions.

(b) Ability to plan, organize, and coordinate clinical workflow and set short and long-term goals for the program.

(c) Ability to work independently, to set priorities, delegate tasks, meet multiple deadlines, analyze organizational problems, and develop and implement effective solutions to optimize quality, efficiency, performance, and productivity within the service.

(d) Ability to develop policy, manage equipment requests, and provide workload analysis.

(e) Knowledge of all Connected Care programs and operations.

(3) **Assignment.** At the supervisory level, in addition to the regular clinical and administrative duties of a Health Technician (Telehealth Clinical), the incumbent performs a full range of supervisory duties to include complex assignments and program management in the direct oversight of a team of Health Technicians (Telehealth Clinical). Supervisory duties will include: interviewing and selecting staff; assigning, amending or rejecting work; ensuring production and accuracy requirements are met; the development of performance plans including recommending performance standards and ratings, and conducting regular performance appraisals of staff. Additionally, the incumbent will respond to questions or matters not covered by standards and problems in meeting performance standards and effect corrective and disciplinary measures to address conduct and performance issues; responsible for the creation and modification of work schedules to meet anticipated and unanticipated changes in the workload and to oversee attendance and review and approve leave requests of direct reports ensuring adequate staff is available to perform all needed telehealth duties; involved in the development of policies and standard operating procedures, analyzing program workload, the acquisition and deployment of telehealth equipment. The incumbent will work independently to set priorities, delegate tasks, meet multiple deadlines, analyze organizational problems, and develop and implement effective solutions to optimize quality, efficiency, performance, and productivity. For all assignments above the full performance level, the higher level duties must consist of significant scope, complexity (difficulty) and range of variety and be performed by the incumbent at least 25% of the time.

## 5. DEVIATIONS

a. The approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee Health Technician (Telehealth Clinical) in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements on the proposed grade.

b. The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office prior to placement in the position.

**Authority: 38 U.S.C. §§ 7402, 7403.]**

# [APPENDIX G51. Genetic Counselor Qualification Standard
# GS-0601
# Veterans Health Administration

**1. COVERAGE.** The following are requirements for appointment as a Genetic Counselor (GC) in the Veterans Health Administration (VHA). These requirements apply to all VHA GCs in the GS-0601 General Health Science series. Genetic Counselors are health professionals with specialized graduate degrees and experience in the areas of medical genetics and counseling.

## 2. DEFINITIONS

a. **Appointing Official.** The Human Resources Management Officer is delegated appointing authority to process and authenticate notifications of personnel actions, and authority to effect management-approved employment actions on behalf of officials, employees and facilities for which service is provided.

b. **Approving Official.** The Veterans Integrated Service Network (VISN) Director, Facility Director, or designee is the approving official and will determine whether to approve or disapprove the appointment of employees in the hybrid occupation**.**

c. **Journey Level.** The full performance level for this qualification standard is at the GS-11 grade level.

d. **Creditable Experience.** To be creditable, experience must have required the use of Knowledge, Skills, and Abilities (KSA) (KSAs) associated with current professional Genetic Counseling practice. The experience must be post-master's degree or above. Experience satisfying this requirement must be active professional practice, which is paid/non-paid employment as a professional Genetic Counselor.

e. **Quality of Experience.** Experience is only creditable if it is obtained following graduation with a master's or higher degree in Genetic Counseling from an accredited training program. Qualifying experience must also be at a level comparable to Genetic Counseling experience at the next lower grade level.

f. **Part-Time Experience.** Part-time experience is creditable according to its relationship to the full-time work week. For example, one week of full-time credit is equivalent to two weeks of part-time work.

## 3. BASIC REQUIREMENTS

a. **Citizenship.** Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part).

1. b. **Education.** Master's degree or higher in genetic counseling from a program in the United States or Canada accredited by the Accreditation Council for Genetic Counseling (ACGC). Coursework typically includes clinical genetics, population genetics, cytogenetics and molecular genetics coupled with psychosocial theory, ethics, and counseling techniques. Clinical rotations in medical genetics centers approved by the ACGC are an integral part of the degree requirements. Individuals who graduated prior to 1993 must have graduated from a program accepted by the American Board of Genetic Counselors as equivalent for certification purposes at that time.
2.
3. c. **Foreign Education.** To be creditable, education completed outside the U.S. must have been submitted to a private organization that specializes in the interpretation of foreign educational credentials and such education must have been deemed at least equivalent to that gained in conventional U.S. programs.
4.
d. **Licensure.** Persons hired or reassigned to Genetic Counselor positions in the GS-0601 series in VHA must hold a full, current, and unrestricted license to independently practice as a Genetic Counselor.

(1) **Exception.** Non-licensed Genetic Counselors who otherwise meet the eligibility requirements may be given a temporary appointment as a graduate Genetic Counselor under the authority of 38 U.S.C. § 7405(c)(2)(B). The appointing official may waive the requirement of licensure for a period not to exceed two years for a Genetic Counselor who provides care under the supervision of a licensed Genetic Counselor at or above the full performance level. This exception only applies at the entry level (GS-9). For grade levels at or above the full performance level, the candidate must be licensed.

(2) **Failure to Obtain License.** Failure to become licensed with a full and unrestricted license within two years from date of appointment will result in removal from the Genetic Counselor, GS-0601 series and may result in termination from the Veterans Health Administration.

(3) **Loss of Licensure.** Once licensed, Genetic Counselors must maintain a full, valid, and unrestricted license to independently practice genetic counseling. Loss of licensure will result in removal from the GS-0601 Genetic Counselor occupation and may result in termination from the Veterans Health Administration.

e. **Board Certification.** Persons hired or reassigned to Genetic Counselor positions in VHA must be board certified in the field of Genetic Counseling by the American Board of Genetic Counseling (ABGC). The board certification must be current and the applicant must abide by the certifying body's requirements for continuing education.

(1) **Exception for Non-Board Certified, Entry Level Candidates.** Non-board certified Genetic Counselors designated by the certifying agency (e.g., American Board of Genetic Counseling) as "board eligible", who otherwise meet the eligibility requirements, may be given a temporary appointment as a graduate Genetic Counselor under the authority of 38 U.S.C. § 7405(c)(2)(B). The appointing official may waive the requirement of certification for a period not to exceed two years for a Genetic Counselor who provides care under the supervision of a board certified Genetic Counselor at or above the full performance level. This exception only applies at the GS-9 grade/entry level. For grade levels at or

above the full performance level, the candidate must be board certified. Temporary appointments of non-board certified Genetic Counselor may not be extended beyond two years, or converted to a new temporary appointment.

(2) **Failure to Obtain Board Certification.** In all cases, uncertified Genetic Counselors must actively pursue obtaining board certification from the date of their appointment. At the time of appointment, the supervisor will provide the uncertified Genetic Counselor written notification of the requirement to become certified, including the date by which board certification must be obtained and the consequences for not becoming board certified by the deadline. Failure to obtain board certification by the prescribed date will result in removal from the GS-0601 Genetic Counselor series and will result in termination of employment.

(3) **Loss of Board Certification.** Once board certified, Genetic Counselors must maintain a full, valid and unrestricted board certification to remain qualified for employment. Loss of board certification will result in removal from the GS-0601 Genetic Counselor series and will result in termination of employment and may result in termination of employment.

f. **Grandfathering Provision.** All persons employed in VHA as a Genetic Counselor on the effective date of this qualification standard are considered to have met all qualifications requirements for the title, series and grade held, including education, licensure and certification that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, all of the following apply:

(1) Such employees may be reassigned, promoted up to and including the full performance (journeyman) level, or changed to lower grade within the occupation, but may not be promoted beyond the journeyman level or placed in supervisory or managerial positions.

(2) Genetic Counselors who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) Employees initially grandfathered into this occupation, who subsequently obtain additional education, licensure and/or certification that meet all the basic requirements of the qualification standard must maintain the required credentials as a condition of employment in the occupation.

(4) Genetic Counselors who are converted to title 38 hybrid status under this provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry as a Genetic Counselor.

g. **Physical Requirements**. See VA Directive and Handbook 5019.

h. **English Language Proficiency.** Genetic Counselors must be proficient in spoken and written English in accordance with chapter 2, section D, paragraph 5a, this part.

## 3. GRADE REQUIREMENTS

a. **Creditable Experience.**

(1) **Knowledge of Current Genetic Counseling Practices**. To be creditable, the experience must have required the use of Knowledge, Skills, and Abilities (KSAs) associated with current professional Genetic Counseling practice. The experience must be post-master's degree or above. Experience satisfying this requirement must be active professional practice, which is paid/non-paid employment as a professional Genetic Counselor.

(2) **Quality of Experience.** Experience is only creditable if it is obtained following graduation with a master's or higher degree in Genetic Counseling from an accredited training program. Qualifying experience must also be at a level comparable to Genetic Counseling experience at the next lower grade level. For all assignments above the full performance level, the higher level duties must consist of significantly larger scope, administrative independence, complexity (difficulty), and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

(3) **Part-time Experience.** Part-time experience as a Genetic Counselor is credited according to its relationship to the full-time workweek. For example, a Genetic Counselor would receive one week of full-time credit for each two weeks of half-time work.

b. **Grade Determinations**. In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.

(1) **Genetic Counselor, GS-9 grade (Entry Level)**

(a) **Experience, Education, and Licensure.** The entry level is used for Genetic Counselors who are recent graduates, not yet licensed and/or certified at the independent practice level or Genetic Counselors with less than one year of post-master's degree experience.

(b) **Assignments.** Individuals assigned as GS-9 grade level Genetic Counselors are considered to be at the entry level and are closely supervised, including co-signatures where required, as they are not functioning at the full performance level. Under supervision, Genetic Counselors at this level provide genetic counseling services.

(c) **Demonstrated Knowledge, Skills, and Abilities (KSA).** None other than basic requirements.

(2) **Genetic Counselor, GS-11 (Full Performance Level)**

(a) **Experience, Education, and Licensure.** In addition to the basic requirements, candidates must have at least one year of post-master's degree genetic counseling experience;

**OR**

In addition to the basic requirements, a doctoral degree in clinical genetic counseling or a related field may be substituted for the required one year of professional genetic counseling experience.

(b) **Assignments.** This is the full performance level for Genetic Counselors. At this level they are licensed to independently practice and provide genetic counseling services.

(c) **Demonstrated Knowledge, Skills, and Abilities (KSA).** In addition to meeting the entry level criteria candidate must demonstrate all of the KSAs below:

1. Oral and written communication skills to communicate the needs of different audiences (i.e., patients, referring providers, colleagues).

2. Ability to synthesize personal and family history, test results, and other pertinent information to determine the risk of conditions with a genetic component and make appropriate recommendations, including genetic testing, prevention, and screening options.

3. Ability to efficiently use primary resources (i.e., guidelines, webinars, journal articles) and secondary resources (i.e., GeneReviews) to identify, evaluate, and synthesize relevant scientific literature.

4. Ability to evaluate genetic test selection and methodology available at different laboratories, including the analytic validity, clinical validity, and clinical utility of a genetic test, and order germline genetic test.

5. Ability to select the best test strategies while balancing the various needs of stakeholders (i.e., VA pathology departments, the patient, the referring providers).

6. Knowledge of various federal and state regulations (i.e., documentation of informed consent) related to provision of care.

(3) **Genetic Counselor, GS-12 (Advanced Clinical Level)**

(a) **Experience, Education, and Licensure.** In addition to the basic requirements, candidates must have at least one year of progressively complex experience equivalent to the next lower grade level. Experience must have included a wide range of genetic counseling activities of advanced scope and complexity. Experience must demonstrate possession of advanced practice skills and judgment, demonstrating progressively more professional competency.

(b) **Assignments.** This is the advanced performance level for Genetic Counselors. Genetic Counselors at the advanced level may be responsible for specific clinical programs such as educational programming, clinical program evaluation and/or research activities. Genetic Counselors at this level demonstrate advanced knowledge of genetic conditions with specific expertise in targeted conditions. In addition, they can provide mentorship and education to students and newly hired genetic counselors.

(c) **Demonstrated Knowledge, Skills, and Abilities (KSA).** In addition to meeting the KSAs for the GS-11 level, the candidate must demonstrate all of the KSAs below:

1. Ability to organize, synthesize and select relevant clinical and programmatic information and effectively manage and organize time/priorities.

2. Advanced knowledge of genetic conditions, with specific expertise in targeted conditions.

3. Knowledge of, and ability to integrate, general learning/teaching principles.

4. Knowledge of national genetic counseling services, and most current methods and practices, as well as services available in VA, including program infrastructure and operations.

5. Ability to identify target audiences within and outside the VA for whom genetics educational material would be relevant.

6. Knowledge of educational resources available for genetic counselors as well as other medical specialties, as appropriate.

7. Ability to mentor/train genetic counseling students as well as newly hired genetic counselors.

(4) **Genetic Counselor, GS-13 (Manager/Supervisor)**

(a) **Experience, Education and Licensure.** In addition to the basic requirements, candidates must have at least one year of progressively complex experience equivalent to the next lower grade level. The experience must demonstrate possession of advanced practice skills and judgment, demonstrating progressively more professional competency. Candidates must also demonstrate possession of management/supervisory skills.

(b) **Assignments.** Genetic Counselor Supervisors manage the daily operations, develop and implement program policies and procedures, and/or serve as Chief or Principal Counselor to a number of Genetic Counselors. They have responsibility for staffing, work assignments, budget, ensuring availability and timeliness of clinical services to be provided, day-to-day program operation, and all reporting requirements. They monitor outcomes and prepare reports and statistics for national leadership. They have delegated authority to develop and implement work plans. They may serve as consultants to other management officials at the national level.

(c) **Demonstrated Knowledge, Skills, and Abilities (KSA).** In addition to meeting the KSAs for GS-12 grade level, the candidate must demonstrate all of the KSAs below:

1. Advanced knowledge of genetic practice guidelines and evidence-based practices and the ability to use these resources to make judgments and decisions associated with program management to guide program staff.

2. Ability to develop productivity standards for provision of services.

3. Knowledge and skill in management/administration which includes supervision, collaboration, and monitoring.

4. Ability to conduct outreach to create and foster collaborative relationships.

5. Strong public speaking and presentation skills.

(5) **Genetic Counselor, GS-14 (Program Leadership Assignments) (VISN/National)**

(a) **Experience, Education and Licensure.** In addition to the basic requirements, candidates must have at least one year of progressively complex experience equivalent to the next lower grade level. They must demonstrate possession of advanced practice skills in administration, with progressively more professional competency skills and judgment.

(b) **Assignments.** In addition to supporting Genetic Counselor Managers with daily operations, they oversee internal human and financial resources. They are responsible for oversight of administrative and programmatic resources across multiple facilities or at a national level. They may direct genetic counseling or organizational development at the national level. Their decisions may affect staff and other resources associated with the programs managed and are made while exercising wide latitude and independent judgment. They monitor outcomes and have delegated authority to determine long range work plans and assure that implementation of the goals and objectives are achieved. They may serve as consultants to other management officials at the national level.

(c) **Demonstrated Knowledge, Skills, and Abilities (KSA).** In addition to meeting the KSAs for GS-13 grade level, the candidate must demonstrate all of the KSAs below:

1. Demonstrated global knowledge of genetic counseling practice to develop, maintain and oversee programs.

2. Advanced knowledge and skill in management/administration of a wide range of programs, which involves the operation and management of key clinical, training, or administrative programs at complex facilities and/or across multiple sites, and includes consultation, negotiation, and monitoring.

3. Ability to provide consultation on policy implementation, qualification standards, counseling practice, and competency that are consistent with organizational goals and objectives.

4. Ability to influence high level officials in adoption of, and conformance to, performance measures, monitors, and other policy guidelines.

## 4. DEVIATIONS

a. The approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for Genetic Counselor in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements on the proposed grade.

b. Under no circumstances will the certification, educational or licensure requirements be waived.

c. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. §§ 7402, 7403]**

# [APPENDIX G52. HEALTH TECHNICIAN (OPHTHALMOLOGY) QUALIFICATION STANDARD GS-0640 Veterans Health Administration

**1. COVERAGE.** The following are requirements for appointment as a Health Technician (Ophthalmology) in the Veterans Health Administration (VHA). These requirements apply to all VHA Health Technicians (Ophthalmology) in the General Schedule (GS)-0640 series.

**2. BASIC REQUIREMENTS**

a. **Citizenship.** Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified candidates in accordance with chapter 3, section A, paragraph 3g, this part.)

b**. Experience and Education**

(1) **Experience.** One year of experience in a health care field, such as but not limited to nursing, medical assistant, or health technician.

**OR**

(2) **Education.** Two years above high school with a minimum of six semester hours directly related to a health care field or associate's degree in a health care related degree.

**OR**

(3) **Experience/Education Combination.** Equivalent combinations of experience and education are qualifying. Examples are listed below:

(a) Six months of experience in the health care field; and one year above high school; or

(b) Six months of experience in the health care field and successful completion of a course for health care technicians, hospital corpsmen, medical service specialists, or ophthalmology technicians given by the U.S. Armed Forces; or

(c) Six months of experience in the health care field and completion of an independent study course in Ophthalmic Medical Assisting.

c. **Certification.** All applicants must be certified as a Certified Ophthalmic Assistant (COA) with the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO). The COA certification is JCAHPO's entry-level certification examination for a Health Technician (Ophthalmology).

(1) **Exception.** Non-certified applicants who otherwise meet the minimum qualification requirements may be appointed as a graduate Health Technician (Ophthalmology) under the authority of 38 U.S.C. 7405(c)(2)(B). The appointing official may waive the requirement of certification for a period not to exceed two years for a Health Technician (Ophthalmology) that provides care under the

supervision of an Ophthalmologist. The exception only applies below the full performance level. For grade levels at or above the full performance level the candidate must be certified. Failure to obtain COA certification during that period is justification for termination of the temporary appointment and may result in termination of employment.

(2) **Failure to Obtain Certification.** In all cases, the Health Technician (Ophthalmology) must actively pursue meeting certification requirements starting from the date of appointment. At the time of appointment, the supervisor will provide the uncertified Health Technician (Ophthalmology) with the written requirement to obtain certification, the date by which the certification must be acquired, and the consequences for not becoming certified by the deadline. Failure to become certified within two years from date of appointment will result in removal from the Health Technician (Ophthalmology), GS-0640 series and may result in termination of employment.

(3) **Loss of Credentials.** A Health Technician (Ophthalmology) who fails to maintain the required certification must be removed from the occupation, which may also result in termination of employment.

d. **Grandfathering Provision.** All persons employed in VHA as a Health Technician (Ophthalmology) on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including certification requirements. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Such employees may be reassigned, promoted up to and including the full performance (journeyman) level, or changed to lower grade within the occupation, but may not be promoted beyond the journey level or placed in supervisory or managerial positions.

(2) Health Technicians (Ophthalmology) who were appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or certification that meet all the basic requirements of the qualification standard must maintain the required credentials as a condition of employment in the occupation.

(4) Health Technicians (Ophthalmology) who are converted to title 38 hybrid status under this provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

e. **Foreign Education.** To be creditable, education completed outside the U.S. must have been submitted to a private organization that specializes in the interpretation of foreign educational credentials and such education must have been deemed at least equivalent to that gained in conventional U.S. programs.

f. **Physical Requirements.** See VA Directive and Handbook 5019.

g. **English Language Proficiency.** Health Technicians (Ophthalmology) must be proficient in spoken and written English as required by 38 U.S.C. 7402(d) and 38 U.S.C. 7407(d).

## 3. GRADE REQUIREMENTS

a. **Creditable Experience**

(1) **Knowledge of Current Health Technician (Ophthalmology) Practice.** To be creditable, the experience must have demonstrated the knowledge, skills, and abilities associated with a health care field or knowledge, skills, and abilities related to the current occupation. Experience satisfying this requirement may be paid or non-paid employment in the health care field.

(2) **Quality of Experience.** Qualifying experience must be at a level comparable to Health Technician (Ophthalmology) experience at the next lower grade level of the position being filled. For all assignments above the full performance level, the higher level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

(3) **Part-time Experience**. Part time experience as a Health Technician (Ophthalmology) is creditable according to its relationship to the full time work week. For example, a Health Technician (Ophthalmology) employed 20 hours per week, or on a ½ time basis, would receive one full-time work week credit for each two weeks of service.

b. **Grade Determinations.** In addition to the basic requirements for employment in section A, the following criteria must be met when determining the grade of candidates.

(1) **Health Technician (Ophthalmology), GS-5 (Entry Level)**

(a) **Experience or Education.** None beyond the basic requirements.

(b) **Assignment**. Employees at this grade level serve in a Health Technician (Ophthalmology) entry level position and are trainee in nature. The entry level performs limited routine assignments under daily direct supervision. Deviations from unanticipated problems and unfamiliar situations are referred to the supervisor for a decision or help. Obtains and records vital signs including blood pressure, pulse, and glucose levels. Participates in performance of quality assurance activities such as staff meetings, mandatory educational in-services, quality control reports, systems redesign, and team and morale improvement.

(2) **Health Technician (Ophthalmology), GS-6 (Developmental Level 1)**

(a) **Experience.** One year of experience equivalent to the GS-5 grade level.

(b) **Assignment.** The Health Technician (Ophthalmology) at this level operates and monitors commonly used equipment performing basic screening procedures. Assists ophthalmology staff by obtaining an accurate medical and ophthalmic history, measuring and recording visual acuity, administering anesthetic eye drops, performing basic tonometry, estimating the anterior chamber depth

and recording a simple spectacle reading through automated lensometry. Deviations from regular procedures, unanticipated problems, complex patients and unfamiliar situations are referred to the supervisor for a decision or assistance. Some assignments at this level also include developmental duties involving more complex procedures performed under supervision.

(c) **Demonstrated Knowledge, Skills, and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Knowledge of general outpatient clinical policies and procedures in a healthcare environment;

2. Ability to obtain, document and record demographic and medical information from patients in order to develop an accurate medical record;

3. Ability to use basic ophthalmic equipment; and

4. Knowledge of basic disinfection of non-critical reusable medical equipment.

(3) **Health Technician (Ophthalmology), GS-7 (Developmental Level 2)**

(a) **Experience.** One year of experience equivalent to the GS-6 grade level.

(b) **Assignment.** At this level, the Health Technician (Ophthalmology) performs the following: triages patient phone calls or requests; ensures exam rooms are stocked with adequate supplies; instructs patients on administration of eye drops and post-operative instructions; accurately measures, compares, and evaluates pupillary responses; administers eye drops to dilate pupils; performs basic color vision screening; performs visual field testing (using Amsler grid or automated equipment). Performs basic imaging testing such as corneal topography; external photography; performs basic ocular testing such as pachymetry, tear production with test strips, glare testing, stereo acuity, contrast sensitivity, potential acuity meter, measuring spectacles using both automated and manual lensometry and transposing cylinders. The employee assists the ophthalmologist during minor ophthalmic surgical procedures and is adept at applying sterile technique and infection control procedures. Performs autorefractor to determine spectacle prescription.

(c) **Demonstrated Knowledge, Skills, and Abilities (KSA).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Knowledge of anatomy and function of the eye and basic ocular pharmacology;

2. Knowledge of outpatient eye care policies and procedures in a health care environment;

3. Ability to use basic ophthalmic diagnostic equipment to perform preliminary ocular testing;

4. Ability to perform minor extraocular surgical assisting; and

5. Ability to provide eye care patient education.

(4) **Health Technician (Ophthalmology), GS-8 (Full Performance Level)**

(a) **Experience.** One year of experience equivalent to the GS-7 grade level.

(b) **Assignment.** This is considered to be the full performance level for this assignment. The Health Technician (Ophthalmology) at this level performs a range of standard, but complex, diagnostic procedures with responsibility for checking calibration of instruments prior to the procedure. Responsible for obtaining patient physical history, to include chief complaint; reason for visit; pertinent signs/symptoms; past history both ocular and general; family history both ocular and general; social history; and review of medications and allergies, including current ocular prescription and non-prescription medications. Accurately tests visual acuity at distance and near, with and without correction or with and without a pinhole. Measures eyeglass prescription using manual or automated lensometer, recording sphere, cylinder, axis, and prism in both plus and minus cylinder. Performs pupil evaluation recording pupil size, shape, symmetry, reaction to light and accommodation, and any abnormalities, including relative afferent pupillary defect. Performs basic refractometry utilizing an auto refraction or habitual glass prescription in the phoropter. Instills eye medications (i.e., drops or ointments, including anesthetic, dye, dilation, cycloplegic, or antibiotics. Responsible for measuring intraocular pressure of the eye utilizing techniques, including Goldmann applanation tonometry. Performs pachymetry to determine corneal thickness and manual keratometry or automated topography to determine corneal curvature. Performs intra-ocular lens calculations using the IOL Master. Performs automated visual field testing using various perimetry machines. Performance of external photographs and fundus photography. Performs optical coherence tomography (OCT) of the anterior segment, retina and optic nerve. Performs patient screening and triage emergencies identifying ocular emergencies. Performs patient screening and telephone triage for immediate care. Assists during clinic-based ophthalmic surgery, including revision of wounds, biopsies of the eyelid lesions, cultures of conjunctiva, or cornea; reformation of anterior chamber, evacuation of hyphema, repositioning of corneal endothelial grafts, intra-vitreous injections, and laser surgical procedures. Educates patients and legal authorized representatives in eye care, including preoperative and postoperative instructions. Assists in the education and training of medical students, residents and fellows in those facilities with medical school affiliations. Ensures proper cleaning and disinfection; calibration, maintenance, backup, annual inventory and ordering of instruments, supplies and equipment; obtains quotes as needed; and reports needed repairs to biomedical engineering.

(c) **Demonstrated Knowledge, Skills, and Abilities (KSA).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Ability to perform advanced tonometry and pupil evaluation;

2. Ability to perform calculations for selection of intraocular lens;

3. Knowledge of clinic based ophthalmic surgical assisting;

4. Knowledge of eye anatomy and physiology;

5. Knowledge of medication effects and proper instillation in the eye;

6. Knowledge of optics; and

7. Knowledge of proper cleaning and maintenance of clinic equipment.

(5) **Health Technician (Ophthalmology), GS-9 (Advanced Level)**

(a) **Experience.** One year of experience equivalent to the GS-8 grade level.

(b) **Assignment.** For all assignments above the full performance level, the higher level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. At the advanced level, the Health Technician (Ophthalmology) performs difficult ophthalmic technical duties with considerable latitude for the exercise of independent judgment. Duties include but are not limited to: refractometry utilizing retinoscopy to determine spectacle prescription; kinetic visual field testing (Goldmann); intraocular pressure measurements by applanation tonometry and other current methods; pupil evaluation recording pupil size, shape, symmetry, reaction to light and accommodation, and any abnormalities, including relative afferent pupillary defect; and basic slit lamp biomicroscopy evaluation to check for abnormalities prior to dilation (i.e.: anterior chamber depth/iris anomalies). The technician may perform advanced color vision testing of the entire visual spectrum to detect complex color vision defects such as monochromats, dichromats and anomalous trichromats. Measures eyeglass prescriptions using manual lensometer, recording sphere, cylinder, axis and prism in both plus and minus cylinder. Performs A-scan ultrasonography, including intra-ocular lens calculations, using immersion A-scan on eyes with complex pathology such as corneal scarring, irregular and/or high astigmatism, zonular weakness, high refractive error that requires multiple alternative calculating formulas. Performs B-scan ultrasonography to identify intraocular masses or abnormalities. Determines the corneal curvature by either manual keratometry or automated topography. Performs fluorescein or indocyanine green (icg) angiography, with diagnostic photography of retinal vessels. Performs slit lamp photography. May perform anterior segment OCT, confocal microscopy, electroretinography, electrooculography, and visual evoked potential. Assists in minor clinical surgical procedures, including laser surgery and intravitreal injections. Scrub technician assists in main OR surgical procedures, set up of sterile fields, operation and maintenance of phacoemulsification and vitrectomy units, cryosurgery, endolaser units, all of which require a thorough understanding of complex instrumentation and the ability to troubleshoot problems quickly and efficiently during surgical procedures and care of instruments. Assists with the microbiology testing of patients with sight-threatening ocular infections, preparing instrumentation and media for intraocular biopsy and/or culture. Performs thorough preparatory cleaning of critical reusable medical equipment in the operating room. Responsible for training other health technicians (ophthalmology).

(c) **Demonstrated Knowledge, Skills, and Abilities (KSA).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Knowledge of advanced clinical optics, advanced ocular motility, advanced diagnostic testing, and microbiology testing;

2. Knowledge of ophthalmic surgical instruments;

3. Knowledge of appropriate preparatory cleaning of reusable medical equipment; and

4. Ability to assist in ophthalmic surgical procedures performed in the main operation room.

(6) **Lead Health Technician (Ophthalmology), GS-9**

(a) **Experience.** One year of experience equivalent to the GS-8 grade level.

(b) **Assignment.** For all assignments above the full performance level, the higher level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. The Lead Health Technician (Ophthalmology) carries additional responsibilities that involve the oversight of specific services within the ophthalmology clinic. The Lead Health Technician (Ophthalmology) may assist with technician oversight duties including: making work assignments, monitoring work flow, providing input on performance, resolving daily workplace issues, and maintaining efficient flow of patient care. They may provide training to eye care staff, students and/or trainees; and may provide input into special advancements, promotions, and disciplinary actions.

(c) **Demonstrated Knowledge, Skills, and Abilities (KSA).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Ability to work with a team to provide technical guidance, plan, organize, and coordinate activities of a Health Technician (Ophthalmology) in order to effectively complete job duties of assignment such as distributing workload, monitoring the status and progress of work, monitoring accuracy of work, etc.;

2. Ability to communicate effectively in order to meet program objectives. This may include preparing reports in various formats and presenting data to various organizational levels;

3. Ability to assist in Health Technician (Ophthalmology) development, outcome management, and strategic planning; and

4. Ability to act as liaison between Health Technicians (Ophthalmology) to resolve informal employee complaints and concerns.

(7) **Supervisory Health Technician (Ophthalmology), GS-9**

(a) **Experience.** One year of experience equivalent to the GS-8 grade level.

(b) **Assignment.** For all assignments above the full performance level, the higher level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. Supervisory Health Technicians (Ophthalmology) at the GS-9 grade level generally are found in Complexity Level 2 (Medium Complexity) or Complexity Level 3 (Low Complexity) facilities. Supervisors may perform other complex ancillary assignments and program management duties such as overseeing the integration between ophthalmic medical devices and the electronic medical record system, serving as the point of contact and lead for the Eye Care electronic health record and serving as the liaison between other departments and services. The supervisory Health Technician

(Ophthalmology) is responsible for the supervision, administrative management, and direction of Health Technician (Ophthalmology) auxiliary staff. May be delegated full administrative and professional responsibility for planning and directing the Health Technician (Ophthalmology) staff activities for the service or equivalent unit at an independent outpatient clinic. Has full supervisory responsibility over a section or equivalent work unit. Typical duties include preparing work assignments, monitoring clinical performances of Health Technician (Ophthalmology) staff, conducting performance appraisals, and other clinical and administrative responsibilities to ensure that the mission of the service and the medical center has been satisfied. The supervisor assures compliance with accrediting agency and regulatory requirements, establishes and monitors the quality of the pre-analytical processes as part of the overall Health Technician (Ophthalmology) service quality management program, and assures corrective action is initiated as needed. Assures orientation and competency assessment of assigned staff, and supervises interactions of Health Technicians (Ophthalmology) with affiliate ophthalmology residents. Develops policies and procedures, manages document control, develops performance standards, position descriptions and functional statements, and is responsible for professional and administrative management of an assigned area to include budget execution. Maintains interdepartmental relations with other services to accomplish medical center goals. May have overall responsibility for planning, assessing, and evaluating programs to ensure proper coordination between care delivered by the program and overall delivery of healthcare within the facility, or coordination of non-VA care as appropriate.

(c) **Demonstrated Knowledge, Skills, and Abilities (KSA).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Demonstrated leadership and managerial skills, and skills in interpersonal relations and conflict resolution to deal with employees, team leaders, providers, and managers;

2. Ability to perform the full range of supervisory duties, which includes responsibility for assignment of work to be performed; performance evaluations; selection of qualified staff; and recommendation of awards, advancements, and, when appropriate, disciplinary actions; and

3. Ability to plan, organize, coordinate clinical work flow, set short and/or long term goals for the section, and conduct studies on technical and administrative problems, including personnel shortages, organizational structure, and new technology.

(8) **Supervisory Health Technician (Ophthalmology), GS-10**

(a) **Experience.** One year of experience equivalent to the next lower grade level.

(b) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Supervisory Health Technicians (Ophthalmology) at the GS-10 grade level generally are found in Complexity Level 1 (High Complexity) facilities, or in facilities of lesser complexity levels where large ophthalmology services are found. Supervisors may perform other complex assignments and program management duties such as overseeing the integration between ophthalmic medical devices and the electronic medical record system. The Supervisory Health Technician (Ophthalmology) is responsible for the supervision, administrative management, direction of

ophthalmology staff, and supervises interactions of Health Technicians (Ophthalmology) with affiliate ophthalmology residents. May be delegated full administrative and professional responsibility for planning and directing the ophthalmology staff activities for the service or equivalent unit at an independent outpatient clinic. Has full supervisory responsibility over a section or equivalent work unit. Typical duties include preparing work assignments, monitoring clinical performances of ophthalmology staff, volunteers, and/or students, conducting performance appraisals, and other clinical and administrative responsibilities to ensure that the mission of the service and the medical center has been satisfied. Assures compliance with accrediting agency and regulatory requirements, and the quality management program, assuring corrective action is initiated as needed. Assures orientation and competency assessment of assigned staff. Develops policies and procedures; manages document control; develops performance standards, position descriptions and functional statements; and is responsible for professional and administrative management of an assigned area to include budget execution. Maintains interdepartmental relations with other services to accomplish medical center goals. May have overall responsibility for planning, assessing, and evaluating programs to ensure proper coordination between care delivered by the program and overall delivery of healthcare within the facility, or coordination of non-VA care as appropriate.

(c) **Demonstrated Knowledge, Skills, and Abilities (KSA).** In addition to meeting the all KSAs for the GS-10 grade level, the candidate must demonstrate the potential to acquire the assignment-specific KSA designated by an asterisk (*).

1. Ability to work independently to set priorities, delegate tasks, meet multiple deadlines, analyze organizational problems, and develop and implement effective solutions to optimize quality, efficiency, performance, and productivity within the service;

2. Ability to develop policy, manage equipment requests, and provide workload analysis in Ophthalmology Service;

3. Demonstrated leadership and managerial skills including skill in interpersonal relations and conflict resolution to deal with employees, team members, managers and other departments; and

*4. Ability to perform the full range of supervisory duties which includes responsibility for assignment of work to be performed; competency assessments; performance evaluations; selection of staff; and recommendation of awards, advancements, and when appropriate, disciplinary actions.

(9) **Health Technician Program Coordinator (Ophthalmology), GS-11**

(a) **Experience.** One year of experience equivalent to the GS-10 grade level.

(b) **Assignment.** For all assignments above the full performance level, the higher level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. The Program Coordinator is generally found in Complexity Level 1 (High Complexity) facilities, or in facilities of lesser complexity levels where large ophthalmology services are found. Has full responsibility for managing the day to day activities of the clinic and may supervise all phases of a

facility specialty program. These duties include but are not limited to promoting health education for patients and staff; patient care coordination; referral and consults, oversight of surgery scheduling and coordination; preceptor and mentorship of personnel; quality improvement activities; patient advocate; polytrauma liaison for all ophthalmology issues, and participation in and coordination of approved research projects. Responsible for the overall technical and administrative oversight for operations within their program area to include coordination with multidisciplinary team members, as well as liaison with other sections that support ophthalmology care, such as Nursing Service, Telephone Care, Sterile Processing Service, Pharmacy, and Infection Control. Typically these duties include assigning and evaluating the work of subordinate staff; resolving problems which may interfere with patient examination or treatment; providing Health Technician (Ophthalmology) services in more complex and non-standard cases; evaluating new products and equipment and making recommendations concerning developments which would improve operations; participating as an instructor in the facility's clinical training program; making final decisions on selections based on recommendations from subordinate supervisors or leads. At this level, assignments include intrafacility, interfacility and interagency coordination of care, triage and coordination of urgent ophthalmic patients, program evaluation and analysis, budgetary issues and planning. Assures orientation and competency assessment of assigned staff and maintains interdepartmental relations with other services to accomplish medical center goals. Plans and develops policies, procedures and goals, interprets, implements and educates staff on applicable VHA directives, handbooks, or other policies. Has overall responsibility for planning, assessing, and evaluating programs to ensure proper coordination between care delivered by the program and overall delivery of healthcare within the facility, or coordination of non-VA care as appropriate.

(c) **Demonstrated Knowledge, Skills, and Abilities (KSA).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Ability to perform the full range of supervisory duties, which includes responsibility for assignment of work to be performed; competency assessments; performance evaluations; selection of staff; and recommendation of awards, advancements, and when appropriate, disciplinary actions;

2. Ability to analyze clinically appropriate data and make recommendations to optimize quality, efficiency, performance, and productivity within service;

3. Advanced understanding of interdisciplinary issues and VA organizational structure to serve as liaison between eye care and other programs that would affect coordination of care, healthcare access, program evaluation, assessment and planning for future needs; and

4. Demonstrated leadership and managerial skills in interpersonal relations and conflict resolution to deal with employees, team leaders, providers and managers.

## 4. DEVIATIONS

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for Health Technicians (Ophthalmology) in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the requirement for certification at the full performance level or above be waived.

c. The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. § 7304; 38 U.S.C. § 7402.**

# [APPENDIX G53. ACUPUNCTURIST QUALIFCATION STANDARD
# GS-0601
# Veterans Health Administration

**1. COVERAGE.** The following are requirements for appointment as an Acupuncturist in the Veterans Health Administration (VHA). These requirements apply to all VHA Acupuncturists in the general schedule (GS) 0601 series. Acupuncture is a modality used to treat a wide range of conditions, used alone or as an adjunct to other treatment modalities. Acupuncture is the stimulation of specific points along the skin of the body using thin needles. It can be associated with the application of heat, pressure, or laser light to these points.

## 2. DEFINITIONS

a. **Appointing Official.** The Human Resources Management Officer is delegated appointing authority, to process and authenticate notifications of personnel actions, and authority to effect management-approved employment actions on behalf of officials, employees and facilities for which service is provided.

b. **Approving Official.** The Veterans Integrated Service Network (VISN) Director, Facility Director, or designee is the approving official and will determine whether to approve or disapprove the appointment of employees in the hybrid occupations**.**

c. **Journey Level.** The full performance level for this qualification standard is GS-11.

d. **Creditable Experience.** To be creditable, the experience must have required the use of Knowledge, Skills, and Abilities (KSA), (KSAs) associated with acupuncture. The experience must be post-master's degree or higher.

e. **Part-Time Experience.** Part-time experience as a professional acupuncturist is creditable according to its relationship to the full-time work week. For example, an acupuncturist employed 20 hours per week, or on a half time basis, would receive 1 full-time workweek of credit for each 2 weeks of service.

f. **Master's level program**. Degree-granting authority is authorized by relevant state regulatory authorities. The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), the accrediting agency recognized by the U.S. Department of Education for accreditation is aware that some states may not presently authorize the awarding of a professional master's degree in acupuncture or Oriental medicine. In addition, certain states have different levels of degree-granting authority and institutional operation. Because state degree-granting authority is not under the Commission's control, the Commission deliberately does not base its scope upon the awarding of such a degree but rather upon the education and training at that "level" of instruction. An institution that offers a coherent professional program at the master's

degree level is eligible to seek accreditation whether or not it is located in a state that permits the institution to grant a professional master's degree.

**3. BASIC REQUIREMENTS**

a. **Citizenship.** Citizen of the United States. After a determination is made that it is not possible to recruit qualified citizens, necessary personnel may be appointed on a temporary basis under authority of 38 U.S.C. 7405 without regard to the citizenship requirements of 38 U.S.C. 7402 or any other law prohibiting the employment of or payment of compensation to a person who is not a citizen of the United States. Candidates must meet all other requirements for the grade and position concerned.

b. **Education.** Individual must meet one of the requirements below:

(1) Master's degree in acupuncture or oriental medicine from a program accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).

**OR**

(2) Advanced level degree in acupuncture or oriental medicine from a program accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).

c**. Foreign Graduates.** Graduates of foreign acupuncture programs meet the requirements in subparagraph 3b if they have a full unrestricted and current license to practice acupuncture in a State, Territory or Commonwealth of the United States, or in the District of Columbia.

d**. Certification.** Acupuncturists hired in the VHA must be board certified through the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). The board certification must be current and the acupuncturist must abide by the certifying body's requirements for continuing education.

e. **Loss of Certification.** An acupuncturist who fails to maintain the required certificate must be removed from the occupation, which may result in termination of employment. At the discretion of the appointing official, an employee may be reassigned to another occupation if qualified and if a placement opportunity exists.

f. **Licensure**. Current, full, active, and unrestricted license to practice acupuncture in a State, Territory or Commonwealth (i.e. Puerto Rico) of the United States, or District of Columbia.

g**. Loss of licensure**. An acupuncturist who fails to maintain the required license must be removed from the occupation, which may result in termination of employment. At the discretion of the appointing official, an employee may be reassigned to another occupation if qualified and if a placement opportunity exists.

h. **Grandfathering Provision**. All persons employed in VHA in this occupational series or in another occupational series that are performing the duties as described in this qualification standard on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education and certification that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following apply:

(1) Such employees may be reassigned, promoted up to and including the full performance (journeyman) level, or changed to lower grade within the occupation, but may not be promoted beyond the journeyman level or placed in supervisory or managerial positions.

(2) Acupuncturists who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) Acupuncturists who are converted to title 38 hybrid status under this provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry as an acupuncturist.

i. **Physical Requirements.** See VA Directive and Handbook 5019.

j. **English Language Proficiency.** Candidates will not be appointed under authority of 38 U.S.C. chapters 73 or 74, to serve in a direct patient-care capacity in VHA who are not proficient in written and spoken English. See Chapter 2, section D, paragraph 5a, this part.

**4. GRADE REQUIREMENTS**

a. **Creditable Experience**

(1) **Knowledge of Acupuncture Practices**. To be creditable, the experience must demonstrate possession of Knowledge, Skills, and Abilities (KSA) associated with current professional acupuncture practice. The experience must be post-master's degree or above.

(2) **Quality of Experience.** Experience is only creditable if it is obtained following graduation with a certificate, masters or doctoral degree in Acupuncture or Oriental Medicine from an accredited training program. Creditable experience must include work as a professional licensed acupuncturist. Qualifying experience must also be at a level comparable to acupuncture experience at the next lower grade level. For all assignments above the full performance level, the higher level duties must consist of significantly larger scope, administrative independence, difficulty and range of variety and described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

b. **Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates:

(1) **Acupuncturist, GS-9 (Entry Level)**

(a) **Experience.** None beyond the basic requirements.

(b) **Assignments.** Individuals at this grade level are considered to be entry level and are closely supervised. The employee works under the direction of a journey level or higher acupuncturist or other health care providers licensed to perform acupuncture. The acupuncturist provides professional services in accordance with the established treatment plan. Deviations from regular procedures, unanticipated problems, and unfamiliar situations are referred to more experienced staff for a decision or assistance.

(2) **Acupuncturist, GS-11 (Full Performance Level)**

(a) **Experience or Education:** Individual must meet at least one of the requirements below:

1. **Experience.** In addition to the basic requirements, must have one year of creditable experience equivalent to the GS-9 grade level, which is directly related to the position to be filled.

**OR,**

2. **Education.** Doctoral degree or equivalent degree from an accredited college or university in an acupuncture or oriental medicine.

(b) **Demonstrated Knowledge, Skills, and Abilities (KSA).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Ability to screen referrals and direct veterans to other services as appropriate.

2. Ability to formulate an appropriate differential diagnosis.

3. Ability to formulate an acupuncture treatment plan independently or with other health care professionals.

4. Ability to educate patients on health lifestyle changes including nutrition, exercise, sleeping habits, stress management, mind body techniques and other matters related to acupuncture care. This includes the ability to communicate with individuals of varying backgrounds.

5. Skill in the selection and use of the appropriate acupuncture tools and supplies based on needs of the patient.

(c) **Assignment.** Acupuncturists at this level review and triage acupuncture referrals. The incumbent serves as a member of an interdisciplinary team providing acupuncture treatment as well as further coordination of care for patients referred for acupuncture services. The acupuncturist analyzes medical histories and physical findings to formulate a differential diagnosis based on oriental and western medicine paradigms. Duties include the design and oversight of acupuncture treatment plans as well as a full range of acupuncture services, monitoring the accuracy of needle placement during a treatment. The incumbent communicates with patients about any abnormal or unexpected results or responses to

treatment and advises patients regarding lifestyle changes including nutrition, exercise, sleeping habits, stress management, mind body techniques and other matters related to acupuncture care. The acupuncturist may submit referrals and requests for devices, materials and appliances available and commonly used by the acupuncture profession. Duties include documentation of information related to patient care including assessment, diagnosis, treatment, response to treatment, plan of care, and patient education as well as identification and documentation of appropriate coding for each patient encounter. The acupuncturist provides information regarding the patient consultation to other health care providers. The incumbent manages clinical workload demands. The incumbent serves as a mentor to new staff or less experienced staff and students.

(3) **Acupuncturist, GS-12 (Advanced Level)**

(a) **Experience.** In addition to the basic requirements, completion of a minimum of one year of progressively complex experience equivalent to the GS-11 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities (KSA).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Skill and ability to perform safe and effective advanced acupuncture techniques.

2. Knowledge of complex issues surrounding the delivery of care as it relates to acupuncture services, such as evidence based and cost effectiveness.

3. Ability to apply and adapt acupuncture to new and changing programs.

4. Knowledge of research strategies, methodologies and principles.

5. Ability to problem solve issues surrounding delivery of acupuncture.

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, difficulty, range of variety, and be performed by the incumbent at least 25% of the time. Employees at this level carry out assigned tasks independently in all areas of acupuncture which substantially exceed the full performance level and require advanced knowledge in all areas of acupuncture. Regardless of the nature of the specific assignment, the work must be of sufficient scope and complexity to meet the Knowledge, Skills, and Abilities (KSA) to perform at this grade level. The advanced level acupuncturist serves as the leader of an interdisciplinary team to provide evaluation, monitoring, planning, and coordination of care of patients for acupuncture services. At this level of employment, the acupuncturist provides advanced acupuncture techniques that may include but are not limited to injections at acupuncture points. Duties include participation in case reviews and treatment plan discussions, demonstrating advanced knowledge of techniques and discussion of theory, as well as promoting and maintaining communication with staff and others. The acupuncturist participates in the creation of new programs or interventions that may include group acupuncture, combining acupuncture with other interventions, and expansion of acupuncture care into new populations or new settings. The incumbent works with others on improvement projects to discover, examine and test knowledge, theories, and innovative Oriental Medicine approaches. The advanced level acupuncturist may participate in clinical research projects that strengthen the scientific

basis of acupuncture and related complementary and alternative medical treatments. Duties include the participation in teaching principles of acupuncture to staff, students and residents including journal clubs, grand rounds and in-service trainings. The incumbent provides assistance as needed for issues or problems that arise in relation to the acupuncture practice or service and serves as a preceptor to new staff or less experienced staff and students. The advanced level acupuncturist serves as an advisor to leadership on issues pertaining to acupuncture.

(4) **Supervisory Acupuncturist, GS-12**

(a) **Experience.** In addition to the basic requirements, completion of a minimum of one year of experience equivalent to the GS-11 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities (KSA).** In addition to the experience above, the candidate must demonstrate all the following KSAs:

1. Ability to perform the full range of supervisory duties including: responsibility for work assignments; competency assessments; performance evaluations; selection of staff; and recommendation of awards, advancements, and when appropriate, disciplinary actions.

2. Ability to analyze organizational and operational problems to develop and implement solutions that result in efficient operations and use data effectively to manage workload, quality, performance, productivity within the service.

3. Knowledge of how acupuncture integrates with other healthcare disciplines.

4. Ability to analyze clinical data and make recommendations for corrective actions to optimize quality, efficiency, performance, and productivity within service keeping in line with accrediting bodies and policy.

5. Knowledge related to administrative functions such as, material, supply, and equipment management.

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, difficulty, range of variety, and be performed by the incumbent at least 25% of the time. Supervisory acupuncturists demonstrate professional and scientific expertise in order to provide therapeutic clinical acupuncture procedures. The supervisor may have overall responsibility for planning, assessing and evaluating programs to ensure proper coordination between care delivered by the program and overall delivery of healthcare within the facility, or coordination of non-VA care as appropriate. The supervisory level acupuncturist oversees an Acupuncture Program including an outpatient clinic where patients are seen for initial visits and follow-up care. The incumbent facilitates collaboration with other specialties and disciplines maintaining interdepartmental relations in the planning and provision of acupuncture services to accomplish Medical Center goals. Duties include preparing work assignments, monitoring clinical performances, conducting performance appraisals, developing performance standards, as well as other clinical and administrative responsibilities. Duties include tracking of outcome data and patient satisfaction data to ensure that trends are analyzed and monitored, preparing appropriate administrative reports and quality assurance

reviews. The supervisory level acupuncturist assists in developing, analyzing, integrating, monitoring, and managing acupuncture service care delivery and associated data to promote quality and cost-effective outcomes across the continuum. The acupuncturist demonstrates consideration of costs and benefits in the selection of resources, services, and products for patients, analyzing resource utilization and workload data for strategic decision making. The acupuncturist demonstrates leadership in quality improvement activities for the clinic operations and is responsible for applying problem solving skills. The incumbent supervises clinical research projects that strengthen the scientific basis of acupuncture and related complementary and alternative treatments. The acupuncturist obtains assistance from leadership as needed for problems or issues that arise as well as routinely apprising leadership of situations that may require higher level interventions and/or actions. The supervisor assures compliance with accrediting agencies, regulatory requirements, and the quality management program, assuring corrective action as needed.

(5) **Acupuncturist Program Coordinator, GS-13**

(a) **Experience.** In addition to the basic requirements, completion of a minimum of one year of progressively complex experience equivalent to the GS-12 grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities (KSA).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

1. Ability to analyze organizational and operational problems to develop and implement solutions that result in efficient operations and use data effectively to manage workload, quality, performance, and productivity within the service.

2. Broad knowledge of how healthcare disciplines and other modalities integrate.

3. Ability to plan, organize, and integrate clinical work flow, set short and/or long term goals for the program, and conduct studies on technical and administrative problems, including personnel shortages, organizational structure, and new technology.

4. Knowledge of quality improvement process.

5. Ability to conceptualize, define, plan and implement new programs.

6. Ability to apply current research findings and standards of care in the health care setting.

(c) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, difficulty, range of variety, and be performed by the incumbent at least 25% of the time. The incumbent is responsible for developing, analyzing, integrating, monitoring, and managing healthcare delivery systems through communication and use of resources to promote high-quality, cost-effective outcomes across the continuum. The incumbent provides executive/upper level leadership and exceptional experience in dealing with complex and challenging professional, scientific, and technical acupuncture issues that arise. The program manager is responsible for assessing, evaluating, and developing programs to ensure proper coordination of care delivered by the program with the overall delivery of healthcare within an individual facility or with non-VA

providers as appropriate. The incumbent serves as a subject matter expert to resolve problems at a lower level as necessary. The program coordinator provides oversight for clinical workflow, including, but not limited to, tracking outcome data, patient satisfaction data, monitoring work productivity, and ensuring trends are routinely analyzed. The incumbent performs a cost-benefit analysis during the selection of resources, services, and products, requesting the aforementioned as necessary; reviews and prioritizes resource utilization to develop and maintain a budget. The program coordinator presents administrative reports, quality assurance reviews and quarterly reports to reflect strategic goals. The program manager demonstrates leadership in quality improvement activities for program operations and develops new programs as needs arise. The incumbent supports clinical research projects by providing resources as needed. The program coordinator incorporates research findings into clinical practice and program development. The incumbent develops, reviews, updates, and implements educational materials to meet the needs of the veterans, the general public, and other professionals. The incumbent assures program compliance with accrediting agencies, regulatory requirements, and quality management programs, taking corrective action where necessary.

## 5. DEVIATIONS

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance, and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the education, certification or license requirements be waived for any grade level.

c. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health or designee in the VHA Central Office prior to placement in the position.

**Authority 38 U.S.C. 7402, 7403**]

**[APPENDIX G54. REGISTERED RADIOLOGIST ASSISTANT QUALIFICATION STANDARD GS-0601 Veterans Health Administration**

**1. COVERAGE.** The following are the requirements for appointment as a Registered Radiologist Assistant (RRA) in the Veterans Health Administration (VHA). These requirements apply to all VHA RRAs in the GS-0601 series.

**2. DEFINITIONS.**

a. **Appointing Official.** The Human Resources Management Officer is delegated the appointing authority to process and authenticate notifications of personnel actions, and authority to effect management-approved employment actions on behalf of officials, employees and facilities for which service is provided.

b. **Approving Official.** The Veterans Integrated Service Network (VISN) Director, Facility Director, or designee is the approving official and will determine whether to approve or disapprove the appointment of employees in hybrid occupations.

c. **Journey Level.** The full performance level for this qualification standard is at the GS-9 grade level.

d. **Creditable Experience.** To be creditable, experience must have demonstrated possession of the knowledge, skills, abilities, and other characteristics (also referred to as clinical competencies) associated with current radiologist assistant practices. The experience may have been evidenced by the equivalent of one year of active practice, which is paid or non-paid employment as an RRA, as defined by the American Registry of Radiologic Technologists (ARRT).

e. **Quality of Experience.** Experience is only creditable if it was earned after completing an ARRT approved radiologist assistant program with a minimum of a Bachelor's degree. The experience may be acquired under a temporary appointment while seeking ARRT RRA certification.

f. **Part-Time Experience.** Part-time experience is creditable according to its relationship to the full-time work week. For example, one week of full-time credit is equivalent to two weeks of part-time work.

**3. BASIC REQUIREMENTS.**

a. **Citizenship.** Be a citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g this part.)

b. **Education.** Completion of a Radiologist Assistant program, and a bachelor's degree approved by the ARRT.

c. **Credentialing Standards.** Public Law 97-35, the Consumer-Patient Radiation Health and Safety Act of 1981, requires that persons who administer radiologic procedures meet the credentialing standards in 42 C.F.R. Part 75 - Standards for the Accreditation of Educational Programs and the Credentialing of Radiographic Personnel. Applicants must have successfully completed an educational program that meets or exceeds the standards described in that regulation, and is accredited by an organization recognized by the Department of Education, **and** be certified as radiographer (RT). Except as noted below, applicants must also have passed the ARRT exam and obtained Registered Radiologist Assistant (RRA) certification.

(1) **Exception for Non-Certified, Entry Level Candidates.** Non-certified RRAs, who otherwise meet the eligibility requirements for the ARRT radiologist assistant certification, may be given a temporary appointment under 38 U.S.C. § 7405 (c)(2)(B), as a graduate RRA. The appointing official may waive the requirement of certification for a period not to exceed two years for a graduate RRA, under the supervision of a physician. This exception only applies at the GS-7 grade level. For grade levels above the GS-7 grade level, the candidate must be a certified RRA. Temporary appointments of non-certified RRAs as described in this section may not be subsequentlyconverted or reappointed to a new temporary appointment as a graduate RRA.

(2) **Failure to Obtain Certification**. In all cases, the registered radiologist assistant must actively pursue meeting certification requirements starting from the date of appointment. At the time of appointment, the supervisor will provide the non-certified RRA with the written requirement to obtain certification, the date by which the certification must be acquired, and the consequences for not becoming certified by the deadline. Failure to become certified within two years from the date of appointment will result in removal from the registered radiologist assistant, GS-0601 series and may result in termination of employment.

(3) **Loss of Credential.** An employee in this occupation, who fails to maintain the required certifications (ARRT and RRA). must be removed from the occupation, which may also result in the termination of employment.

d. **Foreign Education.** Foreign education is vetted and approved by ARRT as a pre-requisite for certification. No additional documentation or verification of foreign education is required for applicants fully certified by ARRT.

e. **Grandfathering Provision.** None

f. **Physical Requirements.** See VA Directive and Handbook 5019, Employee Occupational Health Service.

g. **English Language Proficiency.** Candidates will not be appointed under the authority of 38 U.S.C. chapters 73 or 74, to serve in a direct patient-care capacity in VHA who are not proficient in written and spoken English. See Chapter 2, section D, paragraph 5a, this part.

**4. GRADE REQUIREMENTS.**

a. **Specialized Assignments.** Specialized areas of a registered radiologist assistant include: patient assessment and management following electronic health record (EHR) review and documentation, selected procedures (invasive and non-invasive) using fluoroscopy, computed tomography (CT), diagnostic ultrasound (sonography) and cardiovascular (CV) interventional procedures, and quality management (QM). These specialized assignments are done under the general supervision of a radiologist or similarly-privileged physician who is qualified to supervise the RRA.

(1) **Patient Assessment and Management.** The RRA performs procedures and examinations in hospitals and/or clinics under the general supervision of a radiologist and/or other physician. The RRA reviews the patients EHR and may directly question the patient to achieve the knowledge for determining the procedure and/or exam which best obtains a medical diagnosis for the clinician. This is achieved following the American College of Radiology (ACR) and other established standards for ordering exams. RRAs may perform and document a radiology-focused physical examination, including the analysis of available data (signs and symptoms, laboratory values, vital signs) to report to the radiologist, to ensure the patient meets the criteria to safely have the procedure. The RRA provides pre- and post-care instructions to the patient and documents the procedure and post-procedure evaluations in the EHR. Patient admission and/or discharge summaries are reviewed and cosigned by the radiologist or other supervising physician.

(2) **Fluoroscopy.** Following VA, State, and Federal requirements, the RRA uses fluoroscopy to visualize and image the anatomy while acting as the fluoroscoper for routine exams under the general supervision of the radiologist or other supervising physician. This modality is also used by the RRA during interventional procedures under the direct supervision of the radiologist and or other supervising physician.

(3) **Diagnostic Ultrasound (Sonography).** Diagnostic ultrasound uses high frequency sound waves to produce images. The RRA must be competent in the use, recognition, and analysis of ultrasound images for patient diagnosis and treatment, as they pertain to the performance of invasive procedures.

(4) **Computed Tomography (CT).** This specialty modality requires specific knowledge of cross sectional human anatomy and its application in computed tomography, inclusive of 3-D reconstruction scans. The RRA requires specific knowledge and training to understand the functioning and inter-relationship of the various organs; to use the methods and techniques which will identify organs appearing on the digital display monitor (or on film); and the various stages of the examination to judge the

acceptability of the image and/or scan for diagnostic use. CT may be utilized for drainages, biopsies, peripheral vasculars, and other image-guided procedures, complex and non-complex, under the direct supervision of the radiologist or other supervising physician. Performance of and assistance with CT-guided procedures may be accomplished by RRAs without advanced modality certification; however, independent operation of the CT scanner requires Advanced ARRT certification in CT.

(5) **Cardiovascular-Interventional Technology.** RRAs performing and/or assisting with complex vascular interventional and therapeutic procedures use highly specialized equipment. This specialty requires additional knowledge of the vascular system and major vessel anatomy.

(6) **Quality Management.** The RRA must have the skills and knowledge to evaluate images for completeness and diagnostic quality, and recommend additional images as appropriate, for the procedure and/or diagnosis. The RRA must participate and contribute to quality improvement activities/projects in the Imaging Service**.**

b. **Grade Determinations.** In addition to the basic requirements for appointment, the following criteria must be used when determining the appropriate grade assignment of candidates:

(1) **Registered Radiologist Assistant, GS-7**

(a) **Experience.** None beyond the Basic Requirements.

(b) **Assignment.** RRAs at this level operate and monitor equipment, such as fluoroscopy and CT, to perform procedures under close supervision as limited by modality specific advanced certification (see subparagraph 4a above). The RRA functions under the direct supervision of a radiologist or similarly-privileged physician qualified to supervise the RRA in carrying out these standardized procedures of various complexities. Deviations from regular procedures, unanticipated problems, and unfamiliar situations are referred to the radiologist or supervising physician for review. Some assignments at this level also include developmental duties involving more complex procedures, such as biopsies, aspirations, and/or peripherally inserted central catheter line placements, which are designed to prepare the RRA for promotion to higher grades in a functional area. Such duties are performed under closer supervision.

(2) **Registered Radiologist Assistant, GS-9**

(a) **Experience.** One year of experience equivalent to the GS-7 grade level.

OR

(b) **Education.** Master's degree related to the duties of a specific position or to the occupation must be appropriate for the position being filled.

(c) Assignment. In addition to assignments at the entry level, RRAs at this level operate and monitor equipment, such as Fluoroscopy and CT, to perform procedures under general supervision as limited by modality specific advanced certification, see 4a above. The RRA functions independently in carrying out these standardized procedures of various complexities. In addition to the entry level duties, RRAs at this level perform complex invasive and non-invasive procedures utilizing the various modalities in Imaging. These are performed under the general and direct supervision of the radiologist or other supervising physician.
The full performance level RRA is skilled in assessing patient vital signs, responding to emergent situations, and entering documentation in the EHR.

(d) **Demonstrated Knowledge, Skills, and Abilities. In addition to the experience above, the candidate must demonstrate all of the following Knowledge, Skills, and Abilities (KSA):**

i. Knowledge of Imaging techniques following as low as reasonably achievable principles in various modalities.

ii. Ability to perform various diagnostic procedures, including fluoroscopy, and evaluate images for completeness and diagnostic quality.

iii. Knowledge of anatomy and physiology, as well as, contrast and general medications prescribed by the radiologist/physician.

iv. Ability to perform all routine invasive procedures under the direct and/or general supervision of the radiologist or supervising physician, including vascular procedures with image guidance, contrast administration, needle and/or catheter placement.

v. Ability to assess a patient's clinical record, diagnosis, laboratory results, perform a radiology focused physical exam on the patient and documenting the EHR.

vi. Ability to perform invasive vascular procedures with image guidance, including contrast administration, needle or catheter placement.

(3) **Registered Radiologist Assistant, GS-11**

(a) **Experience.** At least one year of experience equivalent to the GS-9 grade level that demonstrates the clinical competencies described at that level.

(b) **Assignment.** RRAs at this level perform and/or assist with complex invasive procedures, such as embolization and interventional oncology procedures in the Interventional Section, receiving guidance and direction from the radiologist or

other supervising physician, regarding unfamiliar or unusual situations for the more complex patient issues. Candidates at this grade level may be assigned to provide specialty service in the Interventional Section.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the KSAs listed above, the candidate must demonstrate all of the following KSAs:

i. Ability to perform complex invasive procedures in the Interventional Section under the direct supervision of the radiologist or other supervising physician.

ii. Skills to maintain image quality in multiple sections of radiology.

iii. Ability to function with initiative and progressively independent judgment within his/her sphere of responsibility.

iv. Advanced knowledge to prioritize exams and procedures.

(4) **Lead Registered Radiologist Assistant, GS-11**

(a) **Experience.** At least one year of experience equivalent to the GS-9 grade level.

(b) **Assignment**. This assignment is generally found in facilities where there are no diagnostic radiology technicians (DRT) lead or supervisory positions. At this level, RRAs demonstrate advanced competency in their field performing duties of a full performance level or advanced RRA. They are proficient in assessing, evaluating, and planning the patient care in their area. This is achieved by determining the necessary staff and materials needed to coordinate the Imaging Service and the other involved service for the best patient outcomes in a procedure. Duties include: the daily assignments of staff; managing inventory and resources, recommendations to the supervisor for awards; and conducting performance evaluations.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to make decisions leading RRAs and Technologists for the best patient outcomes.

ii. Ability to manage the working staff, and ensuring adherence to the policies and procedures developed by the service and the medical center.

iii. Ability to resolve complex problems.

iv. Ability to communicate orally and in writing with a variety of people from different backgrounds.

v. Advanced knowledge to prioritize exams and procedures.

vi. Comprehensive knowledge of local and national policies related to Radiology.

(5) **Supervisory Registered Radiologist Assistant, GS-11**

(a) **Experience.** At least one year of experience equivalent to the GS-09 level demonstrating the clinical competencies at that level. Team leadership skills have been acquired through education and/or experience.

(b) **Assignment.** This assignment is generally found in less complex facilities where there are no DRT supervisory position, or lead RRA, GS-11 positions. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and range of variety, and be performed by the incumbent at least 25% of the time. Performs the full range of supervisory duties over staff below the GS-11 grade level, including assignment of staff, development of performance standards in their section, recommendations for advancement, and when appropriate,disciplinary action. RRA's at this level maintain regulatory compliance, and contribute to budget planning. Equipment planning and research is performed to maintain overall quality and effective patient health care delivery in Radiology.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the experience above, the candidate must demonstrate all of the following KSAs:

i. Knowledge of Federal and State laws, regulations and accrediting/regulatory requirements, in order to develop plans and procedures for a lower to medium complexity radiology service.

ii. Knowledge of radiology quality management procedures and principles, to provide education and/or training to fully functioning non-supervisory and/or junior supervisory staff.

iii. Skills to interview and evaluate candidates for positions in the section and recommend appointments, advancements, or, when appropriate, disciplinary actions.

iv. Ability to perform the full range of supervisory duties that include responsibility for assignment of work, performance evaluations, selection of staff, recommendation of awards, advancements and disciplinary actions.

v. Ability to analyze organizational, technical, and administrative problems, including equipment needs, and to develop and implement solutions that result in efficient section operation.

vi. Knowledge of general concepts, principles and methods of radiologic technology and operations.

vii. Knowledge of maintaining records for review by external regulatory agencies, and of local and national policies related to Radiology.

(6) **Supervisory Registered Radiologist Assistant, GS-12**

(a) **Experience.** At least one year of experience or the equivalent at the GS-11 grade level.

(b) **Assignment.** This assignment is generally found in facilities where supervisory duties might include oversight of DRT's, regardless of facility complexity. RRAs at this level demonstrate advanced competency in their field performing duties above the RRA, GS-11 level. Performs the full range of supervisory duties over staff at the GS-11 level and below, including assignment of staff, development of performance standards in their section, recommendations for advancement, and when appropriate, disciplinary action. RRAs at this level maintain regulatory compliance, and contribute to budget planning. Equipment planning and research is performed to maintain overall quality and effective patient health care delivery in radiology.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the experience above, the candidate must demonstrate all of the following KSAs:

i. Knowledge of Federal and State laws, regulations and accrediting/regulatory requirements in order to develop plans and procedures for Radiology.

ii. Knowledge of radiology quality management procedures and principles sufficient to lead a radiology quality management program, and/or education and training of supervised staff.

iii. Demonstrated leadership and managerial skills, including skills in interpersonal relations and conflict resolution, in order to effectively interact with employees internal and external to the service.

iv. Ability to perform the full range of supervisory duties, that include responsibility for assignment of work, performance evaluations, selection of staff, recommendations for awards, advancements and disciplinary actions.

v. Ability to plan, organize, set short and/or long term goals, and conduct studies on technical and administrative problems, including personnel shortages, organizational structure, upgrades and new equipment purchasing.

vi. Knowledge of concepts, principles, and methods of radiologic technology and operations.

vii. Ability to maintain records for review by an outside regulatory agency, and of local and national policies related to Radiology.

**5. DEVIATIONS.**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for registered radiologist assistants in VHA, whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action, based on demonstrated competence to

meet the requirements of the proposed grade. This deviation *only* applies to grades and/or assignments published in this qualification standard.

b. Under no circumstances will the education and/or ARRT Certification requirements be waived.

c. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office prior to placement in the position.

**Authority: 38 U.S.C. §§ 7402, 7403]**

# [APPENDIX G55. Histopathology Technician
# GS-0646
# Veterans Health Administration

**1. COVERAGE.** The following are requirements for appointment of a Histopathology Technician in the Veterans Health Administration (VHA). These requirements apply to all VHA Histopathology Technicians in the General Schedule (GS) 0646 series. As crucial members of the Pathology and Laboratory Medicine Service, histopathology technicians possess the knowledge and skills to process anatomical tissue and cytological cell samples obtained from the Veteran by a clinician. The work performed by histopathology technicians is vital for pathologists to interpret laboratory results and provide diagnoses that allow clinicians to plan appropriate and life-saving treatments for Veterans.

## 2. DEFINITIONS

a. **Journey Level.** The full performance level for this qualification standard is at the GS-6 grade level.

b. **Creditable Experience**. To be creditable, the experience must have demonstrated the knowledge, skills, and abilities (KSAs) associated with a health care field or knowledge, skills, and abilities related to the Histopathology Technician practice. Experience satisfying this requirement may be paid or non-paid employment in the health care field.

c. **Quality of Experience.** Qualifying experience must be at a level comparable to Histopathology Technician experience at the next lower grade level of the position being filled. For all assignments above the full performance level, the higher level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

d. **Part-time Experience.** Part-time experience as a Histopathology Technician is credited according to its relationship to the full-time workweek. For example, one week of full-time credit is equivalent to two weeks of part-time work.

## 3. BASIC REQUIREMENTS

a. **Citizenship.** Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

b. **Experience and Education**

(1) **Experience.** One year of experience in a health care field that demonstrates the applicant's ability to perform the work or provides an understanding of the work such as but not limited to a medical or clinical laboratory assistant (or technician) or health technician.

**OR,**

(2) **Education**

(a) Four academic years above high school leading to a bachelor's degree with courses related to the occupation such as biological science or chemistry; or

(b) Successful completion of two academic years of study above high school that included at least 24 semester hours in Chemistry and/or in appropriate fields of biological science and successful completion of a 12-month program of education and training in histopathology or cytotechnology.

**OR,**

(3) **Experience/Education Combination.** Equivalent combination of experience and education are qualifying for entry level for which both education and experience are acceptable. Examples are listed below:

(a) Six months of experience in the health care field and two years of education above high school that included at least six semester hours in health care related courses such as biological science, surgical technician courses or other courses related to the position; or an associate's degree in a health care related field.

(b) Six months of experience in the health care field and successful completion of a course for health care technicians, hospital corpsmen, medical service specialists, or histopathology technicians given by the U.S. Armed Forces.

c. **Certification.** None

d. **Grandfathering Provision.** All Histopathology Technicians employed in VHA in this occupation on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series, and grade held. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Such employees in an occupation that does not require a licensure/certification/registration, may be reassigned, promoted, or demoted within the occupation.

(2) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) If an employee who was retained (grandfathered) under this provision leaves that occupation, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

e. **Physical Requirements**. See VA Directive and Handbook 5019.

f. **English Language Proficiency.** Histopathology Technicians must be proficient in spoken and written English in accordance with chapter 2, section D, paragraph 5.a., this part.

**4. GRADE REQUIREMENTS.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.

a. **Histopathology Technician, GS-5 (Entry Level)**

(1) **Experience or Education.** None beyond the basic requirements.

(2) **Assignment.** This is an entry level histopathology technician position. It is expected that histopathology technicians receive guidance from more experienced staff members and require frequent and direct supervision. Assignments associated with this position include, but are not limited to, retrieving and accessioning surgical, cytology, and autopsy specimens; enter and track workload data and disposition of pathology materials and documents electronically; perform pre and post-analytical duties; and may assist in preparation of autopsy protocols as assigned. The incumbent must maintain the integrity of patient identification throughout all processes.

b. **Histopathology Technician, GS-6 (Full Performance Level)**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Assignment.** At the full performance level, the histopathology technician uses independent judgment to perform the full range of duties including analyzing and evaluating laboratory results. The histopathology technician carries out the day-to-day operations in the laboratory with minimal technical supervision. This includes routine and complex histopathological and cytopathological procedures, quality control and assurance procedures, operation and routine maintenance of instrumentation, troubleshooting, and principles of performance improvement. The incumbent utilizes specialized techniques for handling cell blocks, frozen sections, bone marrows, autopsies, and fine-needle biopsies. The technician prepares technically adequate slides of surgical, cytology, and autopsy specimens by processing, embedding tissue, cutting, staining (including immunohistochemistry), and coverslipping.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs.

(a) Knowledge of professional anatomic pathology principles, practices, concepts, and theories providing for sound independent work.

(b) Knowledge of laboratory quality control and assurance procedures, principles of performance improvement, reagent management, inventory supply systems, and document control systems.

(c) Knowledge of anatomic pathology laboratory equipment and ability to operate, maintain, and troubleshoot instrumentation.

(d) Ability to plan, organize, set priorities, work as a team member, and effectively complete assignments.

(e) Ability to use independent technical judgment to analyze and evaluate laboratory results.

c. **Histopathology Technician, GS-7 (Advanced)**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Assignment.** Histopathology technicians at this level generally have a higher level of responsibility for technical oversight, and are expected to carry out assigned tasks of considerable difficulty independently. The incumbent will have the responsibility of performing difficult specialized histological, histochemical, and immunohistochemical procedures, as well as developing, modifying, or adapting new staining methods or techniques, improving existing methods as necessary for routine histotechnology procedures. The technician will be responsible for troubleshooting issues with instruments and resolving problems. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety and be performed by the incumbent at least 25% of the time.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs.

(a) Skill in applying professional, complex anatomic pathology principles, practices, concepts, and theories in performing new or difficult specialized testing methods or techniques.

(b) Ability to provide technical oversight of laboratory quality control and assurance procedures and principles of performance improvement exhibiting competence in managing reagent and supply inventories and document control systems.

(c) Ability to validate methodologies, operate anatomic pathology laboratory equipment and perform complex instrument troubleshooting.

(d) Ability to use independent technical judgment to analyze and evaluate laboratory results and resolve problems.

e. **Histopathology Technician, GS-8 (Lead)**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Assignment.** Lead Histopathology technicians at this level perform duties which consist of a significant scope, complexity and administrative independence. The Lead provides direction to the daily operations and assumes responsibility for integrating and monitoring the standard adherence to methods and protocols to maintain continuous work flow and quality within the unit. Duties include: prepare, direct, and approve work schedules and assign tasks

for timely completion of duties; ensure resources are in optimal working condition and address workflow needs; calibrate, operate, and maintain instruments and equipment used in surgical pathology, immunohistochemistry, and special stains; provides guidance and instruction to Histopathology Technicians on a broad range of specific tasks and job techniques; monitors work in progress often performing spot checks to ensure protocols are being followed; reviews completed work to ensure guidelines are met regarding work sequences, procedures, and methods; provides on-the-job training to new employees; provides cross-training to staff; provides input to supervisor on performance and training needs of employees; adjusts work assignments due to absences or changes in priorities; resolves simple informal complaints of employees and patients, referring the more difficult problems to the supervisor; recommends approval and/or disapproval of leave requests. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety and be performed by the incumbent at least 25% of the time.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs.

(a) Ability to use independent judgment and apply comprehensive technical histopathology knowledge to solve complex problems concerning a broad range of tests, procedures, and protocols.

(b) Ability to perform procedural technical review and provide written and practical application training and instructions to laboratory personnel in all areas of histology.

(c) Ability to manage staffing requirements, plan and organize workload and priorities, and coordinate work in order to complete duties in an accurate and timely manner. This includes the ability to follow-up on pending issues and demonstrating an understanding of the impact of incomplete work.

(d) Comprehensive knowledge of regulatory, licensing, and accrediting agency requirements that govern laboratory operations in order to insure that work practices, documentation, and reporting are consistent with all governing standards and regulations.

(e) Skill in communicating with individuals in order to obtain the desired effect, provide technical guidance and ensure compliance with established policies and regulations.

f. **Supervisory Histopathology Technician, GS-9**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Assignment.** Employees in this assignment perform the full range of supervisory duties for the anatomic pathology laboratory, including responsibility for assignment of work performed; performance evaluations; recommendations for appointment, awards, advancement and disciplinary actions; identification of continuing education and training needs. The individual ensures compliance with accrediting agency and regulatory requirements; establishes and monitors the quality of the pre-analytical processes as part of the overall laboratory quality management program, and initiates corrective action. This individual develops policies and

procedures, manage document control, develops performance standards, position descriptions and functional statements. The incumbent is responsible for professional and administrative management of an assigned area, to include budget execution, orientation and competency assessment of assigned staff. The Supervisory Histopathology Technician maintains effective interdepartmental relations with other services in order to accomplish medical center goals. For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety and be performed by the incumbent at least 25% of the time.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs.

(a) Expert knowledge of Federal and state laws, regulations, and accrediting/regulatory requirements in order to develop policies and procedures for the laboratory.

(b) Expert knowledge of laboratory quality management procedures and principles sufficient to establish and monitor a laboratory quality management program and/or education and training of laboratory staff.

(c) Demonstrated leadership and managerial skills including skill in interpersonal relations and conflict resolution in order to deal with employees, team leaders and managers.

(d) Ability to perform the full range of supervisory duties which includes responsibility for assignment of work, performance evaluations, selection of staff, recommendation of awards, advancements and disciplinary actions.

(e) Ability to plan, organize, set short and/or long term goals and conduct studies on technical and administrative problems, including personnel shortages, organizational structure, new technology.

(f) Expert knowledge of concepts, principles and methods of laboratory technology and operations.

## 5. DEVIATIONS

a. The approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for Histopathology Technicians in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements on the proposed grade.

b. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. §§ 7402, 7403]**

# [APPENDIX G56. HEALTH TECHNICIAN (MASSAGE THERAPY) QUALIFICATION STANDARD GS-0640 Veterans Health Administration

1. **COVERAGE.** The following are requirements for appointment as a Health Technician (Massage Therapy) in the Veterans Health Administration (VHA). The requirements apply to all VHA Health Technicians (Massage Therapy) employed in the GS-0640 series. Massage Therapy is the practice of manual assessment and manipulation of the superficial soft tissues of skin, muscle, tendon, ligament, fascia, and the structures that lie within the superficial tissues. The Health Technician (Massage Therapy) occupation provides clinical services that address a vast array of problems impacting the health and function of a diverse patient population. The work requires the application of knowledge of therapeutic massage concepts, principles and practices, and encompasses a large variety of modalities from Western and Eastern traditions. Massage Therapy promotes circulation of blood and lymph, relieves muscle tension, and can induce a general relaxation response, alleviate pain and anxiety, promote sleep, reduce stress, and enhance the general sense of wellness. Employees in this occupation may utilize appropriate tools and the external applications of water, heat, and cold to enhance therapeutic benefits. Employees in this occupation incorporate knowledge of various systems of anatomy, physiology, and pathology to apply a plan of care for those with a variety of soft tissue dysfunctions, stress related conditions, and imbalances.

2. **DEFINITIONS.**

   a. **Journey Level**. The full performance level for this qualification standard is the GS-7 grade level.

   b. **Creditable Experience**. To be creditable, the candidate's experience must be evidenced by active professional practice, paid/non-paid employment in the practice of massage therapy, using knowledge, skills, abilities, and other characteristics referred to as core competencies associated with the scope of massage therapy practice.

   c. **Part-Time Experience**. Part-time experience is creditable according to its relationship to the full-time work week. For example, one week of full-time credit is equivalent to two weeks of half-time work.

   d. **Graduate Health Technician (Massage Therapy).** A Health Technician (Massage Therapy) candidate who has completed the education requirements, but has not obtained the appropriate license, registration, or certification to practice as a Health Technician (Massage Therapy) in a State, Territory, or Commonwealth of the United States, or the District of Columbia.

3. **BASIC REQUIREMENTS.** The basic requirements for employment as a Health Technician (Massage Therapy) are prescribed by Public Law 96-151 and codified in 38 U.S.C. § 7402. To qualify for appointment, all applicants for the position of Health Technician (Massage Therapy) in VHA must meet the following:

a. **Citizenship.** Candidates must be a citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified candidates in accordance with chapter 3, section A, paragraph 3g, this part.)

b. **Education.** Candidates must complete a minimum 500-hour massage therapy education program.

c. **Licensure, Registration, or Certification**

(1) Candidates must be currently licensed, registered, or certified to practice as a massage therapist in a state, territory, or Commonwealth of the United States, or the District of Columbia. Acceptable credentials must have required successful completion of a minimum 500-hour massage therapy education program and pass the Massage and Bodywork Licensing Examination, National Certification Board for Therapeutic Massage and Bodywork Examination, or equivalent state-issued examination.

**OR,**

(2) Candidates must possess and maintain a board certification from the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB).

**NOTE:** *As of the date of this standard, several states do not offer a credential in massage therapy. Additionally, some states offer a credential that does not meet the 500-hour education program and/or state-issued examination requirements described above in subparagraph 3.c.(1). Candidates may satisfy the basic requirement of licensure/certification/registration by possessing and maintaining a board certification from the NCBTMB.*

(3) **Exception.** Non-certified applicants, who have pending registrations or licensures in a state, or a certification by a national board recognized by the Secretary, and otherwise meet the eligibility requirements for licensure, may be given a temporary appointment as a Graduate Health Technician (Massage Therapy), under the authority of 38 U.S.C. § 7405(c)(2)(B), for a period not to exceed two years. Failure to obtain licensure/registration/certification during this period may result in termination of employment.

(4) **Loss of Credential.** An employee who fails to maintain the required licensure/certification/registration must be removed from the occupation, which may result in termination of employment.

(5) **Foreign Graduates.** Graduates of foreign massage therapy programs that require a minimum 500-hour education program are considered to meet the basic education requirements if they have a full unrestricted and current license, registration, or certification, as described in subparagraph 3.c., or by maintaining a board certification from the NCBTMB.

d. **Grandfathering Provision.** Health Technicians (Massage Therapy) employed in VHA on the effective date of this qualification standard are considered to have met all qualification requirements for the grade held, including positive education and licensure that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements of this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Employees grandfathered into the GS-0640 occupational series as a Health Technician (Massage Therapy) may be reassigned, promoted up to and including the full performance (journey) level, or changed to lower grade within the occupation.

(2) Health Technicians (Massage Therapy) who are appointed on a temporary basis prior to the effective date of this qualification standard may not have their temporary appointment extended or be reappointed on a temporary or permanent basis until they fully meet the basic requirements of this standard.

(3) Health Technicians (Massage Therapy) initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure, certification, registration, and meet all the basic requirements of this qualification standard, must maintain the required credentials as a condition of employment in the occupation.

(4) If Health Technicians (Massage Therapy), who are grandfathered under this provision, leave the GS-0640 series, they lose their grandfathered protected status. These employees must meet the full VA qualification standard requirements in effect at the time of re-entry to the Health Technician (Massage Therapy) occupation in this series.

e. **Physical Requirements**. See VA Directive and Handbook 5019, Employee Occupational Health Service, paragraph 2.

f. **English Language Proficiency**. Individuals appointed under the authority of 38 U.S.C. chapters 73 or 74, to serve in a direct patient-care capacity in VHA, must be proficient in written and spoken English. See Chapter 2, section D, paragraph 5a, this part.

## 4. GRADE REQUIREMENTS.

a. **Creditable Experience**

(1) **Knowledge of Contemporary Professional Massage Therapy Practice**. To be creditable, a candidate must have demonstrated possession of the required knowledge, skills, and abilities associated with the scope of massage therapy practice.

(2) **Quality of Experience**. Experience is only creditable if it was experience completed in the massage therapy practice and directly related to the duties to be performed after the post education requirements were completed. Qualifying experience must be at a level comparable to, or exceeding, the Health Technician (Massage Therapy) experience at the next lower grade level.

b. **Grade Determination.** In addition to the basic requirements for appointment in paragraph 3, the following criteria must be used when determining the appropriate grade assignment of candidates.

(1) **Health Technician (Massage Therapy), GS-5 - Entry Level**

(a) **Education, Experience, and Licensure.** None beyond the basic requirements in paragraph 3.

(**NOTE:** *See exception to licensure/registration/certification requirement in subparagraph 3.c. above*.)

(b) **Assignment.** Health Technician (Massage Therapy) at this level perform basic massage therapy services under close supervision. The technician functions independently in applying basic massage services. Basic massage therapy includes, but is not limited to effleurage (stroking), petrissage (kneading), tapotement/percussion, friction, vibration, passive and active stretching, and draping. The Health Technician (Massage Therapy) is responsible for changing linen between clients, refilling oils, cleaning massage table/chair/arm rest, and providing a clean, calm environment. The Health Technician (Massage Therapy) promotes and educates patients in the health and wellness benefits of massage, and develops therapeutic relationships with patient/family/significant others by demonstrating sensitivity and respect for a patient's personal beliefs. Deviations from regular procedures, unanticipated problems, and unfamiliar situations are referred to the supervisor for a decision or assistance. Any unusual patient interactions are documented and immediately reported to the supervisor. Some assignments at this level include developmental duties involving more progressive care, designed to prepare the Health Technician (Massage Therapy) for promotion to higher grades. Such duties would be performed under close supervision.

(2) **Health Technician (Massage Therapy), GS-6 - Developmental Level**

(a) **Education, Experience, and Licensure.** In addition to the basic requirements, candidates must possess one year of experience equivalent to the GS-5 grade level, and demonstrate all the KSAs below:

(b) **Demonstrated Knowledge, Skills, and Abilities**

i. Skill to provide massage techniques including draping, using the appropriate tools, supplies, and equipment based on the needs of the patient;

ii. Knowledge of anatomy, physiology, pathology, therapeutic effects, and evidence based practice of massage therapy;

iii. Ability to work with an interdisciplinary team in a health care setting;

iv. Knowledge of all patient safety procedures, rules, and regulations as they pertain to a clinical environment; and

v. Ability to effectively communicate verbally/non-verbally and in writing (through a variety of modalities).

(c) **Assignment.** Employees at this grade level serve as developmental Health Technicians (Massage Therapy) and perform treatments which are routine and standardized in nature. The Health Technician (Massage Therapy) provides treatments in various inpatient and outpatient settings, in accordance with applicable policies and procedures. Health Technicians (Massage Therapy) perform a substantially full range of duties, but receive guidance and directions regarding unfamiliar or unusual situations for more complex patient issues.

(3) **Health Technician (Massage Therapy) GS-7 - Full Performance Level**

(a) **Education, Experience, and Licensure.** In addition to the basic requirements, candidates must possess one year of specialized experience equivalent to the GS-6 grade level performing massage therapy and demonstrate all the KSAs below:

(b) **Demonstrated Knowledge, Skills, and Abilities**

i. Ability to assess the physical and mental status of patients (including history and physical assessment), interpret the appropriate information to identify each patient's population-specific needs, identify indications/contraindications for massage, develop the plan of care, and monitor their response to treatment;

ii. Ability to use various communication techniques to encourage and educate individuals and groups to enhance massage therapy outcomes;

iii. Skill in developing and maintaining strong interpersonal relationships; and

iv. Ability to advise staff and students in massage therapy practices.

(c) **Assignment**. At the full performance level, Health Technicians (Massage Therapy) independently assess the physical and mental status of patients. The Health Technician (Massage Therapy) takes complete patient history and performs a physical assessment. The Health Technician (Massage Therapy) interprets relevant clinical information to identify each patient's population-specific needs, identify indications/contraindications for massage, and develop the plan of care. Health Technicians (Massage Therapy), at this level, are responsible to perform massage therapy services with complexity higher than the developmental level. The Health Technician (Massage Therapy) performs duties with limited supervision and seeks assistance from the supervisor in urgent or emergent circumstances. The Health Technician (Massage Therapy) evaluates patient responses to treatment and documents responses to treatment, by maintaining accurate records in an electronic environment. The Health Technician (Massage Therapy) coordinates follow up massage therapy as necessary. Health Technicians (Massage Therapy), at this level, serve as consultants to the health care team in

the evaluation and treatment of the patient. Under routine academic oversight, the Health Technician (Massage Therapy) assists with clinical supervision of massage therapy students.

(4) **Health Technician (Massage Therapy) GS-8 - Advanced Clinical Level**

(a) **Experience.** In addition to meeting the basic requirements, candidates must possess one year of progressive experience equivalent to the GS-7 grade level. In addition, the candidate must demonstrate all the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

i. Skill in providing advanced massage techniques using the appropriate tools, supplies, and equipment based on the needs of the patient;

ii. Knowledge of anatomy, physiology, and pathology relevant to massage therapy within specialty population(s);

iii. Ability to modify massage therapy techniques based on an understanding of specialty populations, and various clinical/environmental settings;

iv. Knowledge of teaching methods and learning principles;

v. Ability to conduct research and quality improvement activities, related to massage therapy; and

vi. Knowledge of complementary integrative health, and holistic health principles.

(c) **Assignment.** For all assignments above the full performance level (GS-7), the higher-level duties must consist of significant scope, complexity (difficulty), variety, and be performed by the incumbent at least 25% of the time. At this level, the Health Technician (Massage Therapy) provides a full range of complex treatment procedures and modalities, which may include, but are not limited to reflexology, injury rehabilitation, lymphatic drainage, neuromuscular therapy, myofascial release, and/or craniosacral work. The Health Technician (Massage Therapy) is responsible to provide massage therapy services for specialty areas, such as pain management, poly-trauma, surgery, traumatic brain injury, palliative care, neurology, orthopedics, geriatrics, cardiology, pulmonary, rheumatology, spinal cord injury, mental health, and oncology. The Health Technician (Massage Therapy) assists other staff through education and as a member of an interdisciplinary health care team. The Health Technician (Massage Therapy) is a subject matter expert responsible for mentoring other Health Technicians (Massage Therapy) who participate in educational and research activities. The Health Technician (Massage Therapy) provides education in massage techniques to patients, caregivers, and employees. The Health Technician (Massage Therapy) contributes to identifying, collecting, and analyzing aggregate patient care information, to ensure safety and quality of care.

(5) **Lead Health Technician (Massage Therapy), GS-8**

(a) **Experience.** In addition to meeting the basic requirements, candidates must possess one year of progressively complex experience equivalent to the GS-7 grade level. In addition, the candidate must demonstrate all the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

i. Ability to delegate tasks and responsibilities;

ii. Ability to manage staffing requirements, workload priorities, and coordinate the work of the unit;

iii. Ability to provide staff development and training; and

iv. Ability to review and monitor data to ensure all records and reports are complete and accurate.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), variety, and be performed by the incumbent at least 25% of the time. The Lead Health Technician (Massage Therapy) monitors workload, provides input on performance, resolves daily workplace issues, and maintains efficient workflow. Assignments at this level include, but are not limited to: ensuring coverage of all areas of responsibility; conducting clinical reviews to assess the quality of work; providing input to staff that includes changes in policies and procedures; creating and maintaining employee work schedules; orienting and providing on-the-job training for new and current Health Technicians (Massage Therapy); and ensuring all training requirements are met. The Lead Health Technician (Massage Therapy) reviews and analyzes aggregate patient care data, to ensure safety and quality of care.

(6) **Supervisory Health Technician (Massage Therapy), GS-9**

(a) **Experience.** In addition to meeting the basic requirements, candidates must possess one year of progressively complex experience equivalent to the GS-8 grade level. In addition, the candidate must demonstrate all the following KSAs:

(b) **Demonstrated Knowledge, Skills, and Abilities**

i. Ability to provide the full range of administrative and supervisory duties which include, but are not limited to: assignment of work, performance evaluations, selection of staff, and recommendation of awards and/or advancements;

ii. Advanced knowledge of massage therapy across multiple areas of practice, and the demonstrated ability to provide guidance to staff massage therapists;

iii. Knowledge of how massage therapy integrates with other health care disciplines;

iv. Ability to assist in matters related to policy development, equipment requests, and workload analysis; and

v. Ability to delegate authority, evaluate and oversee people and programs, accomplish program goals, and adapt to changing priorities.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), variety, and be performed by the incumbent at least 25% of the time. The Supervisory Health Technician (Massage Therapy) is responsible for the supervision, administrative management, and direction of Health Technicians (Massage Therapy). The Supervisory Health Technician (Massage Therapy) has full administrative and professional responsibility for planning and directing the activities for the service or equivalent unit. Typical duties include: making work assignments, monitoring the staff's clinical performance, conducting performance appraisals, and other clinical and administrative responsibilities, as assigned, to ensure that the mission of the service and the medical center has been satisfied. The Supervisory Health Technician (Massage Therapy) develops policies and procedures for the work unit, and contributes to the promotion of complementary and integrative health services. The Supervisory Health Technician (Massage Therapy) is responsible to review aggregate patient care data and take appropriate actions to ensure the safety and quality of care.

**5. DEVIATIONS.**

a. The approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance, and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the education requirements be waived.

c. The placement of individuals in grade levels or assignments not described in this standard may only be approved by the Under Secretary for Health, or designee, in VHA Central Office prior to placement in the position.

**Authority: 38 U.S.C. §§ 7304, 7402.]**

# [APPENDIX G57. MEDICAL RECORDS TECHNICIAN (CODER) QUALIFICATION STANDARD GS-0675 Veterans Health Administration

**1.** COVERAGE**.** Medical coding falls under the jurisdiction of health information management (HIM). The following are the requirements for appointment as a Medical Records Technician (MRT) (Coder) performing medical coding in the Veterans Health Administration (VHA). These requirements apply to all VHA MRT (Coder) positions in the GS-0675 series. MRTs (Coder) are skilled in classifying medical data from patient health records in the hospital setting, and/or physician-based settings, such as physician offices, group practices, multi-specialty clinics, and specialty centers. These coding practitioners analyze and abstract patients' health records, and assign alpha-numeric codes for each diagnosis and procedure. To perform this task, they must possess expertise in international classification of diseases (ICD), current procedural technology (CPT), and the healthcare common procedure coding system (HCPCS). MRT (Coder) professionals may be assigned to outpatient coding, inpatient coding, or a combination of outpatient/inpatient coding. Also, this work can be performed in a consolidated coding unit (CCU). MRT (Coder) may also provide education related to coding and documentation. MRT (Coder) assignments above the journey level include clinical documentation improvement specialist (CDIS) and auditor.

**2.** DEFINITIONS**.**

a. **Journey Level.** The full performance level for the MRT (Coder) assignment is GS-8.

b. **Creditable Experience.** Experience is only creditable if it is directly related to the position to be filled. To be creditable, the candidate's experience must have demonstrated the use of knowledge, skills, and abilities (KSAs) associated with current practice and must be paid or non-paid employment equivalent to a MRT (Coder).

c. **Quality of Experience.** To be creditable, experience must be documented on the application or resume and verified in an employment reference or through other independent means.

d. **Part-Time Experience.** Part-time experience as a professional MRT is creditable according to its relationship to the full-time work week. For example, an MRT would receive one week of full-time credit for each two weeks of half-time work.

e. **Predominant Specialty Area.** Lead/Supervisory MRT (Coder) whose assignments involve two or more MRT specialty areas will be assigned the parenthetical title for the predominant specialty area being led/supervised.

f. **Apprentice/Associate Level Certification.** This is considered an entry level coding certification and is limited to certification obtained through the American Health Information Management Association (AHIMA), or the American Academy of Professional Coders (AAPC).

To be acceptable for qualifications, the specific certification must represent a comprehensive competency in coding across a wide range of services. Stand-alone specialty certifications do not meet the definition of apprentice/associate level certification and are not acceptable for qualifications. Certification titles may change and certifications that meet the definition of apprentice/associate level certification may be added/removed by the above certifying bodies. However, current apprentice/associate level certifications include: Certified Coding Associate (CCA), Certified Professional Coder-Apprentice (CPC-A) and Certified Outpatient Coding-Apprentice (COC-A).

g. **Mastery Level Certification.** This is considered a higher-level health information management or coding certification and is limited to certification obtained through AHIMA or AAPC. To be acceptable for qualifications, the specific certification must represent a comprehensive competency in the occupation. Stand-alone specialty certifications do not meet the definition of mastery level certification and are not acceptable for qualifications. Certification titles may change and certifications that meet the definition of mastery level certification may be added/removed by the above certifying bodies. However, current mastery level certifications include: Certified Coding Specialist (CCS), Certified Coding Specialist – Physician-based (CCS-P), Registered Health Information Technician (RHIT), Registered Health Information Administrator (RHIA), Certified Professional Coder (CPC), Certified Outpatient Coder (COC), Certified Inpatient Coder (CIC).

h. **Clinical Documentation Improvement Certification.** This is limited to certification obtained through AHIMA or the Association of Clinical Documentation Improvement Specialists (ACDIS). To be acceptable for qualifications, the specific certification must certify mastery in clinical documentation. Certification titles may change, and certifications that meet the definition of clinical documentation improvement certification may be added/removed by the above certifying bodies. However, current Clinical Documentation Improvement Certifications include: Clinical Documentation Improvement Practitioner (CDIP) and Certified Clinical Documentation Specialist.

## 2. BASIC REQUIREMENTS.

a. **Citizenship.** Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

b. **Experience and Education**

(1) **Experience.** One year of creditable experience that indicates knowledge of medical terminology, anatomy, physiology, pathophysiology, medical coding, and the structure and format of a health records.

OR,

(2) **Education.** An associate's degree from an accredited college or university recognized by the U.S. Department of Education with a major field of study in health information

technology/health information management, or a related degree with a minimum of 12 semester hours in health information technology/health information management (e.g., courses in medical terminology, anatomy and physiology, medical coding, and introduction to health records);

OR,

(3) Completion of an AHIMA approved coding program, or other intense coding training program of approximately one year or more that included courses in anatomy and physiology, medical terminology, basic ICD diagnostic/procedural, and basic CPT coding. The training program must have led to eligibility for coding certification/certification examination, and the sponsoring academic institution must have been accredited by a national U.S. Department of Education accreditor, or comparable international accrediting authority at the time the program was completed;

OR,

(4) **Experience/Education Combination.** Equivalent combinations of creditable experience and education are qualifying for meeting the basic requirements. The following educational/training substitutions are appropriate for combining education and creditable experience:

(a) Six months of creditable experience that indicates knowledge of medical terminology, general understanding of medical coding and the health record, and one year above high school, with a minimum of 6 semester hours of health information technology courses.

(b) Successful completion of a course for medical technicians, hospital corpsmen, medical service specialists, or hospital training obtained in a training program given by the Armed Forces or the U.S. Maritime Service, under close medical and professional supervision, may be substituted on a month-for-month basis for up to six months of experience provided the training program included courses in anatomy, physiology, and health record techniques and procedures. Also, requires six additional months of creditable experience that is paid or non-paid employment equivalent to a MRT (Coder).

c. **Certification.** Persons hired or reassigned to MRT (Coder) positions in the GS-0675 series in VHA must have either (1), (2), or (3) below:

(1) Apprentice/Associate Level Certification through AHIMA or AAPC.

(2) Mastery Level Certification through AHIMA or AAPC.

(3) Clinical Documentation Improvement Certification through AHIMA or ACDIS.

**NOTE:** Mastery level certification is required for all positions above the journey level; however, for clinical documentation improvement specialist assignments, a clinical documentation improvement certification may be substituted for a mastery level certification.

d. **Loss of Credential.** Following initial certification, credentials must be maintained through rigorous continuing education, ensuring the highest level of competency for employers and consumers. An employee in this occupation who fails to maintain the required certification must be removed from the occupation, which may result in termination of employment. At the discretion of the appointing official, an employee may be reassigned to another occupation for which he/she qualifies, if a placement opportunity exists.

e. **Grandfathering Provision.** All persons employed in VHA as a MRT (Coder) on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series, and grade held, including positive education and certification that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Such employees may be reassigned, promoted up to and including the journey level, or changed to lower grade within the occupation, but will not be promoted beyond the journey level or placed in supervisory or managerial positions.

(2) Such employees in an occupation that requires a certification only at higher grade levels must meet the certification requirement before they can be promoted to the higher-grade levels.

(3) MRTs who are appointed on a temporary basis, prior to the effective date of the qualification standard, may not have their temporary appointment extended, or be reappointed on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(4) MRTs initially grandfathered into this occupation, who subsequently obtain additional education that meets all the basic requirements of this qualification standard, must maintain the required credentials as a condition of employment in the occupation.

(5) Employees who are retained as a MRT under this provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry as a MRT.

f. **Physical Requirements.** See VA Directive and Handbook 5019, Employee Occupational Health Service.

g. **English Language Proficiency.** MRTs (Coder) must be proficient in spoken and written English as required by 38 U.S.C. § 7403(f).

## 3. GRADE REQUIREMENTS.

### a. Titles and Specialties

(1) **Titles.** All individuals assigned to this occupation must be assigned to one of the approved parenthetical titles, as described in subparagraph (2) below.

(2) **Specialized Areas for Medical Records Technician (Coder).** For purposes of this qualification standard, the specialty areas for MRT (Coder) have been grouped into multiple parenthetical titles. Titles include:

(a) Medical Records Technician (Coder-Outpatient);

(b) Medical Records Technician (Coder-Inpatient); or,

(c) Medical Records Technician (Coder-Outpatient and Inpatient).

(3) **Medical Records Technician (Clinical Documentation Improvement Specialist) (CDIS).** The MRT (CDIS) assignments are positions above the journey level.

(a) MRT CDIS (Outpatient);

(b) MRT CDIS (Inpatient); or,

(c) MRT CDIS (Outpatient and Inpatient).

(4) **Medical Records Technician (Coder) Auditor.** The MRT (Coder) Auditor assignment is a position above the journey level.

(5) **Lead and Supervisory Medical Records Technician (Coder) Assignments.** Lead and Supervisory MRT (Coder) assignments are positions above the journey level.

(a) Lead MRT (Coder);

(b) Supervisory MRT (Coder); or,

(c) Supervisory MRT (Coder) Consolidated Coding Unit (CCU).

## 4. GRADE DETERMINATIONS AND ASSIGNMENTS.

### a. Medical Records Technician (Coder-Outpatient)

(1) **Medical Records Technician (Coder-Outpatient), GS-4**

(a) **Experience or Education.** None beyond basic requirements.

(b) **Assignment.** Employees at this level serve as entry level MRTs (Coder) and receive close guidance from more experienced MRTs (Coder). Outpatient MRTs (Coder) select and assign codes from current versions of ICD Clinical Modification (CM), CPT, and HCPCS classification systems. MRTs (Coder) review record documentation to abstract all required medical, surgical, ancillary,

demographic, social and administrative data, and query clinical staff, as appropriate, with close guidance from higher level MRTs (Coder). They use various computer applications to abstract records, assign codes, and record and transmit data. They ensure audit findings have been corrected and refiled. MRTs (Coder) may be assigned to a single facility or region, such as a consolidated coding unit.

(2) **Medical Records Technician (Coder-Outpatient), GS-5**

(a) **Experience.** One year of creditable experience equivalent to the next lower grade level;

OR,

(b) **Education.** Successful completion of four years of education above high school leading to a bachelor's degree from an accredited college or university recognized by the U.S. Department of Education, with a major field of study in health information management or a related degree with a minimum of 24 semester hours in health information management or technology.

(c) **Assignment.** Employees at this grade level serve as developmental level 1 MRTs (Coder) and receive guidance from more experienced MRTs (Coder) for more complex coding procedures. Outpatient MRTs (Coder) select and assign codes to outpatient episodes of care, and/or inpatient professional services from current versions of ICD CM, CPT, and HCPCS classification systems. They review record documentation to abstract all required medical, surgical, ancillary, demographic, social and administrative data, and query clinical staff, as appropriate, with guidance from higher level MRTs (Coder). They use various computer applications to abstract records, assign codes, and record and transmit data. They ensure audit findings have been corrected and refiled. MRTs (Coder) may be assigned to a single facility or region, such as a consolidated coding unit.

(d) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to use health information technology and software products used in MRT (Coder) positions (e.g., the electronic health record, coding and abstracting software, etc.).

ii. Ability to navigate through and abstract pertinent information from health records.

iii. Knowledge of the ICD CM, PCS Official Conventions and Guidelines for Coding and Reporting, and CPT guidelines.

iv. Ability to apply knowledge of medical terminology, human anatomy/physiology, and disease processes to accurately assign codes to outpatient/ambulatory surgery records, based on health record documentation.

v. Knowledge of The Joint Commission requirements, Centers for Medicare and Medicaid Services (CMS), and/or health record documentation guidelines.

vi. Ability to manage priorities and coordinate work, in order to complete duties within required timeframes, and the ability to follow-up on pending issues.

(3) **Medical Records Technician (Coder-Outpatient), GS-6**

(a) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(b) **Assignment.** Employees at this grade level serve in developmental level 2 positions as MRTs (Coder) and receive intermittent monitoring. Outpatient MRTs (Coder) may perform coding on outpatient episodes of care and/or inpatient professional services. They select and assign codes from current versions of ICD CM, CPT, and HCPCS classification systems. They review record documentation to abstract all required medical, surgical, ancillary, demographic, social and administrative data, and query clinical staff, as appropriate, with limited guidance from higher level MRTs (Coder). They utilize various computer applications to abstract records, assign codes, and record and transmit data. They also ensure audit findings have been corrected and refiled. MRTs (Coder) may be assigned to a single facility or region, such as a consolidated coding unit.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to analyze the health record to identify all pertinent diagnoses and procedures for outpatient coding and evaluate the adequacy of the documentation.

ii. Ability to determine whether health records contain sufficient information for regulatory requirements, are acceptable as legal documents, are adequate for continuity of patient care, and support the assigned codes. This includes the ability to take appropriate actions if health record contents are not complete, accurate, timely, and/or reliable.

iii. Ability to apply laws and regulations on the confidentiality of health information (e.g., Privacy Act, Freedom of Information Act, and Health Insurance Portability and Accountability Act (HIPAA)).

iv. Ability to accurately apply the ICD CM, procedure coding system (PCS) Official Conventions and Guidelines for Coding and Reporting, and CPT guidelines to coding scenarios.

v. Comprehensive knowledge of current classification systems, such as ICD CM, CPT, and HCPCS, and skill in applying said classifications to outpatient episodes of care, and/or inpatient professional services based on health record documentation.

(4) **Medical Records Technician (Coder-Outpatient), GS-7**

(a) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(b) **Assignment.** Employees at this grade level serve as developmental level 3 MRTs (Coder) and receive minimal monitoring. Outpatient MRTs (Coder) perform coding on outpatient episodes of care and/or inpatient professional services. They select and assign codes from current versions of ICD CM, CPT, and HCPCS classification systems. They review record documentation to abstract all required medical, surgical, ancillary, demographic, social and administrative data, with minimal guidance from higher level MRTs (Coder). They review and abstract clinical data from the record for documentation of diagnoses and procedures to ensure it is adequate and appropriate to support the assigned codes. They also review provider health record documentation to ensure that it supports the diagnostic and procedural codes assigned and is consistent with required medical coding nomenclature. MRTs in this assignment also query clinical staff with documentation requirements to support the coding process. They use various computer applications to abstract records, assign codes, and record and transmit data. They also ensure audit findings have been corrected and refiled. MRTs (Coder) may be assigned to a single facility or region, such as a consolidated coding unit.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Skill in applying current coding classifications to a variety of specialty care areas for outpatient episodes of care and/or inpatient professional services to accurately reflect service and care provided based on documentation in the health record.

ii. Ability to communicate with clinical staff for specific coding and documentation issues, such as recording diagnoses and procedures, ensuring the correct sequencing of diagnoses and/or procedures, and verifying the relationship between health record documentation and coder assignment.

iii. Ability to research and solve coding and documentation related issues.

iv. Skill in reviewing and correcting system or processing errors and ensuring all assigned work is complete.

(5) **Medical Records Technician (Coder-Outpatient), GS-8**

(a) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(b) **Assignment.** This is the journey level for this assignment. Outpatient MRTs (Coder) at this level perform the full scope of outpatient coding including ambulatory surgical cases, diagnostic studies and procedures, outpatient encounters, and/or inpatient professional services. Outpatient duties consist of the performance of a comprehensive review of documentation within the health record to accurately assign ICD CM codes for diagnoses, CPT/HCPCS codes for surgeries, procedures and evaluation, and management services. They independently review and abstract clinical data from the record for documentation of diagnoses and procedures to ensure it is adequate and appropriate to support the assigned codes. They code all complicated and complex disease processes, patient injuries, and all

procedures in a wide range of ambulatory settings and specialties. They also directly consult with the clinical staff for clarification of conflicting, incomplete, or ambiguous clinical data in the health record. MRTs (Coder) must abstract, assign, and sequence codes into encoder software to support medical necessity, resolve encoder edits, and ensure codes accurately reflect services rendered. They also review provider health record documentation to ensure that it supports the diagnostic and procedural codes assigned and is consistent with required medical coding nomenclature. They also query clinical staff with documentation requirements to support the coding process. They enter and correct information that has been rejected, when necessary. MRTs (Coder) ensure audit findings have been corrected and refiled. They also use various computer applications to abstract records, assign codes, and record and transmit data. MRTs (Coder) may be assigned to a single facility or region, such as a consolidated coding unit.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to analyze the health record to identify all pertinent diagnoses and procedures for coding and to evaluate the adequacy of the documentation. This includes the ability to read and understand the content of the health record, the terminology, the significance of the findings, and the disease process/pathophysiology of the patient.

ii. Ability to accurately perform the full scope of outpatient coding, including ambulatory surgical cases, diagnostic studies and procedures, and outpatient encounters, and/or inpatient professional fee services coding.

iii. Skill in interpreting and adapting health information guidelines that are not completely applicable to the work or have gaps in specificity, and the ability to use judgment in completing assignments using incomplete or inadequate guidelines.

**b. Medical Records Technician (Coder-Inpatient)**

(1) **Medical Records Technician (Coder-Inpatient), GS-4**

(a) **Experience or Education.** None beyond basic requirements.

(b) **Assignment.** Employees at this level serve as entry level MRTs (Coder) and receive close guidance from more experienced MRTs (Coder). Inpatient MRTs (Coder) select and assign codes from current versions of ICD CM and the PCS, and/or, CPT and HCPCS classification systems for inpatient facility and/or professional services. They review record documentation to abstract all required medical, surgical, ancillary, demographic, social and administrative data, and query clinical staff, as appropriate, with close guidance from higher level MRTs (Coder). They also use various computer applications to abstract records, assign codes, and record and transmit data. They ensure audit findings have been corrected and refiled. MRTs (Coder) may be assigned to a single facility or region, such as a consolidated coding unit.

(2) **Medical Records Technician (Coder-Inpatient), GS-5**

(a) **Experience.** One year of creditable experience equivalent to the next lower grade level;

OR,

(b) **Education.** Successful completion of a bachelor's degree from an accredited college or university recognized by the U.S. Department of Education, with a major field of study in health information management or a related degree with a minimum of 24 semester hours in health information management or technology.

(c) **Assignment.** Employees at this grade level serve as developmental level 1 MRTs (Coder) and receive guidance from more experienced MRTs (Coder) for more complex coding procedures. Inpatient MRTs (Coder) select and assign codes from current versions of ICD CM, PCS, and/or CPT and HCPCS classification systems for inpatient facility and/or professional services. They review record documentation to abstract all required medical, surgical, ancillary, demographic, social and administrative data, and query clinical staff, as appropriate, with guidance from higher level MRTs (Coder). They utilize various computer applications to abstract records, assign codes, and record and transmit data. They also ensure audit findings have been corrected and refiled. MRTs (Coder) may be assigned to a single facility or region, such as a consolidated coding unit.

(d) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to use health information technology and various office software products used in MRT (Coder) positions (e.g., the electronic health record, coding and abstracting software, etc.).

ii. Ability to navigate through and abstract pertinent information from health records.

iii. Knowledge of the ICD CM and PCS Official Conventions and Guidelines for Coding and Reporting.

iv. Ability to apply knowledge of medical terminology, human anatomy/physiology, and disease processes to accurately assign codes to inpatient records based on health record documentation.

v. Knowledge of The Joint Commission requirements, CMS, and/or health record documentation guidelines.

vi. Ability to manage priorities and coordinate work to complete duties within required timeframes and the ability to follow-up on pending issues.

(3) **Medical Records Technician (Coder-Inpatient), GS-6**

(a) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(b) **Assignment.** Employees at this grade level serve in developmental level 2 positions as MRTs (Coder) and receive intermittent monitoring. Inpatient MRTs (Coder) select and assign codes from current versions of ICD CM, PCS, and/or CPT and HCPCS classification systems for inpatient facility and/or professional services. They review record documentation to abstract all required medical, surgical, ancillary, demographic, social and administrative data, and query clinical staff, as appropriate, with limited guidance from higher level MRTs (Coder). They use various computer applications to abstract records, assign codes, and record and transmit data. They also ensure audit findings have been corrected and refiled. MRTs (Coder) may be assigned to a single facility or region, such as a consolidated coding unit.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to analyze the health record to identify all pertinent diagnoses and procedures for coding and to evaluate the adequacy of the documentation.

ii. Ability to determine whether health records contain sufficient information for regulatory requirements, are acceptable as legal documents, are adequate for continuity of patient care, and support the assigned codes. This includes the ability to take appropriate actions if health record contents are not complete, accurate, timely, and/or reliable.

iii. Ability to apply laws and regulations on the confidentiality of health information (e.g., Privacy Act, Freedom of Information Act, and HIPAA).

iv. Ability to accurately apply the ICD CM and PCS Official Conventions and Guidelines for Coding and Reporting to various coding scenarios.

v. Comprehensive knowledge of current classification systems, such as ICD Clinical Modification (CM) and PCS, CPT, and HCPCS, and skill in applying said classifications to inpatient records based on health record documentation.

vi. Knowledge of complication or comorbidity/major complication or comorbidity (CC/MCC), and POA indicators to obtain correct Medicare Severity Diagnosis Related Group (MS-DRG).

(4) **Medical Records Technician (Coder-Inpatient), GS-7**

(a) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(b) **Assignment.** Employees at this grade level serve as developmental level 3 MRTs (Coder) and receive minimal monitoring. Inpatient MRTs (Coder) select and assign codes from current versions of ICD CM, PCS, and/or CPT and HCPCS classification systems for inpatient facility and/or professional services. They review and record documentation to

abstract all required medical, surgical, ancillary, demographic, social and administrative data, with minimal guidance from higher level MRTs (Coder). They review and abstract clinical data from the record for documentation of diagnoses and procedures to ensure it is adequate and appropriate to support the assigned codes. They review provider health record documentation to ensure that it supports the diagnostic and procedural codes assigned and is consistent with required medical coding nomenclature. They query clinical staff with documentation requirements to support the coding process. They use various computer applications to abstract records, assign codes, and record and transmit data. They ensure audit findings have been corrected and refiled. MRTs (Coder) may be assigned to a single facility or region, such as a consolidated coding unit.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Skill in applying current coding classifications to a variety of inpatient specialty care areas to accurately reflect service and care provided based on documentation in the health record.

ii. Ability to communicate with clinical staff for specific coding and documentation issues, such as recording diagnoses and procedures, the correct sequencing of diagnoses and/or procedures, and the relationship between health record documentation and code assignment.

iii. Ability to research and solve coding and documentation related issues.

iv. Skill in reviewing and correcting system or processing errors and ensuring all assigned work is complete.

v. Ability to abstract, assign, and sequence codes, including complication or comorbidity/major complication or comorbidity (CC/MCC), and POA indicators, to obtain correct MS-DRG.

(5) **Medical Records Technician (Coder-Inpatient), GS-8**

(a) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(b) **Assignment.** This is the journey level for this assignment. Inpatient MRTs (Coder) select and assign codes from current versions of ICD CM, PCS, and/or CPT and HCPCS classification systems for inpatient facility and/or professional services. Inpatient duties consist of the performance of a comprehensive review of documentation within the health record to assign ICD codes for diagnosis, complications/major complications, comorbid/major comorbid conditions, surgery, and procedures for accurate assignment of diagnosis related groups (DRG), and/or assigning CPT/HCPCS codes for inpatient professional services. They independently review and abstract clinical data from the record for documentation of diagnoses and procedures to ensure it is adequate and appropriate to support the assigned codes. They code all complicated and complex medical/specialty diseases processes, patient injuries, and all medical procedures in a wide range of inpatient settings and specialties. They directly consult with the clinical staff for clarification of conflicting, incomplete, or

ambiguous clinical data in the health record. They must abstract, assign, and sequence codes into encoder software to obtain correct DRG, support medical necessity, resolve encoder edits, and ensure codes accurately reflect services rendered. They review provider health record documentation to ensure that it supports diagnostic and procedural codes assigned and is consistent with required medical coding nomenclature. They query clinical staff with documentation requirements to support the coding process. They also enter and correct information that has been rejected, when necessary. They correct any identified data errors or inconsistencies. They ensure audit findings have been corrected and refiled. They use various computer applications to abstract records, assign codes, and record and transmit data. MRTs (Coder) may be assigned to a single facility or region, such as a consolidated coding unit.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to analyze the health record to identify all pertinent diagnoses and procedures for inpatient coding and to evaluate the adequacy of the documentation. This includes the ability to read and understand the content of the health record, the terminology, the significance of the comments, and the disease process/pathophysiology of the patient.

ii. Ability to accurately perform the full scope of inpatient coding, including inpatient discharges, surgical cases, diagnostic studies and procedures, and inpatient professional services.

iii. Skill in interpreting and adapting health information guidelines that are not completely applicable to the work or have gaps in specificity, and the ability to use judgment in completing assignments using incomplete or inadequate guidelines.

**c. Medical Records Technician (Coder-Outpatient and Inpatient)**

(1) **Medical Records Technician, GS-4**

(a) **Experience or Education.** None beyond basic requirements.

(b) **Assignment.** Employees at this level serve as entry level MRTs (Coder) and receive close supervision from more experienced MRTs (Coder). They select and assign codes from current versions of ICD CM, PCS, CPT, and HCPCS classification systems to both inpatient and outpatient records. They review record documentation to abstract all required medical, surgical, ancillary, demographic, social and administrative data, and query clinical staff, as appropriate, with close guidance from higher level MRTs (Coder). They use various computer applications to abstract records, assign codes, and record and transmit data. They ensure audit findings have been corrected and refiled. MRTs (Coder) may be assigned to a single facility or region, such as a consolidated coding unit.

(2) **Medical Records Technician (Coder-Outpatient and Inpatient), GS-5**

(a) **Experience.** One year of creditable experience equivalent to the next lower grade level;

OR,

(b) **Education.** Successful completion of a bachelor's degree from an accredited college or university recognized by the U.S. Department of Education, with a major field of study in health information management, or a related degree with a minimum of 24 semester hours in health information management or technology.

(c) **Assignment.** Employees at this grade level serve as developmental level 1 MRTs (Coder) and receive guidance from more experienced MRTs (Coder) for more complex coding procedures. Selects and assigns codes from current versions of ICD CM, PCS, CPT, and HCPCS classification systems to both inpatient and outpatient records. They review record documentation to abstract all required medical, surgical, ancillary, demographic, social, and administrative data, and query clinical staff, as appropriate, with guidance from higher level MRTs (Coder). They use various computer applications to abstract records, assign codes, and record and transmit data. They ensure audit findings have been corrected and refiled. MRTs (Coder) may be assigned to a single facility or region, such as a consolidated coding unit.

(d) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to use health information technology and various office software products used in MRT (Coder) positions (e.g., the electronic health record, coding and abstracting software, etc.).

ii. Ability to navigate through and abstract pertinent information from health records.

iii. Knowledge of the ICD CM, PCS Official Conventions and Guidelines for Coding and Reporting, and CPT guidelines.

iv. Ability to apply knowledge of medical terminology, human anatomy/physiology, and disease processes to accurately assign codes to inpatient and outpatient episodes of care based on health record documentation.

v. Knowledge of The Joint Commission requirements, CMS, and/or health record documentation guidelines.

vi. Ability to manage priorities and coordinate work to complete duties within required timeframes, and the ability to follow-up on pending issues.

(3) **Medical Records Technician (Coder-Outpatient and Inpatient), GS-6**

(a) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(b) **Assignment.** Employees at this grade level serve in developmental level 2 positions as MRTs (Coder) and receive intermittent monitoring. MRTs (Coder) perform a combination of inpatient and outpatient coding duties. They select and assign codes from current versions of

ICD CM, PCS, CPT, and HCPCS classification systems to both inpatient and outpatient records. They review record documentation to abstract all required medical, surgical, ancillary, demographic, social, and administrative data, and query clinical staff, as appropriate, with limited guidance from higher level MRTs (Coder). They use various computer applications to abstract records, assign codes, and record and transmit data. They ensure audit findings have been corrected and refiled. MRTs (Coder) may be assigned to a single facility or region, such as a consolidated coding unit.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to analyze the health record to identify all pertinent diagnoses and procedures for coding and to evaluate the adequacy of the documentation.

ii. Ability to determine whether health records contain sufficient information for regulatory requirements, are acceptable as legal documents, are adequate for continuity of patient care, and support the assigned codes. This includes the ability to take appropriate actions if health record contents are not complete, accurate, timely, and/or reliable.

iii. Ability to apply laws and regulations on the confidentiality of health information (e.g., Privacy Act, Freedom of Information Act, and HIPAA).

iv. Ability to accurately apply the ICD CM, PCS Official Conventions and Guidelines for Coding and Reporting, and CPT Guidelines to various coding scenarios.

v. Comprehensive knowledge of current classification systems, such as ICD CM, PCS, CPT, HCPCS, and skill in applying classifications to both inpatient and outpatient records based on health record documentation.

vi. Knowledge of complication or comorbidity/major complication or comorbidity (CC/MCC) and POA indicators to obtain correct MS-DRG.

(4) **Medical Records Technician (Coder-Outpatient and Inpatient), GS-7**

(a) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(b) **Assignment.** Employees at this grade level serve as developmental level 3 MRTs (Coder) and receive minimal monitoring. MRTs (Coder) perform a combination of inpatient and outpatient coding duties. Selects and assigns codes from current versions of ICD CM, PCS, CPT, and HCPCS classification systems to both inpatient and outpatient records. They review record documentation to abstract all required medical, surgical, ancillary, demographic, social, and administrative data with minimal guidance from higher level MRTs (Coder). They review and abstract clinical data from the record for documentation of diagnoses and procedures to ensure it is adequate and appropriate to support the assigned codes. They review provider health record documentation to ensure that it supports the diagnostic and procedural codes assigned and is consistent with required medical coding nomenclature.

They also query clinical staff with documentation requirements to support the coding process. They use various computer applications to abstract records, assign codes, and record and transmit data. They ensure audit findings have been corrected and refiled. MRTs (Coder) may be assigned to a single facility or region, such as a consolidated coding unit.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Skill in applying current coding classifications to a variety of inpatient and outpatient specialty care areas to accurately reflect service and care provided based on documentation in the health record.

ii. Ability to communicate with clinical staff for specific coding and documentation issues, such as recording inpatient and outpatient diagnoses and procedures, the correct sequencing of diagnoses and/or procedures, and the relationship between health record documentation and code assignment.

iii. Ability to research and solve coding and documentation related issues.

iv. Skill in reviewing and correcting system or processing errors and ensuring all assigned work is complete.

v. Ability to abstract, assign, and sequence codes, including complication or comorbidity/major complication or comorbidity (CC/MCC), and POA indicators to obtain correct MS-DRG.

(5) **Medical Records Technician (Coder-Outpatient and Inpatient), GS-8**

(a) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(b) **Assignment.** This is the journey level for this assignment. MRTs (Coder) at this level perform the full scope of inpatient and outpatient coding duties. MRTs (Coder) select and assign codes from current versions of ICD CM, PCS, CPT, and HCPCS classification systems to both inpatient and outpatient records. Inpatient duties consist of the performance of a comprehensive review of documentation within the health record to assign ICD CM and PCS codes for diagnosis, complications/major complications, comorbid/major comorbid conditions, surgery, and procedures for accurate assignment of DRGs. Outpatient duties consist of the performance of a comprehensive review of documentation within the health record to accurately assign ICD CM codes for diagnosis and complications, and CPT/HCPCS codes for surgeries, procedures, evaluation and management services, and inpatient professional services. They independently review and abstract clinical data from the record for documentation of diagnoses and procedures to ensure it is adequate and appropriate to support the assigned codes. They code all complicated and complex medical/specialty diseases processes, patient injuries, and all medical procedures in a wide range of ambulatory/inpatient settings and specialties. They directly consult with the clinical staff for clarification of conflicting, incomplete, or ambiguous clinical data in the health record. They

abstract, assign, and sequence codes into encoder software to obtain correct diagnosis-related DRG, support medical necessity, resolve encoder edits, and ensure codes accurately reflect services rendered. They review provider health record documentation to ensure that it supports diagnostic and procedural codes assigned, and is consistent with required medical coding nomenclature. They query clinical staff with documentation requirements to support the coding process. They enter and correct information that has been rejected, when necessary. They correct any identified data errors or inconsistencies. They also ensure audit findings have been corrected and refiled. They use various computer applications to abstract records, assign codes, and record and transmit data. MRTs (Coder) may be assigned to a single facility or region, such as a consolidated coding unit.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to analyze the health record to identify all pertinent diagnoses and procedures for coding and to evaluate the adequacy of the documentation. This includes the ability to read and understand the content of the health record, the terminology, the significance of the comments, and the disease process/pathophysiology of the patient.

ii. Ability to accurately perform the full scope of outpatient coding, including ambulatory surgical cases, diagnostic studies and procedures, and outpatient encounters, and inpatient facility coding, including inpatient discharges, surgical cases, diagnostic studies and procedures, and inpatient professional services.

iii. Skill in interpreting and adapting health information guidelines that are not completely applicable to the work, or have gaps in specificity, and the ability to use judgment in completing assignments using incomplete or inadequate guidelines.

(6) **Medical Records Technician (Clinical Documentation Improvement Specialist (CDIS-Outpatient)), GS-9**

(a) **Experience.** One year of creditable experience equivalent to the journey grade level of a MRT (Coder-Outpatient);

OR,

An associate's degree or higher and three years of experience in clinical documentation improvement (candidates must also have successfully completed coursework in medical terminology, anatomy and physiology, medical coding, and introduction to health records);

OR,

Mastery level certification through AHIMA or AAPC and two years of experience in clinical documentation improvement;

**NOTE:** See the definitions section of this standard (paragraph 2g above) for a detailed definition of mastery level certification.

OR,

Clinical experience, such as Registered Nurse (RN), Medical Doctor (M.D.), or Doctor of Osteopathy (DO), and one year of experience in clinical documentation improvement.

(b) **Certification.** Employees at this level must have either a mastery level certification or a Clinical Documentation Improvement Certification.

**NOTE:** See the definitions section of this standard (paragraph 2g and 2h) for a detailed definition of mastery level certification and clinical documentation improvement certification.

(c) **Assignment**. For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Outpatient CDISs must be able to perform all duties of a MRT (Coder-Outpatient). CDISs serve as the liaison between health information management and clinical staff. They are responsible for facilitating improved overall quality, education, completeness, and accuracy of health record documentation through extensive interaction with clinical, coding, and other associated staff to ensure clinical documentation supports services rendered to patients, appropriate workload, and resource allocations. They review documentation and facilitate modifications to the health record to ensure accurate complexity of care and utilization of resources. They identify opportunities for documentation improvement by ensuring that diagnoses and procedures are documented to the highest level of specificity, accurately address all acute and chronic conditions, and reflect the true health status of patients. They recommend changes and/or updates to medical center policy pertaining to clinical documentation improvement. They serve as a technical expert in health record content and documentation requirements. They query clinical staff to clarify ambiguous, conflicting, or incomplete documentation. They review appropriateness of and responses to queries through review of query reports. They are responsible for performing reviews of the health record documentation, developing criteria, collecting data, graphing and analyzing results, creating reports, and communicating orally and/or in writing to appropriate leadership and groups. They obtain appropriate corrective action plans from responsible clinical service directors and recommend improvements or changes in documentation practices when applicable. They adhere to established documentation requirements as outlined by accrediting agencies guidelines, regulations, policies, and medical-legal requirements. They monitor trends in the industry and/or changes in regulations that could or should impact coding and documentation practices and identify who may require education. They are responsible for the development and implementation of active training/education programs (i.e., seminars, workshops, short courses, informational briefings, and conferences) for all clinical staff to ensure the CDIS program objectives are met. They provide training in small or large groups, educating clinical staff about current documentation standards and improvement techniques including accurate and ethical documentation practices. They apply applicable coding conventions and guidelines to accurately reflect medical necessity and level of service or procedure performed in the outpatient setting.

(d) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Knowledge of coding and documentation concepts, guidelines, and clinical terminology.

ii. Knowledge of anatomy and physiology, pathophysiology, and pharmacology in order to interpret and analyze all information in a patient's health record, including laboratory and other test results, to identify opportunities for more precise and/or complete documentation in the health record.

iii. Ability to collect and analyze data and present results in various formats, which may include presenting reports to various organizational levels.

iv. Ability to establish and maintain strong verbal and written communication with providers.

v. Knowledge of regulations that define healthcare documentation requirements, including The Joint Commission, CMS, and VA guidelines.

vi. Extensive knowledge of coding rules and regulations to include current clinical classification systems (such as ICD, CPT, and HCPCS).

vii. Knowledge of CPT Evaluation and Management (E/M) criteria to ensure the correct selection of E/M codes that match patient type, setting of service, and level of E/M service provided.

viii. Knowledge of training methods and teaching skills sufficient to conduct continuing education for staff development. The training sessions may be technical in nature or may focus on teaching techniques for the improvement of clinical documentation issues.

(7) **Medical Records Technician (Clinical Documentation Improvement Specialist (CDIS - Inpatient)), GS-9**

(a) **Experience.** One year of creditable experience equivalent to the journey grade level of a MRT (Coder-inpatient);

OR,

An associate's degree or higher, and three years of experience in clinical documentation improvement (candidates must also have successfully completed coursework in medical terminology, anatomy and physiology, medical coding, and introduction to health records);

OR,

Mastery level certification through AHIMA or AAPC, and two years of experience in clinical documentation improvement;

**NOTE:** See paragraph 2g above for a detailed definition of mastery level certification.

OR,

Clinical experience such as RN, M.D., or DO, and one year of experience in clinical documentation improvement.

(b) **Certification.** Employees at this level must have either a mastery level certification or a clinical documentation improvement certification.

**NOTE:** See paragraph 2g and 2h for a detailed definition of mastery level certification and clinical documentation improvement certification.

(c) **Assignment**. For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Inpatient CDISs must be able to perform all duties of a MRT (Coder-Inpatient). CDISs serve as the liaison between health information management and clinical staff. They are responsible for facilitating improved overall quality, education, completeness, and accuracy of health record documentation through extensive interaction with clinical, coding, and other associated staff to ensure clinical documentation supports services rendered to patients, appropriate workload is captured, and resources are properly allocated. They review documentation and facilitate modifications to the health record to ensure accurate severity of illness, risk of mortality, complexity of care, and utilization of resources. They identify opportunities for documentation improvement by ensuring that diagnoses and procedures are documented to the highest level of specificity. They recommend changes and/or update medical center policy pertaining to clinical documentation improvement. They serve as a technical expert in health record content and documentation requirements. They query clinical staff to clarify ambiguous, conflicting, or incomplete documentation. They review appropriateness of and responses to queries through review of query reports. They perform reviews of the health record documentation, developing criteria, collecting data, graphing and analyzing results, creating reports, and communicating orally and/or in writing to appropriate groups and leadership. They obtain appropriate corrective action plans from responsible clinical service directors and recommend improvements or changes in documentation practices, when applicable. They adhere to established documentation requirements as outlined by accrediting agencies guidelines, regulations, policies, and medical-legal requirements. They monitor trends in the industry and/or changes in regulations that could or should impact coding and documentation practices and identify who may require education. They are responsible for the development and implementation of active training/education programs (i.e., seminars, workshops, short courses, informational briefings, and conferences) for all clinical staff to ensure the CDIS program objectives are met. They provide training in small or large groups, educating clinical staff about current documentation standards and improvement techniques, including accurate and ethical documentation practices. They apply applicable coding conventions and guidelines to identify the principal and secondary diagnoses, and complete significant procedures to accurately reflect the patient's hospital course and DRG assignment in the inpatient setting.

(d) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Knowledge of coding and documentation concepts, guidelines, and clinical terminology.

ii. Knowledge of anatomy and physiology, pathophysiology, and pharmacology in order to interpret and analyze all information in a patient's health record, including laboratory and other test results, to identify opportunities for more precise and/or complete documentation in the health record.

iii. Ability to collect and analyze data and present results in various formats, which may include presenting reports to various organizational levels.

iv. Ability to establish and maintain strong verbal and written communication with providers.

v. Knowledge of regulations that define healthcare documentation requirements, including The Joint Commission, CMS, and VA guidelines.

vi. Extensive knowledge of coding rules and regulations, to include current clinical classification systems such as ICD CM and PCS. They must also possess a knowledge of complication or comorbidity/major complication or comorbidity (CC/MCC), MS-DRG structure, and POA indicators.

vii. Knowledge of severity of illness, risk of mortality, and complexity of care.

viii. Knowledge of training methods and teaching skills sufficient to conduct continuing education for staff development. The training sessions may be technical in nature or may focus on teaching techniques for the improvement of clinical documentation issues.

(8) **Medical Records Technician (Clinical Documentation Improvement Specialist (CDIS-Outpatient and Inpatient)), GS-9**

(a) **Experience.** One year of creditable experience equivalent to the journey grade level of a MRT (Coder-Outpatient and Inpatient);

OR,

An associate's degree or higher, and three years of experience in clinical documentation improvement (candidates must also have successfully completed coursework in medical terminology, anatomy and physiology, medical coding, and introduction to health records);

OR,

Mastery level certification through AHIMA or AAPC and two years of experience in clinical documentation improvement;

**NOTE:** See paragraph 2g for a detailed definition of mastery level certification.

OR,

Clinical experience such as RN, M.D., or DO, and one year of experience in clinical documentation improvement.

(b) **Certification.** Employees at this level must have either a mastery level certification or a clinical documentation improvement certification.

**NOTE:** See paragraph 2g and 2h for a detailed definition of mastery level certification and clinical documentation improvement certification.

(c) **Assignment**. For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. CDISs must be able to perform all duties of a MRT (Coder-Outpatient and Inpatient). CDISs serve as the liaison between health information management and clinical staff. They are responsible for facilitating improved overall quality, education, completeness and accuracy of health record documentation through extensive interaction with clinical, coding, and other associated staff to ensure clinical documentation supports services rendered to patients, appropriate workload is captured, and resources are properly allocated. They review documentation and facilitate modifications to the health record to ensure accurate severity of illness, risk of mortality, complexity of care, and utilization of resources. They identify opportunities for documentation improvement by ensuring that diagnoses and procedures are documented to the highest level of specificity, accurately address all acute and chronic conditions, and reflect the true health status of patients. They recommend changes and/or update medical center policy pertaining to clinical documentation improvement. They serve as a technical expert in health record content and documentation requirements. They query clinical staff to clarify ambiguous, conflicting, or incomplete documentation. They review appropriateness of and responses to queries through review of query reports. They review health record documentation, develop criteria, collect data, graph and analyze results, create reports, and communicate orally and/or in writing to appropriate groups and leadership. They obtain appropriate corrective action plans from responsible clinical service directors and recommend improvements or changes in documentation practices, when applicable. They adhere to established documentation requirements as outlined by accrediting agencies guidelines, regulations, policies, and medical-legal requirements. They monitor trends in the industry and/or changes in regulations that could, or should, impact coding and documentation practices and identify who may require education. They are responsible for the development and implementation of active training/education programs (i.e., seminars, workshops, short courses, informational briefings, and conferences) for all clinical staff to ensure the CDIS program objectives are met. They provide training in small or large groups, educating clinical staff about current documentation standards and improvement techniques, including accurate and ethical documentation practices. They apply applicable coding conventions and guidelines to identify the principal and secondary diagnoses and complete significant procedures to accurately reflect the patient's hospital course and

DRG assignment in the inpatient setting. These are also applied to accurately reflect medical necessity and level of service or procedure performed in the outpatient setting.

(d) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Knowledge of coding and documentation concepts, guidelines, and clinical terminology.

ii. Knowledge of anatomy and physiology, pathophysiology, and pharmacology to interpret and analyze all information in a patient's health record, including laboratory and other test results to identify opportunities for more precise and/or complete documentation in the health record.

iii. Ability to collect and analyze data and present results in various formats, which may include presenting reports to various organizational levels.

iv. Ability to establish and maintain strong verbal and written communication with providers.

v. Knowledge of regulations that define healthcare documentation requirements, including The Joint Commission, CMS, and VA guidelines.

vi. Extensive knowledge of coding rules and regulations, to include current clinical classification systems such as ICDCM and PCS, CPT, and HCPCS. They must also possess knowledge of complication or comorbidity/major complication or comorbidity (CC/MCC), MS-DRG structure, and POA indicators.

vii. Knowledge of severity of illness, risk of mortality, complexity of care for inpatients, and CPT Evaluation and Management (E/M) criteria to ensure the correct selection of E/M codes that match patient type, setting of service, and level of E/M service provided for outpatients.

viii. Knowledge of training methods and teaching skills sufficient to conduct continuing education for staff development. The training sessions may be technical in nature or may focus on teaching techniques for the improvement of clinical documentation issues.

(9) **Medical Records Technician (Coder) Auditor, GS-9**

(a) Auditor assignments can be established for any of the coder subspecialties (outpatient, inpatient, or outpatient and inpatient combined). The subspecialty will be reflected in the title, e.g., MRT (Coder) Auditor (Outpatient).

(b) **Experience.** One year of creditable experience equivalent to the journey grade level of a MRT (Coder).

(c) **Certification.** Employees at this level must have a mastery level certification.

**NOTE:** See paragraph 2g for a detailed definition of mastery level certification.

(d) **Assignment.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Auditors must be able to perform all duties of a MRT (Coder). Auditors serve as experts of current coding conventions and guidelines related to professional and facility coding. Auditors perform audits of encounters to identify areas of non-compliance in coding. They facilitate improved overall quality, completeness, and accuracy of coded data. They provide recommendations on appropriate coding and are responsible for maintaining current knowledge of the various regulatory guidelines and requirements. They assist facility staff with documentation requirements to completely and accurately reflect the patient care provided. They provide technical support in the areas of regulations and policy, coding requirements, resident supervision, reimbursement, workload, accepted nomenclature, and proper sequencing. They directly consult with the clinical staff for clarification of conflicting or ambiguous clinical data. They use computer applications with varied functions to produce a wide range of reports, to abstract records, and review assigned codes. They perform prospective and retrospective coding audits and use results to identify documentation, coding inadequacies, and re-educate clinical and coding staff based on audit results. They act independently to plan, organize, and perform auditing with emphasis on data validation, analysis, and generation of reports. They assist in the development of guidelines for data quality, consistency, and monitoring for compliance to improve the quality of clinical, financial, and administrative data. They ensure that all coded data is fully documented and supported. They maintain statistical database(s) to track the results and validate the program. They identify patterns and variations in coding practices with regular reports to the medical staff and management.

(e) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Advanced knowledge of current coding classification systems such as ICD, CPT, and HCPCS for the subspecialty being assigned (outpatient, inpatient, outpatient and inpatient combined).

ii. Ability to research and solve complex questions related to coding conventions and guidelines in an accurate and timely manner.

iii. Ability to review coded data and supporting documentation to identify adherence to applicable standards, coding conventions and guidelines, and documentation requirements.

iv. Ability to format and present audit results, identify trends, and provide guidance to improve accuracy.

v. Skill in interpersonal relations and conflict resolution to deal with individuals at all organizational levels.

(10) **Lead Medical Records Technician (Coder), GS-9**

(a) Lead coder assignments can be established for any of the coder subspecialties (outpatient, inpatient, outpatient and inpatient combined). The subspecialty will be reflected in the title, e.g., Lead MRT (Coder-Outpatient).

(b) **Experience.** One year of creditable experience equivalent to the journey grade level MRT (Coder).

(c) **Certification.** Employees at this level must have a mastery level certification.

**NOTE:** See paragraph 2g for a detailed definition of mastery level certification.

(d) **Assignment.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Lead MRTs (Coder) must be able to perform all duties of a MRT (Coder). Lead MRTs (Coder) review coding and assist MRTs (Coder) in ensuring timeliness and improving coding accuracy; provide coding guidance to various levels of staff to promote consistency in practice and compliance with coding rules and regulations; initiate, prepare, and maintain various reports, and analyze data; and may also coordinate, assign, and monitor workflow. They provide input for performance evaluations and hiring. They orient and instruct new coding personnel and/or students on coding, abstracting, and use of the electronic health record and encoder software. They ensure audit findings and claim denials related to coding errors are resolved and/or daily coding rejects corrected for accurate billing and data collection. They monitor trends and/or changes in regulatory and policy requirements affecting coding practices and identify educational needs. They develop coding training materials and present a curriculum encompassing ongoing training initiatives. They provide assistance with coding inquiries from providers, MRTs (Coder), billers, and other facility staff. Lead MRTs whose assignments involve two or more MRT specialty areas will be assigned the parenthetical title for the predominant specialty area. Lead MRTs (Coder) may be at a facility or in a consolidated coding unit (CCU).

(e) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to work with a team to provide technical guidance, plan, organize, and coordinate activities in order to effectively complete job duties of assignment, such as distributing workload, monitoring the status and progress of work, monitoring accuracy of work, etc.

ii. Advanced knowledge of current coding classification systems for the subspecialty being assigned (outpatient, inpatient, outpatient and inpatient combined) and the ability to research and solve complex questions related to coding conventions and guidelines in an accurate and timely manner.

iii. Ability to effectively communicate, both orally and in writing, in order to meet program objectives.

iv. Knowledge of training methods and the ability to provide training to new coding staff.

v. Ability to collect and analyze data and present results in various formats, which may include presenting reports to various organizational levels.

vi. Leadership skills, including interpersonal relations and conflict resolution between employees, managers, and clinical staff.

(11) **Supervisory Medical Records Technician (Coder), GS-10**

(a) Supervisory coder assignments can be established for any of the coder subspecialties (outpatient, inpatient, outpatient and inpatient combined). The subspecialty will be reflected in the title, e.g., Supervisory MRT (Coder-Outpatient).

(b) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(c) **Certification.** Employees at this level must have a mastery level certification.

**NOTE:** See paragraph 2g for a detailed definition of mastery level certification.

(d) **Assignment.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Supervisory MRTs (Coder) are responsible for supervising coding staff at the facility level. Supervisory MRTs (Coder) must be able to perform all duties of a MRT (Coder). The supervisory coder is responsible for the supervision, administrative management, and direction of coding staff. They are responsible for program management of a coding section/unit to ensure performance monitors are established and met. They perform a full range of supervisory responsibilities, to include evaluating the performance of subordinate staff, approving sick and annual leave requests, identifying educational or training needs, resolving employee complaints, and taking disciplinary actions, when necessary. They inform higher level management of anticipated vacancies or increases in workload. They recommend employees for promotions, reassignments, recognitions, retention or release of probationary employees, or other changes of assigned personnel. They make decisions on the selection of employees for vacant or new positions. They serve as an expert coding resource to ensure accuracy and integrity of all coding. They collaborate with revenue, compliance, and other departments to support coding accuracy that is consistent with the official guidelines for coding and reporting. They resolve claim edits referred to coding management and monitor reports for outstanding services, rejects, or uncoded episodes of care for inpatients and/or outpatients. The supervisory coder ensures claim denials related to coding errors are resolved, and/or daily coding rejects are corrected for accurate billing and data collection. They provide education to clinical and coding staff. They assess current audit findings and evaluate impact to coding and documentation practices. They oversee the reporting of coding and documentation audit results to leadership. They collect and prepare data for studies involving inpatient stays and

outpatient encounters for clinical evaluation purposes, prepare and maintain a variety of complex records and daily, monthly, or "on demand" reports, as requested. The supervisory coder creates and monitors outpatient reports, inpatient case mix reports, top DRGs, and key performance indicators to identify patterns, trends, and variations. They investigate and evaluate potential causes for changes or problems and collaborate with the appropriate staff to effect resolution or explain variances. They participate in the formulation of objectives and strategies utilizing coded data to support goals for patient care, teaching, research, and optimizing management of resources. Supervisory MRTs whose assignments involve two or more MRT specialty areas will be assigned the parenthetical title for the predominant specialty area.

(e) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to perform a full range of supervisory duties, to include recommending awards, approving leave, evaluating work, resolving staff issues, and assigning, planning, and coordinating work to ensure duties are completed in an accurate and timely fashion.

ii. Advanced knowledge of current coding classification systems such as ICD, CPT, and HCPCS for the subspecialty being assigned (outpatient, inpatient, outpatient and inpatient combined).

iii. Ability to provide or coordinate staff development and training.

iv. Leadership and managerial skills, including skill in interpersonal relations and conflict resolution to deal with employees, team leaders, and managers.

v. Ability to collect and analyze data, identify trends, and present results in various formats.

(12) **Supervisory Medical Records Technician (Coder) (Consolidated Coding Unit (CCU)), GS-10**

(a) **Consolidated Coding Unit (CCU).** Supervisory coder (CCU) assignments can be established for any of the coder subspecialties (outpatient, inpatient, outpatient and inpatient combined). The subspecialty will be reflected in the title, e.g., Supervisory (Coder-Outpatient) CCU.

(b) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(c) **Certification.** Employees at this level must have a mastery level certification.

**NOTE:** See paragraph 2g for a detailed definition of mastery level certification.

(d) **Assignment.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Supervisory MRTs (Coder) (CCU) are responsible for supervising coding staff within an entire

network or region, such as a consolidated coding unit or VISN coding pool. They collaboratively work with the Chief HIM at each facility within the assigned region/network in order to coordinate work related to the consolidated coding unit and resolve any problems which could impede the progress of the unit. They coordinate and maintain effective communication with the medical centers and CPAC within an assigned region/network in order to accomplish coding assignments for the consolidated coding unit. Supervisory MRTs (Coder) (CCU) must be able to perform all duties of a MRT (Coder). The supervisory coder performs a full range of supervisory responsibilities, to include evaluating the performance of subordinate staff, approving sick and annual leave requests, identifying educational or training needs, resolving employee complaints, and taking disciplinary actions. They inform higher level management of anticipated vacancies or increases in workload. They recommend employees for promotions, reassignments, recognitions, retention or release of probationary employees, or other changes of assigned personnel. They make decisions on the selection of employees for vacant or new positions. They serve as an expert coding resource to ensure accuracy and integrity of all coding. They collaborate with revenue, compliance, and other departments to support coding accuracy that is consistent with the official guidelines for coding and reporting. They resolve claim edits referred to coding management and monitor reports for outstanding services, rejects, or uncoded discharges for inpatients and/or outpatients. They resolve claim denials related to coding errors and ensure coding corrections and rebilling, as required. They provide education to clinical and coding staff. They assess current audit findings activities and evaluate impact to coding and documentation practices. The supervisory coder oversees the reporting of coding and documentation audit results to leadership. They collect and prepare data for studies involving inpatient stays and outpatient encounters for clinical evaluation purposes, prepare and maintain a variety of complex records and daily, monthly, or "on demand" reports, as requested. They create and monitor outpatient reports, inpatient case mix reports, top DRGs, and key performance indicators to identify patterns, trends, and variations, investigate and evaluate potential causes for changes or problems, and take appropriate steps, in collaboration with the appropriate staff, to effect resolution or explain variances. They participate in the formulation of objectives and strategies using coded data to support goals for patient care, teaching, research, and optimizing management of resources.

(e) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to perform a full range of supervisory duties, to include recommending awards, approving leave, evaluating work, resolving staff issues, and assigning, planning, and coordinating work to ensure duties are completed in an accurate and timely fashion.

ii. Advanced knowledge of current coding classification systems such as ICD, CPT, and HCPCS for the subspecialty being assigned (outpatient, inpatient, outpatient and inpatient combined).

iii. Ability to provide or coordinate staff development and training.

iv. Leadership and managerial skills, including skill in interpersonal relations and conflict resolution to deal with employees, team leaders, and managers.

v. Ability to collect and analyze data, identify trends, and present results in various formats.

**5. DEVIATIONS.**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for MRTs in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrants such action, based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the certification requirements be waived.

c. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. §§ 7402, 7403.]**

# [APPENDIX G58. MEDICAL RECORDS TECHNICIAN (RELEASE OF INFORMATION) QUALIFICATION STANDARD GS-0675 Veterans Health Administration

**COVERAGE.** Release of information falls under the jurisdiction of Health Information Management. The following are the requirements for appointment as a Medical Records Technician (MRT) (Release of Information (ROI)) in the Veterans Health Administration (VHA). These requirements apply to all VHA MRT (ROI) assignments in the GS-0675 series. The MRT (ROI) reviews and processes requests for patient protected health information (PHI). The MRT (ROI) also provides direct customer service to the Veteran (or third party), by providing copies of the Veteran's PHI, when a signed, written request is received, or upon the Veteran's valid authorization to a third party. The MRT (ROI) must ensure that only the information that the Veteran specified be released, is shared only with those whom the Veteran has authorized, or who have legal authority to receive such information. To perform this task, a MRT (ROI) must possess expertise in all applicable Federal laws, rules, and regulations regarding release of health information.

**DEFINITIONS.**

a. **Journey Level.** The full performance level for the MRT (ROI) assignment is GS-6.

b. **Creditable Experience.** Experience is only creditable if it is paid or non-paid employment directly related to the position to be filled, or in a related field such as medical support assistants, ward clerks, health record file room/scanning technicians, incomplete health record analysis, medical coding, or other positions that included knowledge of the content and use of health records. To be creditable, the candidate's experience must have demonstrated the use of knowledge, skills, and abilities associated with current release of information practice.

c. **Quality of Experience.** To be creditable, experience must be documented on the application or resume, and verified through an employment reference or other independent means.

d. **Part-Time Experience.** Part-time experience as a professional MRT (ROI) is creditable according to its relationship to the full-time workweek. For example, a MRT (ROI) would receive one week of full-time credit for each two weeks of half-time work.

e. **Predominant Specialty Area**. Lead and Supervisory MRT (ROI) whose assignments involve two or more MRT specialty areas will be assigned the parenthetical title for the predominant specialty area being led/supervised.

**BASIC REQUIREMENTS.**

a. **Citizenship.** Be a citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, of this part.)

b. **Experience and Education**

(1) **Experience**. One year of creditable experience that indicates knowledge of medical terminology and general understanding of health records. Six months of the required one year of creditable experience must have provided the knowledge, skills, and abilities (KSAs) needed to perform MRT (ROI) work.

OR,

(2) **Education.** An associate's degree from an accredited college or university recognized by the U.S. Department of Education with a major field of study in health information technology/health information management, or a related degree with a minimum of 12 semester hours in health information technology/health information management (e.g., courses in medical terminology, anatomy and physiology, legal aspects of health care, and introduction to health records).

OR,

(3) **Experience/Education Combination.** Equivalent combinations of creditable experience and education are qualifying towards meeting basic experience requirements. The following experience and educational/training substitutions are appropriate for combining education and creditable experience:

(a) Six months of creditable experience that indicates knowledge of medical terminology, privacy and release of information, the health record, and one year above high school with a minimum of six semester hours of health information technology/health information management courses.

(b) Six months of creditable experience that indicates knowledge of medical terminology, privacy and release of information, the health record, and successful completion of a course for medical technicians, hospital corpsmen, medical service specialists, or hospital training obtained in a training program given by the Armed Forces or the U.S. Maritime Service under close medical and professional supervision. The training program may be substituted on a month-for-month basis for up to six months of experience provided the training program included courses in anatomy and physiology, and health record techniques and procedures.

c. **Grandfathering Provision.** All persons employed in VHA as a MRT (ROI) on the effective date of this qualification standard are considered to have met all qualification

requirements for the grade held, including positive education and licensure/certification/ registration that are part of the basic requirements of the occupation. Employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Such employees in an occupation that does not require a licensure/certification/ registration may be reassigned, promoted, or demoted within the occupation, but will not be promoted beyond the journey level or placed in supervisory or managerial positions.

(2) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended, or be reappointed on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration that meet all the basic requirements of this qualification standard, must maintain the required credentials as a condition of employment in the occupation.

d. **Physical Requirements.** See VA Directive and Handbook 5019, Employee Occupational Health Service.

e. **English Language Proficiency.** MRTs (ROI) must be proficient in spoken and written English, as required by 38 U.S.C. § 7403(f).

**GRADE REQUIREMENTS.**

a. **MRT (ROI).** All individuals assigned to this occupation must have an approved parenthetical title, as described below:

(1) MRT (ROI)

(2) MRT (ROI-Legal);

(3) Lead MRT (ROI); or

(4) Supervisory MRT (ROI).

**GRADE DETERMINATIONS.**

a. **Medical Records Technician (ROI), GS-4**

(1) **Experience or Education.** None beyond basic requirements.

(2) **Assignment.** Employees at this level serve in entry level MRT (ROI) position and receive close supervision and support from more experienced ROI staff members. MRTs (ROI) receive and validate authorization forms and requests for information, and prioritize requests per policies and regulations. They use various computer applications to track and release all authorized ROI requests. They process and release health information to authorized first- and third-party requestors. MRTs (ROI) initiate and maintain the accounting of disclosure for all records disclosed from a Privacy Act system of records. They ensure compliance with policies, procedures, laws, and regulations governing privacy and release of information.

b. **Medical Records Technician (ROI), GS-5**

(1) **Experience.** One year of creditable experience equivalent to the next lower grade level;

OR,

(2) **Education.** Successful completion of a bachelor's degree from an accredited college or university recognized by the U.S. Department of Education, with a major field of study in health information management, or a related degree with a minimum of 24 semester hours in health information technology/health information management (e.g., courses in medical terminology, anatomy and physiology, legal aspects of health care, and introduction to health records).

(3) **Assignment.** Employees at this grade level serve in developmental positions as MRTs (ROI) and receive guidance from more experienced staff members for complex release of information procedures. They receive and validate authorization forms and requests for information and prioritize requests according to policies and regulations. They utilize various computer applications to track and release all authorized release of information requests. They also process and release health information to authorized first- and third-party requestors. They initiate and maintain accounting of disclosure for all records disclosed from a Privacy Act system of records. They communicate with internal and external stakeholders to provide technical expertise regarding the release of information process. They ensure compliance with policies, procedures, laws, and regulations governing privacy and release of information.

(4) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to utilize health information technology and various office software products utilized in MRT (ROI) positions (e.g., the electronic health record, release of information systems, etc.).

(b) Knowledge of health record documentation guidelines and processes for disclosing protected health information.

(c) Ability to manage priorities and coordinate work in order to complete duties within required timeframes, and the ability to follow-up on pending issues.

(d) Knowledge of policies, procedures, laws, and regulations governing privacy and release of information.

(e) Ability to communicate with individuals from various backgrounds to obtain the desired effect or gaining information by establishing rapport.

c. **Medical Records Technician (ROI), GS-6**

(1) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(2) **Assignment.** This is considered the journey level for MRT (ROI) positions. Employees at this level apply, interpret, and analyze laws and regulations related to the disclosure of health information. MRTs (ROI) are responsible for educating requestors on requirements for submitting requests for health information. They receive and validate authorization forms and requests for information and prioritize requests according to policies and regulations. They use various computer applications to track and release all authorized release of information requests. MRTs (ROI) process and release health information to authorized first- and third-party requestors. They initiate and maintain the accounting of disclosure for all records disclosed from a Privacy Act system of records. They communicate with internal and external stakeholders to provide technical expertise regarding the release of information process. They ensure compliance with policies, procedures, laws, and regulations governing privacy and release of information.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of the laws and regulations related to the authorization and disclosure of health information (e.g., Privacy Act, Freedom of Information Act, Health Insurance Portability and Accountability Act (HIPAA), and 38 U.S.C. § 7332, Confidentiality of Certain Medical Records).

(b) Ability to apply health record documentation guidelines and processes to navigate efficiently through the paper and/or electronic health record to locate, assemble, and disclose protected health information.

(c) Ability to apply policies, procedures, laws, and regulations governing privacy and release of information to process requests for release of information.

(d) Ability to research and solve difficult questions related to release of health information in an accurate and timely manner.

**d. Medical Records Technician (ROI-Legal), GS-7**

(1) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(2) **Assignment.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. MRTs at this grade level will serve as the sole point of contact, and accurately process and timely respond to complex medical legal requests, including, but not limited to, subpoenas, depositions, testimony, tortfeasor (Third Party Liability), Workers' Compensation, Labor and Industries, and court orders for information from attorneys, courts, local law enforcement agencies, public defenders, or insurance agencies. They serve as a liaison to Regional Counsels and U.S. Attorney's offices, for trial cases. They review and analyze requests to ascertain the type of case to be developed. MRTs (ROI -Legal) ensure all disclosures are made in compliance with existing policies, procedures, guidelines, laws, and regulations. They ensure that information released is limited to what is specifically authorized and to the person or agency designated to receive it. They maintain the accounting of disclosures for all leg al cases. MRTs (ROI-Legal) compile the legal health record and provide advisory and technical assistance to patients and internal and external stakeholders pertaining to medical legal requests. They extensively research and resolve conflicting or inconsistent information related to complex medical legal requests.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of the laws and regulations related to the authorization and disclosure of health information.

(b) Ability to apply laws and regulations related to the disclosure of health information (e.g., Privacy Act, Freedom of Information Act, HIPAA, and 38 U.S.C. § 7332, Confidentiality of Certain Medical Records).

(c) Ability to investigate the contents of paper and electronic health records and systems that contain health information to compile the legal health record based on existing standards and requirements.

e. **Lead Medical Records Technician (ROI), GS-7**

(1) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(2) **Assignment.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. This assignment is for facilities that cannot justify or support a MRT (ROI-Legal) assignment, and must place a lead MRT (ROI) over employees up to the journey level. Lead MRTs (ROI) monitor quality and quantity of work to ensure adherence to applicable requirements and regulations. They ensure the work assignments of the team are carried out by performing duties which include distributing and balancing workload, monitoring the status and progress of work, instructing and answering employee questions, checking employee work, and amending or rejecting work not meeting standards. Lead MRTs (ROI) develop training and provide resources pertaining to VHA and other Federal policies, guidelines, and regulations. They conduct training for all new

release of information staff regarding the software, the process of requesting archived health records, and the use of VHA computer applications. Lead MRTs (ROI) act as the technical experts and provide consultation regarding HIPAA and the Privacy Act, as it pertains to release of information.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to work with a team to provide technical guidance, plan, organize, and coordinate activities of release of information to effectively complete job assignments (i.e., distributing workload, monitoring the status and progress of work, monitoring accuracy of work, and ensuring required timelines are met.)

(b) Knowledge of the laws and regulations related to the authorization and disclosure of health information.

(c) Ability to effectively communicate, both orally and in writing, to meet program objectives.

(d) Ability to prepare reports in various formats and present data to various organizational levels.

(e) Ability to provide or coordinate staff development and training.

f. **Supervisory Medical Records Technician (ROI), GS-7**

(1) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(2) **Assignment.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. This supervisory MRT (ROI) will be assigned responsibilities at smaller medical centers where a GS-7 Lead MRT (ROI) or MRT (ROI-Legal) assignment cannot be supported, justified, or established. The supervisory MRT (ROI) is responsible for the supervision, administrative management, and direction of ROI staff at or below the journey level. They generate workload reports, distribute pending workload to staff, and monitor completion status. They ensure timely release of health records in accordance with policies and procedures. The supervisory MRT (ROI) ensures orientation and competency assessment of assigned staff is conducted. They develop policies and procedures, performance standards, position descriptions, and/or functional statements. They maintain interdepartmental relations with other services to accomplish medical center goals. The supervisory MRT (ROI) also serves as the primary point of contact, and will accurately process, and provide timely responses to complex medical legal requests, including, but not limited to, subpoenas, depositions, testimony, court orders for information from attorneys, courts, local law enforcement agencies, and/or public defenders. They serve as a liaison to Regional Counsels and U.S. Attorney's offices, for trial cases. They compile the legal health record and research and resolve conflicting or inconsistent information related to complex medical and legal requests.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of the laws and regulations related to the authorization and disclosure of health information.

(b) Ability to manage and supervise individuals, set priorities, and schedule work assignments.

(c) Skill in interpersonal relations and conflict resolution.

(d) Ability to investigate the contents of paper and electronic health records and systems that contain health information to compile the legal health record based on existing standards and requirements.

(e) Ability to provide or coordinate staff development and training.

(f) Knowledge of and ability to provide a full range of supervisory duties, to include responsibility for assignment of work, performance evaluation, selection of staff, recommendations of awards, advancements, and disciplinary actions.

**g. Lead Medical Records Technician (ROI), GS-8**

(1) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(2) **Assignment.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Lead MRTs (ROI) distribute and prioritize workload among employees. Individuals in this assignment perform lead functions over GS-6 MRT (ROI) and GS-7 MRT (ROI-Legal) positions. Lead MRTs (ROI) ensure an even workflow and distribution of the workload, as well as resolve workflow and workplace issues. They revise work assignments to meet anticipated and unanticipated needs, as necessary. They also review work in progress, or spot check work to ensure compliance with established procedures, methods, and deadlines. They monitor daily productivity and accuracy of staff ensuring turnaround times are met and backlogs are addressed. They keep management informed of performance issues, assignment changes, and task completion. They also provide guidance to employees on work-related activities, policies, procedures, and goals. The Lead MRT (ROI) develops trainings and provides resources pertaining to VHA and other Federal policies, guidelines, and regulations. They conduct training for all new release of information staff regarding the software, the process of requesting archived health records, and the use of VA computer applications. They act as a technical expert and provide consultation regarding HIPAA and the Privacy Act, as it pertains to release of information.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to lead individuals, set priorities, and schedule work assignments.

(b) Ability to monitor and report on the status and progress of work, and make adjustments to accomplish the workload in accordance with established procedures.

(c) Skill in communicating with staff to ensure compliance with established policies, procedures, and regulations.

(d) Ability to provide or coordinate staff development and training.

**h. Supervisory Medical Records Technician (ROI), GS-8**

(1) **Experience.** One year of creditable experience equivalent to the next lower grade level.

(2) **Assignment.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. This assignment performs supervision, administrative management, and direction of release of information staff, which includes GS-7 MRT (ROI-Legal), and lead MRT (ROI) positions. They have full supervisory responsibility, including preparing work assignments, monitoring the performance of release of information staff, evaluating employee performance, selecting staff, recommending awards and advancements, and taking disciplinary actions. The supervisory MRT(ROI) generates workload reports, distributes pending workload to staff, and monitors completion status. The employee ensures the timely release of health records in accordance with policies and procedures. They ensure compliance with accrediting agency and regulatory requirements and ensure corrective action is initiated, as needed. They work collaboratively with VA Regional Counsel to ensure health records related to malpractice, subpoenas, and tort cases are prepared and disclosed in a timely manner. The supervisory MRT (ROI) ensures orientation and competency assessments are conducted for all assigned staff. They develop policies and procedures, performance standards, and position descriptions, and/or functional statements. They are responsible for professional and administrative management of release of information staff. They maintain interdepartmental relations with other services to accomplish medical center goals.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to develop policy and provide workload analysis for release of information.

(b) Skill in interpersonal relations and conflict resolution.

(c) Ability to provide or coordinate staff development and training.

(d) Ability to provide the full range of supervisory duties, to include responsibility for assignment of work to be performed, performance evaluation, selection of staff, recommendations of awards, advancements, and disciplinary actions.

**1. DEVIATIONS.**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for MRT (ROI) in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. §§ 7402, 7403.**]

# [APPENDIX G59. MEDICAL RECORDS TECHNICIAN (HEALTH INFORMATION TECHNICIAN) QUALIFICATION STANDARD GS-0675 Veterans Health Administration

**COVERAGE.** Health information technology falls under the jurisdiction of Health Information Management (HIM). The following are the requirements for appointment as a Medical Records Technician (MRT) Health Information Technician (HIT) in the Veterans Health Administration (VHA). These requirements apply to all VHA MRTs HIT in the GS-0675 series. MRTs HIT perform incomplete health record analysis. They review, analyze, abstract, maintain, extract, and compile information from the health record. MRTs HIT check for accuracy, completeness, and timeliness of the health record and monitor and report for regulatory compliance.

**DEFINITIONS.**

a. **Journey Level.** The full performance level for the MRT HIT assignment is GS-7.

b. **Creditable Experience.** Experience is only creditable if it is paid or non-paid employment directly related to the position to be filled, or in a related field, such as medical support assistants, clinic/ward clerks, health record file room/scanning technicians, medical coding, or other positions that include knowledge of the content and uses of health records. To be creditable, the candidate's experience must have demonstrated the use of knowledge, skills, and abilities associated with current MRT HIT practice.

c. **Quality of Experience.** To be creditable, experience must be documented on the application or resume and verified in an employment reference, or through other independent means.

d. **Part-Time Experience.** Part-time experience as a MRT HIT is creditable according to its relationship to the full-time workweek. For example, a MRT HIT would receive one week of full-time credit for each two weeks of half-time work.

e. **Predominant Specialty Area**. Lead and Supervisory MRTs HIT, whose assignments involve two or more MRT specialty areas, will be assigned the parenthetical title for the predominant specialty area being led/supervised.

**BASIC REQUIREMENTS.**

a. **Citizenship.** Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

**b. Experience and Education.**

(1) **Experience.** One year of creditable experience that indicates knowledge of medical terminology, anatomy, physiology, and a general understanding of health records. Six months of the required one year of creditable experience must have provided the knowledge, skills, and abilities (KSAs) needed to perform MRT HIT work.

OR,

(2) **Education.** An associate's degree from an accredited college or university recognized by the U.S. Department of Education, with a major field of study in health information technology/health information management, or a related degree with a minimum of 12 semester hours in health information technology/health information management (e.g., courses in medical terminology, anatomy, physiology, legal aspects of health care, and introduction to health records).

OR,

(3) **Experience/Education Combination.** Equivalent combinations of creditable experience and education are qualifying towards meeting basic experience requirements. The following educational/training substitutions are appropriate for combining education and creditable experience:

(a) Six months of creditable experience that indicates knowledge of medical terminology, privacy and release of information, the health record, and one year above high school with a minimum of six semester hours of health information technology/health information management.

(b) Six months of creditable experience that indicates knowledge of medical terminology, privacy and release of information, the health record, and successful completion of a course for medical technicians, hospital corpsmen, medical service specialists, or hospital training obtained in a training program given by the U.S. Armed Forces or the U.S. Maritime Service, under close medical and professional supervision, may be substituted on a month-for-month basis for up to six months of experience, provided the training program included courses in anatomy, physiology, and health record techniques and procedures.

**c. Grandfathering Provision.** All persons employed in VHA as a MRT HIT, on the effective date of this qualification standard, are considered to have met all qualification requirements for the grade held, including positive education and licensure/certification/ registration that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Such employees in an occupation that does not require a licensure/certification/ registration, may be reassigned, promoted, or demoted within the occupation, but will not be promoted beyond the journey level or placed in supervisory or managerial positions.

(2) Employees appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended, or be reappointed on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration that meet all the basic requirements of this qualification standard, must maintain the required credentials, as a condition of employment in the occupation.

**a. Physical Requirements.** See VA Directive and Handbook 5019, Employee Occupational Health Service.

**b. English Language Proficiency.** MRTs HIT must be proficient in spoken and written English, as required by 38 U.S.C. § 7403(f).

**GRADE REQUIREMENTS.** All MRT HIT employees assigned to this occupation must have an approved parenthetical title as described below:

a. MRT (HIT);

b. Lead MRT (HIT); or

c. Supervisory MRT (HIT).

**G**RADE DETERMINATIONS AND ASSIGNMENTS.

**a. Medical Records Technician (HIT), GS-4 (Entry Level)**

(1) **Experience or Education.** None beyond basic requirements.

(2) **Assignment.** Employees at this level serve as entry level MRTs HIT, and receive close supervision from the supervisory MRT HIT or designee. MRTs HIT analyze health records for accuracy, completeness, timeliness, consistency, and compliance (e.g., scanned, uploaded, use of correct titles, linked to correct encounters, etc.), with HIM industry standards, policies, procedures, laws, regulations, and accrediting bodies. They perform health record review activities to satisfy external accreditation requirements and medical center performance measures. They monitor, verify, correct, and upload all transcription/medical speech recognition to maintain completeness and accuracy of health records.

**b. Medical Records Technician (HIT), GS-5 (Developmental Level 1)**

(1) **Experience.** One year of experience equivalent to the next lower level.

OR,

(2) **Education.** A bachelor's degree from an accredited college or university recognized by the U.S. Department of Education with a major field of study in health information management, or a related degree with a minimum of 24 semester hours in health information

technology/health information management (e.g., courses in medical terminology, anatomy & physiology, legal aspects of health care, and introduction to health records).

(3) **Assignment.** Employees at this grade level serve in developmental positions as MRTs HIT. Employees receive guidance from the supervisory MRT HIT, or designee, for more complex health record reviews. MRTs HIT analyze health records for accuracy, completeness, timeliness, consistency, and compliance (e.g., scanned, uploaded, use of correct titles, linked to correct encounters, etc.) with HIM industry standards, policies, procedures, laws, regulations, and accreditation requirement. They perform health record review activities to satisfy external accreditation requirements and medical center performance measures. They create and monitor reports to ensure that deficiencies are resolved and completed appropriately. They monitor, verify, correct, and/or upload all transcription/medical speech recognition to maintain completeness and accuracy of health records. MRTs HIT notify clinical providers regarding incomplete health records, and assist clinical providers regarding completeness of their health record documentation.

(4) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to communicate effectively with internal and external customers.

(b) Ability to utilize health information technology and various office software products used in health information management positions (e.g., Microsoft Excel, electronic health records, and delinquency tracking software).

(c) Knowledge of health record documentation guidelines and industry standards.

(d) Ability to manage priorities and coordinate work to complete duties within required timeframes.

(e) Ability to apply knowledge of medical terminology and human anatomy to fully understand the content of a health record.

**c. Medical Records Technician (HIT), GS-6**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Assignment.** This is a developmental level for MRT HIT. The MRT HIT at this level receives guidance from the supervisory MRT HIT, or designee, for more complex health records. The MRT HIT analyzes, abstracts, maintains, extracts and compiles information from the health record, working under the review of the supervisor. They analyze health records for accuracy, completeness, timeliness, consistency, and compliance (e.g., scanned, uploaded, use of correct titles, linked to correct encounters, etc.) with HIM industry standards, policies, procedures, laws, regulations, and accreditation requirements. They coordinate and/or perform health record review activities to satisfy external accreditation requirements and

medical center performance measures. The MRT HIT notifies clinical providers regarding incomplete health records. They assist clinical providers regarding completeness of their health record documentation, and the correction of health records. They conduct reviews of incomplete records for individuals clearing the facility. They create and monitor reports to ensure that deficiencies are resolved and completed appropriately. They monitor, verify, correct, and/or upload all transcription/medical speech recognition to maintain completeness and accuracy of health records. MRTs HIT serve as the technical experts in health record content and documentation requirements.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to navigate efficiently through the health record to locate needed information.

(b) Ability to analyze health record documentation to ensure compliance with guidelines and industry standards.

(c) Skill in investigating potential health record errors and making corrections, when appropriate.

(d) Skill in interpreting and applying health information guidelines and using judgment to complete assignments.

(e) Ability to follow up on incomplete health record documentation.

**d. Medical Records Technician (HIT), GS-7 (Full Performance Level)**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Assignment.** This is considered the journey level for MRTs HIT. MRTs HIT at this level review, analyze, abstract, maintain, extract, and compile information from the health record independently with minimal supervision. They analyze health records for accuracy, completeness, timeliness, consistency, and compliance (e.g., scanned, uploaded, use of correct titles, linked to correct encounters, etc.) with HIM industry standards, policies, procedures, laws, regulations, and accreditation requirements. They also coordinate and/or perform health record review activities to satisfy external accreditation requirements and medical center performance measures. They communicate regularly with staff at various levels of the organization regarding delinquent health records, and notify individual clinical providers regarding incomplete medical records. MRTs HIT prepare complex reports, calculate department statistics, note the status of all incomplete/delinquent records, and submit reports to the appropriate administrative and clinical staff and committees/leadership to ensure deficiencies are resolved and completed appropriately. They serve as the expert resource for clinical staff and assist clinical providers with completion or correction of their health record documentation. They conduct the review of incomplete records for individuals clearing the facility. MRTs HIT coordinate the use of medical speech recognition/transcription and monitor, verify, troubleshoot, correct, and/or upload all transcription/medical speech

recognition to maintain completeness and accuracy of health records. They serve as the technical expert in health record content and documentation requirements.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to judge whether health records contain sufficient information for regulatory requirements, are acceptable as legal documents, are adequate for continuity of patient care, and support education and research needs.

(b) Ability to take appropriate actions if health record content is not adequate, accurate, timely, and/or reliable.

(c) Ability to communicate both orally and in writing with individuals or groups, to facilitate compliance with established policies and regulations.

(d) Skill in using appropriate software and computer applications to analyze and record documentation trends.

(e) Ability to apply qualitative and/or quantitative methods for assessment and improvement of health records.

(f) Ability to work independently and utilize problem-solving techniques in the accomplishment of work.

**e. Lead Medical Records Technician (HIT), GS-8**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Lead MRTs HIT perform quantitative and qualitative reviews of health record documentation, initiate various reports, and analyze data. They coordinate, assign, and monitor the workflow. They ensure that team assignments are carried out by distributing and balancing workload, monitoring the status and progress of work, and adjusting workload in accordance with established priorities, instructing and answering employee questions, checking employee work, and amending or rejecting work that does not meet work standards. They resolve informal complaints of employees and make recommendations to the supervisor, as requested, concerning promotions, reassignments, recognition of performance, and personnel needs. Lead MRTs HIT train and provide expert advice on specific tasks, procedures, and policies. They serve as technical expert in health record content and documentation requirements, and as an expert resource for clinical staff regarding requirements for complete documentation. They create statistical reports for medical center management. Lead MRTs HIT are responsible for assisting staff with completing the health record for patient transfers, legal cases, or other urgent requests.

They identify and abstract information from health records for internal and external audits and special studies.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Comprehensive knowledge of health record technology methods, procedures, and techniques.

(b) Ability to work with a team to provide technical guidance, and to plan, organize, and coordinate activities to effectively complete job assignments (i.e., distributing workload, monitoring the status and progress of work, monitoring accuracy of work, and ensuring required timelines are met.)

(c) Skill in communicating effectively, both orally and in writing, to meet program objectives.

(d) Ability to prepare reports in a variety of formats and present data to individuals at various organizational levels.

(e) Ability to coordinate and provide staff development and training.

**f. Supervisory Medical Records Technician (HIT), GS-8**

(1) **Experience.** One year of experience equivalent to the next lower grade level.

(2) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Supervisory MRTs HIT provide the full range of supervisory duties, which include responsibility for determining staffing needs, assignment of work, performance evaluation, selection of staff, recommendations of awards and advancements, and disciplinary actions. They perform ongoing audits of staff for all areas of responsibility, and assign work to the staff at an appropriate quality and productivity level. They establish goals, train employees in the accomplishment of tasks or projects, and develop written policies, procedures, and guidelines. They serve as subject matter experts in health record content and documentation requirements. Supervisory MRTs HIT initiate various reports, analyze data, and work closely with clinical services to facilitate timeliness, completion, and accuracy of health record documentation. They monitor, maintain, and create statistical data to include incomplete and delinquent records, as well as quantitative and qualitative analysis findings, to produce reports for medical center management.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of operational tasks including record completion, discharge analysis, and abstracting health records, in accordance with facility accreditation, procedures, and regulatory policies.

(b) Ability to provide expert technical guidance in health record content and documentation requirements.

(c) Skill in utilizing various software and computer applications to generate and analyze various reports.

(d) Ability to coordinate and provide staff development and training.

(e) Ability to coordinate tasks and collaborate with individuals outside the work area and at higher organizational levels.

(f) Ability to provide the full range of supervisory duties, to include assignment of work, performance evaluation, selection of staff, and recommendation of awards, advancements, and disciplinary actions, when appropriate.

**DEVIATIONS.**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for MRTs HIT in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. §§ 7402, 7403.**]

# [APPENDIX G60. RECREATION AND CREATIVE ARTS THERAPIST QUALIFICATION STANDARD GS-0638 Veterans Health Administration

1. **COVERAGE.** The following are requirements for appointment as a recreation therapist or creative arts therapist (art, dance/movement, drama, music), in the Veterans Health Administration (VHA). Recreation and creative arts therapists perform a wide variety of interventions, which contribute to the overall health of Veterans. The work requires a professional knowledge of recreation therapy or creative arts therapy, and skill in applying a wide range of theories, principles, and methodologies in the practice of recreation therapy or creative arts therapy. These requirements apply to all VHA recreation and creative arts therapists in the General Schedule (GS)-0638 series.

2. **DEFINITIONS.**

   a. **Journey Level.** The full performance level (FPL) for this qualification standard is at the GS-11 grade level.

   b. **Creditable Experience.** To be creditable, the experience must have required the use of knowledge, skills, and abilities associated with current recreation or creative arts therapy practice. Experience satisfying this requirement may be paid or non-paid employment as a recreation or creative arts therapist in the health care field.

   c. **Quality of Experience.** Qualifying experience must be at a level comparable to a recreation or creative arts therapist at the next lower grade level of the position being filled. For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty), and range of variety, as described in this standard, at the specified grade level, and be performed by the incumbent at least 25% of the time.

   d. **Part-time Experience.** Part-time experience as a recreation or creative arts therapist is creditable according to its relationship to a full-time work week. For example, a recreation or creative arts therapist employed 20 hours per week, or on a half time basis, would receive one work week credit for each two weeks of service.

   e. **Large Affiliate Network.** Large affiliate networks consist of complexity level 1, complexity level 2, or complexity level 3 VHA facilities, where recreation and/or creative arts therapy services provide full, wide-reaching, and well-developed clinical service operations. Recreation and/or creative arts programs with large affiliate networks are integrated within multiple healthcare programs focusing on services for chronic physical and mental health illnesses and disabling conditions.

**3. BASIC REQUIREMENTS.**

a. **Citizenship.** Citizen of the United States (U.S.). (Non-citizens may be appointed when it is not possible to recruit qualified candidates in accordance with 38 U.S.C. § 7407(a)).

b. **Education.**The following education requirements apply to the recreation therapist, creative arts therapist (art), creative arts therapist (dance/movement), creative arts therapist (drama), and creative arts therapist (music):

(1) **Recreation Therapist**

(a) A bachelor's degree or higher, from an accredited college or university, with a major in therapeutic recreation or recreation/leisure, with an option and/or emphasis in therapeutic recreation. The degree must be approved by the National Council for Therapeutic Recreation Certification (NCTRC);

OR,

(b) A bachelor's degree or higher in any field from an accredited college or university and must be a certified therapeutic recreation specialist (CTRS). The degree must be approved by the NCTRC. If hired under this education, the certification cannot be waived.

(2) **Creative Arts Therapist (Art)**

(a) A master's degree or higher, from an accredited college or university, with a major in art therapy approved by the American Art Therapy Association on or before June 30, 2016. If the degree is received after June 30, 2016, a master's degree or higher from an accredited college or university, with a major in art therapy, must be accredited by the Council on Accreditation of Art Therapy Education: a committee of the Commission on Accreditation on Allied Health Education Program.

OR,

(b) A master's degree in a related field, plus graduate coursework and supervised field experience in art therapy. Acceptable related fields include: Counseling, Marriage and Family Therapy, Social Work, Psychology, Addictions Counseling, Psychiatric Nursing, and Psychiatry, AND must possess a full, current, and unrestricted registration as a Registered Art Therapist (ATR) approved by the Art Therapy Credentials Board**.** If hired under this education, the registration cannot be waived.

(3) **Creative Arts Therapist (Dance/Movement)**

(a) A master's degree or higher, from an accredited college or university, with a major or an emphasis in dance therapy or dance/movement therapy. The degree must be approved by the American Dance Therapy Association (ADTA).

OR,

(b) A master's degree or higher, from an accredited college or university, and must be a board-certified dance/movement therapist (BC-DMT) approved by the Dance Movement Therapy Certification Board (DMTCB). If hired under this education, the certification cannot be waived.

NOTE. Dance/movement therapy coursework that began on or after March 15, 2013, must have been approved by the ADTA subcommittee for the approval of alternate route courses.

(4) Creative Arts Therapist (Drama)

(a) A master's degree or higher, from an accredited college or university, with a drama degree program approved by the North American Drama Therapy Association (NADTA).

OR,

(b) A master's degree or higher, from an accredited college or university, and must be a registered drama therapist (RDT). The RDT is granted by the NADTA and indicates that one has met the educational requirements and achieved competency in the practice of drama therapy. If hired under this education, the registration cannot be waived.

(5) **Creative Arts Therapist (Music)**

(a) A bachelor's degree or higher, from an accredited college or university, in music therapy, or in music with an emphasis in music therapy. The degree must be approved by the National Association for Schools of Music and/or the American Music Therapy Association.

OR,

(b) A bachelor's degree or higher, from an accredited college or university, and must be a board-certified music therapist (MT-BC) approved by the Certification Board for Music Therapists (CBMT). If hired under this education, the certification cannot be waived.

(c) **Foreign Education.** To be creditable, education completed outside the U.S. must have been submitted to a private organization that specializes in the interpretation of foreign educational credentials. The private organization must deem such education at least equivalent to that gained in conventional U.S. programs.

c. **Registration**

(1) **Creative Arts Therapy (Art).** Must possess a full, current, and unrestricted registration with the ATR. If hired under paragraph 3b(2)(b), registration cannot be waived.

(2) **Creative Arts Therapy (Drama).** Must possess a full, current, and unrestricted registration as an RDT. If hired under paragraph 3b(4)(b), registration cannot be waived.

d. **Certification**

(1) **Required Certification**

(a) **Recreation Therapist.** Applicants must be certified in recreation therapy as a CTRS by the NCTRC. If hired under paragraph 3b(1)(b), certification cannot be waived.

(b) **Creative Arts Therapy (Dance/Movement).** Applicants must be board-certified in dance/movement therapy by the DMTCB. If hired under paragraph 3b(3)(b), certification cannot be waived.

(c) **Creative Arts Therapy (Music).** Applicants must be a MT-BC approved by the CBMT. If hired under paragraph 3b(5)(b), certification cannot be waived.

(2) **Exception.** Non-registered and/or non-certified applicants, who otherwise meet the eligibility requirements for registration and/or certification, may be given a temporary appointment as a graduate recreation or creative arts therapist, under the authority of 38 U.S.C. § 7405(c)(2)(B), for a period not to exceed two years. Applicants who fail to obtain registration and/or certification during this temporary full-time appointment may be terminated. The exception only applies to positions at the GS-7 and GS-9 level. For grade levels at or above the full performance level, the candidate must be registered and/or certified.

(3) **Failure to Obtain Registration/Certification.** In all cases, recreation and creative arts therapists must actively pursue meeting registration and/or certification requirements, starting from the date of appointment. At the time of appointment, the supervisor will provide the unregistered and/or uncertified recreation or creative arts therapist with the written requirement to obtain registration/certification, the date by which the registration and/or certification must be acquired, and the consequences

for not becoming registered and/or certified by the deadline. Failure to become registered and/or certified within two years from the date of appointment will result in removal from the GS-0638 recreation and creative arts therapist occupation, and may result in termination of employment.

(4) **Loss of Credential.** A recreation or creative arts therapist who fails to maintain the required registration and/or certification must be removed from the occupation, which may also result in termination of employment.

e. **Grandfathering Provision.** All persons employed in VHA as a recreation or creative arts therapist, on the effective date of this qualification standard, are considered to have met all qualification requirements for the title, series, and grade held, including positive education, and registration and/or certification that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed, the following provisions apply:

(1) Such employees may be reassigned, promoted up to, and including, the full performance (journeyman) level, or changed to lower grade within the occupation, but may not be promoted beyond the journeyman level, or placed in supervisory or managerial positions.

(2) Employees who were appointed on a temporary basis, prior to the effective date of the qualification standard, may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/registration/certification, that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

(4) Recreation and creative arts therapists who are converted to title 38 hybrid status under this provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements, in effect at the time of reentry, as a recreation or creative arts therapist.

f. **Physical Requirements.** See VA Directive and Handbook 5019.

g. **English Language Proficiency.** Must be proficient in spoken and written English, as required by 38 U.S.C. § 7403(f).

## 4. GRADE REQUIREMENTS.

a. **Creditable Experience**

(1) **Knowledge of Current Professional Recreation Therapy or Creative Arts Therapy Practices.** To be creditable, the experience must have required the use of knowledge, skills, and abilities (also referred to as "clinical competencies") associated with current professional recreation or creative arts therapy practices.

Evidence of such experience includes private practice, U.S. military services, local/state/federal government organizations, for profit/non-profit organizations, health care, or educational facilities.

(2) **Quality of Experience.** Qualifying experience must be at a level comparable to the next lower grade level. Experience satisfying this requirement must be active professional practice, which may be paid or non-paid employment as a recreation or creative arts therapist.

b. **Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates:

c. **Recreation Therapist**

(1) **Recreation Therapist, GS-7**

(a) **Experience/Education.** None beyond the basic requirements.

(b) **Assignment.** Employees at this level serve in an entry level position as a recreation therapist. They work under the direct supervision of a recreation or creative arts therapist, at or above the full-performance level, or a designated supervisor in a clinical environment. Employees have knowledge of their respective discipline, and work with guidance from higher-level or supervisory staff. Established treatment procedures are substantially adapted and applied for acutely ill patients. Employees at this level would not be assigned work at a community-based outpatient clinic (CBOC), unless supervision is on site.

(2) **Recreation Therapist, GS-9**

(a) **Experience/Education.** At least one year of creditable experience at the next lower grade level, or a master's degree in recreation therapy may be substituted for the required one year of professional recreation therapist experience.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Knowledge of assessment tools and treatment for the diagnosis or disability of the patient.

ii. Knowledge to interpret and apply all health and safety regulations, to minimize and mitigate risks in the provisions of patient care, and environmental maintenance.

iii. Ability to effectively communicate and educate patients, families, caregivers, and other health care professionals to facilitate the treatment process.

iv. Knowledge to apply evidence-based and best practice therapeutic techniques and interventions.

(c) **Assignment.** Employees at this level serve in a developmental position as a recreation therapist. They work under general supervision to perform work in a clinical environment. Employees have knowledge of their respective discipline and work with guidance from higher level or supervisory staff to establish treatment procedures that are substantially adapted and applied for patients who are acutely ill. The recreation therapist may: conduct patient evaluations; analyze and interpret leisure, cognitive, and motor skill assessment data to develop individualized goals, objectives, and treatment plan of care; develop and select interventions to achieve patient goals; review patient progress; adapt or adjust the treatment plan and intervention strategies; implement therapeutic interventions that support measurable functional outcomes (interventions include, but are not limited to leisure education, reality orientation, memory, and gross motor activities); evaluate patient needs for additional, alternative, or termination of services; document patient's behavioral observations, progress, functioning, and intervention outcomes; and develop and provide collaborative services with other team members. Therapists at this level may be given general assignments in a program area.

(3) **Recreation Therapist, GS-11**

(a) **Experience.** At least one year of creditable experience at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities**. In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to adapt assessment tools and treatment interventions to address the complexity of the diagnosis or disabilities and demonstrate the clinical reasoning necessary to identify the need for further in-depth specific assessment of function and utilization of unconventional methods and techniques.

ii. Knowledge to independently interpret provider referrals and consults; and apply all health and safety regulations to minimize and mitigate risks in the provision of patient care and the environment of care.

iii. Skill in effectively communicating and educating, in a clear and concise manner, with patients, families, caregivers, and other health care professionals to facilitate the interdisciplinary treatment process.

iv. Skill in independently utilizing appropriate screening and evaluation techniques required to appropriately provide direct patient care in areas such as, but not limited to recommendations for recreation therapy assistive devices, including fit and function.

v. Skill in independently applying evidence-based and best practice therapeutic techniques and interventions.

vi. Knowledge of the principles and techniques in recreation therapy assessment and the treatment of recreation, leisure, and biopsychosocial functional deficits.

(c) **Assignment.** Employees serving at the full performance level function with independent judgment to administer and interpret recreation therapy assessments and utilize clinical competencies to develop unconventional assessment and interview approaches to effectively elicit information. They conduct, analyze, interpret, and report assessment data based upon functional domains (cognitive, sensory, social, affective, physical, and leisure). Incorporating the four-step process of assessment, planning, implementation, and evaluation of services delivered, the therapist constructs evidence-based recreation therapy interventions for treating patients with complex medical or mental health issues, such as polytrauma, traumatic brain injury (TBI), posttraumatic stress disorder (PTSD), spinal cord injury (SCI), substance use disorder/addictions, serious mental illness (SMI), and hospice/palliative care requirements. They provide direct patient care and receive guidance from higher-level supervisory staff members for only the most complex patients and require only general supervision. They review recreation therapy consults and conduct comprehensive evaluations. Based upon the assessment data, and in collaboration with other stakeholders, the therapist develops individualized treatment plans with measurable therapeutic goals and objectives including scope, duration, and treatment. They recommend adaptation, modification, and/or assistive technology to meet a patient's assessed needs and preferences in recreation therapy. Through the use of activity/task analysis, behavioral interventions, and therapeutic procedures, the therapist designs individualized treatment interventions to reduce stress, anxiety, and maladaptive behaviors; recover basic motor functioning and reasoning abilities; build confidence; and develop compensatory strategies to master critical life skills necessary to re-enter the community in a productive manner. Sophisticated techniques/strategies used to improve or support clinical outcomes may include, but are not limited to: developing positive patterns of behavior; relaxation and stress reduction; lifestyle alteration; social skills training; developing or improving (enhancing) self-esteem; developing and maintaining positive relationships; motor learning and training strategies; anger and pain management; identify risks; recovery support; lifestyle adjustment; conflict/problem resolution; adjustment to disability; and including coping with grief and loss. Resourcefulness is exercised in

providing individualized, unique, effective methods and procedures when implementing therapeutic interventions including, but not limited to: assistive technology; cognitive behavioral skills; aquatic therapy; fitness and wellness; community accessibility/reintegration/transition; and adapted sports and leisure development. Patient needs are evaluated for additional, alternative, or termination of services. Intervention plans are monitored for effectiveness, making modifications, as needed. Recreation therapists determine the effectiveness of

protocols, modalities, and programs for targeted groups through quantitative analysis and identify potential risks and needs for adaptive interventions to facilitate improved biopsychosocial well-being. They participate in co-treatment opportunities, including but not limited to: neurological rehabilitation, mental health recovery programs, and palliative care related to the symptoms of a terminal illness. Discharge analysis and planning is conducted for community needs.

(4) **Recreation Therapist, GS-12**

(a) **Experience.** In addition to meeting the basic requirements, completion of two years of progressively complex experience, which includes one year equivalent to the next lower grade directly related to the position being filled.

AND,

(b) **Certification.** Additional certification in a specialty treatment area in recreation therapy, such as, but not limited to: Physical Medicine/Rehabilitation, Geriatrics, Developmental Disabilities, Behavioral Health, Community Inclusion Services, Aquatic Exercise Therapy/Aquatic Therapy, Adapted Sports, Assisted Technology, Social Skills, etc., or in a directly related field such as, but not limited to: acceptance and commitment therapy, cognitive behavior therapy, dementia, dialectical behavioral therapy, gambling disorder, motivational interviewing, and/or wellness recovery action plan facilitator.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Knowledge of best practice and evidence-based recreation therapy across multiple areas of practice.

ii. Ability to perform clinical services and balance organizational responsibilities while developing and implementing effective strategies with great autonomy, at a level compatible with the critical necessity for accuracy and completion.

iii. Ability to adapt assessment tools and treatment to the complexity of the diagnosis or disability and demonstrate the clinical reasoning necessary to identify the need for further in- depth specific assessment.

iv. Skill in developing, implementing, and modifying recreation therapy treatment plans in response to changing medical, physical, mental, psychological and/or psychosocial conditions, as well as comorbidities.

v. Ability to provide clinical guidance using the advanced knowledge of best practice and evidence-based recreation therapy implementation across multiple areas of practice.

vi. Knowledge of how recreation therapy impacts revenue resource allocation, as it relates to complex diagnosis, treatment, and diagnostic coding.

(d) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. At this level, recreation therapists use independent judgment of clinical information to administer specialized, complex, and extensive recreation therapy treatment theories, techniques, and evaluation methodologies in the provision of care to a diverse patient population with varying diagnoses, functional impairments, and cultural backgrounds. They also provide clinical practice guidance for other recreation therapy staff. Individuals in this assignment engage in a high level of decision-making for independent care. With great autonomy, they employ specialty recreation therapy treatment modalities requiring cutting edge, sophisticated and complex skills and apply clinical expertise to a full range of patient populations. They apply advanced clinical skills to address: sensory motor, including sensory integration; neuromuscular and motor cognitive integration and cognitive components; and psychosocial skills and psychological components. The individuals in this assignment serve as the sole recreation therapist member of a multidisciplinary or specialty care treatment team. They mentor therapists who are at the full performance level or below and may coordinate clinical training programs, to include student supervision, administration and oversight, assignments, and evaluations. They may evaluate current research and coordinate or support research projects to conduct evidence-based initiatives. They assist in quality assurance efforts and strategic planning for recreation therapy programs.

(5) **Recreation Therapist (Clinical Education Coordinator), GS-12**

(a) **Experience.** At least one year of creditable experience at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to develop, maintain, and coordinate clinical education programs and assignments for student affiliations with universities, colleges, and other academic organizations with shared values, to include the formulation of

academic agreements, memorandum of understandings (MOUs), and student assignments.

ii. Knowledge of current treatment approaches (evidence-based and best-practice) across multiple areas of practice.

iii. Ability to educate others in the application of specialized and technically advanced knowledge, skills, and treatment approaches and to clinically guide staff in using these tools.

iv. Ability to provide educational opportunities and consultation to other health care practitioners and stakeholders about clinical practice and areas of expertise.

v. Ability to synthesize clinical processes and practice to guide and train the students' clinical/educational experience and skills.

vi. Knowledge of local and national licensing and certification boards and committees, to include guidelines and requirements.

vii. Ability to apply appropriate basic scientific methods, basic research design, and statistics.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. This assignment occurs at active, affiliated VA facilities where specialized clinical treatment programs are provided. Clinical education coordinator positions generally would be found in complexity level 1 facilities or in facilities of lesser complexity levels where there is a large affiliate network where recreation and/or creative arts therapy programs are provided. The clinical education coordinator develops, coordinates, and administers clinical training programs and practicums which may include, but are not limited to: students, interns, therapy assistant trainees, associated health trainees, new facility employees, and/or other disciplines. Duties include, but are not limited to: establishing, negotiating, mediating, and maintaining affiliation agreements and MOU; serves as a liaison with the university to determine number of students, dates of training, and areas of training and assignment; designing, coordinating, conducting, and evaluating educational experiences for students, associated health trainees, and other personnel assigned to the clinical program for training; arranging and serving as an instructor for staff in-service training programs; creating innovative education/training/research opportunities for students and staff; assisting principal investigators or co-investigators and/or serving as principal investigator or co-investigator in projects of limited complexity or scope. The employee coordinates and directs staff participating in the clinical and administrative aspects of the program.

(6) **Recreation Therapist (Program Coordinator), GS-12**

(a) **Experience.** At least one year of creditable experience at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Knowledge of management/administration principles, procedures, and practice, which includes supervision, consultation, negotiation, mediation, and monitoring.

ii. Ability to analyze clinically appropriate data and make recommendations to optimize quality, efficiency, performance, and productivity within services.

iii. Ability to perform the full range of supervisory duties when authorized, which would include responsibility for assignment of work to be performed; competency assessments; performance evaluations; selection of staff; recommendation of awards, advancements, and disciplinary actions when appropriate.

iv. Ability to monitor and report on the status and progress of work, evaluate program quality to ensure that methods, deadlines, and standards have been met, and prioritize the workload.

v. Ability to effectively communicate goals, objectives, and focused initiatives to an interdisciplinary team, specialized clinical program, or subsection, as well as guide the team members on work methods, practices, standards, and procedures.

vi. Knowledge of regulatory requirements, interdisciplinary structure, and organizational structure to serve as a liaison between specialty care and other programs that would affect coordination of care, healthcare access, program evaluation, assessment, and planning future needs.

vii. Skill in employing recognized leadership and managerial methods and strategies, including interpersonal relations and conflict resolution in the management of employees, team leaders, and managers.

(c) **Assignment.** For all assignments above the full-performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. The program coordinator is generally found in complexity level 1 facilities, or in facilities of lesser complexity levels where large affiliate network services are found. This assignment requires administrative direction and decision-making skills, interagency coordination of care, program evaluation and analysis, budgetary controls, and planning. The program coordinator has overall responsibility for planning,

assessing, and evaluating programs to ensure proper coordination between care delivered by the program and overall delivery of healthcare within the facility. They are responsible for daily program operations, developing policies and procedures, and preparing reports and statistics for facility, Veterans Integrated Service Networks (VISNs), and national use. They assist with special administrative projects which include, but are not limited to: strategic planning, performance improvement plans, and coordination and training of interdisciplinary team members. They are responsible for the overall technical and administrative oversight for operations within their program area, including coordination of clinical assignments for multiple professionals comprising of an interdisciplinary team.

They may provide treatment to patients in a specialty program, as well as services in more complex and unconventional cases. The program coordinator may or may not have supervisory responsibilities but is responsible for broad program management. They ensure orientation and competency assessment of assigned staff and maintain interdepartmental relations with other services to accomplish medical center goals. They plan and develop policies, procedures, and goals. They interpret, implement, and educate staff on applicable VHA directives, handbooks, or other policies. When performing as a supervisor at this grade level, duties include: planning and scheduling work; assigning and evaluating work of subordinate staff; resolving problems which may interfere with patient assessment or treatment; accepting, amending, or rejecting completed work; appraising performance and recommending performance standards, assessing competency levels, ratings and awards, and disciplinary actions when appropriate; approving leave; identifying continuing education and training needs; and assigning delineated clinical privileges.

(7) **Lead Recreation Therapist, GS-12**

(a) **Experience.** At least one year of creditable experience at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Knowledge of recreation therapy across multiple types of clinical practice.

ii. Ability to provide professional oversight and consultation for staff therapists and guidance to auxiliary staff, volunteers, and trainees.

iii. Ability to monitor and report on the status and progress of work and make adjustments to accomplish the workload, in accordance with established procedures.

iv. Ability to facilitate program development, outcome management, and strategic planning.

v. Ability to act as a liaison between staff, volunteers, or trainees, and serve as an immediate supervisor to resolve informal complaints and concerns.

vi. Knowledge of procedures and policies to provide oversight and training for auxiliary staff, volunteers, and trainees.

vii. Skill in coordinating clinical activities within the workgroup.

viii. Skill in leading and directing staff to implement evidence-based recreation and/or creative arts therapy approaches to patients with varied treatment needs and skill level.

(c) **Assignment.** For all assignments above the full-performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Lead therapists are found in complexity level 1 facilities, or in facilities of lesser complexity levels where there are large affiliate network recreation and/or creative art therapy departments. Therapists at this level have experience that demonstrates advanced practice skills and sound clinical judgment across many areas of recreation and creative arts therapies. Leads are responsible for completing complex evaluations and treatments. They are required to apply advanced evaluation methodologies and treatment theories in the provision of care to a vast array of patients with differing functional impairments. They provide clinical practice guidance for other recreation and/or creative arts therapy staff. Lead therapists monitor work flow, make work assignments, provide input on performance, resolve daily workplace issues, and maintain efficient flow of patient care. The lead may provide primary reports to the chief for the daily delivery of department programs, reporting, staffing, and scheduling. Lead therapists provide training for the department's auxiliary staff, volunteers, and trainees. They provide instruction in maintenance of all service equipment and coordinate patient care plans to reduce redundancies and delays in patient treatment.

(8) **Supervisory Recreation Therapist, GS-12**

(a) **Experience.** At least one year of creditable experience at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to provide treatment in complex cases and work with great independence.

ii. Ability to balance multiple responsibilities, set priorities, delegate tasks, meet multiple deadlines, analyze organizational problems, and develop and implement effective solutions.

iii. Ability to analyze organizational and operational problems to develop and implement solutions that result in efficient operations and use data effectively to manage workload, quality, performance, and productivity within the service.

iv. Skill in interpersonal relationships in dealing with employees, team leaders, and managers.

v. Ability to use evidence-based practices, clinical practice guidelines in a professional area, and to guide the staff in applying these tools.

vi. Knowledge of organizational theories and strategies to positively impact the overall goals and objectives within the service.

vii. Knowledge related to administrative functions such as fiscal, material supply, equipment management, and clinical and program management.

(c) **Assignments.** For all assignments above the full-performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Supervisors at this level are typically found in complexity level 2 or level 3 medical centers, if needed. They are responsible for the supervision, administrative management, and direction of program services. They evaluate programs to ensure proper coordination with the overall delivery of health care. The incumbent has full administrative oversight for planning and directing the staff assignments in a variety of clinical settings. They have responsibility for general or technical supervision of key clinical and training programs. Typical duties include: assigning work, monitoring clinical performances of staff, resolving staff conflicts which may interfere with the delivery of services, identifying continuing education and training needs, preparing performance standards and ratings. They interview candidates for positions and recommend appointments, advancements, or administer disciplinary actions, when appropriate. The supervisor accepts, amends, or rejects completed work, and ensures that performance requirements are met. They ensure compliance with the accrediting agency and regulatory requirements, establish and monitor the quality of the pre-analytical processes as part of the overall service's quality management program and take corrective action, as needed. The supervisor ensures orientation and competency assessment of assigned staff. The supervisor develops policies and procedures, manages document control, develops performance standards, position descriptions, and functional statements and is responsible for professional and administrative management of an assigned area, to include time and attendance and leave management. The supervisor conducts department meetings at regular intervals to convey information to staff. The supervisor maintains interdepartmental relations with other services/departments, individuals, and community partners to

accomplish medical center goals and may provide clinical treatment in the most complex of cases.

(9) **Supervisory Recreation Therapist, GS-13**

(a) **Experience.** At least one year of creditable experience at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to provide treatment in complex cases and work with great independence.

ii. Ability to balance multiple responsibilities, set priorities, delegate tasks, meet multiple deadlines, analyze organizational problems, and develop and implement effective solutions.

iii. Ability to analyze organizational and operational problems and use data to manage workload, quality, performance, and productivity within the service.

iv. Skill in interpersonal relationships in dealing with employees, team leaders, and managers, to include conflict management.

v. Ability to utilize evidence-based practices and clinical practice guidelines in a professional area and to guide the staff in applying these tools.

vi. Knowledge of organizational theories and strategies to positively impact the overall goals and objectives within the service.

vii. Knowledge related to administrative functions, such as fiscal, material supply, equipment management, and clinical and program management.

(c) **Assignment.** For all assignments above the full-performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Supervisors at this level are in complexity level 1 facilities, or in facilities of lessor complexity levels where there are large affiliate network recreation therapy and/or creative arts therapy programs. Supervisors are responsible for the supervision, administrative management, and direction of program services. They develop and initiate new treatment programs based upon current research findings. They evaluate programs to ensure proper coordination with the overall delivery of health care. The incumbent may be delegated full administrative and clinical responsibility for planning and directing staff assignments in a variety of clinical settings. They have responsibility for general or technical supervision of key clinical and training programs. Typical duties include: assigning work, monitoring clinical performances of staff, resolving staff conflicts which may interfere with the delivery of services,

identifying continuing education and training needs, and other clinical and administrative responsibilities to ensure that the mission of the service and the medical center is satisfied. They interview candidates for positions, recommend appointments, advancements, or when appropriate, disciplinary actions. They make decisions that affect staff and other resources with wide latitude of control and independent judgment. The supervisor accepts, amends, or rejects completed work and ensures that performance requirements are met. The supervisor ensures compliance with accrediting agency and regulatory requirements, establishes and monitors the quality of the pre-analytical processes as part of the overall service's quality management program and assures corrective action is initiated, as needed. The supervisor encourages professional development and creates an environment of learning, serving as a mentor to staff. They develop policies and procedures, manage document control, develop and rate performance standards, position descriptions and functional statements and are responsible for professional and administrative management of an assigned area, to include budget execution, and time and attendance management. The supervisor conducts department meetings at regular intervals to convey information to staff. The supervisor maintains interdepartmental relations with other services to accomplish medical center goals and may provide clinical treatment in complex cases. The supervisor fosters and maintains community contacts that augment and enhance service goals.

(10) **Supervisory Recreation Therapist (Assistant Chief), GS-13**

(a) **Experience.** At least one year of creditable experience equivalent at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Skill in the analysis and application of scientific and clinical literature in a professional area.

ii. Knowledge of contemporary recreation therapy, creative arts therapy, rehabilitation, recovery, and wellness theories, techniques, practices, and related disciplines.

iii. Ability to supervise, motivate, and manage a diverse clinical staff.

iv. Skill in assessing qualifications and abilities of current and prospective employees.

v. Ability to organize work, set priorities, delegate tasks and responsibilities, and meet multiple deadlines for the service.

vi. Ability to adapt to new and changing work conditions, staffing, and contingencies.

vii. Knowledge of management/administration theories and concepts such as supervision, consultation, negotiation, and budget execution.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Assistant chief positions are generally in complexity level 1 facilities or in facilities of lesser complexity levels where there is a large affiliate network and recreation therapy and/or creative arts therapy programs are provided. Assistant chiefs serve as an assistant to a service chief in a stand-alone recreation therapy service and share the scope of delegated managerial responsibilities. They manage and supervise all aspects of professional areas in the service-level department. Assistant chiefs exercise supervision, administrative management, and direction of professional areas. The assistant chief should be one grade less than the grade of the chief. The assistant chief serves as the acting service chief in the absence of the service chief. The assistant chief develops and maintains a system of internal review that ensures service programs operate at a satisfactory level of performance, and are in compliance with regulations. The assistant chief has responsibility for utilization of resources and budget. They make selections, assign personnel, and serve as a mentor to help employees develop to their full potential.

(11) **Supervisory Recreation Therapist (Service Chief), GS-14**

(a) **Experience.** At least one year of creditable experience equivalent at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Skill in supervising, motivating, and managing a diverse clinical staff applicable to a service level department in a large, complex, or multi-division facility, including inherent strategic planning and fiscal management.

ii. Skill in providing authoritative advice and coordination of recreation therapy and/or creative arts therapy services across the continuum of care that may encompass multiple medical centers, including consolidated facilities or departments.

iii. Skill in collaborating with strategic planning committees at local, VISN, or national levels for new ventures addressing patient care delivery systems, facilities management, system reorganization, etc.

iv. Ability to translate extensive recreation/creative art therapy, rehabilitation, mental health, long term-care, and other specialty care knowledge areas into cogent and useful policy in complex facilities.

v. Knowledge in reconciling contradictory requirements based upon regulations and standards of various regulatory and medical or other professional credentialing groups, such as The Joint Commission.

vi. Knowledge of pertinent analytical and evaluative methods sufficient to analyze complex issues to provide workable solutions and alternative solutions to executive leadership that support timely and sound decision making.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. A recreation therapist at this level serves as the service chief of a stand-alone service. Chief positions are generally in complexity level 1 facilities or in facilities of lesser complexity levels where there is a large affiliate network and recreation therapy and/or creative arts therapy programs are provided. The work is technically authoritative. Service chiefs have broad and overall responsibility for a service-level department to include clinical practice, program management, education, human resources management, and supervision for the service. They autonomously manage substantive parts of specialized, complex, and professional services which significantly impacts the care provided to patients. Service chiefs provide leadership with objective, independent assessments and recommendations for policy, operational and administrative issues, and initiatives requiring decision and action. Service chiefs monitor work performance to ensure production and accuracy requirements are satisfied, interpret a wide variety of data, including process data related to program planning and specialized needs of the service, as well as the medical center. They ensure policies or issues have been fully coordinated, vetted and staffed; advise leadership on implications, key issues, relationships to interest groups, both internal and external, and recommend courses of action. Service chiefs coordinate and negotiate resolutions to complex problems. They may prepare special reports and responses, congressional responses, briefing papers, issue briefs, and decision papers for the medical center leadership, which may be highly sensitive, confidential, and of a complex nature. They may negotiate affiliation agreements with academic partners; set training objectives; and delegate responsibilities to subordinate section or assistant chiefs (if applicable). Service chiefs at this grade generally have assignments determined by the need of the local facility, VISN/VA Central Office (VACO), National Director, or the assistant director of recreation therapy services.

(12) **Recreation Therapist (Clinical Research), GS-14**

(a) **Experience:** At least one year of creditable experience equivalent at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Skill in applying techniques for specific, highly complex patient populations that often involve, but are not limited to: multiple physical, mental, developmental, behavioral, sensory, motor, and cognitive conditions or diagnoses, and other comorbid concerns that may compromise biopsychosocial functioning.

ii. Skill in applying and interpreting specialized assessments, other evaluative procedures and subject specific tests, as well as qualitative and quantitative research protocols to conduct research that meets the standards of validity, reliability, and statistical significance.

iii. Skill in research administration that would include, but is not limited to grant writing, budgeting, data collection and analysis, organizing findings, and disseminating results.

iv. Skill in communicating scientific concepts and methodological principles to individuals with diverse levels of technical expertise and understanding.

v. Skill in using evidence-based practices, clinical practice guidelines, and resources to develop appropriate research protocols and methodologies.

vi. Ability to guide an interdisciplinary team through properly conducting a research protocol that minimizes extraneous variables that could jeopardize the validity of the research.

vii. Ability to collaborate with strategic planning committees at local, VISN, or national levels for new research ventures addressing patient care delivery systems, facilities management, system redesign, system reorganization, etc.

viii. Knowledge of national and local research policies, procedures, and practices.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. A recreation therapist at this level serves as clinical research specialist at the VISN level. Clinical research specialists at this grade generally have assignments determined by the need of the local facility, VISN/VACO, National Director, or the assistant director of recreation therapy services. The clinical research specialist serves as the subject matter expert in a content specialty area of recreation and/or creative arts therapy.

They function as a consultant to the departments, service lines, and other clinical staff in evaluating, treating, and researching specialty areas that may significantly have an impact on VHA. Clinical expertise should include focused areas for a specific patient population with varying degrees of highly complex biopsychosocial treatment needs, such as the medical, rehabilitative, psychosocial, comorbid conditions related to TBI, SCI, amputation, blind and low vision, PTSD, military sexual trauma, etc. The clinical research specialist is responsible for funded research projects that make discipline-specific clinical contributions to research, add merit to the field, as well as possess the potential for significant impact on the practice of recreation and/or creative arts therapy. They participate in peer-reviewed publications, professional literature, and present findings to national audiences of the same and varied treatment disciplines. The clinical research

specialist provides professional, clinical oversight and consultation for staff therapists, as well as monitors and evaluates clinically appropriate treatment programs with broad latitude of variation. They may be involved in peer review activities for VHA and non-VHA research, such as grant review for VHA, National Institutes of Health (NIH) proposals, or local research service committees, which include, but are not limited to Research and Development (R&D), Internal Review Board (IRB), Geriatric Research Education and Clinical Centers (GRECC), or serving as consulting editors for peer-reviewed journals. They are responsible for ensuring the coordination of research programs and activities in collaboration or cooperation with other departments, services, and other internal or external entities. Under the guidelines of national and local research objectives, goals, and strategies, they establish research priorities, develop and coordinate projects, obtain funding to include the submission of grant proposals, and ensure the overall coordination of research efforts, as well as oversee work of others involved in a research project.

d. **Creative Arts Therapist (Art)**

(1) **Creative Arts Therapist (Art), GS-9**

(a) **Experience/Education.** None beyond the basic requirements.

(b) **Assignment.** Employees at this level serve in an entry level position as creative arts therapist (art). Employees have knowledge of their respective discipline and work with direct supervision and guidance from higher-level or supervisory staff. Established treatment procedures are substantially adapted and applied for patients who are acutely ill. Therapists at this level may be given general assignments in a program area.

(2) **Creative Arts Therapist (Art), GS-11**

(a) **Experience.** At least one year of creditable experience at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to identify current art resources in the community at the time of assessment, for discharge planning purposes.

ii. Ability to develop and implement quality improvement systems as related to internal and external regulatory requirements, including patient safety.

iii. Knowledge of diagnostic coding and symptoms of diagnoses in the provision of art therapy.

iv. Knowledge of the creative process and art media and their effect on the patients' cognitive, sensory, emotional, and physical states.

v. Ability to demonstrate and educate stakeholders on the value of the creative process as a therapeutic tool.

vi. Ability to establish and maintain a therapeutic relationship with professional boundaries that reflect a trusting, empathetic, and respectful interaction.

vii. Skill in collaborating and maintaining liaison with an interdisciplinary team and educating the treatment team on theoretical framework of art therapy interventions.

(c) **Assignment.** Employees at this level serve as a creative arts therapist (art) at the full performance level. They provide direct patient care and receive guidance from higher-level or supervisory staff members for complex patients only. They gather informal art-based assessment of patients' needs, aptitudes, interests, and abilities. The therapist also develops and implements individualized art therapy treatment plans, to include the scope, duration, and frequency of treatment. Treatment goals may include, but are not limited to: emotional regulation, resolving traumatic memories, active meditation, building empathy and a sense of self-worth, and identifying potential risks and the need for adaptive interventions to facilitate improved well-being. Duties may include, but are not limited to developing art therapy programs, interventions, and instructional programs, including typical and atypical materials and resources that are appropriate to the needs, skills, and aptitudes of the patient. The therapist supports engagement in, and reflection of, the art process and product, through an art therapy framework where the engagement develops specific skills attained through art making that may include increased independence, focus to task, sense of self-worth, improved coping skills,

self-care, and social skills. They provide a safe environment for patients to understand the symbolic expression of their art product, process, and their experience with the materials as it relates to their recovery and wellness.

(3) **Creative Arts Therapist (Art), GS-12**

(a) **Experience.** In addition to meeting the basic requirements, the completion of two years of progressively complex experience, which includes one year equivalent at the next lower grade directly related to the position being filled, is required.

AND,

(b) **Certification.** Certification in a specialty treatment area in art therapy such as, but not limited to: Trauma Informed Art Therapy, Focused-Oriented Art Therapy, Photo Therapy, Mandala Assessment Research Instrument (MARI®), Art Therapy Analytics, or in a directly related field such as dementia, motivational interviewing, and/or cognitive behavior therapy.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Skill in differentiating signs, symptoms, and contraindications as related to clinical diagnoses in order to independently determine appropriate interventions.

ii. Ability to apply advanced clinical judgment and critical thinking when interpreting and documenting interactions related to complex medical conditions.

iii. Ability to design comprehensive and complex screening tools and templates.

iv. Ability as a skilled listener sensitive to a variety of human needs.

v. Ability to exhibit emotional stability, patience, and interpersonal skills.

vi. Knowledge of insight and psychological processes.

vii. Skill in using a higher degree of sensitivity of group dynamics, interpersonal interactions, and symptoms with special attention to complexity, comorbidity and contraindications.

viii. Knowledge of a variety of art mediums through continuing education for application in clinical settings.

ix. Knowledge of how therapy impacts revenue resource allocation as it relates to complex diagnosis, treatment, and diagnostic coding.

(d) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. At this level, the therapist uses independent judgment to administer clinically based complex and specialized art psychotherapy treatment interventions and programs, including an assessment of a diverse patient population with varying diagnoses, functioning levels, and cultural backgrounds. The therapist also provides clinical practice guidance for other art therapy staff. In the application of art materials and therapeutic interventions, the therapist uses advanced knowledge of theories related to clinical practice for program evaluation. The therapist independently recognizes and demonstrates an understanding of the diversity of artistic expression, symbolism, and meaning in artwork and art making from across cultures, aptitudes, and functioning levels. Therapist at this level, will have the autonomy to implement specialty art therapy treatment modalities. They serve as the sole art therapist or as a consultant member of specialty care programs or treatment teams. They use their clinical expertise in outpatient clinics and in the

development and improvement of inpatient programs, while frequently executing high-level decision making. The art therapist creates an environment that examines the symbolic expressions of the art process and art product to promote a variety of outcomes including but not limited to: behavior management, catharsis, a sense of mastery, conflict resolution, and non-verbal communications. They provide direction in quality assurance efforts and strategic planning for art therapy programs across multiple areas of practice. The creative arts therapist provides and promotes the highest quality art psychotherapy programs using best practices. They may coordinate or support medical center research projects in order to develop outcome oriented, evidence-based initiatives. They develop and implement complex art therapy programs and interventions such as multimedia projects, mixed media projects, collaborative murals, group exhibits, and other art mediums using specialty treatment. The specialty treatment may include, but is not limited to Trauma Informed Art Therapy, Focused-Oriented Art Therapy, Photo Therapy, Mandala Assessment Research Instrument (MARI®), Art Therapy Analytics, or a directly related field specialty, such as Motivational Interviewing, Cognitive Behavior Therapy, etc., to promote the utilization of the creative process for insight, resilience, self-expression, and advocacy. The creative arts therapist establishes and maintains alliances with stakeholders and educates recipients, stakeholders, and colleagues about the theory and application of art psychotherapy as applied in clinical settings, which may include formal and informal internal and external presentations and in-service training. They coordinate and train clinical student interns, to include administration and oversight, assignments, supervision, and evaluations, as well as mentor therapists at the full performance level or less.

e. **Creative Arts Therapist (Dance/Movement)**

(1) **Creative Arts Therapist (Dance/Movement), GS-9**

(a) **Experience/Education.** None beyond the basic requirements.

(b) **Assignment.** Employees at this level serve in an entry level position as a creative arts therapist (dance/movement). Employees have knowledge of their respective discipline and work under direct guidance from higher-level or supervisory staff. Established treatment procedures are substantially adapted and applied for patients who are acutely ill. Therapists at this level may be given general assignments in a program area.

(2) **Creative Arts Therapist (Dance/Movement), GS-11**

(a) **Experience.** At least one year of creditable experience at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to independently analyze and interpret assessment data for the development of an interdisciplinary treatment plan.

ii. Skill in implementing specialized programming in accordance with internal and external regulatory requirements, including patient safety.

iii. Ability to establish and maintain a safe therapeutic environment to promote expression through dance/movement therapy.

iv. Knowledge of foundational dance/movement therapy techniques, protocols, and treatment interventions that are considered best practices.

v. Skill in developing and selecting dance/movement therapy interventions for use with specific populations for therapeutic purposes (i.e., emotional regulation, containment and structure, etc.).

vi. Ability to assess and use patient cultural backgrounds and values in dance/movement treatment planning and interventions.

(c) **Assignment.** Employees at this level serve as a creative arts therapist (dance/movement) at the full performance level. They provide direct patient care and receive guidance from higher-level or supervisory staff members for complex patients only. Assignments at this level include, but are not limited to: review of pre-evaluation data in the medical record upon admission or through consult; assist with assessment and development of individualized treatment goals; conduct assessments to determine current level of functioning and clinical needs through interviews with patients and other stakeholders; and identify patient's physical, cognitive, social, and emotional needs, and quality of life. In collaboration with patients and consistent with the interdisciplinary team, the therapist conducts dance/movement therapy interventions to develop expression, communication, affect regulation, adaptive behaviors, and improve functioning. In partnership with the patient, caregiver, and interdisciplinary team, the therapist develops discharge plan, including, but not limited to establishing outpatient care and identifying community resources for dance and movement programs for therapeutic benefit. They apply dance movement therapy interventions to support coping and self-care for those living with long-term conditions within the least restrictive environment. They serve as a consultant to an interdisciplinary team and other staff on issues related to non-verbal behavior/communication and mind-body connection. The therapist plans, coordinates, and directs specialized programs, such as creative arts festivals and performances.

(3) **Creative Arts Therapist (Dance/Movement), GS-12**

(a) **Experience.** In addition to meeting the basic requirements, the completion of two years of progressively complex experience, which includes one year equivalent at the next lower grade directly related to the position being filled, is required. AND,

(b) **Certification.** Certification in a specialty treatment area in dance therapy/movement therapy, such as but not limited to: analytic dance therapy, cognitive behavioral dance therapy, authentic movement, or in a directly related field, such as dementia, trauma studies, and motivational interviewing.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Skill in differentiating diagnostic signs, symptoms, and contraindications, as related to the clinical diagnoses, to independently determine appropriate interventions.

ii. Skill in adapting dance/movement therapy assessment tools and using unconventional methods.

iii. Knowledge as it relates to designing screening tools, templates, as well as designing and documenting specialized programs and specific plans of care and patient abilities.

iv. Skill in the interpretation and documentation of interactions related to complex medical conditions.

v. Knowledge of how therapy impacts revenue resource allocation as it relates to complex diagnosis, treatment, and diagnostic coding.

vi. Ability to conduct and adapt best practice dance/movement therapy interventions (e.g., Chi-Gong, Tai-Chi, Authentic Movement, Anna Haltran, etc.).

vii. Skill to effectively motivate patients with complex medical and mental health issues (e.g., aphasia, stroke, TBI, and PTSD) using motivational techniques considered as best practice.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. The creative arts therapist (dance/movement) (advanced) conducts dance/movement therapy assessments, interprets current level of functioning, and applies results to determine the most appropriate treatment options for patients with multiple

diagnosis and complex medical conditions. They develop unconventional dance/movement screening tools within the therapeutic environment. They use evidence-based or evidenced-informed advanced mind-body techniques to implement and develop specialized clinical interventions that may include meditation, yoga, martial arts, or relaxation skills (if appropriately trained in these specialties). They develop a therapeutic relationship and maintain a safe

therapeutic environment with each patient to facilitate mind-body connection, deepened personal insight, and improved overall functioning by incorporating the use of metaphor, symbolism, and storytelling through movement interventions. They may evaluate current research and coordinate or support research projects to conduct evidence-based initiatives. They assist in quality assurance efforts and strategic planning for dance therapy programs. The creative arts therapist may develop dance therapy interventions or special programs focusing on the therapeutic benefit for the patient. They coordinate and manage specialized programs, such as creative arts festivals and performances. They provide an opportunity to advocate for patients and promote community reintegration. They develop and maintain alliances with stakeholders. They serve as a consultant to interdisciplinary teams and other staff on issues related to non-verbal behavior/communication and mind-body connection. They provide education on dance/movement therapy through in-service presentations, conferences, and other teaching opportunities. They may coordinate and train clinical student interns, to include administration, oversight, assignments, and evaluations.

f. **Creative Arts Therapist (Drama)**

(1) **Creative Arts Therapist (Drama), GS-9**

(a) **Experience/Education.** None beyond the basic requirements.

(b) **Assignment.** Employees at this level serve in an entry level position as a creative arts therapist (drama). Employees have knowledge of their respective discipline and work under direct guidance from a higher-level or supervisory staff. Established treatment procedures are substantially adapted and applied for patients who are acutely ill. Therapists at this level may be given general assignments in a program area.

(2) **Creative Arts Therapist (Drama), GS-11**

(a) **Experience.** At least one year of creditable experience at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Skill in using clinical judgment and critical thinking skills in identifying potential risks, adapting interventions, or when modifying and developing new techniques for complex patients.

ii. Skill in applying evidence-based motivation techniques to develop and implement new approaches to treatment interventions, based on patient response to treatment in a manner that uses creative thinking and problem solving that goes beyond the typical diagnosis-based treatment pathways, to maximize clinical outcomes.

iii. Ability to demonstrate patient engagement in, and reflection of, the dramatic/theater process and product to develop and understand specific skills attained through drama, including but not limited to increased independence, sense of self-worth, coping skills, healthy living alternatives, and social skills.

iv. Ability to apply effective use of professional skill, objectivity, and insight to respond constructively to both positive and negative reactions and establish and maintain a therapeutic relationship with professional boundaries to reflect trusting, empathetic, and respectful interactions.

v. Ability to use drama/theater in providing opportunities to work through emotional disturbances within a safe environment for the patient to understand the symbolic expression of their theatrical product, process, and experience with the materials, as it relates to their recovery and wellness.

vi. Ability to communicate effectively through various communication techniques.

vii. Ability to develop unconventional assessment and interview approaches to gather clinical information about patients with severe or multiple diagnosis that require unconventional interview approaches and treatments to devise effective methods and approaches.

viii. Ability to use counseling skills to effectively conduct person-centered drama therapy sessions.

(c) **Assignment.** Employees at this level serve as a creative arts therapist (drama) at the full performance level. They provide direct patient care and receive guidance from higher-level or supervisory staff members for complex patients only. They develop drama therapy programs, objectives, and interventions that promote utilization of the creative process for insight mood management, interpersonal skill development, promote self-actualization, non-verbal communication, self-expression, and emotional expression. They independently gather drama therapy based assessment data, interpret medical record information, review drama therapy consults, and conduct mental and physical evaluations to develop and implement a drama therapy treatment plan. Interventions may include customized design of performance, digital media, media development and production,

theatrical techniques, team building, improvisations, and self-characterizations. They develop and implement an individualized treatment plan with potential goals to regulate emotion; resolve traumatic memories to promote communication; develop an understanding of negative consequences; and self-actualization. They use diverse clinical frameworks, such as drama/theatrical/psychodrama or skill-focused groups. They integrate diagnostic information and medical significance for functional performance, and support maximum rehabilitation potential to the clinical team. They evaluate current research and may initiate, coordinate, or support research projects involving drama therapy to develop evidence-based initiatives.

They may evaluate processes, including relevant and effective therapeutic drama/theater interventions for patients with multiple diagnoses that require unconventional approaches to treatment (e.g., multi-media productions, films, lighting, empty chair improvisations, enactments) and resourcefulness in devising effective therapeutic methods and procedure.

(3) **Creative Arts Therapist (Drama), GS-12**

(a) **Experience.** In addition to meeting the basic requirements, the completion of two years of progressively complex experience, which includes one year equivalent at the next lower grade directly related to the position being filled, is required.

AND,

(b) **Certification.** Certification in a specialty treatment area in drama therapy, such as, but not limited to: symbolic expression, theater/dramatic processes, special effects, film/theater production, script writing, or in a directly related field, such as dementia, trauma studies, conflict resolution, cognitive behavior therapy, and/or Wellness Recovery Action Plan facilitator.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Skill in utilizing advance clinical judgment and critical thinking skills, with special attention to complexity, comorbidity, and contraindications when modifying and developing new techniques.

ii. Ability to apply advanced evidence-based motivation techniques to develop and implement new approaches to the treatment intervention, based on patient response to treatment in a manner that uses creative thinking and problem solving that goes beyond the typical diagnosis-based treatment pathways, to reach maximal outcomes.

iii. Skill to use drama/theater in providing opportunities to work through emotional disturbances within a safe environment, for the patient to understand the

symbolic expression of their theatrical product, process, and experience with the materials, as it relates to their recovery and wellness.

iv. Skill in experiential approaches, group dynamics, interpersonal interactions and symptoms, and socio drama techniques, such as team building, poetry, performance, sound, and music to create a story enactment, as well as other dramatic mediums for diverse populations to promote the utilization of the creative process for self-expression, emotional expression, insight mood management, verbal and non-verbal communication, and self-advocacy.

v. Skill in drama/theater performance, media, film production, editing and performance.

vi. Knowledge of how therapy impacts revenue resource allocation as it relates to complex diagnosis, treatment, and diagnostic coding.

(d) **Assignments.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Drama therapists apply independent judgment to administer and interpret drama therapy assessments. They develop new or unconventional drama therapy assessment tools, interview approaches, and procedures to effectively obtain clinical information. Duties may include, but are not limited to: independently selecting, adapting, and using appropriate drama/theater materials, including typical and atypical directives and programs for patients with complex and multiple diagnoses, and patient interventions. They apply psychodrama therapy techniques to address the patient's identified therapeutic needs, goals, and objectives. They may coordinate and/or supervise clinical training programs, including but not limited to: administration; mentoring and oversight; and student assignments and evaluations. They provide psychodramatic specific information and consultation regarding the patient's clinical progress to the patient and stakeholders. They assist in quality assurance efforts and strategic planning for drama therapy programs. They provide specialized techniques in designing and implementing special events and a variety of drama therapy interventions, such as but not limited to film, theater, or stage productions, enactment, improvisation, script writing and development. They develop special programs, which may involve collaboration with other clinics, service lines, community agencies, organizations, and other stakeholders. They have a thorough understanding of specialized drama therapy clinical skills for use in complex cases and to create an environment that examines the symbolic expressions of the dramatic and theater process and product to promote a variety of outcomes, such as behavior management, catharsis, a sense of mastery, focus to task, conflict resolution, and verbal/non-verbal communication of a difficult subject matter.

g. **Creative Arts Therapist (Music)**

(1) **Creative Arts Therapist (Music), GS-7**

(a) **Experience/Education.** None beyond the basic requirements.

(b) **Assignment.** Employees at this level serve in an entry level position as a creative arts therapist (music). They work under the supervision of a recreation or creative arts therapist at or above the full-performance level or a designated supervisor in a clinical environment. Employees have knowledge of their respective discipline and work with guidance from higher-level or supervisory staff. Established treatment procedures are substantially adapted and applied for patients who are acutely ill. Employees at this level would not be assigned work at a CBOC unless supervision is on site.

(2) **Creative Arts Therapist (Music), GS-9**

(a) **Experience/Education.** At least one year of creditable experience at the next lower grade level **or** a master's degree in creative arts therapy (music) may be substituted for the required one year of professional creative arts therapist (music) experience.

(b) **Demonstrated Knowledge, Skills, and Abilities (KSAs)**. In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to perform a varied repertoire of popular, folk, and traditional songs appropriate for use in a clinical setting using at least two of the following: keyboard, voice, guitar, percussion or other musical instruments suitable to a clinical setting.

ii. Knowledge of the roles and meaning of music in various cultures and subcultures.

iii. Knowledge to design, develop, or adapt unique music therapy methods for assessment, treatment, or palliation and evaluation procedures.

iv. Skill to apply objectivity and insight to respond constructively to both positive and negative reactions while maintaining a safe environment for the patient and therapist.

(c) **Assignment.** Employees at this level serve in a developmental level position as a creative arts therapist (music). They work under general supervision. Employees have an understanding of music therapy processes and procedures to provide patient care. They exercise judgment, administer and interpret music therapy assessments, and use clinical knowledge to develop assessment and interview approaches. They plan and organize music therapy interventions for persons

diagnosed with chronic or life-threatening conditions, as well as their families and in collaboration with an interdisciplinary or multidisciplinary team. Duties may include, but are not limited to the use of music listening, singing, playing, creating, and improvising for therapeutic or palliative treatment. They recommend new treatment groups and programs (including co-treatment opportunities) for treating patients with medical or mental health issues.

(3) **Creative Arts Therapist (Music), GS-11**

(a) **Experience.** At least one year of creditable experience at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Knowledge of the roles and meaning of music in various cultures and subcultures, how culture influences identity formation, concepts of health and pathology, and understanding of the role of music therapy and how music therapy is practiced.

ii. Knowledge of current methods of music therapy assessment, treatment, and evaluation related to human growth and development, musical development, diagnostic classifications, etiology, symptomatology, and prognosis in formulating complex treatment plans, including the contraindications of music therapy for individuals and groups.

iii. Ability to design, develop, or adapt unique music therapy methods for assessment, treatment or palliation, and evaluation procedures for complex clinical cases, through a broad range of specialized music therapy services for various and emerging patient populations.

iv. Ability to use music therapy interventions to provide opportunities to work through treatment issues, including emotional disturbances, by establishing a safe environment for the patient to understand the symbolic expression of their musical product, process, and experience as it relates to recovery and wellness.

v. Ability to apply effective use of professional skill, objectivity, and insight to respond constructively to both positive and negative reactions, establish and maintain a therapeutic relationship with professional boundaries to reflect trusting, empathetic, and respectful interactions.

vi. Ability to apply current research literature and co-facilitate treatment with professionals from other disciplines, the uses of the creative arts therapies and

recreation therapy, as well as understanding emerging models and trends in music therapy.

(c) **Assignment.** Employees at this level serve as creative arts therapists (music) at the full performance level. They have a full understanding of music therapy processes and procedures, and require only general supervision when providing direct patient care. They exercise independent judgment, administer and interpret music therapy assessments, and utilize clinical knowledge to develop unconventional assessment and interview approaches to effectively elicit information. They review pre-evaluation data in the medical record upon admission or through consult. They conduct, analyze, interpret, and report assessment data across functional domains (i.e., behavioral, cognitive, communicative, emotional/affective, physical, sensory, and social) as well as musical knowledge, skills, and abilities. They plan, organize, and implement developmentally and situationally appropriate and evidence-based comprehensive music therapy interventions for persons diagnosed with chronic or life-threatening conditions, as well as their families, and in collaboration with an interdisciplinary or multidisciplinary team. These may include, but are not limited to: music listening, singing, playing, creating and improvising to understand musical behaviors as a means of self-expression, communication, and adaptive behavior; for neurological or physical rehabilitation; pain management; increased independence; exploring self-concept; improved coping skills; interpersonal relationships and social skills; and group cohesion. They recommend and develop new treatment groups and programs (including co-treatment opportunities) for treating patients with complex medical or mental health issues including, but not limited to Traumatic Brain Injury (TBI) to promote a variety of clinical outcomes, such as improved coping with grief, loss, or palliative care/terminal illness; behavior management, conflict resolution, or non-verbal communication of difficult subject matter. They participate in co-treatment opportunities including neurological rehabilitation, mental health recovery programs, and palliative care, often related to the symptoms of a terminal illness. They plan, organize, implement, and evaluate public relations for the program to inform and educate others about music therapy, in various settings, including the complex interactions of the therapeutic process, as well as the efficacy of music therapy in complex cases.

(4) **Creative Arts Therapist (Music), GS-12**

(a) **Experience.** In addition to meeting the basic requirements, completion of two years of progressively complex experience, which includes one year equivalent at the next lower grade directly related to the position being filled.

AND,

(b) **Certification.** Certification in a specialty treatment area in music therapy, such as but not limited to: advanced improvisational music therapy, bonny method of guided imagery and music (BM-GIM), neurological music therapy (NMT), creative

music therapy, or in a directly related field, such as palliative care, dementia care, or substance abuse.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to apply the creative processes of music listening, singing, playing, creating, and improvising to respond to the complex dynamics of musical and interpersonal relationships that emerge at different stages in the therapeutic process and to accomplish therapeutic or palliative care treatment goals.

ii. Ability to reproduce, notate, and transcribe musical responses of patients, provide spontaneous musical support for patient improvisations, compositions, or responses, and to use different methods of musical analysis for patient assessment and evaluation.

iii. Ability to identify and differentiate theoretical constructs and treatment orientations, including but not limited to: cognitive-behavioral therapy, psychotherapy, person-centered therapy, humanistic therapy, existential therapy, psychosocial development, and human development that underlies the various clinical practices and approaches of current models of music therapy for individuals, families, or groups.

iv. Knowledge of strategies for self-care and use of self-awareness and insight, using personal reflection (e.g., journaling, artistic involvement, meditation, other spiritual pursuits) to identify and address one's personal issues and the impact of these issues within the therapeutic process, to provide appropriate breadth and depth to the patient’s experience and process in music therapy.

v. Skill in supervising and mentoring students in clinical training, supervision, teaching, and research, designing and implementing methods of observing and evaluating student competence, and the use of music and the norms and practices of other cultures.

vi. Ability to collaborate with others to conduct research, using various methods and appropriate procedures to avoid or minimize potential confounding of the data; to interpret and disseminate research results consistent with established standards of inquiry; and to evaluate scholarly and student research regarding research questions or problems, methods, procedures, data collection, analysis, and conclusions.

(d) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Music therapists at this level have an understanding of specialized music therapy clinical

skills for use in complex cases. With a high degree of autonomy and independence, they create an environment that examines the symbolic expressions of the musical process and product to promote a variety of outcomes, including but not limited to: sensory stimulation; integration in multi-sensory environments; social skills training; cognitive-behavioral change techniques; physical or neurological rehabilitation; psychomotor and impulse control skills; psychological and psychosocial issues, such as behavior management, catharsis, a sense of mastery, focus to task, conflict resolution, and non-verbal communication of difficult subject matter. They evaluate and respond to therapeutic musical interventions for patients with complex and multiple diagnoses to understand how it reflects the patient's personality, the therapeutic relationship, and the mind-body connection, to facilitate change and enhance overall functioning. They collaborate, establish, and maintain liaison and provide music therapy instruction or in-service training for employees in other disciplines or service lines, as well as the interdisciplinary team. They mentor therapists who are at the full performance level or below and may coordinate clinical training programs, to include student supervision, administration and oversight, assignments, and evaluations. They assist in quality assurance, program performance improvement, and strategic planning related to music therapy. They may develop music therapy interventions or special programs focusing on the therapeutic benefit for the patient and provide an opportunity to advocate for patients by developing and maintaining alliances with stakeholders, such as research, non-profit, and community organizations, as well as other clinics and services.

**h. Creative Arts Therapist (Art, Dance/Movement, Drama, Music)**

(1) **Creative Arts Therapist (Clinical Education Coordinator), GS-12**

(a) **Experience.** At least one year of creditable experience at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to develop, maintain, and coordinate clinical education programs and assignments for student affiliations with universities, colleges, and other academic organizations with shared values, to include the formulation of academic agreements, MOUs, and student assignments.

ii. Knowledge of current treatment approaches (evidence-based and best practice) across multiple areas of practice.

iii. Ability to educate others in the application of specialized and technically advanced knowledge, skills, and treatment approaches and to clinically guide staff in using these tools.

iv. Ability to provide educational opportunities and consultation to other health care practitioners and stakeholders about clinical practice and areas of expertise.

v. Ability to synthesize clinical processes and practice to guide and train the students' clinical/educational experience and skills.

vi. Knowledge of local and national licensing and certification boards and committees to include guidelines and requirements.

vii. Ability to apply scientific methods, research design, and statistics.

(c) **Assignment.** For all assignments above the full-performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. This assignment occurs at active, affiliated VA facilities where specialized clinical treatment programs in art, dance/movement, drama, and music are provided.

Clinical education coordinator positions are generally found in complexity level 1 facilities or in facilities of lesser complexity levels where there is a large affiliate network where recreation and/or creative arts therapy programs are provided. The clinical education coordinator develops, coordinates, and administers clinical training programs and practicums, which may include, but are not limited to: students, interns, therapy assistant trainees, associated health trainees, facility new employees, and/or other disciplines. Duties include, but are not limited to: establishing, negotiating, mediating, and maintaining affiliation agreements and memoranda of understanding (MOU); serving as a liaison with the university to determine number of students, dates of training, and areas of training and assignment; designing, coordinating, conducting, and evaluating educational experiences for students, associated health trainees, and other personnel assigned to clinical program for training; arranging and serving as an instructor for staff in-service training programs; creating innovative education/training/research opportunities for students and staff; assisting principal investigators or co-investigators and/or serving as principal investigator or co-investigator in projects of limited complexity or scope. They coordinate and direct staff participating in the clinical and administrative aspects of the program.

(2) **Creative Arts Therapist (Program Coordinator), GS-12**

(a) **Experience.** At least one year of creditable experience at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Knowledge of management/administration principles, procedures, and practice, which includes supervision, consultation, negotiation, mediation, and monitoring.

ii. Ability to analyze clinically appropriate data and make recommendations to optimize quality, efficiency, performance, and productivity within services.

iii. Ability to perform the full range of supervisory duties, which includes responsibility for assignment of work to be performed; competency assessments; performance evaluations; selection of staff; recommendation of awards, advancements, and disciplinary actions, when appropriate.

iv. Ability to monitor and report on the status and progress of work, evaluate program quality to ensure that methods, deadlines, and standards have been met, and prioritize the workload.

v. Ability to effectively communicate goals, objectives, and focused initiatives to an interdisciplinary team, specialized clinical program, or subsection, as well as guide the team members on work methods, practices, standards, and procedures.

vi. Knowledge of regulatory requirements, interdisciplinary structure, and organizational structure to serve as a liaison between specialty care and other programs that affect coordination of care, healthcare access, program evaluation, assessment, and planning future needs.

vii. Skill in employing recognized leadership and managerial methods and strategies, including interpersonal relations and conflict resolution in the management of employees, team leaders, and managers.

(c) **Assignment.** For all assignments above the full-performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. The program coordinator is generally found in complexity level 1 facilities, or in facilities of lesser complexity levels where large affiliate network services are found. Creative arts therapist at this level serves as program coordinator in many areas of creative arts therapy to include art, dance/movement, drama, and music. This assignment requires administrative direction and decision-making skills, interagency coordination of care, program evaluation and analysis, budgetary controls, and planning. The program coordinator has overall responsibility for planning, assessing, and evaluating programs to ensure proper coordination between care delivered by the program and overall delivery of healthcare within the facility. They are responsible for daily program operations, developing policies and procedures, and preparing reports and statistics for facility, VISN, and national use. They assist with special administrative projects, which include but are not limited to strategic planning, performance improvement plans, and coordination and training of interdisciplinary team members. They are responsible for the overall technical and administrative oversight for operations within their program area, including

coordination of clinical assignments for multiple professionals comprising of an interdisciplinary team. They may provide treatment to patients in a specialty program, as well as services in more complex and unconventional cases. The program coordinator may or may not have supervisory responsibilities but is responsible for program management. They ensure orientation and competency assessment of assigned staff and maintain interdepartmental relations with other services to accomplish medical center goals. They plan and develop policies, procedures, and goals, and interpret, implement, and educate staff on applicable directives, handbooks, or other policies. When performing as a supervisor, duties include planning and scheduling work; assigning and evaluating work of subordinate staff; resolving problems which may interfere with patient assessment or treatment; accepting, amending, or rejecting completed work; appraising performance; and recommending performance standards.

(3) **Lead Creative Arts Therapist, GS-12**

(a) **Experience.** At least one year of creditable experience at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Knowledge of creative arts therapy across multiple types of clinical practice.

ii. Ability to provide professional oversight and consultation for staff therapists and guidance to auxiliary staff, volunteers, and trainees.

iii. Ability to monitor and report on the status and progress of work and make adjustments to accomplish the workload, in accordance with established procedures.

iv. Ability to facilitate in program development, outcome management, and strategic planning.

v. Ability to act as a liaison between staff, volunteers or trainees, and immediate supervisor to resolve informal complaints and concerns.

vi. Knowledge of clinical procedures and policies to provide oversight and training for auxiliary staff, volunteers, and trainees.

vii. Skill in coordinating clinical activities within the workgroup.

viii. Skill in leading and directing staff to implement evidence-based recreation therapy and/or creative arts therapy approaches to patients with varied treatment needs and skill level.

(c) **Assignment.** For all assignments above the full-performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Lead therapists are found in complexity level 1 facilities, or in facilities of lesser complexity levels where there are large affiliate network recreation and/or creative art therapy departments. Therapists at this level have experience that demonstrates advanced practice skills and sound clinical judgment across many areas of recreation and/or creative arts therapies to include art, dance/movement, drama, and music. Lead therapists are responsible for completing complex evaluations and treatments. They are required to apply advanced evaluation methodologies and treatment theories in the provision of care to a vast array of patients with differing functional impairments. They provide clinical practice guidance for other recreation and/or creative arts therapy staff. Lead therapists monitor work flow and make work assignments, provide input on performance, resolve daily workplace issues, and maintain efficient flow of patient care. The lead therapist may provide primary reports to the chief for the daily delivery of department programs, reporting, staffing, and scheduling. Lead therapists provide training for the department's auxiliary staff, volunteers, and trainees, provide instruction in maintenance of all service equipment, and coordinate patient care

plans to reduce redundancies and delay in patient treatment.

(4) **Supervisory Creative Arts Therapist, GS-12**

(a) **Experience.** At least one year of creditable experience at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to provide treatment in complex cases and to work with great independence.

ii. Ability to balance multiple responsibilities, set priorities, delegate tasks, meet multiple deadlines, analyze organizational problems, and develop and implement effective solutions.

iii. Ability to analyze organizational and operational problems to develop and implement solutions that result in efficient operations and use data effectively to manage workload, quality, performance, and productivity within the service.

iv. Skill in interpersonal relationships in dealing with employees, team leaders, and managers.

v. Ability to use evidence-based practices and clinical practice guidelines in a professional area, and to guide the staff in applying these tools.

vi. Knowledge of organizational theories and strategies to positively impact the overall goals and objectives within the service.

vii. Knowledge related to administrative functions such as fiscal, material supply, equipment management, and clinical and program management.

(c) **Assignments.** For all assignments above the full-performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Supervisors at this level are typically found in complexity level 2 or level 3 medical centers. They are responsible for the supervision, administrative management, and direction of program services. They evaluate programs to ensure proper coordination with the overall delivery of health care. The incumbent has full administrative oversight for planning and directing the staff assignments in a variety of clinical settings to include art, dance/movement, drama, and music therapies. They have responsibility for general or technical supervision of key clinical and training programs. Typical duties include: assigning work; monitoring clinical performances of staff; resolving staff conflicts, which may interfere with the delivery of services; identifying continuing education and training needs; and preparing performance standards and ratings. They interview candidates for positions, recommend appointments, advancements, or when appropriate, disciplinary actions. The supervisor accepts, amends, or rejects completed work, and ensures that performance requirements are met. They ensure compliance with accrediting agency and regulatory requirements, establish and monitor the quality of the pre-analytical processes as part of the overall service's quality management program, and take corrective action as needed. The supervisor ensures orientation and competency assessment of assigned staff. The supervisor develops policies and procedures, manages document control, develops performance standards, position descriptions and functional statements, and is responsible for professional and administrative management of an assigned area, to include time and attendance and leave management. The supervisor conducts department meetings at regular intervals to convey information to staff. The supervisor maintains interdepartmental relations with other services/departments, individuals, and community partners to accomplish medical center goals and may provide clinical treatment in the most complex of cases.

(5) **Supervisory Creative Arts Therapist, GS-13**

(a) **Experience.** At least one year of creditable experience at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to independently provide treatment in complex cases.

ii. Ability to balance multiple responsibilities, set priorities, delegate tasks, meet multiple deadlines, analyze organizational problems, and develop and implement effective solutions.

iii. Ability to analyze organizational and operational problems to develop and implement solutions that result in efficient operations and use data effectively to manage workload, quality, performance, productivity within the service.

iv. Skill in interpersonal relationships and conflict management.

v. Ability to use evidence-based practices and clinical practice guidelines in a professional area and to guide the staff in applying these tools.

vi. Knowledge of organizational theories and strategies to positively impact the overall goals and objectives within the service.

vii. Knowledge related to administrative functions, such as fiscal, material supply, equipment management, and clinical and program management.

(c) **Assignment.** For all assignments above the full-performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Supervisors at this level are found in complexity level 1 facilities, or in facilities of lessor complexity levels where there are large affiliate network recreation therapy and/or creative arts therapy programs to include art, dance/movement, drama, and music. The supervisor is responsible for the supervision, administrative management, and direction of program services. The supervisor develops and initiates new treatment programs based upon current research findings. They evaluate programs to ensure proper coordination with the overall delivery of health care. The incumbent may be delegated full administrative and clinical responsibility for planning and directing staff assignments in a variety of clinical settings. They have responsibility for general or technical supervision of key clinical and training programs. Typical duties include: assigning work, monitoring clinical performances of staff, resolving staff conflicts, which may interfere with the delivery of services, identifying continuing education and training needs, and other clinical and administrative responsibilities to ensure that the mission of the service and the medical center has been satisfied. They interview candidates for positions, recommend appointments, advancements, or disciplinary actions, when appropriate. They make decisions that affect staff and other resources with wide latitude of control and independent judgment. The supervisor accepts, amends, or rejects completed work and ensures that performance requirements are met. The

supervisor ensures compliance with accrediting agency and regulatory requirements, establishes and monitors the quality of the pre-analytical processes as part of the overall service's quality management program and ensures corrective action is initiated, as needed. The supervisor encourages professional development, serves as a mentor to staff, and creates an environment of learning. The supervisor develops policies and procedures; manages document control; develops performance standards, position descriptions and functional statements; and is responsible for administrative management of an assigned area, to include budget execution and time and leave management. The supervisor conducts department meetings at regular intervals to convey information to staff. The supervisor maintains interdepartmental relations with other services to accomplish medical center goals and may provide clinical treatment in more complex cases. The supervisor fosters and maintains community contacts that augment and enhance service goals.

(6) **Supervisory Creative Arts Therapist (Assistant Chief), GS-13**

(a) **Experience.** At least one year of creditable experience equivalent at the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Skill in the analysis and application of scientific and clinical literature in professional area.

ii. Knowledge of contemporary recreation therapy, creative arts therapies, rehabilitation, recovery, and wellness theories, techniques, practices, and related disciplines.

iii. Ability to supervise, motivate, and manage a diverse clinical staff.

iv. Skill in assessing qualifications and abilities of current and prospective employees.

v. Ability to organize work, set priorities, delegate tasks and responsibilities, and meet multiple deadlines for the service.

vi. Ability to adapt to new and changing work conditions, staffing, and contingencies.

vii. Knowledge of management/administration theories and concepts.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety,

and be performed by the incumbent at least 25% of the time. Assistant chief positions are generally found in complexity level 1 facilities or in facilities of lesser complexity levels where there are large affiliate network recreation and/or creative arts therapy programs to include art, dance/movement, drama, and music. Assistant chiefs serve as an assistant to a service chief in a stand-alone recreation therapy service and share full scope of delegated managerial responsibilities. They manage and supervise all aspects of professional areas in the service-level department. Assistant chiefs exercise supervision, administrative management, and direction of professional areas. They serve as the acting service chief in the absence of the service chief. They develop and maintain a system of internal reviews that ensures service programs operate at a satisfactory level of performance and are in compliance with regulations. The assistant chief has responsibility for utilization of resources and budget. They make selections, assign personnel, and serve as a mentor to help employees develop their full potential.

(7) **Supervisory Creative Arts Therapist (Service Chief), GS-14**

(a) **Experience.** At least one year of creditable experience equivalent to the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Skill in supervising, motivating, and managing a diverse clinical staff applicable to a service level department in a large, complex, or multi-division facility, including inherent strategic planning and fiscal management.

ii. Skill in providing authoritative advice and coordination of recreation and/or creative arts therapy services across the continuum of care that may encompass multiple medical centers, including consolidated facilities or departments.

iii. Skill in collaborating with strategic planning committees at local, VISN, or national levels for new ventures addressing patient care delivery systems, facilities management, system reorganization, etc.

iv. Ability to translate extensive recreation/creative art therapy, rehabilitation, mental health, long-term care, and other specialty care knowledge areas into cogent and useful policy in complex facilities.

v. Knowledge in reconciling contradictory requirements based upon regulations and standards of various regulatory and medical or other professional credentialing groups, such as The Joint Commission.

vi. Knowledge of analytical and evaluative methods sufficient to analyze complex issues and provide alternative solutions to executive leadership that support timely and sound decision making.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. Creative arts therapists at this level serve as the service chief of a stand-alone service. Chief positions are generally found in complexity level 1 facilities or in facilities of lesser complexity levels where there are large affiliate network recreation and/or creative arts therapy programs to include art, dance/movement, drama, and music. The work is technically authoritative. Service chiefs have broad and overall responsibility for a service-level department. Service chiefs have full responsibility for clinical practice, program management, education, human resources management, and supervision for the service. They autonomously manage substantive parts of specialized, complex, professional services, which significantly impact the care provided to patients. Service chiefs provide leadership with objective, independent assessments, and recommendations for policy, operational and administrative issues, and initiatives requiring decision and action. Service chiefs monitor work performance to ensure production and accuracy requirements are satisfied; interpret a wide variety of data and processes data related to program planning and specialized needs of the service, as well as the medical center; ensure policies or issues have been fully coordinated, vetted and staffed; advise leadership on implications, key issues, relationships to interest groups, both internal and external and recommend courses of action. Service chiefs coordinate and negotiate resolutions to complex problems. They may prepare special reports and responses, Congressional responses, briefing papers, issue briefs, and decision papers for medical center leadership, which may be highly sensitive, confidential, and of a complex nature. They may negotiate affiliation agreements with academic partners; set training objectives; and delegate responsibilities to subordinate section or assistant chiefs (if applicable). Service chiefs at this grade generally may have assignments determined by the need of the local facility, VISN/VACO, National Director, or the assistant director of recreation therapy services.

(8) **Creative Arts Therapist (Clinical Research), GS-14**

(a) **Experience:** At least one year of creditable experience equivalent to the next lower grade level.

(b) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Skill in applying techniques for specific, highly complex patient populations that often involve, but are not limited to multiple physical, mental, developmental,

behavioral, sensory, motor, and cognitive conditions or diagnoses, and other comorbid concerns that may compromise biopsychosocial functioning.

ii. Skill in applying and interpreting specialized assessments, other evaluative procedures and subject specific tests, as well as qualitative and quantitative research protocols to conduct research that meets the standards of validity, reliability, and statistical significance.

iii. Skill in research administration that includes, but is not limited to: grant writing, budgeting, data collection and analysis, organizing findings, and disseminating results including publication.

iv. Skill in communicating scientific concepts and methodological principles to individuals with diverse levels of technical expertise and understanding.

v. Skill in using evidence-based practices, clinical practice guidelines, and resources to develop appropriate research protocols and methodologies.

vi. Ability to guide an interdisciplinary team through conducting a research protocol that minimizes extraneous variables that could jeopardize the validity of the research.

vii. Ability to collaborate with strategic planning committees at local, VISN, or national levels for new research ventures addressing patient care delivery systems, facilities management, system redesign, system reorganization, etc.

viii. Knowledge of national and local research policies, procedures, and practices.

(c) **Assignment.** For all assignments above the full-performance level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. A creative arts therapist at this level serves as clinical research specialist at the VISN level. Clinical research specialists at this grade generally may have assignments determined by the need of the local facility, VISN/VACO, National Director, or the assistant director of recreation therapy services. The clinical research specialist serves as the subject matter expert in a content specialty area of recreation and/or creative arts therapy; functions as a consultant to the departments, service lines, and other clinical staff in evaluating, treating, and researching specialty areas that may have significant impact on VHA. Clinical expertise should include focused areas for a specific patient population with varying degrees of highly complex biopsychosocial treatment needs, such as the medical, rehabilitative, psychosocial, comorbid conditions related to TBI, SCI, amputation, blind and low vision, PTSD, military sexual trauma, etc. They are responsible for funded research projects that make discipline-specific clinical contributions to research, add merit to the field, as well as possess the potential for significant impact on the practice of recreation and

creative arts therapy. They participate in peer-reviewed publications, professional literature, and present findings to national audiences of same and varied treatment disciplines. The clinical research specialist provides professional, clinical oversight and consultation for staff therapists, as well as monitors and evaluates clinically appropriate treatment programs with broad latitude of variation. They may be involved in peer review activities for VHA and non-VHA research, such as grant review for VHA, NIH proposals, or local research service committees, which include but are not limited to Research and Development (R&D), Internal Review Board (IRB), Geriatric Research Education and Clinical Centers (GRECC), or serving as consulting editors for peer-reviewed journals. They are responsible for ensuring the coordination of research programs and activities in collaboration or cooperation with other departments, services, and other internal or external entities. Under the guidelines of national and local research objectives, goals, and strategies, they establish research priorities, develop and coordinate projects, obtain funding, to include the submission of grant proposals, and ensure the overall coordination of research efforts, as well as oversee work of others involved in a research project.

**5. DEVIATIONS.**

a. The approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for recreation and creative arts therapists in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments that warrant such action based on demonstrated competence and meet the requirements of the proposed grade.

b. Under no circumstances will the education requirement be waived. Under no circumstances will the registration and/or certification requirements be waived at the GS-11 level and above.

c. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. §§ 7402, 7403.**]

**[APPENDIX G61. CYTOTECHNOLOGIST QUALIFICATION STANDARD**
**GS-0601**
**Veterans Health Administration**

**COVERAGE.** The following are requirements for appointment as a cytotechnologist in the Veterans Health Administration (VHA). The requirements apply to all VHA cytotechnologists employed in the General Schedule (GS)-0601 series. Cytotechnologists are certified laboratory professionals performing highly complex laboratory diagnostic testing on human specimens for diagnosis, treatment, or prevention of disease in the laboratory specialty of cytopathology. Cytotechnologists are solely responsible for: reporting the microscopic intrepretation of normal pap smear tests used to detect cervical cancer; providing preliminary interpretation of specimens from other body sites; and collaborating with pathologists to diagnose benign and infectious processes, precancerous lesions, and malignant diseases.

**DEFINITIONS.**

a. **Journey Level**. The full performance level for this qualification standard is the GS-9 grade level.

b. **Creditable Experience**. To be creditable, the experience must have required the use of knowledge, skills, abilities (KSAs), and other characteristics, also referred to as core competencies; be associated with the scope of cytotechnologist practice equivalent to at least the next lower grade level; be directly related to the position being filled; and may be paid or non-paid employment.

c. **Part-Time Experience**. Part-time experience is creditable according to its relationship to the full-time work week. For example, a cytotechnologist employed 20 hours per week, or on a half time basis, would receive one full-time work week of credit for each two weeks of service.

**BASIC REQUIREMENTS.** To qualify for appointment as a cytotechnologist, all applicants must possess the following:

a. **Citizenship.** Citizen of the United States (U.S.). (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, of this part.)

b. **Education.** Individuals must have successfully completed a baccalaureate degree from a regionally accredited college/university and successfully completed a Commission on Accreditation of Allied Health Education Programs accredited cytotechnology program.

c. **Foreign Education.** To be creditable, education completed outside the U.S. must have been submitted to a private organization approved by the American Society for Clinical Pathology (ASCP) that specializes in the interpretation of foreign educational credentials and such education must have been deemed at least equivalent to that gained in conventional U.S. programs.

d. **Certification**

(1) Candidates must currently possess the Cytotechnologist (CT) (ASCP) or Specialist in Cytotechnology (SCT) (ASCP) certification given by the ASCP Board of Certification.

(2) **Loss of Certification.** An employee who fails to maintain the required certification must be removed from the occupation, which may also result in termination of employment.

e. **Grandfathering Provision.** All cytotechnologists employed in VHA, in this occupational series, performing the duties as described in the qualification standard on the effective date of this qualification standard, are considered to have met all the qualification requirements for the grade held, including positive education and certification that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements of this standard, but met the qualifications applicable to the position at the time they were appointed to the position, the following provisions apply:

(1) Cytotechnologists that do not meet the basic requirements for education and certification may be reassigned, promoted up to and including the full performance level, or demoted within the occupation, but may not be promoted beyond the full performance level or placed in supervisory or managerial positions.

(2) Cytotechnologists appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended, or be reappointed on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) Cytotechnologists initially grandfathered into this occupation, who subsequently obtain education and/or certification that meets all the basic requirements of this qualification standard, must maintain the required credentials as a condition of employment in the occupation.

(4) Cytotechnologists who were retained in this occupation, under this provision, and subsequently leave the occupation, lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

f. **Physical Requirements.** See VA Directive and Handbook 5019, Employee Occupational Health Service.

g. **English Language Proficiency.** Cytotechnologists must be proficient in spoken and written English. See 38 U.S.C. § 7403(f).

**GRADE REQUIREMENTS.** All individuals assigned to this occupation must have an approved title or parenthetical title, as described below:

a. Cytotechnologist

b. Lead Cytotechnologist

c. Cytotechnologist (Quality Management)

d. Supervisory Cytotechnologist

e. Cytotechnologist (Laboratory Information Manager)

f. Supervisory Cytotechnologist (Laboratory Manager)

g. Cytotechnologist (Regional Commissioner Technologist)

h. Cytotechnologist (Laboratory Director)

**GRADE DETERMINATIONS.**

a. **Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates:

**(1) Cytotechnologist, GS-7**

(a) **Experience.** None beyond the basic requirements.

(b) **Assignment.** At the entry level, cytotechnologists serve in a career development position practicing under close supervision of a supervisor, lab manager, or qualified individual who reviews and ensures the employee meets competency requirements.

**(2) Cytotechnologist, GS-9**

(a) **Experience.** At this level, the candidate must have one year of creditable experience equivalent to the GS-7 grade level that is directly related to the position to be filled.

(b) **Assignment.** At the journey level, the cytotechnologist independently reviews clinical data of patients and evaluates all cytology preparations by light microscopy for the presence or absence of cellular patterns, presence of micro-organisms, inflammatory reactions, endocrinopathies, benign changes, pre-malignant changes, neoplasia, and cellular responses to therapeutic agents. The cytotechnologist issues and verifies the final diagnosis for negative gynecologic specimens. The cytotechnologist prioritizes, prepares, and processes all specimens for cytodiagnostic and immunohistochemical testing in compliance with the guidelines of regulatory agencies. The cytotechnologist instructs others on the proper collection methods and transportation of specimens and determines acceptability of patient samples for processing. The cytotechnologist performs routine maintenance of equipment using standard operating procedures.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Ability to review clinical data of patients, relate data to microscopic findings, and evaluate all cytology preparations by light microscopy for the presence or absence of cellular patterns, presence of micro-organisms, inflammatory reactions, endocrinopathies, benign changes, pre-malignant changes, neoplasia, and cellular responses to therapeutic agents.

ii. Ability to make a preliminary cytodiagnosis to issue and verify the final diagnosis for gynecologic specimens interpreted to be negative.

iii. Knowledge of processes and procedures to prepare all specimens for cytodiagnostic and immunochemistry testing, as well as filtration methods, preparation, fixation, and staining of slides.

iv. Ability to instruct others on the proper collection methods and transportation of specimens, and to determine acceptability of patient samples for processing.

v. Knowledge of the standards of regulatory agencies, such as those of Joint Commission (JC), College of American Pathologists (CAP), Clinical Laboratory Improvement Amendment (CLIA), and Occupational Safety and Health Administration (OSHA), to ensure compliance with requirements and guidelines.

vi. Ability to perform routine maintenance of laboratory equipment according to standard operating procedures.

vii. Skill in prioritizing workflow/specimen triage.

**(3) Cytotechnologist, GS-11**

(a) **Experience**. The candidate must have one year of creditable experience equivalent to the journey level (GS-9) that is directly related to the position to be filled.

(b) **Assignments.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. At the advanced level, the cytotechnologist independently performs and monitors processes such as smear preparation, slide fixation, cell block preparation, monolayer filtration processing, and staining. If a discrepancy is identified with these processes, the cytotechnologist will troubleshoot and take corrective action. The cytotechnologist may act as a technical resource in writing and establishing new processes or procedures. The cytotechnologist performs a full range of specialized tasks, including collecting, compiling, and analyzing data according to the laboratory quality management program. The cytotechnologist uses these laboratory data to implement any needed quality improvement initiatives. The incumbent will research, test, validate, and implement new procedures and equipment.

**NOTE**: Advanced assignments may also include one or more of the tasks identified below. When these duties are required, the Advanced Cytotechnologist must also demonstrate the corresponding advanced KSAs as identified by the corresponding asterisk(s) below in KSA (c) v. - (c) viii. These KSAs are:
**Electron Microscopy (KSA (c) v.): Ability to utilize electron microscope, performance of ultrathin cryomicrotomy, and staining of ultrastructural components.
***Safety Coordination (KSA (c) vi.): Ability to oversee safe handling of specimens, chemicals, and equipment by all staff and ensures adherence to safety regulations.
****Laboratory Education (KSA (c) vii.): Ability to plan and administer an ongoing continuing education program for laboratory staff to meet accreditation requirements.
*****Automated Data Processing Applications Coordinator (KSA (c) viii.): Ability to carry out day-to-day operations related to laboratory information systems/computer use and system maintenance.

(c) **Demonstrated Knowledge, Skills, and Abilities**. In addition to the experience above, the candidate must demonstrate the KSAs i. - iv. and the advanced KSA as identified by the corresponding asterisk(s):

i. Ability to independently determine specimen adequacy using complex specialized testing methods or techniques during Endoscopic Ultrasound, Endobronchial Ultrasound, and other Fine Needle Aspiration procedures.

ii. Knowledge of pre-analytical, analytical, and post-analytical processes to establish and monitor the overall laboratory quality management and quality control program, and initiate corrective action as needed.

iii. Skill in collecting, compiling, and analyzing data for quality assurance, statistics, trends and reports, and implementing quality improvement initiatives.

iv. Skill in researching, testing, validating, and implementing new procedures and equipment.

v. **Ability to perform ultrathin microtomy and operate an electron microscope. Knowledge of microanatomy sufficient to note ultrastructural and microchemical findings.

vi. ***Ability to convey knowledge of safety regulations and guidelines such as CAP, JC, and OSHA, and to ensure staff compliance with safety requirements, including continuing education and employee orientation.

vii. ****Knowledge and skill to plan and administer an ongoing continuing education program for the laboratory to meet accreditation standards.

viii. *****Skill to maintain and troubleshoot computers and laboratory system instrumentation.

(4) **Lead Cytotechnologist, GS-11**

(a) **Experience**. The candidate must have one year of creditable experience equivalent to the journey level (GS-9) that is directly related to the position to be filled.

(b) **Assignments.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. The lead cytotechnologist provides direction to cytology staff by overseeing daily operations of the cytology laboratory. The incumbent monitors the processing of cytology preparations, including associated quality control measures. The lead cytotechnologist establishes procedure manuals and forms necessary to meet departmental and regulatory needs. The lead cytotechnologist will research, test, validate, and implement new procedures and equipment. The lead cytotechnologist monitors abnormal test results, notifies the physician when necessary, and completes documentation in accordance with CAP requirements. The lead cytotechnologist will monitor and make work assignments, provide input on performance, resolve daily workplace issues, and maintain efficient workflow. Assignments at this level include, but are not limited to: assuring coverage of all areas of responsibility; conducting ongoing reviews to ensure quality of work; providing guidance to staff members to include changes in policies and procedures; distributing and balancing workload; orienting and providing on-the-job training for new and current employees; ensuring all training requirements are met; and organizing the work structure of the assigned area.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Skill in researching, testing, validating, and implementing new procedures and equipment.

ii. Ability to monitor abnormal test results, which includes notification to the physician when necessary, and to complete documentation in accordance with CAP requirements.

iii. Ability to lead others, monitor and make work assignments, balance workload, and ensure duties are completed in an accurate and timely manner. This includes the ability to follow-up on pending issues and demonstrate an understanding of the impact of incomplete work.

iv. Knowledge of laboratory requirements to develop, maintain, and issue written instructions and standard operating procedures, including the design of forms that comply with regulatory agencies.

(5) **Cytotechnologist (Quality Management), GS-11**

(a) **Experience**. The candidate must have one year of creditable experience equivalent to the journey level (GS-9) that is directly related to the position to be filled.

(b) **Assignments.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. In this assignment, the cytotechnologist provides authoritative advice and consultation on quality management laboratory services to all levels of management throughout the organization. The cytotechnologist maintains a laboratory quality management program and ensures monitoring of components and customer feedback. The cytotechnologist analyzes, identifies, defines, and resolves issues associated with complex aspects of the collected data. The cytotechnologist monitors laboratory quality control systems and performance indicators. The cytotechnologist interacts with management officials and vendors, providing inter-laboratory quality assurance and laboratory proficiency testing. The cytotechnologist is responsible for a laboratory's continuous readiness for regulating agency inspections and accreditation from agencies, such as JC and CAP.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience or education above, the candidate must demonstrate all of the following KSAs:

i. Comprehensive knowledge of laboratory quality control/assurance policies, quality management standards, procedures and principles, as well as safety practices and regulations.

ii. Knowledge of accrediting agencies and regulatory requirements pertaining to laboratory operations, and skill in ensuring continuous readiness for inspections.

iii. Knowledge of laboratory operations and relationships to the organization.

iv. Ability to analyze quality assurance data and resolve complex data issues.

v. Knowledge of anatomic pathology, clinical laboratory, and ancillary testing.

(6) **Cytotechnologist (Supervisory), GS-12**

(a) **Experience.** At this level, the candidate must have one year of creditable experience equivalent to the GS-11 grade level that is directly related to the position to be filled.

(b) **Assignments.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. The supervisory cytotechnologist performs a full range of supervisory duties for one or more sections of the laboratory. The supervisor makes work assignments, writes performance evaluations and staff competencies, and solves administrative problems. The supervisory cytotechnologist plans, organizes, and communicates management goals, and ensures compliance with regulations. The cytotechnologist is able to demonstrate leadership and managerial skills, including interpersonal relations and conflict resolution, to effectively interact with employees, team leads, and managers. The supervisory cytotechnologist uses federal and state laws, regulations, and laboratory quality management procedures and principles to develop plans that aid

in the laboratory quality management program and education, testing, and training of staff. In accordance with the CAP guidelines, the cytotechnologist may be responsible for rescreening previously screened negative cases and those designated "high risk" cases, before the diagnostic interpretation is released from the cytopathology laboratory.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Demonstrated leadership and managerial skills, including interpersonal relations and conflict resolution to effectively interact with employees, team leaders, and managers.

ii. Ability to plan, organize, set short and/or long term goals, and conduct studies on technical and administrative problems, including personnel shortages, organizational structure, and new technology.

iii. Skill in communicating management goals with individuals to obtain the desired effect, while ensuring compliance with established policies and regulations.

iv. Ability to perform the full range of supervisory duties, which includes responsibility for assignment of work, performance evaluations, maintenance of staff competencies, selection of staff, recommendation of awards, advancements, and disciplinary actions, as appropriate.

v. Knowledge of federal and state laws, regulations, and accrediting/regulatory requirements to develop plans and procedures for the laboratory.

vi. Knowledge of laboratory quality management procedures and principles sufficient to establish and monitor a laboratory quality management program and/or education and training of laboratory staff, including annual CLIA proficiency testing.

vii. Ability to rescreen previously screened negative cases, including those designated as "high risk" cases, before the diagnostic interpretation is released from the cytopathology laboratory.

**(7) Cytotechnologist (Laboratory Information Manager), GS-12**

(a) **Experience.** At this level, the candidate must have one year of creditable experience equivalent to the GS-11 grade level that is directly related to the position to be filled.

(b) **Assignments.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. The laboratory information manager develops and recommends new policies and procedures regarding the installation of evolving tests or techniques, and the use of the laboratory information system (LIS). The laboratory information manager ensures compatibility of the LIS with the overall hospital information system (HIS), and provides authoritative advice and consultation regarding the functions and capabilities of the LIS to all levels of the

organization. The laboratory information manager implements and maintains coding and mapping for laboratory test ordering, reporting, billing and workload recording, while considering compliance principles. The laboratory information manager analyzes emerging trends, software and technology, and adopts appropriate methods for local programs to meet agency goals. The laboratory information manager serves as the local expert representing the lab end users, by interacting with software developers to test and validate new and emerging software packages. The laboratory information manager is responsible for compliance with regulatory agency requirements, as related to information systems, and performs audits, as needed. The laboratory information manager provides consultation and training of personnel on computer functions, including ordering options, and is responsible for the maintenance of computer security keys.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience or education above, the candidate must demonstrate all of the following KSAs:

i. Knowledge and understanding of laboratory operations, and compliance and regulatory requirements to provide advice, training, and problem-solving services on specific projects, programs, or functions, in order to conduct inspections and audits, as needed.

ii. Ability to independently plan, organize, set priorities, work as a team member, and effectively complete assignments.

iii. Skill in using the laboratory information system, program techniques, computer language, and program design sufficient to implement various laboratory associated packages and sustain operation of the laboratory system.

iv. Ability to adapt, implement, and integrate the use of software to specific laboratory applications and processes, including the use of office automation software.

(8) **Supervisory Cytotechnologist (Laboratory Manager), GS-13**

(a) **Experience.** At this level, the candidate must have one year of creditable experience equivalent to the next lower grade level that is directly related to the position to be filled.

(b) **Assignments.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. The supervisory cytotechnologist (laboratory manager) reports to the director of the laboratory

service. The incumbent is responsible for supervising a large staff of nonsupervisory and supervisory personnel, and for managing and overseeing laboratory service operations. The incumbent also provides guidance and serves as an authority and subject matter expert on laboratory medicine, including research, agency policies, new techniques and procedures, developing guidelines, assessing laboratory effectiveness, and for establishing and maintaining quality assurance and quality management programs. The laboratory manager consults with, or serves as a consultant for, local, network, and national programs and/or officials; manages

regulatory affairs and compliance; and develops and manages program budget and resource utilization, inventory, acquisition, and contracting processes.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience or education above, the candidate must demonstrate all of the following KSAs:

i. Knowledge of the requirements of regulatory, licensing, accrediting agency, and laws governing clinical laboratory operations used in planning, implementing, and monitoring laboratory programs.

ii. Ability to plan and execute short- and long-term programs and/or goals, through project management and tactical/strategic planning.

iii. Ability to work collaboratively with other disciplines, upper management, and executive leadership.

iv. Advanced knowledge of concepts, principles, and methodology of operations for a major clinical laboratory program, so as to assess program effectiveness and provide authoritative guidance of operations, personnel, and management.

v. Skill in administrative management (e.g., budgeting, contracting, procurement, and property management) in accordance with regulations.

vi. Ability to provide the full range of supervisory duties, which include responsibility for assignment of work, performance evaluations, selection of staff, and recommendation of awards, advancements, and disciplinary actions.

**(9) Cytotechnologist (Regional Commissioner Technologist), GS-13**

(a) **Experience.** At this level, the candidate must have one year of creditable experience equivalent to the next lower grade level that is directly related to the position to be filled.

(b) **Assignments.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. The

cytotechnologist (regional commissioner technologist) serves as an authority for multiple laboratories in a region to ensure compliance with inspection and accreditation requirements and regulations. The cytotechnologist (regional commissioner technologist) provides direction and guidance to resolve technical problems and provides interpretation of existing regulations. The cytotechnologist (regional commissioner technologist) coordinates with VHA Central Office to ensure that each testing site is in compliance with inspection and accreditation requirements and regulations. The cytotechnologist (regional commissioner technologist) assists laboratories in the correction of any cited inspection deficiencies. The cytotechnologist (regional commissioner technologist) is responsible for coordinating the CLIA license applications for all laboratories in the region. The cytotechnologist (regional commissioner technologist) serves as a consultant to national program officials and provides professional,

technical, and training support. The cytotechnologist (regional commissioner technologist) requires verbal, written, and electronic communication with accrediting and regulatory bodies. The cytotechnologist (regional commissioner technologist) works under the direction and guidance of the VHA Office of Enforcement in VHA Central Office.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Advanced knowledge of laboratory regulations that pertain to quality control, quality management, and proficiency testing, in order to assess and assist with laboratory compliance of quality programs in each facility assigned to that region.

ii. Ability to differentiate and interpret accrediting and regulatory requirements to provide guidance to laboratories on regulatory requirements, and to assess compliance for each laboratory assigned to that region.

iii. Knowledge of laboratory operations and the laboratory's role within the total organization.

iv. Ability to create and deliver educational presentations to a variety of individuals, on matters that pertain to inspection and accreditation rules, regulations, and standards of all laboratory accrediting agencies.

v. Knowledge of anatomic pathology, clinical laboratory, and ancillary testing.

(10) **Cytotechnologist (Laboratory Director), GS-14**

(a) **Experience and Education.** At this level, the candidate must possess one year of creditable experience equivalent at the GS-13 grade level that is directly related to the position to be filled. A candidate must hold a doctoral degree in

chemical, physical, biological, or clinical laboratory science from an accredited institution, be certified, and continue to be certified by a board approved by the Department of Health and Human Services.

(b) **Assignment.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. The laboratory director is responsible for the overall operation and administration of the laboratory, in accordance with 42 Code of Federal Regulations (CFR) § 493. The laboratory director must ensure that testing systems developed and used for each of the tests performed in the laboratory provide quality laboratory services for all aspects of test performance, which include the pre-analytic, analytic, and post-analytic phases of testing. The laboratory director ensures the physical plant, LIS, and environmental conditions of the laboratory are appropriate for the testing performed and provide a safe environment where employees are protected from physical, chemical, and biological hazards. The laboratory director ensures the test methodologies selected have the capability of providing the quality of results required for patient care; verifies procedures used are adequate to determine the accuracy, precision, and other

pertinent performance characteristics of the method; and that laboratory personnel are performing the test methods, as required, for accurate and reliable results. The laboratory director ensures that quality control and quality assessment programs are established and maintained, to provide quality services and identify failures in quality as they occur. The laboratory director ensures that all necessary remedial actions are taken and documented whenever significant deviations from the laboratory's established performance characteristics are identified, and that patient test results are reported only when the system is functioning properly. The laboratory director ensures that consultation is available to the laboratory's clients on matters relating to the quality of the test results reported and their interpretation concerning specific patient conditions. The laboratory director ensures that a general supervisor provides on-site supervision of high complexity testing performed by an adequate number of testing personnel qualified under 42 CFR 493.1489.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

i. Expert knowledge of both clinical and anatomic pathology laboratory testing systems, test performance, and all phases of testing.

ii. Expert knowledge of testing methodologies, policies, procedures, and quality assurance requirements to ensure accurate, reliable results, in compliance with the CFR and accrediting agency requirements.

iii. Skill in identifying deviations from established performance requirements.

iv. Ability to take remedial action to address performance deficiencies.

v. Ability to provide leadership and administrative guidance to subordinate staff.

vi. Ability to communicate effectively orally and in writing with a diverse group of professional staff and management officials at all levels.

vii. Skill in use of and oversight of the LIS, program techniques, computer language, and program design.

**DEVIATIONS.**

a. The approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for cytotechnologists in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the certification or educational requirements as a cytotechnologist be waived.The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. §§ 7401, 7402, 7403, 7405.]**

# APPENDIX G62. REHABILITATION COUNSELOR QUALIFICATION STANDARD GS-0101 Veterans Health Administration

1. **COVERAGE.** The following are requirements for appointment as a Rehabilitation Counselor (RC) in the Veterans Health Administration (VHA). These requirements apply to all VHA RCs in the General Schedule (GS) 0101 series, including those assigned to VA medical centers, Community-Based Outpatient Clinics (CBOCs), Vet Centers, Veterans Integrated Service Network (VISN) offices and VHA Central Office. This work may include the provision of a wide array of clinical rehabilitation services to support Veterans with disabilities reintegration into community, employment and independent living.

2. **DEFINITIONS.**

   a. **Appointing Official.** The Human Resources Management Officer is delegated appointing authority to process and authenticate notifications of personnel actions and to effect management-approved employment actions on behalf of officials, employees and facilities for which service is provided.

   b. **Approving Official.** The Veterans Integrated Service Network (VISN) Director, Facility Director, or designee is the approving official and will determine whether to approve or disapprove the appointment of employees in the hybrid occupations.

   c. **Journey Level**. The full performance level for this qualification standard is the GS-11 grade level.

   d. **Creditable Experience**. Creditable experience must have required the use of knowledge, skills and abilities associated with current professional rehabilitation counseling practice. Creditable experience can be obtained through employment as a RC. This may be evidenced by providing direct rehabilitation counseling services to individuals with disabilities in the context of a professional counseling relationship which may include vocational rehabilitation and personal adjustment counseling, case management, assessment, or rehabilitation, training and employment services coordination.

   e. **Quality of Experience.** The quality of creditable experience must have been obtained post-graduate as a professional RC directly related to the duties to be performed. Qualifying experience must also be at a level comparable to professional rehabilitation counseling experience at the next lower level. For all assignments above the journeyman level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

   f. **Part-Time Experience**. Part-time experience is creditable according to its relationship to the full-time work week. For example, an RC employed 20 hours per week, or on a

half time basis would receive one full-time work week of credit for each two weeks of service.

**3. BASIC REQUIREMENTS.**

**a. Citizenship.** Candidates must be a citizen of the United States. Non-citizens may be appointed when it is not possible to recruit qualified candidates in accordance with 38 U.S.C. § 7407(a).

**b. Education.**

(1) A master's degree in rehabilitation counseling or clinical rehabilitation counseling from a rehabilitation counseling program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). If the applicant's degree was granted prior to July 1, 2017, the program must be accredited by the Council on Rehabilitation Education.

OR

(2) A master's degree in counseling or clinical rehabilitation counseling from a college or university accredited by a national or regional accrediting body accredited by Council for Higher Education Accreditation (CHEA).

OR

(3) A master's or doctoral degree in a related field of study with course content that emphasized rehabilitation, counseling, disability, therapy, health, employment, wellness, or human development from a college or university accredited by a national or regional accrediting body accredited by CHEA.

OR

(4) Foreign graduates with a degree acceptable by the Commission on Rehabilitation Counselor Certification (CRCC).

**c. Certification.** Current, full and unrestricted certification as a certified rehabilitation counselor (CRC) from the CRCC to practice vocational rehabilitation counseling**.**

(1) **Exceptions for Graduate RCs.**

(a) RC graduates from an approved counseling or rehabilitation counseling program who otherwise meet the basic qualification requirements and the additional degree requirements for CRC certification by the CRCC, but do not possess the required certification, may be appointed, pending certification, as a graduate RC on a full-time temporary appointment not-to-exceed two years under the authority of 38 U.S.C. § 7405(a)(1)(D).

(b) Graduate RCs may only be appointed at the entry grade level and may not be promoted/converted until certification is obtained.

(c) Temporary graduate RC appointments may not be extended beyond two years or converted to a new temporary appointment.

(2) **Failure to Obtain Certification.** In all cases, RCs must actively pursue meeting prerequisites for certification starting from the date of their appointment. This includes working towards completion of CRCC's required acceptable employment experience and completing required CRCC documentation to verify employment experience and supervision by a CRC. At the time of appointment, the RC supervisor will provide the RC with the written requirements for certification, including the time by which the certification must be obtained and the consequences for not becoming certified by the deadline. Failure to become certified within the prescribed amount of time will result in removal from the GS-0101 RC series and may result in termination of employment.

(3) **Loss of Certification.** An employee in this occupation who fails to maintain the required certification must be removed from the occupation, which may also result in termination of employment.

**d. Grandfathering Provision.** All individuals employed as RCs within VHA on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series, and grade held including positive education and certification. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) They may be reassigned, promoted up to and including the journeyman level (full performance level), or changed to lower grade within the occupation, but may not be promoted beyond the journeyman level or placed in supervisory or managerial positions.

(2) If a RC who was retained under this provision leaves the occupation, the employee will lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

(3) RCs initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration that meet all the basic requirements of this qualification standard, must maintain the required credentials as a condition of employment in the occupation.

(4) RCs who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

**e. Physical Requirements**. See VA Directive and Handbook 5019, Employee Occupational Health Service.

**f. English Language Proficiency**. Candidates must be proficient in spoken and written English to be appointed as authorized by 38 U.S.C. § 7403(f).

**4. GRADE DETERMINATIONS.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.

**a. Rehabilitation Counselor, GS-09**

(1) **Experience.** None beyond the basic requirements.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to meeting the experience or educational requirements for this grade level, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of human development and behavior, medical, psychosocial, and vocational aspects of disability and differential influences of environmental and cultural factors to assist persons with disabilities in determining suitable vocational goals.

(b) Knowledge of history, philosophy and disability rights legislation in the field of rehabilitation to apply in the practice of rehabilitation counseling.

(c) Ability to synthesize assessment and diagnosis information in conjunction with labor market trends and community/educational resources to develop an effective individual service delivery plan.

(d) Knowledge of caseload management strategies to maximize an individual's independent functioning from assessment through provision of post-employment services.

(e) Ability to employ person-centered job development strategies to facilitate successful job placement.

(f) Knowledge of assessment tools and methods, functional capacity evaluations and specific vocational preparation to evaluate transferrable skills, residual capacities and needs for accommodations and assistive technology.

(3) **Assignments.** Employees at this level serve as entry level RCs. Provide vocational and personal adjustment counseling, case management and transferrable skills analyses to aid Veterans with severe disabilities in pursuit of their self-determined employment, educational and independent living goals. Conduct assessments through record reviews, observations and interviews with Veterans and their support systems to generate and document personal, vocational and educational histories. Customize evaluation of abilities, aptitudes, interests, values and preferences. Assist

Veterans in vocational exploration activities to include informational interviews and labor market research. Examine the impact of employment income on Veteran's benefits. In coordination with Veteran's interdisciplinary teams (IDT), develop and amend patient-centered treatment plans utilizing specific, measurable, agreed upon, realistic and time-based (SMART) goals. Promote employment programs to community employers to establish relationships that will result in providing work opportunities for Veterans with significant behavioral, physical, emotional and/or cognitive challenges under the general supervision of certified RCs. Conduct outreach and job development to match Veterans strengths to local workforce needs. Facilitate job placement for Veterans by teaching valuable job search skills, resume/application development, interview skills and basic computer skills. Coordinate transportation to interviews/hiring events. Complete job analyses to facilitate job coaching and retention services to aid Veterans in learning and maintaining proficiency in performance of essential job tasks. Counsel Veterans regarding importance of soft skills (e.g. personal hygiene, cooperation with co-workers, and following instructions) when employed to enhance job satisfaction and foster natural supports in the workplace. Coordinate job search clubs for Veterans to improve in self-directed job search activities. Complete clinical charting and participate in professional peer reviews.

**b. Rehabilitation Counselor, GS-11**

(1) **Experience.** Completion of one year of professional experience equivalent to the next lower grade level directly related to the position being filled.

OR

(2) **Education.** A doctoral degree in rehabilitation counselor education or related field (e.g. rehabilitation psychology) from a CACREP accredited institution or from an institution accredited by a national or regional accrediting body accredited by CHEA.

(3) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of physical and psychological disabilities, appropriate accommodations and assistive technology principles to mitigate and reduce or eliminate barriers to integrate into the community.

(b) Knowledge of counseling theory, medical and psychiatric terminology and signs and symptomology of suicidal and homicidal ideations, to communicate appropriately with community health care professionals to provide useful input to other team members and employers in relation to the Veteran and/or his/her family's psychosocial needs and to recommend and help implement suitable treatment plans.

(c) Ability to use evidence-based and evidence informed vocational and professional counseling practices to include individual placement and support (IPS),

customized employment and supported employment models and motivational interviewing skills to promote self-awareness, adjustment to disability, enhanced job retention and successful integration to the community.

(d) Knowledge of career development processes and job analysis methodology to determine essential functions of jobs, worksite modifications and/or alternative vocational goals given the work history and residual functional capacities of individuals with disabilities.

(e) Ability to administer and interpret a wide variety of assessment methods including transferrable skills and labor market analyses to evaluate for individual interests, aptitudes and abilities and to identify suitable vocational goals for the development of an effective individual service delivery plan.

(f) Knowledge of marketing strategies to develop collaborative partnerships/Memorandums of Agreement within VA and local business community to enhance employment and/or work opportunities.

(g) Knowledge of military culture and specific factors and dynamics associated with Veterans, particularly combat Veterans, to assist those who are returning to community and community based-work.

(4) **Assignment.** This is the journey level for this assignment. Provide personal adjustment counseling, therapeutic rehabilitation interventions and case coordination services, utilizing evidence-informed and evidence-based modalities to aid Veterans with severe disabilities in achieving competitive employment and educational and independent living goals. Conduct biopsychosocial assessments using medical records, pertinent disability documentation, observation and interviews with Veterans and their support systems to generate personal, vocational, and educational histories. Select, administer and interpret vocational instruments to evaluate abilities, aptitudes, interests, values, preferences, transferrable skills and overall work resilience. Customize vocational exploration activities for identification of self-determined rehabilitation needs and goals. Consult with interdisciplinary teams (IDT) to enhance coordination of care, ensure medical clearance, and provide for optimal timing of further interventions. Synthesize assessment information to identify barriers to employment and their vocational implications. Determine clinical need for and capacity to benefit from therapeutic and rehabilitation services to include: work restoration/resilience treatment, transitional work placement and compensation, supported employment, assistive technology, financial benefits counseling and potential benefits protections. Develop patient-centered treatment plans utilizing SMART goals and provides ongoing assessment of Veteran’s progress. Procure and manage transitional work agreements from community, state and federal agencies. Monitor work site compliance with agreements to ensure Veterans are appropriately trained and evaluated consistent with industry standards. Devise solutions to reduce and/or eliminate barriers and meet Veterans’ placement needs which may require substantial modification to environmental or functional demands within a work

setting. Provide psychoeducational groups to teach effective job search skills, employer-desired soft skills and life skills fostering independence. Complete interpretive data reports. Provide disability education and program-specific training to staff and stakeholders. May supervise vocational rehabilitation students.

**c. Rehabilitation Counselor (Coordinator), GS-12**

(1) **Experience.** Completion of one year of professional experience at the next lower grade level directly related to the position being filled.

(2) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to address complexity of psychosocial rehabilitation factors and deliver timely and high-quality outcomes consistent with statutes, regulations and policies.

(b) Theoretical and practical knowledge of a range of rehabilitation service delivery systems for the administration and management of a clinical rehabilitation program.

(c) Ability to initiate and lead interdisciplinary groups of staff utilizing sound judgement and decision-making to improve customer service while delivering Veteran-focused and outcome-oriented health care.

(d) Knowledge of applicable accreditation bodies and standards to ensure long-term compliance.

(e) Knowledge of business administration practices such as managing participant payroll, accounting, billing, marketing, workforce development (vocational, educational and placement of Veterans) services and/or customer service to successfully operate a rehabilitation employment program.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. Assists with the management of a clinical rehabilitation service delivery system within an organization which may include housing, independent living, vocational and educational services. Utilize complex rehabilitation counseling skills and motivational interviewing techniques not typically required in routine practice to assess a Veteran’s self-awareness, adjustment to disability and work resilience. Exhibit clinical expertise through timely application of therapeutic interventions, case coordination, crisis intervention, IDT consultation, rehabilitation plan development and ongoing assessment and job development practices. Exercise professional judgement to arrange for suitable placement of Veterans with the most severe disabilities and employment challenges through skillful analysis of their abilities,

aptitudes, preferences, disability conditions and resulting impairments. Ensure timely and accurate Veteran Compensated Work Therapy-Transitional Work (CWT-TW) payrolls, bills of collection, CWT Account balances, deposits to CWT Account and ensure all expenditures utilize approved budgeting procedures, including internal controls and separation of duties. Provide input and guidance on program evaluations, strategic plans and policy considerations to supervisor as appropriate for all interested VA entities and accrediting bodies. Monitor progress towards accomplishment of program goals and examines the benefits of process improvements. Provide oversight, support and feedback to lower level RCs and student interns on work assignments, time and caseload management and employment outcomes.

**d. Rehabilitation Counselor, GS-12**

(1) **Experience.** Completion of one year of professional experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate all the following KSAs:

(a) Ability to apply and teach principles and practices of the evidence-based model of individual placement and support, supported employment (IPS, SE), by engaging others in multiple training methods including hands-on, virtual and telephone trainings, utilizing excellent consultative, facilitative and organizational skills as well as coaching/listening skills.

(b) Ability to conduct in person coaching, develop community-wide learning events, and lead mock SE fidelity reviews to provide feedback regarding SE program services and adherence to the SE model.

(c) Skill to apply principles and practices of IPS, SE, psychiatric rehabilitation and recovery principles, customized employment and fidelity scale measures to successfully engage Veterans and care providers in the rehabilitation process.

(d) Skill to apply advanced counseling skills, crisis intervention and personal and family counseling to intercede on behalf of Veterans, their families and significant others needing specific assistance with employment, housing and finances.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. Serve as a CWT-SE trainer. Expand and guide VISN-wide recovery-oriented rehabilitation services within existing CWT-SE sites and/or provide training and guidance on establishment of new evidence-based CWT-SE programs. Develop curricula and uses teaching methods contextualized for adult learning styles. Lead learning communities consisting of all SE providers by developing workshops, scheduling guest speakers,

facilitating discussions on email groups, sharing resource materials and facilitating networking among VISN SE sites. Participate in and/or facilitate regularly scheduled SE clinical conference calls and the national mentor trainer meetings. Review outcome data and discuss data implications for the delivery of employment services with the VISN learning community of SE providers. Organize training events on CWT-SE services. Lead other CWT-SE programs on best practices, use of fidelity scale to guide service delivery and in the analysis, development and implementation of the IPS, SE model as directed by VA Central Office (VACO). Disseminate communications with supervisors and staff of CWT-SE, provide technical assistance to staff and managers and collaborate with programs to prepare for periodic fidelity reviews and accreditation surveys.

**e. Supervisory Rehabilitation Counselor, GS-12**

(1) **Experience.** Completion of one year of professional experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to supervise (e.g. plan, direct, oversee, review work of subordinate staff), assess employee strengths, opportunities for growth, and qualifications to accomplish program goals, adapt work operations, and guide staff.

(b) Knowledge of labor/management agreements to effectively manage issues and concerns.

(c) Knowledge of applicable accreditation bodies (i.e. Joint Commission and Commission on Accreditation of Rehabilitation Facilities) and their standards to ensure continuous compliance.

(d) Theoretical and practical knowledge of a range of rehabilitation delivery systems for the development, implementation, management and growth of rehabilitation programs and services.

(e) Knowledge of business administration practices such as managing participant payroll, accounting, budget planning, to successfully operate a rehabilitation program.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty), and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. The incumbent must serve as first-level supervisor. Provide oversight of a group of RCs at the full performance level and below with administrative responsibility for planning and directing the work. They oversee attendance and leave, including approval of sick and annual leave and vacation schedules. Inform higher-level management of

anticipated vacancies or increases in workload. Recommend promotions, reassignments, performance ratings, and retention or release of probationary employees or other changes of assigned personnel. Hold corrective interviews with employees, referring disciplinary problems to higher levels of management. Resolve informal complaints of employees and deals with union representatives on personnel matters. Provide clinical and technical supervision necessary for accomplishing the work of the organizational unit including adherence to the IPS model. Assist in development and revision of comprehensive policies, risk management, and strategic plans based on feedback from stakeholders, accrediting bodies, and program evaluation data. Estimate budgetary needs based on history, anticipated workload, and the production capability of the unit and makes justified requests or proposals. Maintain accounting controls, purchase cards, payroll, and fund control point specific to the CWT-TW Program. Compile statistical reports and data for local and national leadership.

**f. Rehabilitation Counselor, GS-12**

(1) **Experience.** Completion of one year of professional experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Skill in program management/administration of a wide range of rehabilitation program, including such areas as clinical specialties, finance and application of specialized practices for effective rehabilitation service delivery.

(b) Theoretical and practical knowledge of a range of rehabilitation delivery systems for the development, implementation, management and growth of rehabilitation programs and services.

(c) Ability to analyze organizational and operational problems and to develop and implement solutions that result in sound operation of the major specialty treatment program, such as a CWT program.

(d) Ability to communicate, both orally and in writing, to make clear, convincing presentations and reports, represent the agency and assigned program areas and explain recommended proposals to local and national leadership.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. RCs at this level serve as program managers. Manage the administrative and clinical aspects of a major specialty treatment program, such as a CWT program (including CWT-TW and SE as required by VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics). Manage work assignments, marketing, treatment

services provided and admission, transition and discharge criteria for the programs. Develop strategic plans to meet major goals after conducting thorough assessment of priorities for vocational rehabilitation and CWT programming. Serve on local task forces and/or represents VA at professional/program community group/events and committees. Provide overall maintenance of accounting controls, billings, payroll, pay records and fund control point specific to the CWT-TW Program. Ensure accuracy of all financial reports connected with the program which are submitted to VACO. Manage the administrative and programmatic resource allocations (e.g., budgets, purchasing, labor mapping) within the CWT programs, including oversight for contracts related to CWT-TW. Ensure CWT operations, documentation, and information reporting systems are compliant with the standards of all relevant accrediting bodies.

**g. Supervisory Rehabilitation Counselor, GS-13**

(1) **Experience.** Completion of one year of professional experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Skill in leading others, assessing employee strengths, opportunities for growth and qualifications to accomplish program goals, adapt work operations and guide staff.

(b) Knowledge of labor/management agreements and how to follow their provisions to effectively manage issues and concerns.

(c) Knowledge of applicable accreditation bodies and their standards to ensure continuous compliance and successful maintenance of program accreditations.

(d) Ability to use both qualitative and quantitative methods for the development and implementation of meaningful program evaluation tools, study of program trends and program improvement.

(e) Knowledge of business administration practices such as managing payroll, accounting, budget planning, marketing, workforce development and customer service to successfully operate a rehabilitation program.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. Supervisory RCs typically supervise a significant number of professional staff at the SE/Mentor Trainer and RC (Coordinator) level and below as well as other equivalent clinical staff. Lead, coordinate and manage all aspects of a clinical rehabilitation service delivery system within an organization. Supervise daily operations to include

coordinating interdisciplinary staffing, treatment services, work assignments, budget, staff schedules, safety in the community, training requirements and conducts meetings. Determine which programs/projects should be initiated, expanded, revised or replaced through systematic analyses, program evaluations and accountability measures. Develop and revise comprehensive policies, risk management and strategic plans based on feedback from stakeholders, accrediting bodies and program evaluation data. Allocate program resources to improve quality and delivery of care provided to Veterans while considering staff talents and achieving program mission. Establish staff performance expectations and conduct staff work performance reviews. Effect disciplinary measures as appropriate based on the authority delegated to this area. Write position descriptions and/or functional statements and recommend or select for positions, career ladder promotions, within-grade increases, status changes, awards, staff travel and overtime. Maintain effective labor/management relationships and manage personnel in accordance with applicable laws, policies, directives and labor/management agreements. Resolve formal and informal complaints and grievances. Project budget based on historical and anticipated workload taking into consideration the production capability of the unit to make justified requests or proposals. Oversee the maintenance of billings, payroll, pay records, specific to the CWT-TW program and the accuracy of all financial reports connected with the program which are submitted to VACO. Maintain oversight of the administrative and programmatic resource allocations (e.g., budgets, purchasing, labor mapping) within the VHA Vocational Rehabilitation (VHA VR) programs, including oversight for Memorandum of Agreements (MOA) related to CWT-TW. Maintain accounting controls, functions as an approving official for purchase cards and fund control points.

**h. Supervisory Rehabilitation Counselor, GS-13**

(1) **Experience.** Completion of one year of professional experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Skilled in program management/administration of a wide range of rehabilitation programs, including such areas as clinical specialties, finance, accountability, oversight of work performed by program staff, consultation, negotiation and monitoring to successfully operate and enhance all programs.

(b) Ability to provide individual and group training, orientation, consultation and guidance within clinical specialization of rehabilitation counseling practice to develop, improve and maintain programming.

(c) Ability to monitor program outcomes using a data driven quality assurance process to make decisions associated with program management and the development of productivity standards appropriate to the service provided.

(d) Ability to translate leadership goals and objectives into well-coordinated and controlled work processes for effective program operations.

(e) Extensive knowledge of all legal guidelines governing the operation of CWT programs, their scope and their effect on clinical programming and service delivery.

(f) Skill in leading others, assess employee strengths, opportunities for growth and qualifications to accomplish program goals, adapt work operations and guide staff.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. Serve as supervisor and program manager. Manage the administrative and clinical aspects of a major specialty treatment program, such as CWT, physical medicine & rehabilitation program, CWT-transitional residence (CWT-TR), homeless Veterans program, mental health residential rehabilitation treatment program or a psychosocial rehabilitation and recovery center located at one facility or multiple divisions of a facility. Coordinate interdisciplinary staffing, work assignments, budget, treatment services provided and admission, transition and discharge criteria for the programs. Supervise employees assigned to the program. Serve on local, VISN, and/or national VA committees or task forces and/or represents VA at professional/program community group/events and committees. Manage allocated budgetary resources and supervises the expenditure of funds; e.g., administrative travel, supplies, equipment and staff development in an efficient and economical manner. Utilize wide latitude and independent judgment in exercising line and staff authority for administrative and programmatic resource allocations (e.g., budgets, purchasing, labor mapping) within major specialty programs. Integrate major specialty treatment programs and services into the entire mental health continuum of care in collaboration with the senior leadership. Conduct surveys of rehabilitation facilities and agencies to promote the establishment of suitable medical and rehabilitation services not currently available, or to develop and implement pilot rehabilitation projects.

**i. Rehabilitation Counselor, GS-14**

(1) **Experience.** Completion of one year of professional experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to perform analytical studies and interpretation of results to coordinate the evaluation of programs, projects and to recommend improvements.

(b) Ability to communicate, both orally and in writing, to complete interpretative data reports and review outcomes to discuss implications of effectiveness and efficiency of services.

(c) Ability to guide the development of productivity standards appropriate to each service provided to optimize efficiency of resources.

(d) Ability to represent VHA rehabilitation related programs within VISN leadership and local stakeholders of public interest groups and/or events.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty), and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. RCs at this level are located at the service line or VISN level. Provide oversight of the service line or VISN to ensure administrative management of the clinical rehabilitation service delivery system by securing the resources necessary to implement and integrate emerging practices into existing programs. Develop strategic plans for this continuum of care involving work restoration/resilience, supported employment and residential rehabilitation programs through assessing, organizing and evaluating network and/or local outcome data. Develop network and/or local program standards utilizing clinical practice guidelines to include program specific manuals, memoranda, issue briefs, information letters and other documentation pertaining to clinical rehabilitation and employment programs. Collaborate with VISN and/or facility leadership and supervisors in a wide variety of areas including workload data capture, decision support systems, managerial cost accounting, reporting and data analysis, strategic analytics for improvement and learning, Northeast Program Evaluation Center, homeless operations management, and evaluation system program monitoring. Collect relevant program outcome data from various program evaluation systems to monitor and support facility and/or network compliance with national directives and guidelines. Prepare and maintain accurate statistical and narrative records and reports for VISN and/or facility leadership. Maintain efficient management of clinical rehabilitation services through ongoing assessment of cost effectiveness and adherence to procurement regulations thereby ensuring solvency for funds used in the operation of major programs such as the CWT and CWT-TR programs.

**j. Rehabilitation Counselor, GS-14**

(1) **Experience.** Completion of one year of professional experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate all of the following KSAs:

(a) Ability to communicate, both orally and in writing, to make clear, convincing presentations and reports, explain or justify recommendations, represent the

agency and assigned program areas, provide guidance and advise VISN/local program managers and supervisors.

(b) Ability to make appropriate decisions in a wide variety of situations in the absence of written guidelines without being able to consult with senior staff.

(c) Knowledge of legislative and statutory authorities, laws, policies, precedents, mandates of the US Code of Federal Regulations, Board of Veterans Appeals and Office of General Counsel for application to the administration and guidance of VA VISN/Central Office programs.

(d) Ability to represent VHA rehabilitation related programs with leadership from state and local governments, congressional district office staff, and professionals of local public interest groups and/or events.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. RCs at this level are located at Central Office and provide administrative management of a major organizational component within VHA's clinical rehabilitation service delivery system. Create instruments for data collection and perform program analyses for trends and operational quality to lead program and service expansion within VHA. Consult with multidisciplinary elements within the organization, academia, community and private industry to develop research projects and enhanced clinical opportunities utilizing evidence-based practices that support the VHA rehabilitation programs' mission and objectives. Develop strategic plans and program guidelines for VHA's clinical rehabilitation programs through assessing, organizing, and evaluating national outcome data. Provide expert advice and technical assistance to VACO, program managers and field supervisors concerning all program evaluation systems and relevant outcome data to improve efficacy of VHA clinical rehabilitation programming. Prepare and maintain accurate statistical and narrative records and reports for VHA leadership on issues regarding legal or legislative matters that may require consultation within a specified time. Provide oversight and development of standard policies for all financial operations of VHA's clinical rehabilitation service delivery system. Represent the organization with respect to contract changes, adjustments, resolution of contract claims, work delays and settlements.

## 5. DEVIATIONS.

**a.** The approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance, and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

**b.** Under no circumstances will the education requirements be waived.

**c.** The placement of individuals in grade levels or assignments not described in this standard may only be approved by the Under Secretary for Health, or designee, in VHA Central Office prior to placement in the position.

**Authority: 38 U.S.C. §§ 7304, 7402.**

**APPENDIX G63. Clinical Perfusionist**
**GS-0601**
**Veterans Health Administration**

1. **COVERAGE.** This standard applies to all Clinical Perfusionist (CP) positions in the Veterans Health Administration (VHA). A CP is a medical professional qualified by academic education, clinical education and professional credentialing to provide extracorporeal patient care services. Patient care services include conducting and managing cardiopulmonary bypass, autotransfusion, intra-aortic counter pulsation and may include ventricular assistance and extracorporeal membrane oxygenation. CPs are responsible for the selection of appropriate equipment and techniques necessary for the support, treatment, measurement and supplementation of the cardiopulmonary system of a patient. They use a comprehensive understanding of anatomy, physiology, physics, pharmaceutical administration and mechanics of extracorporeal circulation to provide monitoring, analysis and treatment of patient physiologic conditions to maintain blood pressure, anticoagulation, myocardial electromechanical silence and preservation (with unique administration of cardioplegia), thermal regulation, fluid balance, electrolyte/acid-base balance and blood gas composition according to established guidelines and protocols. The scope of practice of the CP is a dynamic and continuously evolving profession with emerging areas of practice.

2. **DEFINITIONS.**

   a. **Journey Level.** The full performance level for this qualification standard is GS-12.

   b. **Creditable Experience.** Knowledge of current clinical perfusion practices. To be creditable, the experience must have required the use of knowledge, skills and abilities (KSAs) associated with current professional clinical perfusion practice. The experience must be post bachelor's degree. Experience satisfying this requirement must be active professional practice, which is paid/non-paid employment as a professional CP.

   c. **Quality of Experience.** Experience is only creditable if it is obtained following graduation with a bachelor's degree or higher in clinical perfusion from an accredited training program. Qualifying experience must also be at a level comparable to CP experience at the next lower grade level. For all assignments above the full performance level, the higher-level duties must consist of significantly larger scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

   d. **Part-Time Experience.** Part-time experience as a professional CP is creditable according to its relationship to the full-time work week. For example, a CP employed 20 hours per week, or on a half time basis, would receive one full-time workweek of credit for each 2 weeks of service.

e. **Commission on Accreditation of Allied Health Education Programs (CAAHEP).** The CAAHEP is a programmatic postsecondary accrediting agency recognized by the Council for Higher Education Accreditation.

f. **EQual™ Canada.** The official accrediting agency for perfusion programs in Canada is EQual™ Canada, a branch of Accreditation Canada and the Health Standards Organization. Until 2018, the Conjoint Committee on Accreditation of the Canadian Medical Association, accredited the Canadian perfusion programs. Effective February 1, 2018, Accreditation Canada took over accreditation services to allied health education programs through the EQual™ Canada program.

g. **American Board of Cardiovascular Perfusion (ABCP).** The ABCP establishes qualifications for examination and procedures for recertification in the field of cardiovascular perfusion. Its requirements and procedures are reviewed and modified periodically as necessary.

h. **Provisional Certification.** ABCP issues a letter of provisional certification to individuals who have graduated from an accredited program and met the clinical requirements.

i. **Board Certification.** ABCP issues a certification to individuals who have graduated from an accredited program, completed all clinical requirements and achieved satisfactory performance on the ABCP's 2-part certification examination. Once an individual has received this certification they are board certified in the field of clinical perfusion as a Certified Clinical Perfusionist (CCP) by the ABCP. Reference to "certified" or "board certified" throughout this standard is intended for those who have been deemed board certified.

**3. BASIC REQUIREMENTS.**

a. **Citizenship.** Be a Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3.g., this part.) See 38 U.S.C. § 7401(3); 38 U.S.C. § 7405(a)(1)(B); 38 U.S.C. § 7407(a).

b. **Education.** Candidates must hold a degree in perfusion as described below in paragraphs (1) and (2) that has been accredited by either CAAHEP or EQual™ Canada at the time the program was completed.

(1) Bachelor's or master's degree in perfusion from a program in the United States or Canada accredited by the CAAHEP or EQual™ Canada.

OR,

(2) Bachelor's or master's degree in addition to a post-baccalaureate certificate in perfusion from a program accredited by CAAHEP or the EQual™ Canada.

NOTE: The degree must have been obtained from an institution whose accreditation was in place for the year in which the course of study was completed.

The degree is to be verified by submitting a request to mail@caahep.org. The request must include the name of the school, city, state and graduation date of individual**.**

c. **Board Certification.** Persons hired or reassigned to CP positions in VHA must be board-certified in the field of clinical perfusion as a Certified Clinical Perfusionist by the ABCP. The board certification must be current, and the applicant must abide by the certifying body's requirements for continuing education.

(1) **Exception for Non-Board Certified, Entry Level Candidates.** CPs who possess a letter of provisional certification from the certifying agency (e.g., ABCP), who otherwise meet the eligibility requirements, may be given a temporary appointment as a CP under the authority of 38 U.S.C. § 7405(a)(1)(D). The appointing official may waive the requirement of certification for a period not to exceed two years for a CP who provides care under the supervision of a board-certified CP at or above the full performance level. This exception only applies at the entry levels (GS-5 and GS-7). For grade levels at or above the GS-9 level, the candidate must be board certified. Temporary appointments of non-board-certified CPs, may not be extended beyond two years or converted to a new temporary appointment. The Human Resources Office will provide the CP in writing the requirement to: obtain their board certification; the date by which the CP board certification must be acquired; and the consequences for not becoming board certified CP by the deadline date. The written notice must be provided to the selectee prior to the entrance on duty date.

NOTE: This temporary appointment cannot be extended or renewed.

(2) **Failure to Obtain Board Certification.** In all cases, provisionally certified CPs must actively pursue obtaining board certification from the date of their appointment. Failure to become board certified within two years from date of appointment will result in removal from the GS-0601 CP series and may result in termination of employment.

(3) **Loss of Board Certification.** Once board certified, a CP must maintain a full, valid and unrestricted board certification to remain qualified for employment. Loss of licensure, credential, or required certification will result in removal from the GS-0601 CP occupation and may result in termination of employment.

d. **Licensure.** None required, but a license or license eligibility or State required credential is strongly preferred.

e. **Grandfathering Provision.** All persons employed in VHA as a CP or Medical Instrument Technician (Perfusion), GS-0649 on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including education and/or certification that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following apply:

(1) Such employees may be reassigned, promoted up to and including the full performance (journey) level or changed to lower grade within the occupation, but may not be promoted beyond the journey level or placed in supervisory or managerial positions.

(2) Such employees in an occupation that requires a licensure/certification/registration only at higher-grade levels must meet the licensure/certification/registration requirement before they can be promoted to those higher-grade levels.

(3) CPs who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(4) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or certification that meet all the basic requirements of the qualification standard must maintain the required credentials as a condition of employment in the occupation.

(5) CPs who are converted to the occupational series 0601 title 38 hybrid status under this policy and provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry as a CP.

f. **Physical Requirements**. See VA Directive and Handbook 5019, Employee Occupational Health Service.

g. **English Language Proficiency.** Candidates must be proficient in spoken and written English to be appointed as authorized by 38 U.S.C. § 7403(f).

**4. GRADE REQUIREMENTS.**

a. **Grade Determination**. In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.

(1) **Clinical Perfusionist, GS-5**

(a) **Experience and Education.** None beyond basic requirements.

(b) **Assignment.** The entry level is used for CPs who have graduated from an accredited program and received their letter of provisional certification and are thus provisionally certified and/or board-certified CPs with less than one year of experience.

(2) **Clinical Perfusionist, GS-7**

(a) **Experience and Education.** None beyond basic requirements. This level is used for CPs who are provisionally certified and/or board-certified CPs who meet the basic requirements listed and have less than one year of experience and

possess one of the following for advanced entry level placement below:

i. Bachelor's degree from an accredited college or university, with an exemplary academic record as demonstrated by at least one of the following:

a. Class Standing: Applicants must be in the upper third of the graduating class in the college, university or major subdivision, such as the College of Liberal Arts or the School of Business Administration, based on completed courses.

b. Grade-Point Average (GPA): Applicants must have a grade-point average of:

(1) 3.0 or higher out of a possible 4.0 ("B" or better) as recorded on their official transcript, or as computed based on four years of education, or as computed based on courses completed during the final two years of the curriculum; or

(2) 3.5 or higher out of a possible 4.0 ("B+" or better) based on the average of the required courses completed in the major field or the required courses in the major field completed during the final two years of the curriculum.

(b) **Assignment.** Candidates at this level serve in a developmental position practicing under close supervision of a CP at or above the full-performance level. Employees at this level must be provisionally certified, but are not required to be board certified by ABCP, if on a temporary appointment provided under 3c(1) of this appendix.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate following KSAs:

i. Knowledge of general anatomy, physiology and pathology with a detailed knowledge of cardiovascular anatomy, physiology and pathology.

ii. Ability to formulate, modify and execute the perfusion plan as needed throughout the procedure while applying all safety precautions and equipment to minimize and mitigate risks and ensure environmental maintenance using judgement to ensure patient safety.

iii. Ability to select proper equipment and circuit after a pre-procedure assessment of the patient's medical history.

(3) **Clinical Perfusionist, GS-9**

(a) **Experience, Certification and Education.** In addition to the basic requirements, candidates must have:

i. Graduated from an accredited program and met the clinical requirements; and,

ii. Obtained their provisional certification and have at least one year of CP experience equivalent to the GS-7 grade level; or

iii. Obtained their provisional certification and met one of the options under advance entry level placement in paragraph 4a(2) above with at least one year of CP experience equivalent to the GS-7 grade level; or

iv. Have obtained ABCP certification as a CCP.

(b) **Assignment.** Candidates at this grade level serve as a CP in a position progressively expanding their ability to provide perfusion services for a wider range of clinical scenarios. CPs at this level receive some clinical supervision and/or guidance by a higher-level CP. CPs at this level have obtained their ABCP certification as a CCP. CPs at this level are responsible for the management of circulatory and respiratory functions, physiologic and metabolic needs of the patient during procedures involving the heart-lung machine and/or ancillary perfusion equipment utilizing an understanding of anatomy, physiology, pharmacology, anticoagulation, physics and mechanics of cardiopulmonary bypass and/or ancillary techniques. At this level, the CP provides clinical patient assessments, perfusion, circulatory pressure, oxygenation, thermal regulation, volatile anesthetic, renal replacement, management of anticoagulation, myocardial electromechanical silence and preservation, fluid management, blood product administration, blood gas analysis and management, electrolyte and acid base balance and pharmaceutical administration according to established guidelines while using aseptic techniques. This includes anticipating, analyzing and monitoring and responding appropriately to maintain patient hemodynamic stability and homeostasis by independently adjusting and modifying case management decisions according to specific patient requirements in surgical procedures of varying complexity. Duties also include providing routine and emergent management of Intra-Aortic Balloon Pump counter pulsation, auto-transfusion/cell salvage and standby/surgical assistance for any procedures that fall within the CP's scope of practice and may include Extracorporeal Membrane Oxygenation and Ventricular Assist Devices.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate following KSAs:

i. Knowledge of general anatomy, physiology and pathology with a detailed knowledge of cardiovascular anatomy, physiology and pathology.

ii. Knowledge of extracorporeal circulation technology including adjunctive techniques.

iii. Ability to formulate, modify and execute the perfusion plan as needed throughout the procedure while applying all safety precautions and equipment

to minimize and mitigate risks and ensure environmental maintenance using a high degree of discretion and judgement to ensure patient safety.

iv. Ability to select proper equipment and circuit after a pre-procedure assessment of the patient's medical history.

v. Ability to precisely document pre-bypass checklist(s) and official perfusion record(s).

(4) **Clinical Perfusionist, GS-11**

(a) **Experience, Certification, and Education.** In addition to the basic requirements, candidates must have at least one year of CP experience equivalent to the next lower grade and have obtained ABCP certification as a CCP. License is preferred, but not required.

(b) **Assignment**. Employees at this grade level practice independently, seeking guidance when necessary, have the qualifications to exhibit exceptional clinical skills and consistently demonstrate a high-level of expertise in diagnosing and treating seriously ill, multi-symptomatic patients. CPs at this level demonstrate a comprehensive, professional understanding of perfusion clinical practice and the proper application of perfusion techniques, while exhibiting the qualifications to perform more complex procedures requiring skills and competency beyond that expected in the previous grade. CPs at this level have extensive working knowledge of extracorporeal technology. At this level, CPs work collaboratively with physicians in the care of patients by autonomously managing and conducting cardiopulmonary bypass to provide complete life support during any medical situation where it is necessary to support the patient's cardiopulmonary function. Full performance CPs independently formulate a perfusion plan of action which includes multiple tasks and priorities including review of pre-procedure patient history, pre-operative consults and clinical findings. They assist the surgeon by independently developing perfusion treatment strategies for specialty populations and providing associated specialized perfusion services (which may include isolated limb infusion, isolated limb perfusion, left heart bypass, liver bypass, thermogenic lavage, blood component therapy, platelet gel/sequestration, aquapheresis, non-differentiated progenitor cell harvest, acute normovolemic hemodilution, organ procurement and organ preservation). They work on-call independently for extended periods with no back up relief. CPs at this level may provide clinical oversight and consultation for lower graded perfusionists and medical center staff within the CP's scope of practice and its potential applications in other medical, surgical, and specialty areas. They may also participate in collaborative research and adjunctive therapies.

(c) **Demonstrated Knowledge, Skills and Abilities**. In addition to the experience above, the candidate must demonstrate all the following KSAs:

i. Ability to independently provide effective care to patients characterized by using sound judgement in assessing, planning, implementing, documenting

and evaluating perfusion applications for assigned patients.

ii. Ability to apply in-depth knowledge of anatomy, physiology, and specialized clinical procedures consistent with updated standard of care in the profession.

iii. Ability to independently practice perfusion utilizing a collaborative team concept of perfusion care, providing clinicians and professional staff with consultation.

iv. Ability to perform, under administrative direction, with wide latitude and independent judgment, work of clinical difficulty and responsibility.

v. Knowledge of associated specialized procedures to assist in independently developing the perfusion treatment strategies for specialty populations to assist the surgeon.

vi. Knowledge of specialized perfusion services.

vii. Ability to anticipate and respond appropriately to potentially serious situations involving the patient and/or equipment that may arise with the ability to use a high degree of discretion and judgement.

viii. Ability to apply expert in-depth knowledge of the principles and operation of all equipment to provide stat troubleshooting assistance.

(5) **Clinical Perfusionist**, **GS-12**

(a) **Experience, Certification and Education.** In addition to the basic requirements, candidates must have at least one year of CP experience equivalent to the next lower grade level and have obtained their ABCP certification as a CCP. License is preferred, but not required.

(b) **Assignment.** This assignment is the full performance level. CPs at this level perform at the highest level of perfusion clinical practice and independently perform task of unusual difficulty or complexity. The CP assesses, plans and evaluates the clinical perfusion program to ensure proper coordination of care. CPs oversee all aspects of perfusion documentation for the clinical perfusion department. CPs evaluate the delivery system of patient care within the area of assignment, present findings and recommendations, and contribute to changes that enhance the quality and timeliness of care. At this level they provide clinical oversight and consultation for lower graded perfusionists and medical center staff within the CP's scope of practice and its potential applications in other medical, surgical and specialty areas. Individuals in this role create, implement, update and maintain all perfusion related documents and databases (policies/procedures, functional statements, perfusion records, paper and/or electronic). Individuals in this role implement and manage the proper storage of perfusion related documents according to established guidelines, requirements and protocols. The CP at this level instructs perfusionists, students and other facilities on perfusion related subject matter, provides educational opportunities

and serves as an educational resource. Individuals in this role develop, implement, execute and coordinate education programs to provide the appropriate resources to meet the training needs of staff. Individuals in this position perform clinical teaching, didactic teaching and provide recurring in-service training to ensure the competency of staff. CPs support evidence-based and goal directed practice with the overall goal of improving clinical practice. They also share other pertinent medical literature research findings with colleagues to enhance patient care delivery. CPs may be responsible for the development and maintenance of a system of internal reviews, direct quality control, and performance improvement studies. This includes the collection and tracking of metrics in a database and analytic software and oversight of the quality performance of perfusion devices. Their duties may include conduction and/or participation in collaborative research/adjunctive therapies and communication of findings through reports, abstracts, presentations, and publications. CP's at this level may serve as the clinical education coordinator for perfusion students; establishing, negotiating and maintaining perfusion student agreements; coordinating clinical training rotations; and designing, conducting and evaluating educational experiences with the affiliated university.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate all the following KSAs:

i. Ability to apply the principles of program management and oversight required to develop program goals and objectives, administer and monitor programs, evaluate program outcomes/accomplishments, set and redefine priorities and implement effective solutions as needed to present findings and recommendations to the appropriate management officials.

ii. Ability to provide oversight, judgement and management of the application of clinical perfusion to patient care, organization processes and/or systems and long/short range goals, with a focus on delivering patient care and achieving program outcomes.

iii. Expert level of knowledge of best practice in the perfusion profession.

iv. Ability to validate or identify barriers to safe effective care, and manage all aspects of clinical perfusion, technical, fiscal, and administrative including daily assignments and call schedule preparation.

v. Ability to serve as a liaison, interfacing with other departments to incorporate the expertise of all disciplines in a comprehensive, integrated approach to patient care.

vi. Ability to develop, coordinate, review organizations and accrediting agencies, and manage a perfusion regulatory program including follow-up actions to ensure departmental compliance with regulatory agencies as required.

(6) **Supervisory Clinical Perfusionist**, **GS-12**

(a) **Experience, Certification, and Education.** In addition to the basic requirements, candidates must have at least one year of CP experience equivalent to the next lower grade level and have obtained their ABCP certification as a CCP. License is preferred, but not required.

(b) **Assignment.** For all assignments designated as supervisory, the duties must be performed by the incumbent at least 25% of the time. CPs at this level perform at the highest level of perfusion clinical practice and independently perform tasks of unusual difficulty and/or complexity. The supervisory CP is a perfusionist who has full administrative and professional responsibility for the clinical perfusion program directing, evaluating and supervising the work of at least three (3) subordinate employees. The individual assesses, plans and evaluates the clinical perfusion program to ensure proper coordination of care. The individual facilitates team or unit processes by working in collaboration with team members to ensure that tasks, priorities, goals and achievements are coordinated. The individual is responsible for ensuring compliance with internal and external regulatory authorities. The supervisory CP reviews and makes recommendations regarding new and emerging procedures; provides instruction and training to new staff; interviews candidates for positions; recommends selections for placement, advancements and promotions; takes and/or recommends disciplinary action when necessary; completes performance appraisals; and identifies initial and/or recurrent training needs.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate all the following KSAs specific to the advanced assignment:

i. Knowledge of the principles of program management and oversight required to develop program goals and objectives, administer and monitor program, evaluate program outcomes and accomplishments, set and redefine priorities and implement effective solutions as needed.

ii. Knowledge of advanced clinical perfusion principles and techniques across multiple areas of practice in order to develop, implement and coordinate best practices and supervise clinical perfusion staff.

iii. Ability to exercise independent judgment, make high level decisions and manage all aspects of clinical perfusion along technical, supervisory, fiscal and/or administrative lines with a focus on delivering patient care and achieving program outcomes.

iv. Ability to make high level decisions and provide clinical guidance with a focus on delivering patient care and achieving program outcomes.

v. Ability to supervise, direct, assign and counsel staff, students or ancillary personnel to effectively execute responsibilities.

vi. Ability to serve as a liaison and clinical perfusion consultant interfacing with

other medical center departments to incorporate the expertise of all disciplines to provide a comprehensive, integrated approach to patient care.

vii. Ability to manage daily assignment and call schedules to ensure necessary perfusion coverage while accommodating changing work conditions and staffing.

viii. Knowledge of regulatory and accrediting agency requirements.

**5. DEVIATIONS.**

a. The approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for CPs in VHA whose composite record of accomplishments, performance and qualifications, as well as, current assignments, warrant such action based on demonstrated competence to meet the requirements on the proposed grade.

b. Under no circumstances will the educational requirements be waived. Under no circumstances will certification requirements be waived for grade levels GS-9 or above.

c. The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. §§ 7402, 7403, 7405.]**

# APPENDIX G64. SOCIAL SCIENCE SPECIALIST (CRISIS RESPONDER) QUALIFICATION STANDARD

## GS-0101

## Veterans Health Administration

1. **COVERAGE.** The following are requirements for appointment as a Social Science Specialist (Crisis Responder) within the Veterans Crisis Line (VCL) component in the Veterans Health Administration (VHA). The VCL connects Veterans and Service members in crisis, along with their families and others, with qualified Social Science Specialists (also known as Crisis Responders) through a confidential toll-free hotline, online chat, or text. Crisis Responders are trained to assist Veterans and Service members through various kinds of behavioral health crisis situations by providing support and referrals to VA and local services.

2. **DEFINITIONS.**

   a. **Journey Level.** The full performance level for this qualification standard is GS-11.

   b. **Paraprofessional.** A job title given to persons in various occupational fields, such as education, healthcare, engineering, and law, who are trained to assist professionals, but do not themselves have professional licensure.

   c. **Creditable Experience.** To be creditable, the experience must have required the use of knowledge, skills, and abilities, (KSAs), also referred to as core competencies, associated with the Social Science Specialist (Crisis Responder) duties. A person could acquire specialized experience and skills in behavioral health crisis intervention while working on a paid or volunteer basis, adhering to the technical and ethical standards of the field; and spending at least part of his/her time providing crisis intervention services. Aspects of the crisis management process could be carried out by occupations such as, and similar to, a crisis worker, social worker, nurse, police officer, psychotherapist, counselor, or minister.

   d. **Part-Time Experience.** Part-time experience is creditable according to its relationship to the full-time work week. For example, one week of full-time credit is equivalent to two weeks of part-time work.

3. **BASIC REQUIREMENTS.**

   a. **Citizenship**. Citizen of the United States (U.S.). Non-citizens may be appointed when it is not possible to recruit qualified candidates in accordance with 38 U.S.C. § 7407(a).

   b. **Education and experience.** The candidate must meet at least one of the requirements below:

      (1) Successful completion of a bachelor's degree or higher from an accredited college or university. The degree must be in a behavioral health or social science related field

appropriate to the work of the position (e.g., psychology, social work, sociology, family counseling, mental health counseling, nursing, ministry and criminal justice); OR,

(2) Two years of specialized experience as a first responder (e.g., Police, Medic, Emergency Medical Technician, Emergency Dispatch, etc.) or in a social science related field that included behavioral health crisis response, and two years of higher education (i.e., above the high school level) from an accredited college or university in a behavioral health or social science related field appropriate to the work of the position (e.g., psychology, social work, sociology, family counseling, mental health counseling, nursing, ministry and criminal justice); OR,

(3) Successful completion of a bachelor's degree from an accredited college or university in any field and, one year of specialized experience that included behavioral health crisis response or mental health counseling.

c. **Grandfathering Provision.** All persons employed in VHA in this occupational series, or in another occupational series, who perform the duties as described in the qualification standard are considered to have met all qualification requirements for the grade held, including positive education and licensure/certification/registration that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Employees in an occupation not requiring a licensure/certification/registration, may be reassigned, promoted, or demoted within the occupation.

(2) Employees in an occupation requiring a licensure/certification/registration, may be reassigned, promoted up to and including the full performance level, or demoted within the occupation, but may not be promoted beyond the full performance level or placed in supervisory or managerial positions.

(3) Employees in an occupation requiring a licensure/certification/registration only at higher grade levels must meet the licensure/certification/registration requirement before they can be promoted to those higher-grade levels.

(4) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(5) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration that meet all the basic requirements of this qualification standard, must maintain the required credentials as a condition of employment in the occupation.

NOTE: Employees who are converted to title 38 hybrid status under this provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

d. **Physical Requirements.** See VA Directive and Handbook 5019, Employee Occupational Health Service.

e. **English Language Proficiency.** Social Science Specialists (Crisis Responders) must be proficient in spoken and written English. See 38 U.S.C. § 7403(f).

**4. GRADE DETERMINATION.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade level.

a. **Social Science Specialist (Crisis Responder), GS-7**

(1) **Experience.** None beyond the basic requirements.

(2) **Assignment.** At the GS-7 entry level developmental position, Social Science Specialists (Crisis Responders) provide evidence-based paraprofessional skilled intervention services to assist with any crisis a caller or contact may be facing. Under close supervision, Crisis Responders work with contacts experiencing an emotional crisis, some of which may result in harm to themselves or others. Crisis Responders receive guidance from more experienced staff members for more complex cases/contacts and require direct supervision.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition, the candidate must demonstrate the following KSAs:

(a) Ability to use critical thinking skills to solve problems in crisis situations.

(b) Ability to communicate using a variety of modalities (e.g., correspondence, telephone interviews, chat/text services, and social media forums).

(c) Ability to recognize individual and cultural differences and respond appropriately in all aspects of services.

(d) Ability to clearly and concisely document/record so that it accurately reflects the content of the call or contact.

(e) Ability to implement call center protocol. This includes the ability to carry out crisis management steps while withholding judgment on controversial behaviors and not imposing one's values during the contact.

b. **Social Science Specialist (Crisis Responder), GS-9**

(1) **Experience or Education**. The individual must meet at least one of the requirements below.

(a) **Experience.** In addition to the basic requirements, must have one year of creditable experience equivalent to the GS-7 grade level, which is directly related to the position to be filled; or

(b) **Education.** Master's degree from an accredited college or university in a behavioral health or social science related field appropriate to the work of the position (e.g., psychology, social work, sociology, and family counseling, mental health counseling, nursing, ministry, criminal justice).

(2) **Assignment.** At the GS-9 grade level developmental position, Social Science Specialists (Crisis Responders) provide evidence-based paraprofessional skilled intervention services to assist with any behavioral health crisis a caller or contact may be facing. Crisis Responders at this level require general supervision and receive limited guidance from more experienced staff members for more complex assignments. Crisis Responders work with contacts experiencing an emotional crisis and as a result, may harm themselves or others. Work is accomplished through telephone interviews, chat/text services, and social media forums. Crisis Responders coordinate with team members to initiate emergency services or create facility transportation plans, as clinically appropriate. Crisis Responders are responsible for providing best practice crisis care by engaging multiple entities, including law enforcement, medical and mental health providers, and third parties. Crisis Responders consistently communicate with contacts in a courteous, respectful, and clinically helpful manner, often under stressful conditions. Crisis Responders use current standards of practice to complete a risk assessment. Crisis Responders ensure accurate and efficient record keeping. Duties are performed in accordance with established crisis line policies, procedures, and standards.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition, the candidate must demonstrate the following KSAs:

(a) Ability to use evidenced based crisis intervention skills.

(b) Ability to collaboratively solve problems under stressful circumstances. This includes the ability to work effectively with a team.

(c) Ability to learn call center protocol and available approved VCL resources.

(d) Ability to use a variety of technology to gather information. This information could be used for locating resources and assessing needs of the caller.

c. **Social Science Specialist (Crisis Responder), GS-11**

(1) **Experience or Education.** Individual must meet at least one of the requirements below.

(a) **Experience.** In addition to the basic requirements, must have one year of creditable experience equivalent to the GS-9 grade level, which is directly related to the position to be filled; or

(b) **Education.** Ph.D. or equivalent degree from an accredited college or university in a behavioral health related field appropriate to the work of the position (e.g., psychology, social work, sociology, or family counseling).

(2) **Assignment.** At the GS-11 full performance level, Social Science Specialists (Crisis Responders) receive minimal guidance to manage complex interactions with contacts. They independently provide evidence-based paraprofessional skilled intervention services to assist with any behavioral health crisis a contact may be facing. Crisis Responders work with contacts experiencing an emotional crisis, which may present with varying levels of lethality. Work is accomplished through telephone interviews, chat/text services, and social media forums. The employee provides peer consultation as needed. Crisis Responders work to establish and maintain the safety of those who present with complex medical, and/or mental health care needs. Crisis Responders use current standards of practice to complete a comprehensive risk assessment. They coordinate with team members to initiate emergency services or create facility transportation plan as clinically appropriate. Crisis Responders promote the safety of callers by engaging multiple entities to provide crisis intervention, including law enforcement, medical and mental health providers, as well as, other third parties. Crisis Responders collaborate with Suicide Prevention Coordinators to expedite connections to treatment programs. They consistently communicate with contacts in a courteous, respectful, and clinically helpful manner, often under stressful conditions. Crisis Responders use current standards of practice to complete a comprehensive risk assessment. Crisis Responders ensure accurate and efficient record-keeping. All duties are performed in accordance with established crisis line policies and professional standards.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition, the candidate must demonstrate the following KSAs:

(a) Ability to provide an evidenced based crisis intervention through a variety of modalities (e.g., telephone interviews, chat/text services, or social media forums).

(b) Ability to carry out crisis management steps while withholding judgment on controversial behaviors and not imposing one's values during the contact.

(c) Ability to effectively prioritize complex problems quickly and respond appropriately in a crisis situation.

d. **Supervisory Social Science Specialist, GS-12**

(1) **Experience.** In addition to the basic requirements, one year of experience comparable to the GS-11 grade level.

(2) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, difficulty, and a range of variety that the incumbent must perform at least 25% of the time. Employees at the GS-12

level provide direct supervision to Social Science Specialists (Crisis Responders). Supervisors provide oversight for evidence-based paraprofessional skilled intervention services, trainers, and silent monitors. Supervisors must possess clinical expertise to serve as a consultant to other Crisis Responder supervisors and any other staff assigned to the VCL. They troubleshoot and solve any unique problems or challenges that occur while connecting Veterans to the appropriate level of care. Supervisors resolve work problems presented by staff and recommends or implements methods to improve production/quality of work in the unit. Supervisors provide subordinates with performance requirements and expectations. They track and evaluate progress providing feedback to the Crisis Responder. Supervisory responsibilities include making recommendations for employee promotions or reassignments; approving leave requests; addressing leave issues; and taking disciplinary action in accordance with established policy and negotiated labor agreements. Supervisors assign work to be accomplished by subordinates. Supervisors manage stressful, complex, or emergent situations that may arise within the workplace. Supervisors assist in the development and implementation of policies and procedures to ensure efficient and safe operation of the VCL. Supervisors ensure policies, training, and clinical procedures of the VCL are up to date and consistent with crisis intervention practice, clinical practice, and effective coordination of care. Supervisors communicate business goals, procedures, and quality standards and provides leadership with guidance regarding clinical standards, training, policy development, and data analysis. Supervisors identify career development and training needs of employees. Supervisors promote an environment that encourages staff well-being. After an emotionally charged contact, the supervisor supports staff to ensure the Crisis Responder managed the situation in an appropriate manner, including post event review.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge and skill in management/administration, which includes supervision, consultation, negotiations, and monitoring.

(b) Ability to write policies, procedures, and or/practice guidelines.

(c) Ability to effectively interact with individuals and groups with cultural differences to problem-solve and negotiate complex issues and obtain cooperation.

(d) Ability to provide training, orientation, consultation, and guidance within clinical specialization of practice.

(e) Skill in developing interpersonal relationships including the ability to address the unique needs of Crisis Responders. This includes the provision of postvention as professionally indicated.

(f) Ability to evaluate program effectiveness and make recommendations for change, as appropriate.

**5. DEVIATIONS.**

a. The approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance, and qualifications, as well as current assignment warrants such action.

b. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health or designee in the VA Central Office pursuant to delegated authority from the Secretary.

c. Under no circumstances will the educational or credential requirement be waived for those occupations with a positive education requirement, or when specific credentials are identified as necessary to meet minimum requirements.

**Authority: 38 U.S.C. §§ 7401(3), 7402, 7403, 7405(a)(1)(B), 7407**

# [APPENDIX G65. HISTOPATHOLOGY TECHNOLOGIST QUALIFICATION STANDARD GS-0601 Veterans Health Administration

1. **COVERAGE.** The following are requirements for appointment of a histopathology technologist in the Veterans Health Administration (VHA). These requirements apply to all histopathology technologists in the General Schedule (GS) 0601 series. As crucial members of the pathology and laboratory medicine service, histopathology technologists possess broad knowledge of biological sciences and the skills necessary to process anatomic pathology specimens. The work performed by histopathology technologists is vital for pathologists to interpret laboratory results and provide diagnoses and prognoses that allow for planning appropriate and life-saving treatments.

2. **DEFINITIONS.**

   a. **Journey Level.** The full performance level for this qualification standard is the GS-9 grade level.

   b. **Creditable Experience.** To be creditable, the experience must have required the use of knowledge, skills, and abilities (KSAs), and other characteristics, also referred to as core competencies; be associated with the scope of histopathology technologist practice; be directly related to the position being filled; and may be paid or non-paid employment.

   c. **Part-Time Experience.** Part-time experience is creditable based on its relationship to a full-time work week. For example, a histopathology technologist employed 20 hours per week, or on a part time basis, would receive one full-time workweek of credit for each two weeks of service.

   d. **Graduate Education.** Graduate education and graduate degrees may be substituted, as specified at each grade level. Education must be from an accredited college or university (which was accredited at the time the candidate completed the program), in a field related to histology, to include, but not limited to clinical biology, microbiology, physiology, pre-medical, medical lab technology, chemistry, immunology, physiology, anatomy, health sciences, or allied sciences.

3. **BASIC REQUIREMENTS.**

   a. **Citizenship.** Candidates must be a United States citizen. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with 38 U.S.C. § 7407(a).

   b. **Education.** Individuals must meet one of the requirements below:

      (1) Successful completion of a full four-year course of study from an accredited college or university, leading to a bachelor's or higher degree, that included a major study in an

academic field related to health sciences or allied sciences appropriate to the work of a histopathology technologist, such as, but not limited to clinical biology, microbiology, physiology, pre-medical, medical lab technology, chemistry, immunology, physiology, anatomy;

OR,

(2) Baccalaureate degree from a regionally accredited college/university with a combination of 30 semester hours (45 quarter hours) of biology and chemistry (must include credit hours in both);

OR,

(3) Successful completion of two years of progressively higher level graduate education, leading to a master's degree or equivalent graduate degree, with a major study in an academic field related to health sciences or allied sciences appropriate to the position of histopathology technologist, such as clinical biology, microbiology, physiology, pre-medical, medical lab technology, chemistry, immunology, physiology, anatomy.

c. **Foreign Education.** To be creditable, education completed outside the U.S. must have been submitted to a private organization approved by the American Society for Clinical Pathology (ASCP) that specializes in the interpretation of foreign educational credentials, and such education must have been deemed at least equivalent to that gained in conventional U.S. programs.

d. **Certification.**

(1) Candidates must currently possess the histotechnologist (HTL) certification given by the ASCP Board of Certification. The ASCP requires completion of one of the following for a candidate to be considered "board eligible" to take the certification exam:

(a) Successful completion of a histotechnician or histotechnology program accredited by the National Accrediting Agency for Clinical Laboratory Science (NAACLS);

OR,

(b) One year of full time experience in all of the following: fixation, embedding, microtomy, processing, and staining in a histopathology (clinical, veterinary, industry, or research) laboratory.

(2) **Exception for Non-Board Certified.** Non-board-certified candidates designated by ASCP as "board eligible," who otherwise meet the eligibility requirements, may be given a temporary appointment under the authority of 38 U.S.C. § 7405(c)(2)(B). The appointing official may waive the requirement of certification for a period not to exceed two years for a histopathology technologist working under the direct oversight of a supervisor, lab manager, or qualified individual who can verify technical experience.

This exception only applies at the entry level. For grade levels at or above the full performance level, the candidate must have HTL certification. Temporary appointments of non-board-certified histopathology technologists may not be extended beyond 2 years or be converted to a new temporary appointment.

(3) **Failure to Obtain Certification.** In all cases, non-board-certified histopathology technologists must meet one of the ASCP histotechnologist eligibility routes at the date of their appointment and must actively pursue certification from the date of their appointment. At the time of appointment, the supervisor will provide the histopathology technologist with the written requirement to obtain certification, the date by which the certification must be acquired, and the consequences for not becoming certified by the deadline. Failure to obtain board certification by the prescribed date will result in removal from the histopathology technologist, GS-0601 occupational series and may result in termination of employment.

(4) **Loss of Certification.** Employees who fail to maintain the required certification must be removed from the histopathology technologist, GS-0601 occupation, which may result in termination of employment.

e. **Grandfathering Provision.** All histopathology technologists employed in VHA in this occupational series or in another occupational series, who perform the duties as described in the qualification standard on the effective date of this qualification standard, are considered to have met all qualification requirements for the grade held, including positive education and certification that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements in this standard, but who met the qualifications applicable to the position at the time they were appointed to the position, the following provisions apply:

(1) Histopathology technologists who do not meet the basic requirements for education and certification may be reassigned, promoted up to and including the full performance level, or demoted within the occupation, but may not be promoted beyond the full performance level or placed in a supervisory or managerial position.

(2) Histopathology technologists who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or receive a new appointment on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) Histopathology technologists initially grandfathered into this occupation, who subsequently obtain education and/or certification that meet all the basic requirements of this qualification standard, must maintain the required credentials as a condition of employment in the occupation.

(4) If histopathology technologists, who are grandfathered under this provision, leave the occupation then those employees lose grandfathered protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the

histopathology technologist occupation in this series.

f. **Physical Requirements.** See VA Directive and Handbook 5019.

g. **English Language Proficiency.** Histopathology Technologists must be proficient in spoken and written English as required by 38 U.S.C. § 7403(f).

**4. GRADE REQUIREMENTS**. In addition to the basic requirements for employment listed above, the following experience criteria must be met when determining the grade of candidates.

a. **Histopathology Technologist, GS-7**

(1) **Experience.** None beyond the basic requirements.

(2) **Assignment.** At this level, histopathology technologists serve in developmental positions practicing under close supervision of a supervisor, lab manager, or qualified individual who can verify technical experience.

b. **Histopathology Technologist, GS-9**

(1) **Experience.** Must have one year of creditable experience equivalent to the GS-7 grade level, which is directly related to the position to be filled.

(2) **Assignment.** At the full performance level, the histopathology technologist independently performs a full range of routine and specialized tests. Utilize information technology systems to apply histopathology techniques and broad scientific principles from the fields of biology, chemistry, anatomy and physiology. The histopathology technologist acts as a technical resource, troubleshooting a variety of specialized lab tests, identifying suboptimal issues, and uses independent judgment and resources to resolve concerns. The histopathology technologist ensures goals are met by prioritizing work, as necessary, in times of short staffing, or heavy workload, and by performing simultaneous tasks. The histopathology technologist uses professional skills in applying anatomic pathology principles, practices, concepts, and theories to perform new or difficult specialized testing methods, such as immunohistochemical, histochemical, and frozen section techniques.

(3) **Demonstrated Knowledge, Skills, and Abilities**. In addition to the experience or education above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of laboratory information technology systems and inter-connectivity.

(b) Knowledge of histopathology techniques, chemistry, anatomy and physiology principles, theories, concepts, and methodologies sufficient to process specimens, and the ability to perform a full range of routine specialized tests.

(c) Ability to identify and test suboptimal specimens and take corrective action to minimize or eliminate impact on a patient's sample.

(d) Ability to organize, coordinate, and prioritize simultaneous work assignments; both individual and team related.

(e) Skill in applying professional, anatomic pathology principles, practices, concepts, and theories in performing new or difficult specialized testing methods or techniques.

c. **Histopathology Technologist, GS-11**

(1) **Education and Experience.** Must meet one of the following:

(a) One year of creditable experience equivalent to the GS-9 grade level, which is directly related to the position to be filled; or

(b) Three full years of progressively higher-level graduate education that included a clinical practicum; or

(c) A Ph.D. or equivalent doctoral degree in histopathology technology or a directly related field that included a clinical practicum.

(2) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety, and be performed by the incumbent at least 25% of the time. At the advanced level, the histopathology technologist independently performs a full range of specialized tests, applying histopathology techniques and broad scientific principles from the fields of biology, chemistry, anatomy, and physiology. Must be able to operate, maintain, and troubleshoot instrumentation utilized while preparing specimens for diagnosis; perform advanced procedures and analysis of tissue samples; and guide staff in the preparation of the most difficult specimens. Act as a technical resource, troubleshooting a variety of specialized lab tests, identifying suboptimal issues, and using independent judgment and resources to resolve concerns. Organize, coordinate, and prioritize work assignments. The histopathology technologist uses professional skills in applying complex anatomic pathology principles, practices, concepts, and theories in performing new or difficult specialized testing methods or techniques. At the advanced level, the histopatholgy technologists introduce new tests, including stain protocol research, test protocol setup, validation testing, and record-keeping and documentation. Utilize information technology to perform tasks related to histotechnology. In addition to histochemical and immunohistochemistry (IHC) testing, the technologist is responsible for advanced testing including, but not limited to, fluorescence in-situ hybridization (FISH), chromogenic in-situ hybridization (CISH), and gross dissection, as dictated by the lab's needs.

**NOTE:** Advanced duties may include one or more of the tasks identified below. Additionally, when these duties are required, the advanced histopathology technologist must demonstrate the corresponding KSAs as identified in KSAs (g) through (k):

(a) *Mohs: Performs color mapping, embedding with precise orientation, cryostat

sectioning, and staining of all types of Mohs specimens under the direction of the Mohs surgeon. (KSA g)

(b) **Electron Microscopy (EM): Utilizes an electron microscope, performs ultrathin-cryomicrotomy, and carries out staining of ultrastructural components. (KSA h)

(c) ***Safety Coordination: Oversees safe handling of specimens, chemicals, and equipment by all staff and ensures adherence to safety regulations. (KSA i)

(d) ****Laboratory Education: Plans and administers an ongoing continuing education program for laboratory staff to meet accreditation requirements. (KSA j)

(e) *****Automated Data Processing Applications Coordinator: Carries out day-to-day operations related to laboratory information systems/computer use and system maintenance. (KSA k)

(3) **Demonstrated Knowledge, Skills, and Abilities**. In addition to the experience or education above, the candidate must demonstrate KSAs (a)-(f) and additional KSAs based on the specific duties assigned:

(a) Knowledge of histopathology techniques, chemistry, anatomy and physiology principles, theories, concepts, and methodologies sufficient to process specimens and perform a full range of routine and specialized tests.

(b) Knowledge of the operation and maintenance of the instrumentation necessary to prepare specimens for diagnosis.

(c) Skill in applying professional, complex anatomic pathology principles, practices, concepts, and theories in performing new or difficult specialized testing methods or techniques.

(d) Ability to identify and test suboptimal specimens and take corrective action to minimize or eliminate the impact on patient's sample.

(e) Ability to organize, coordinate, and prioritize simultaneous work assignments, both individual and team related.

(f) Knowledge of laboratory information technology systems and inter-connectivity.

(g) *Skill in performing detailed Mohs procedures.

(h) **Ability to perform ultrathin microtomy, and operate an electron microscope. Knowledge of microanatomy sufficient to note ultrastructural and microchemical findings.

(i) ***Ability to convey knowledge of safety regulations and guidelines from organizations such as College of American Pathologists (CAP), The Joint Commission (TJC), and Occupational Safety and Health Administration (OSHA), to

ensure staff compliance with safety requirements, including continuing education and employee orientation.

(j) ****Skill in planning and administering an ongoing continuing education program for the laboratory to meet accreditation standards.

(k) *****Skill in maintaining and troubleshooting computers and laboratory system instrumentation.

d. **Lead Histopathology Technologist, GS-11**

(1) **Education and Experience.** Must meet one of the following:

(a) One year of creditable experience equivalent to the GS-9 grade level, which is directly related to the position to be filled; or

(b) Three full years of progressively higher-level graduate education that included a clinical practicum; or

(c) A Ph.D. or equivalent doctoral degree in histopathology technology, or a directly related field that included a clinical practicum.

(2) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety, and be performed by the incumbent at least 25% of the time. The lead histopathology technologist may lead other histopathology technicians and/or histopathology technologists or others in the performance of histopathology work. At this level, the lead histopathology technologist independently performs a full range of specialized tests, applying histopathology techniques and broad scientific principles from the fields of biology, chemistry, anatomy, and physiology. Must be able to operate, maintain, and troubleshoot instrumentation utilized while preparing specimens for diagnosis. Performs advanced procedures and analysis of tissue samples and guides staff in the preparation of the most difficult specimens. The lead histopathology technologist must be skilled in applying professional, complex anatomic pathology principles, practices, concepts, and theories in performing new or difficult specialized testing methods or techniques. Leads in the introduction of new tests including stain protocol research, test protocol setup, validation testing, record keeping, and documentation. Researches, develops, tests, optimizes and validates complex histochemical stains, immunohistochemistry (IHC) and/or in situ hybridization (ISH) protocols, including, but not limited to, new antibodies, probes, detection protocols/kits, new lots and concentrated antibody titrations. Troubleshoots a variety of specialized lab tests as well as equipment by using independent judgment and resources available to resolve issues. The lead histopathology technologist identifies suboptimal testing and takes corrective action to minimize or eliminate impact on patient samples. Monitors and makes work assignments, provides input on performance, resolves daily workplace issues, and maintains efficient workflow. Assignments at this level include, but are not limited to: assuring coverage of all areas of responsibility; conducting ongoing

reviews to ensure quality of work; providing guidance to staff members, to include changes in policies and procedures; distributing and balancing workload; orienting and providing on-the-job training for new and current employees; and ensuring all training requirements are met in addition to organizing the work structure of his/her assigned areas.

(3) **Demonstrated Knowledge, Skills, and Abilities**. In addition to the experience or education above, the candidate must demonstrate all the following KSAs:

(a) Knowledge of the operation and maintenance of the instrumentation necessary to prepare specimens for diagnosis.

(b) Knowledge of histopathology techniques, chemistry, anatomy and physiology principles, theories, concepts, and methodologies sufficient to process specimens and perform a full range of routine and specialized tests.

(c) Skill in applying professional, complex anatomic pathology principles, practices, concepts, and theories in performing new or difficult specialized testing methods or techniques.

(d) Ability to identify and test suboptimal specimens and take corrective action to minimize or eliminate the impact on patient's sample.

(e) Ability to monitor and make work assignments, balance workload, and ensure duties are completed in an accurate and timely manner. This includes the ability to follow-up on pending issues and demonstrate an understanding of the impact of incomplete work.

e. **Histopathology Technologist, GS-11 (Quality Management)**

(1) **Education and Experience.** Must meet one of the following:

(a) One year of creditable experience equivalent to the GS-9 grade level, which is directly related to the position to be filled; or

(b) Three full years of progressively higher-level graduate education that included a clinical practicum; or

(c) A Ph.D. or equivalent doctoral degree in histopathology technology or a directly related field that included a clinical practicum.

(2) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety, and be performed by the incumbent at least 25% of the time. In this assignment the histopathology technologist provides authoritative advice and consultation on quality management laboratory services to all levels of management throughout the organization. The histopathology technologist maintains a laboratory quality management program and ensures monitoring of components and customer feedback. Analyzes, identifies, defines, and resolves issues associated with

complex aspects of the collected data. The histopathology technologist monitors laboratory quality control systems and performance indicators. Interacts with management officials and vendors providing inter-laboratory quality assurance and laboratory proficiency testing. The histopathology technologist is responsible for laboratory continuous readiness for regulating agency inspections and accreditation from agencies, such as The Joint Commission on Accreditation of Hospitals and College of American Pathologists.

(3) **Demonstrated Knowledge, Skills and Abilities**. In addition to the experience or education above, the candidate must demonstrate all of the following KSAs:

(a) Comprehensive knowledge of laboratory quality control/assurance policies, quality management standards, procedures and principles, as well as safety practices and regulations.

(b) Knowledge of accrediting agencies and regulatory requirements pertaining to laboratory operations and ensuring continuous readiness for inspections.

(c) Knowledge of laboratory operations and relationships to the organization.

(d) Ability to analyze quality assurance data and resolve complex data issues.

f. **Supervisory Histopathology Technologist, GS-11**

(1) **Education and Experience.** Must meet one of the following:

(a) One year of creditable experience equivalent to the GS-9 grade level, which is directly related to the position to be filled; or

(b) Three full years of progressively higher-level graduate education that included a clinical practicum; or

(c) A Ph.D. or equivalent doctoral degree in histopathology technology, or a directly related field that included a clinical practicum.

(2) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety, and be performed by the incumbent at least 25% of the time. The incumbent has full supervisory responsibility for smaller, less complex laboratories, or laboratories having no GS-11 positions subordinate to the supervisor. Employees in this assignment perform the full range of supervisory duties for one or more sections of the laboratory, including responsibility for assignment of work; performance evaluations; recommendations for appointment, awards, advancement, and disciplinary actions; and identification of continuing education and training needs. The incumbent ensures compliance with the accrediting agency and regulatory requirements, establishes and monitors the quality of the pre-analytical processes as part of the overall laboratory quality management program, and initiates corrective action. This individual will develop policies and procedures, manage document

control, develop performance standards, position descriptions, and functional statements. The supervisor is responsible for professional and administrative management of an assigned area, to include budget execution, orientation, and competency assessment of assigned staff. The supervisor will maintain effective interdepartmental relations with other services in order to accomplish medical center goals.

(3) **Demonstrated Knowledge, Skills, and Abilities**. In addition to the experience or education above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of Federal and state laws, regulations, and accrediting/regulatory requirements, in order to develop plans and procedures for the laboratory.

(b) Skill in communicating with individuals to obtain the desired effect, ensuring compliance with established policies, regulations, and procedures.

(c) Ability to perform the full range of supervisory duties, which includes responsibility for assignment of work, performance evaluations, selection of staff, recommendation of awards, advancements, and disciplinary actions.

(d) Knowledge of laboratory quality management procedures and principles sufficient to establish and monitor a laboratory quality management program, in addition to educating and training the laboratory staff.

(e) Demonstrated leadership and managerial skills, including skill in interpersonal relations and conflict resolution, to interact with employees, team leaders, and managers.

(f) Ability to plan, organize, set short-term and/or long-term goals, and conduct studies on technical and administrative problems, including personnel shortages, organizational structure, and new technology.

g. **Supervisory Histopathology Technologist, GS-12**

(1) **Experience.** Must have one year of creditable experience equivalent to the GS-11 grade level, which is directly related to the position to be filled.

(2) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety, and be performed by the incumbent at least 25% of the time. The incumbent supervises a large staff of nonsupervisory personnel, including at least one GS-11 subordinate in the performance of complex anatomic pathology testing in multiple specialties, such as Mohs testing, cytology testing, immunohistochemistry, molecular testing, or electron microscopy. The supervisor performs the full range of supervisory duties for one or more sections of the anatomic pathology laboratory, including responsibility for assignment of work performed; performance evaluations; recommendations for appointment, awards, advancement, and disciplinary actions;

identification of continuing education and training needs; and resolving interpersonal issues. The supervisor ensures compliance with accrediting agency and regulatory requirements and establishes and monitors the quality of the pre-analytical processes, as part of the overall laboratory quality management program, and initiates corrective action. The supervisor is responsible for fiscal matters, including budget execution, sets short-term and/or long-term goals, develops policies and procedures, manages document control, and develops performance standards, position descriptions, and functional statements.

(3) **Demonstrated Knowledge, Skills, and Abilities**. In addition to the experience or education above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of Federal and state laws, regulations, and accrediting/regulatory requirements in order to develop plans and procedures for the laboratory.

(b) Skill in communicating with individuals, in order to obtain the desired effect, ensuring compliance with established policies, regulations, and procedures.

(c) Ability to perform the full range of supervisory duties, which includes responsibility for assignment of work, performance evaluations, selection of staff, recommendation of awards, advancements, and disciplinary actions.

(d) Knowledge of laboratory quality management procedures and principles sufficient to establish and monitor a laboratory quality management program, and/or education and training of the laboratory staff.

(e) Demonstrated leadership and managerial skills including skill in interpersonal relations and conflict resolution in order to deal with employees, team leaders, and managers.

(f) Ability to plan, organize, set short and/or long-term goals, and conduct studies on technical and administrative problems, including fiscal matters, budget execution, personnel shortages, organizational structure, and new technology.

h. **Histopathology Technologist, GS-12 (Laboratory Information Manager)**

(1) **Experience.** Must have one year of creditable experience equivalent to the GS-11 grade level, which is directly related to the position to be filled.

(2) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety, and be performed by the incumbent at least 25% of the time. The laboratory information manager develops and recommends new policies and procedures regarding the installation of evolving tests or techniques and use of the laboratory information systems (LIS). Ensures compatibility of the (LIS) with the overall hospital information system (HIS), and provides authoritative advice and consultation

regarding the functions and capabilities of the LIS to all levels of the organization. The laboratory information manager implements and maintains coding and mapping for laboratory test ordering, reporting, billing and workload recording, and taking into account compliance principles. Analyzes emerging trends, software and technology, and adopts appropriate methods for local programs to meet agency goals. Serves as the local expert representing the lab end users by interacting with software developers to test and validate new and emerging software packages. Responsible for compliance with regulatory agency requirements, as related to information systems, and perform audits as needed. The laboratory information manager provides consultation and training of personnel on computer functions, including ordering options, and is responsible for the maintenance of computer security keys.

(3) **Demonstrated Knowledge, Skills, and Abilities**. In addition to the experience or education above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge and understanding of laboratory operations and compliance and regulatory requirements, and their relationship to the organization, sufficient to provide advice, training, and problem-solving services on specific projects, programs, or functions, and to conduct inspections or audits, as needed.

(b) Ability to independently plan, organize, set priorities, work as a team member, and effectively complete assignments.

(c) Skill in utilizing the LIS, program techniques, computer language, and program design sufficient to implement various laboratory associated packages, and sustain operation of the laboratory system.

(d) Ability to adapt, implement, and integrate the use of software to specific laboratory applications and processes, and the use of office automation software.

i. **Histopathology Technologist, GS-13 (Laboratory Manager)**

(1) **Experience.** Must have one year of creditable experience equivalent to the GS-12 grade level, which is directly related to the position to be filled.

(2) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety, and be performed by the incumbent at least 25% of the time. The laboratory manager reports to the director of the laboratory service, and is responsible for supervising a large staff of nonsupervisory and supervisory personnel, and managing and overseeing laboratory service operations. The incumbent provides guidance and serves as the subject matter expert on laboratory medicine, including research, agency policies, new techniques and procedures, developing guidelines, and assessing laboratory effectiveness. Establishes and maintains quality assurance and quality management programs. The laboratory manager consults with or serves as a consultant for local, network, and national programs and/or officials; manages regulatory affairs and compliance; and develops and manages

program budget and resource utilization, inventory, acquisition, and contracting processes.

(3) **Demonstrated Knowledge, Skills, and Abilities.** In addition to the experience or education above, the candidate must demonstrate all of the following KSAs:

(a) Knowledge of regulatory, licensing, and accrediting agency requirements and statutes that govern clinical laboratory operations used in planning, implementing, and monitoring laboratory programs.

(b) Ability to plan and execute short-range and long-range programs and/or goals through project management and tactical/strategic planning.

(c) Ability to work collaboratively with other disciplines, upper management, and executive leadership.

(d) Advanced knowledge of concepts, principles, and methodology of a major clinical laboratory program and operations to assess program effectiveness and provide authoritative guidance of operations, personnel, and management.

(e) Skill in administrative management (e.g., budgeting, contracting, procurement, and property management), in accordance with regulations.

(f) Ability to provide the full range of supervisory duties, which includes responsibility for assignment of work, performance evaluations, selection of staff, and recommendations for awards, advancements, and disciplinary actions, if applicable.

j. **Histopathology Technologist, GS-13 (Regional Commissioner Technologist)**

(1) **Experience.** Must have one year of creditable experience equivalent to the GS-12 grade level, which is directly related to the position to be filled.

(2) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety, and be performed by the incumbent at least 25% of the time. The regional commissioner technologist serves as an authority to multiple laboratories in a region, to ensure compliance with inspection and accreditation requirements and regulations. Provides direction and guidance to resolve technical problems and interpretation of existing regulations. Coordinates with VHA Central Office to ensure that each testing site is in compliance with inspection requirements, accreditation requirements, and regulations; and assists laboratories in the correction of any cited inspection deficiencies. The regional commissioner technologist is responsible for coordinating the Clinical Laboratory Improvement Amendment (CLIA) requirements for all laboratories in the region. Serves as a consultant to national program official, and provides professional, technical, and training support. The regional commissioner

technologist is required to communicate verbally, in writing, and electronically with accrediting and regulatory bodies. Works under the direction and guidance of the VHA Office of Enforcement in VHA Central Office.

(3) **Demonstrated Knowledge, Skills, and Abilities**. In addition to the experience or education above, the candidate must demonstrate all of the following KSAs:

(a) Advanced knowledge of laboratory regulations that pertain to quality control, quality management, and proficiency testing to assess and assist with laboratory compliance of quality programs in each facility assigned to that region.

(b) Ability to differentiate and interpret accrediting and regulatory requirements to provide guidance to laboratories on regulatory requirements and assess compliance for each laboratory assigned to that region.

(c) Knowledge of laboratory operations and the laboratory's role within the total organization.

(d) Ability to create and deliver educational presentations to a variety of individuals on matters that pertain to inspection and accreditation rules, regulations, and standards of all laboratory accrediting agencies.

**5. DEVIATIONS.**

a. The approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for histopathology technologists in VHA whose composite record of accomplishments, performance, and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the certification or educational requirements as a histopathology technologist be waived.

c. The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

**Authority: 38 U.S.C. § 7401, 7402, 7403, 7405, 7407.]**

# APPENDIX G66. THERAPEUTIC RADIOLOGIC TECHNOLOGIST (DOSIMETRIST) QUALIFICATION STANDARD

## GS-0648

## Veterans Health Administration

1. **COVERAGE.** The following are the requirements for appointment as a GS-0648, Therapeutic Radiologic Technologist (TRT) (Dosimetrist), referred to as "Medical Dosimetrist" in this standard, in Veterans Health Administration (VHA). These apply to all VHA Therapeutic Radiological Technologists (Dosimetrists) in the General Schedule (GS) 0648 series. A Medical Dosimetrist is a member of the radiation oncology team working collaboratively with the medical physicist and radiation oncologist meeting cancer patients needs through radiation therapy. Medical Dosimetrists have an in-depth knowledge of high dose ionizing radiation and clinical relevance of radiation oncology treatment machines and equipment. Medical Dosimetrists possess an in-depth knowledge of all medical imaging modalities and are cognizant of procedures commonly used in brachytherapy. Medical Dosimetrists have the background necessary to generate radiation dose distributions and dose calculations to support the medical physicist and radiation oncologist. This appendix applies to TRTs who are certified in medical dosimetry and serving in that capacity as evidenced by titling and duties outlined in the functional statement. Appendix G26 outlines the qualification standards for TRTs who are certified in therapeutic radiologic technology by the American Registry of Radiologic Technology (ARRT) (T) and only serving in that capacity.

2. **DEFINITIONS.**

   a. **Journey Level.** The full performance level for this qualification standard is the GS-11 grade level.

   b. **Creditable Experience.** To be creditable, the experience must have demonstrated possession of the knowledge, skills, abilities and other characteristics associated with current dosimetry standard operating procedures.

   c. **Medical Dosimetry Professional.** Radiation therapy planning is the pretreatment process that allows radiation oncologists to model, predict and optimize the total dose of radiation to target/tumor volumes and minimize dose to critical normal surrounding tissues before delivery of the prescribed radiation treatment. He/she possesses an in-depth knowledge of all medical imaging modalities; is cognizant of procedures commonly used in brachytherapy; and has the education and expertise necessary to independently generate radiation dose distributions and dose calculations in collaboration with the medical physicist and radiation oncologist. Medical Dosimetrists with the appropriate current ARRT(T) certification may, as needed, independently perform therapeutic radiologic duties as part of the radiation oncology team. This ARRT(T) certification requirement

applies to all grade levels for which applicable therapeutic radiologic duties may be performed by the Medical Dosimetrist.

**3. BASIC REQUIREMENTS.**

a. **Citizenship.** Be a citizen of the United States. Non-citizens may be appointed when it is not possible to recruit qualified candidates in accordance with chapter 3, section A, paragraph 3g, of this part.

b. **Education.** Completion of a medical dosimetry program of at least 12 months long accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) and a baccalaureate degree is required. JRCERT is the accrediting agency for the medical dosimetry programs recognized by the U.S. Department of Education.

c. **Certification.**

(1) All applicants must be certified in medical dosimetry by the Medical Dosimetrist Certification Board (MDCB). Certified Medical Dosimetry (CMD) is the recognized credential for Medical Dosimetrists. NOTE: CMDs who perform therapeutic radiologic technologist duties must also possess American Registry of Radiologic Technology (ARRT) (T) certification and be assigned to a functional statement that combines both types of work. **NOTE:** Public Law 97-35 requires persons who administer Therapeutic Radiological procedures meet the credentialing standards in 42 C.F.R. Part 75. They must have successfully completed an educational program meeting or exceeding the standards described in that regulation and is accredited by an organization recognized by the U.S. Department of Education or be a radiation therapist certified in medical dosimetry.

(2) **Exception**. Non-certified applicants who otherwise meet the eligibility requirements for Medical Dosimetrist certification may be given a temporary appointment under 38 U.S.C. § 7405(a)(1)(B) for up to two years at the entry level only as a graduate Medical Dosimetrist under the authority of 38 U.S.C. § 7405(c)(2)(B). Failure to obtain certification during the two-year time is justification for termination of the Dosimetrist temporary appointment. This may result in termination of employment. The Human Resources Office will provide the uncertified Medical Dosimetrist, in writing, the requirement to obtain certification, the date by which the certification must be acquired and the consequences for not becoming certified by the deadline. The written notice must be provided prior to the entrance on duty date.

(3) **Failure to Obtain Certification.** In all cases, uncertified Medical Dosimetrist must actively pursue meeting the requirements for certification starting from the date of their appointment. Failure to become certified within two years

from the date of appointment will result in removal from the GS-0648 Medical Dosimetrist occupation and may result in termination of employment.

(4) **Loss of Credential.** Once certified, Medical Dosimetrists must maintain an active, current, full and unrestricted certification to independently practice medical dosimetry. Loss of licensure will result in removal from the GS-0648 Medical Dosimetrist occupation and may result in termination of employment.

d. **Grandfathering Provision.** All persons employed in VHA as a TRT (Dosimetrist) on the effective date of this qualification standard are considered to have met all qualification requirements for the grade held, including positive education and certification that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Employees in an occupation requiring a certification may be reassigned, promoted up to and including the full performance level or demoted within the occupation, but may not be promoted beyond the full performance level or placed in supervisory or managerial positions.

(2) Employees in an occupation requiring a certification only at higher grade levels must meet the certification requirement before they can be promoted to those higher-grade levels.

(3) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(4) If an employee who was retained (grandfathered) under this provision leaves this occupation, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

(5) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or certification that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

e. **Physical Requirements.** See VA Directive and Handbook 5019, Employee Occupational Health Service.

f. **English Language Proficiency.** Medical Dosimetrists must be proficient in spoken and written English. See 38 U.S.C. § 7403(f).

**4. GRADE REQUIREMENTS.**

a. Creditable Experience.

(1) **Knowledge of Current Dosimetry Practices.** To be creditable, the experience must have demonstrated the knowledge, skills and abilities associated with current medical dosimetry practice. Experience satisfying this requirement must be active professional practice at the post-certification level, which may be paid/non-paid employment, as a Medical Dosimetrist.

(2) **Quality of Experience.** Experience is only creditable if it is post certification experience as a certified Medical Dosimetrist directly related to the position to be filled. Experience as a graduate Medical Dosimetrist is creditable provided the candidate functioned as an entry level Medical Dosimetrist with continual oversight and subsequently passed the certification examination. Qualifying experience must be at a level comparable to Medical Dosimetrist experience at the next lower grade level. For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

(3) **Part-Time Experience.** Part-time experience as a Medical Dosimetrist is creditable according to its relationship to the full-time workweek. For example, a Medical Dosimetrist employed 20 hours a week, or on a 1/2-time basis, receives one full-time workweek of credit for each two weeks of service.

(4) **Practicum in a VA Setting.** VHA practicum experience may not be substituted for experience, as the practicum (field placement) is completed prior to graduation with a bachelor's degree in medical dosimetry or a related field**.**

b. **Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates:

(1) **Therapeutic Radiologic Technologist (Dosimetrist), GS-9**

(a) **Experience.** None beyond the basic requirements.

(b) **Assignment.** Employees at this grade level serve as entry level Medical Dosimetrists in a developmental level position. It is expected they have received the additional and specialized training necessary to generally perform technical tasks independently with general oversight, exercising independent judgement. However, they will generally receive guidance from more experienced staff members for more complex patient treatment planning and may require some direct supervision as needed in any

assignment in medical dosimetry. Medical Dosimetrists at this level have extensive training and knowledge in computer treatment planning, cross sectional anatomy, image fusion and dose tolerances will be utilized for development of treatment plans. Candidates must be able to use effective communication skills to follow the radiation oncologist directives and/or prescriptions.

(c) **Demonstrated Knowledge, Skills and Abilities (KSA).** None beyond the basic requirements.

(2) **Therapeutic Radiologic Technologist (Dosimetrist), GS-10**

(a) **Experience.** At least one year of experience equivalent to the next lower grade level directly related to the position being filled.

(b) **Assignment.** This is a developmental position. Employees at this level are substantially independently functioning as Staff TRTs and are able to carry out most procedures as Dosimetrists under general supervision.

(c) **Demonstrated Knowledge, Skills and Abilities.** The candidate must demonstrate the following technical KSAs:

i. Skill in computer treatment planning to design patient treatment plans with awareness to dose limitations to critical structures following the prescription outlined by the radiation oncologist.

ii. Ability to perform control procedures for radiation therapy including weekly chart checks for data accuracy and completion and quality assurance procedures on the treatment planning computer(s).

iii. Ability to assist in preparation and design of custom molds, boluses, templates and compensating devices.

iv. Ability to assist in computer tomography (CT) scans for tumor localization in radiation treatment planning to perform accurate patient contours for transfer to treatment planning devices.

(3) **Therapeutic Radiologic Technologist (Dosimetrist), GS-11**

(a) **Experience.** At this level, candidates must have at least one year of creditable experience equivalent to the next lower grade level, that is directly related to the position to be filled and that demonstrates possession of the knowledge, skills and abilities needed to provide services as a staff dosimetrist.

(b) **Assignment.** Medical Dosimetrists at this level are at the full performance level and are fully functional and carry out their assigned task

independently in all areas of medical dosimetry. They are responsible for developing accurate and deliverable complex treatment plans and image importing for fusion during the planning process. Medical Dosimetrists will contour critical structures and tumor volumes. They provide input of radiation safety practices, quality standards and abides by all governing bodies and standard operating procedures.

(c) **Demonstrated Knowledge, Skills and Abilities.** The candidate must demonstrate the following technical KSA:

i. Ability to effectively communicate all aspects of the directive and treatment planning process with the radiation oncology team to solve complex clinical treatment challenges.

ii. Skill at importing diagnostic imaging studies from multiple media types and image fusion utilizing computed tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET), positron emission tomography-computed tomography (PET CT) for complex treatment planning.

iii. Skill in utilizing computer treatment software to develop an accurate deliverable complex plan such as, 3D conformal, intensity-modulated radiation therapy (IMRT), Volumetric Arc Therapy (VMAT) and stereotactic techniques, dose limitation to critical structures, Record and Verify software and quality assurance (QA) methods following the directive outlined by the radiation oncologist.

iv. Ability to delineate and accurately contour critical structures and tumor volumes utilized for development of a deliverable treatment plan through an in-depth knowledge of cross-sectional anatomy and all diagnostic imaging modalities.

v. Knowledge of radiation safety practices to include reporting discrepancies and ensuring compliance with regulatory requirements, quality standards, accrediting agencies, policies and standard operating procedures.

vi. Ability to provide input or assist with the use or necessity of ancillary treatment devices, patient immobilization techniques and other patient positioning techniques as needed for simulation or treatment.

vii. Ability to apply new developments, planning techniques and technology in the field of radiation therapy such as but not limited to treatment planning system QA.

(4) **Therapeutic Radiologic Technologist (Dosimetrist), GS-12**

(a) **Experience.** At this level, candidates must possess at least one year of creditable experience equivalent to the next lower grade level that demonstrates the core competencies described at that level and must fully meet the KSAs at that level.

(b) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety, and be performed by the incumbent at least 25% of the time. At the advanced level, Medical Dosimetrists are fully functional dosimetrist with the knowledge and experience applying an advanced level of treatment planning and dosimetry procedures. Medical Dosimetrists serve as an integral team member for complex treatment planning, QA verifications, weekly chart checks and ability to train on all aspects of the Record and Verify system. Medical Dosimetrists train staff, evaluate workload and ensure compliance with all necessary governing bodies and standard operation procedures.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition, the candidate must demonstrate the following technical KSAs:

i. Skill at effective communication and leadership as demonstrated by providing orientation and training for staff, providing input for yearly appraisals, directing progress and coordination of workload, ensuring compliance with standard operating procedures and directives to provide continuity of care.

ii. Skill in providing guidance and expertise related to all aspects of the treatment planning process.

iii. Ability to resolve complex physical and geometric errors of the radiation equipment, simulation procedure and treatment delivery implementation.

iv. Knowledge of the care and use of radioactive resources for implementation and treatment delivery.

v. Skill to independently perform complex treatment procedures as evidenced by completing tasks such as developing and troubleshooting highly complex isodose treatment plans delineating critical structures and tumor volumes, performing weekly chart checks, performing QA verifications and providing training on all aspects of the Record and Verify system such as Mosaiq or Aria.

vi. Ability to follow protocols including, but not limited to developing and implementing policies and standard operating procedures, participating in research programs and ensuring compliance with radiation safety

office, national program office, accrediting agencies and follow established quality standard measures.

vii. Ability to perform the application of a broad range of specific methods of radiation measurements including, but not limited to, diode, ion chamber, thermoluminescent dosimeter (TLD), or film measurement as directed by a qualified Medical Physicist and perform or assist with the QA procedures as directed by a qualified Medical Physicist.

(5) **Lead Therapeutic Radiologic Technologist (Dosimetrist), GS-12**

(a) **Experience.** At this level, candidates must possess at least one year of creditable experience equivalent to the next lower grade level that demonstrates the core competencies described at that level and must fully meet the KSAs at that level.

(b) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity and range of variety and be performed by the incumbent at least 25% of the time. In this assignment, the Medical Dosimetrists functions as a lead dosimetrist with administrative and professional responsibility for planning, directing, distributing the workload of dosimetrists up to the GS-11 level, including support staff in the medical center's therapeutic radiologic technology program. In addition, the incumbent serves as the professional mentor, trainer and coach for the unit. The Lead Medical Dosimetrists develop and update technical policy and procedure manuals. They provide assistance and input on equipment use and resolution of machine issues. The Lead Medical Dosimetrist also ensures dosimetric protocols are up to date to reflect current standards of care, radiation safety and quality management. They ensure Medical Dosimetrists are in compliance with accrediting and regulating bodies. Lead Medical Dosimetrists also review staffing levels and work procedures to influence resource allocation decisions made at the executive level.

(c) **Demonstrated Knowledge, Skills and Abilities.** Candidates must demonstrate the following KSAs:

i. Ability to perform lead duties such as orientation and training for staff, provide input for yearly appraisals, directs progress and coordination of dosimetric work.

ii. Ability to develop the Quality Improvement Program by evaluating, establishing and implementing departmental policies, standard operating procedures and department compliance with the national program office, radiation accrediting agencies, hospital and outside governing body standards.

iii. Ability to solve complex technical problems by instructing and providing oversight to lower level Medical Dosimetrists and trainees with regards to treatment planning, using the Record and Verify System (or other similar systems), using newly acquired equipment and other devices and products within the service.

iv. Ability to successfully communicate with the radiation oncology team and other internal and external customers to manage the needs of patients.

v. Ability to provide broad oversight and assist in the application of specific methods of patient and/or treatment planning as directed by Medical Physicists.

**5. DEVIATIONS.**

a. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for Medical Dosimetrists in VHA whose composite record of accomplishments, performance and qualifications, as well as current assignments, warrant such action based on demonstrated competence to meet the requirements on the proposed grade.

b. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health in VHA Central Office prior to placement in the position.

c. Under no circumstances will the educational or credential requirement be waived for those occupations with a positive education requirement, or when specific credentials are identified as necessary to meet minimum requirements.

**Authority**: **38 U.S.C. §§ 7401, Appointments in Veterans Health Administration; 7402, Qualifications of appointees; 7403, Period of appointments; promotions; 7405, Temporary full-time appointments, part-time appointments, and without-compensation appointments; 7407, Administrative provisions for section 7405 and 7406 appointments.**

# APPENDIX G67. CHAPLAIN QUALIFICATION STANDARD

## GS-0060

## Veterans Health Administration

1. **COVERAGE.** The following are requirements for appointment as a chaplain in the Veterans Health Administration (VHA). The requirements apply to all VHA chaplains employed in the General Schedule (GS)-0060 series. Chaplains provide religious, spiritual, and pastoral care to all persons that is commensurate with the needs, desires, and voluntary consent of the Veteran or caregiver or staff. Chaplains interact with healthcare professionals from many different fields to address the spiritual component of health and wellness in every patient care setting to ensure that pastoral care is fully integrated into all aspects of care.

2. **DEFINITIONS.**

   a. **Journey Level**. The full performance level for this qualification standard is the GS-11 grade level.

   b. **Creditable Experience**. To be creditable, the experience must have required the use of knowledge, skills, abilities (KSAs), and other characteristics, also referred to as core competencies; be associated with the scope of chaplain practice equivalent to at least the next lower grade level; be directly related to the position being filled; and may be paid or non-paid employment.

   c. **Part-Time Experience**. Part-time experience is creditable according to its relationship to the full-time work week. For example, a chaplain employed 20 hours per week, or on a half time basis, would receive one full-time work week of credit for each two weeks of service.

3. **BASIC REQUIREMENTS.** To qualify for appointment as a chaplain, all applicants must possess the following:

   a. **Citizenship.** Citizen of the United States (U.S.). Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with 38 U.S.C. § 7407(a).

   b. **Education.** Applicants must possess a Master of Divinity degree or equivalent educational qualifications as evidenced by a graduate-level theological degree from a college, university or theological school accredited by a member of the Council for Higher Education Accreditation (CHEA) or Association of Theological Schools (ATS) and recognized by the U.S. Department of Education.

      **NOTE:** For applicants who do not possess a Master of Divinity degree or equivalent educational degree, an approved educational equivalency review from a nationally recognized board certification body for chaplains (see paragraph f) is acceptable.

c. **Foreign Education.** To be creditable, theological or related education completed outside the U.S. must be submitted to a current affiliate agency of the National Association of Credential Evaluation Services (NACES) listed at https://www.naces.org/members.

d. **Clinical Pastoral Education (CPE).** Applicants must have completed four units of CPE from a CPE center that is accredited by an organization recognized by the U.S. Department of Education.

e. **Ecclesiastical Endorsement**. In accordance with 38 C.F.R. § 17.655, ecclesiastical endorsement is a condition of employment as a VA chaplain. An individual must possess and maintain a full and active ecclesiastical endorsement to be employed as a VA chaplain. Applicants must have an ecclesiastical endorsement, dated within the past 12 months. Ecclesiastical endorsements must be from the official national endorsing authority of the applicant's/employee's faith group or denomination. Ecclesiastical endorsement is a written official statement, by the official national endorsing body of the faith group or denomination, certifying that the applicant is in good standing with the applicant's faith group or denomination; and stating that the individual is, in the opinion of the endorsing body, qualified to perform the full range of ministry required in the VA pluralistic setting. Loss of endorsement will result in removal from the GS-0060 Chaplain series and may result in termination of employment. The National Chaplain Service maintains a list of approved endorsing organizations that can be found here: https://www.patientcare.va.gov/chaplain/Employment_Information_and_Resources.asp

f. **Board Certification**. Applicants must be a Board Certified Chaplain certified by the Board of Chaplaincy Certification Inc. (BCCI) ® or nationally recognized certification body that utilizes the BCCI ® Common Qualifications and Competencies for Professional Chaplaincy or a certifying organization that has a reciprocity agreement with BCCI ®.

**Exception.** Non-certified applicants who otherwise meet the eligibility requirements may be given a temporary appointment under the authority of 38 U.S.C. § 7405(c)(2) for a period not to exceed two years. This exception only applies at the entry level. For the journey level and above, the candidate must have board certification. At the time of appointment, the supervisor in collaboration with Human Resources, will provide the uncertified chaplain with the written requirements for obtaining certification, the date by which the certification must by acquired, and the consequences for not becoming certified by the deadline. The written notice must be provided prior to the entrance on duty date. Failure to become certified within two years from date of appointment will result in removal from the GS-0060 Chaplain series and may result in termination of employment. Temporary graduate chaplain appointments may not be extended beyond two years and may not be converted to a new temporary appointment in this occupation.

g. **Loss of Endorsement or Certification.** Chaplains must maintain ecclesiastical endorsement and board certification. Loss of endorsement or board certification will result in removal from the GS-0060 Chaplain occupation and may result in termination of employment.

h. **Grandfathering Provision.** All chaplains employed in VHA, in this occupational series, performing the duties as described in the qualification standard on the effective date of this qualification standard, are considered to have met all the qualification requirements for the grade held, including positive education and certification that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements of this standard, but met the qualifications applicable to the position at the time they were appointed to the position, the following provisions apply:

(1) Chaplains who do not meet the basic requirements for education and certification may be reassigned, promoted up to and including the full performance level, or demoted within the occupation, but may not be promoted beyond the full performance level or placed in supervisory or managerial positions.

(2) Chaplains appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended, or be reappointed on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(3) Chaplains initially grandfathered into this occupation, who subsequently obtain education and/or certification that meets all the basic requirements of this qualification standard, must maintain the required credentials as a condition of employment in the occupation.

(4) Chaplains who were retained in this occupation, under this provision, and subsequently leave the occupation, lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

i. **Physical Requirements.** See VA Directive and Handbook 5019, Employee Occupational Health Service.

j. **English Language Proficiency.** Chaplains must be proficient in spoken and written English to be appointed as authorized by 38 U.S.C. § 7403(f).

**4. GRADE REQUIREMENTS.** All individuals assigned to this occupation must have an approved title or parenthetical title, as described below:

a. Chaplain

b. Supervisory Chaplain

c. Chaplain (CPE Educator)

d. Chaplain (National Program Coordinator)

e. Chaplain (National Program Manager)

**5. GRADE DETERMINATIONS.**

a. **Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates:

**(1) Chaplain, GS-9**

(a) **Experience.** None beyond the basic requirements.

(b) **Assignment.** At the GS-9 entry level, chaplains serve in a career development position practicing under close supervision of a supervisor or qualified individual who reviews and ensures the employee meets competency requirements. The chaplain conducts spiritual assessments to identify patient strengths and needs and creates plans for care in response to the moral injuries and spiritual distress of patients. The candidate provides crisis intervention and stabilization as required. The chaplain collaborates with healthcare teams to create and update treatment plans to address spiritual distress, grief, and loss as existential concerns to enhance holistic care. The chaplain ensures free exercise of religion and protects Veterans from proselytization and coercion from any source. The candidate uses a variety of intervention methods, including individual and group intervention, to address the emotional and spiritual needs of patients and families. The candidate coordinates religious services in a manner which respects the faith traditions and religious expression of patient. In addition, the candidate communicates effectively both in writing and verbally with persons of varied backgrounds. The chaplain documents chaplaincy care services. The chaplain provides referrals for continuity of spiritual care.

(c) **Demonstrated Knowledge, Skills, and Abilities.** In addition to meeting the basic experience requirements, the candidate must demonstrate the following KSAs:

i. Knowledge of spiritual assessments to identify patient strengths and needs and documenting services provided.

ii. Ability to use the information of the spiritual assessment to create care plans in all dimensions of pastoral care.

iii. Ability to provide crisis intervention and stabilization.

iv. Skill in healthcare team collaboration to create and update treatment plans to address spiritual issues.

v. Ability to ensure free exercise of religion for patients and staff.

vi. Knowledge of individual and group interventions to address spiritual and emotional needs of patients and families; providing referrals for continuity of spiritual care.

vii. Skill in the coordination of religious services respecting the faith tradition of individual patients.

viii. Ability to communicate verbally and in writing with persons of varied backgrounds.

**(2) Chaplain, GS-11**

(a) **Experience.** At this level, the candidate must have one year of creditable experience equivalent to the GS-9 level that is directly related to the position to be filled.

(b) **Assignment.** At the GS-11 journey level, the chaplain independently serves as a primary resource and point of contact for the spiritual needs of patients, caregivers and staff. The chaplain provides advance care planning education, information, and counsel for patients and their families. The chaplain provides guidance and/or support for patients to express values through processes such as life review, oral history, and end of life preparation and documentation. The chaplain develops pastoral care programs that are measurable, outcome-driven, and evidence-based in coordination with the department guidelines. The chaplain provides pastoral counseling on medical and ethical matters, including but not limited to, moral injury, problems of conscience, family or marital difficulties, justice or confinement matters, terminal diagnoses, or crisis. The chaplain also supports the development of staff resiliency by providing emotional and spiritual support and compassionate presence and develops programs for staff development and wellness. The chaplain provides education and equips other healthcare staff and trainees to screen for spiritual and religious needs, and the importance of appropriate referrals to chaplains for complex spiritual distress. At this level, the chaplain coordinates with community organizations to ensure the provision of comprehensive spiritual care, and engaging community resources to meet religious needs of patients that cannot be met by chaplain staff.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to meeting the KSAs for the GS-9 grade level, the candidate must meet the experience above and demonstrate the following KSAs:

i. Knowledge of advance care planning to educate, inform, and counsel patients and families.

ii. Skill in guiding patients in verbalizing and expressing values through life review, oral history, and end of life preparation and documentation.

iii. Ability to develop pastoral care programs that are measurable, outcome-driven and evidenced based within the department guidelines.

iv. Skill in counseling on medical and ethical issues, terminal diagnoses or crises, moral injury, problems of conscience, family or marital difficulties and justice or confinement matters.

v. Ability to support the development of staff resiliency and develop programs for staff development and wellness by providing spiritual and emotional support.

vi. Ability to educate and equip healthcare staff and trainees screening for spiritual and religious needs of patients and the importance of appropriate referrals to chaplains for complex spiritual distress.

vii. Knowledge of community needs to coordinate with community organizations to provide comprehensive spiritual care, utilizing outside community resources to meet the religious needs of patients that cannot be met by chaplain staff.

**(3) Chaplain, GS-12**

(a) **Experience**. The candidate must have one year of creditable experience equivalent to the journey level (GS-11) that is directly related to the position to be filled.

(b) **Specialty Certification.** Specialty certification is demonstrated advanced practice and/or specialization in chaplaincy beyond the board certification and is required for the GS-12 grade level. Specialty certification from a professional chaplain certifying body that is directly related to the assignment is qualifying for a senior chaplain assignment.

(c) **Assignment.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety, and be performed by the incumbent at least 25% of the time. This assignment is a senior chaplain. Senior chaplain assignments may include serving at a facility in clinical settings where there is limited access to onsite supervision such as small healthcare systems, Community Based Outpatient Clinics, other Federal agencies or satellite outpatient clinics. Senior chaplains typically practice in a specialized program area, that may include intensive and extended pastoral counseling as an integral part of the treatment program, with patients facing complex moral, ethical, or spiritual problems. The senior chaplain may be assigned administrative responsibility to independently develop and implement programs and curriculum. They are accountable for clinical program effectiveness and modification of service patterns, which may include research and leadership of clinical teams. The senior chaplain works with full understanding of its relationship to the objectives of the institution, and to successfully integrate it with the work of the institutional staff, collaborates with and advises the other senior members of the treatment team in the provision of comprehensive healthcare services to Veterans, ensures equity of access, service, and benefits to this population, ensures the care provided is of the highest quality. The senior chaplain provides leadership, direction, orientation, coaching, in-service training, staff development, and continuing education programs for assigned chaplain staff. This assignment is to be relatively few in

number based on the size of the facility/service and applying sound position management. This assignment must represent substantial additional responsibility over and above that required at the full performance grade level and should not be used as the full performance level of this occupation.

(d) **Demonstrated Knowledge, Skills, and Abilities**. In addition to the experience above, the candidate must demonstrate the following KSAs:

i. Ability to apply relevant theories and methodologies to their ministry specialty.

ii. Ability to integrate specialized psychological and sociological theory with an advanced approach to spiritual care.

iii. Skill to seek out primary research and research literature that informs the ministry specialty and one's spiritual care practice.

iv. Skill in developing and implementing methods for measuring effectiveness of chaplain practice and services in the specialty area, utilizing outcome evaluations to improve treatment services and to design system changes.

v. Ability to mediate conflict, hold various emotions and diffuse moral distress among staff and complex crisis situations.

vi. Ability to provide specialized consultation, teaching and mentoring to colleagues and students on advanced spiritual care interventions in the service delivery area.

vii. Ability to apply advanced clinical knowledge to write policies, procedures and/or practice guidelines pertaining to the service delivery area.

**(4) Chaplain (Clinical Pastoral Educator), GS-12**

(a) **Experience.** At this level, the candidate must have one year of creditable experience equivalent to the next lower grade level that is directly related to the position to be filled.

(b) **Certification**.

i. To provide educational supervision for CPE Level 1 and Level 2 students, the Chaplain CPE Educator must be a Certified Educator.

ii. To provide educational supervision for students seeking to become Certified Educators, the Chaplain CPE Educator must be a CPE national faculty from an organization recognized by the U.S. Department of Education.

(c) **Assignments.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety and be performed by the incumbent at least 25% of the time. The certified educator manages the daily operations of the CPE center, develops and implements program policies and procedures and serves as certified educators of record for all CPE students. They are responsible for administrative oversight and programmatic resources and monitoring of educational outcomes. They are responsible for all educator evaluations, student records, center portfolio and CPE accreditation requirements, which may include off-site CPE satellites and placement contracts. The certified educator seeks approval for allied health trainee positions through the Office of Academic Affiliations (OAA). They recruit, interview and select students, and ensure all documentation is completed for compliance. They develop educational curricula that are measurable, outcome-oriented and evidence-based and designed to meet board certification competencies. They develop relationships with key staff related to the CPE program, e.g., clinical preceptors, Advisory Group members, OAA staff.

(d) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience or education above, the candidate must demonstrate the following KSAs:

i. Ability to independently educate all levels of CPE students and plan, organize, and implement all levels of the CPE program.

ii. Skill in adhering to all accreditation standards, processes and practices including, but not limited to, timely and professional submission of all required program reports, center portfolio, fees and dues.

iii. Skill in written and verbal communication that are articulate, professional and cohesive.

iv. Ability to recruit, interview and select students for the CPE program.

v. Knowledge of professional ethics for certified educators and history of CPE.

vi. Ability to apply theoretical understanding for and competence in administering and conducting all levels of CPE programs.

vii. Knowledge of emerging trends and research in the area of pastoral education.

viii. Knowledge of diverse conceptual frameworks for developing educational curriculum.

**(5) Supervisory Chaplain, GS-12**

(a) **Experience.** At this level, the candidate must possess one year of creditable experience equivalent to the GS-11 grade level that is directly related to the position to be filled.

(b) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and variety and be performed by the incumbent at least 25% of the time. The supervisory chaplain at this level typically has responsibility for management of a small to moderately complex chaplain service. The supervisory chaplain is responsible for the professional practice of all facility chaplains and provision of chaplaincy services and programming. The supervisory chaplain provides supervision to professional and non-professional staff at the GS-12 or below. The supervisory chaplain has full responsibility for managing and supervising all aspects of chaplaincy service operations including clinical practice, program management, education, human resource management and supervision of the service. The supervisory chaplain is responsible for oversight and management of all religious and spiritual care and provides counsel to facility leadership concerning religious expression. The supervisory chaplain may supervise nonsupervisory and supervisory personnel and is responsible for chaplaincy practice including all administrative functions of the department, such as budget management, development of policy and clinical practice standards, development and oversight of service programming, establishing and ensuring performance and productivity metrics and outcomes, planning and organizational development, ensuring compliance with agency and accreditation requirements and setting the strategic direction of the service. The supervisory chaplain ensures the right of free exercise of religion and protects against proselytizing. The supervisory chaplain maintains chapel space and oversees distribution of space, inventory, and resources needed for the provision of spiritual care, education, and programming. The supervisory chaplain assesses spiritual and religious needs of the organization and ensures the religious needs of patients are met through partnerships with community religious leaders and organizations, and community, state and Federal agencies.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience or education above, the candidate must demonstrate the following KSAs:

i. Knowledge of administrative, personnel, resource management and strategic planning for chaplaincy and chaplain pastoral education programs.

ii. Ability to provide the full range of supervisory duties which include responsibility for assignment of work, performance evaluations, selection of staff and recommendation of awards, advancements and disciplinary actions.

iii. Skill in interpersonal relationships including conflict resolution and ability to work collaboratively with managers from other departments.

iv. Ability to develop local policy, productivity and clinical practice standards.

v. Ability to align local chaplaincy services and programming with the strategic goals and objectives of all levels of the agency, department or organization.

vi. Ability to ensure compliance with chaplaincy practice, policy and accreditation standards across the continuum of health care.

vii. Skill in providing consultation to facility leadership, managers and other staff on all religious expression and spiritual care.

**(6) Supervisory Chaplain, GS-13**

(a) **Experience.** At this level, the candidate must possess one year of creditable experience equivalent to the GS-12 grade level that is directly related to the position to be filled.

(b) **Assignment.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety and be performed by the performed by the incumbent at least 25% of the time. The supervisory chaplain is responsible for oversight and management of all religious and spiritual care and provides counsel to facility leadership concerning religious expression. The supervisory chaplain supervises professional and non-professional nonsupervisory and supervisory staff at the GS-12 grade level or below and is responsible for chaplaincy practice including all administrative functions of the department, such as budget management, development of policy and clinical practice standards, development and oversight of service programming, establishing and ensuring performance and productivity metrics and outcomes, planning and organizational development, ensuring compliance with agency and accreditation requirements and setting the strategic direction of the service. The supervisory chaplain ensures the right of free exercise of religion and protects against proselytizing. The supervisory chaplain maintains chapel space and oversees distribution of space, inventory and resources needed for the provision of spiritual care, education and programming. The supervisory chaplain assesses spiritual and religious needs of the organization and ensures the religious needs of patients are met through partnerships with community religious leaders and organizations, and community, state and Federal agencies.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience or education above, the candidate must demonstrate the following KSAs:

i. Knowledge of administrative, personnel, and resource management and strategic planning for chaplaincy and chaplain pastoral education programs.

ii. Ability to provide the full range of supervisory duties, which include responsibility for assignment of work, performance evaluations, selection of staff and recommendation of awards, advancements and disciplinary actions.

iii. Skill in interpersonal relationships, including conflict resolution and ability to work collaboratively with managers from other departments.

iv. Ability to develop local policy, productivity and clinical practice standards.

v. Ability to align chaplaincy services and programming with the strategic goals and objectives of the facility, Veterans Integrated Service Network and VHA.

vi. Ability to ensure compliance with chaplaincy practice, policy and accreditation standards across the continuum of health care.

vii. Skill in providing consultation to facility leadership, managers and other staff on all religious expression and spiritual care.

**(7) Chaplain (National Program Coordinator), GS-13**

(a) **Experience.** At this level, the candidate must possess one year of creditable experience equivalent to the GS-12 grade level that is directly related to the position to be filled.

(b) **Assignment.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety and be performed by the incumbent at least 25% of the time. The chaplain national program coordinator positions are in the National Chaplain Service and provide transitional spiritual care services and programming for beneficiaries transitioning between the Department of Defense (DOD) and the Department of Veterans Affairs and those transitioning between any of the three Veterans Administrations. The chaplain provides transitional care for Service members and their families transitioning from active duty into the VHA. The chaplain works closely with the VA/DOD Liaison Program to ensure seamless transition of care from military service to enrollment and care linkage in the VHA. The chaplain provides bereavement care for the families of Veterans who die inside or outside of VHA facilities and who seek beneficiary assistance with the Veterans Benefits Administration (VBA) and/or interment through the National Cemetery Administration (NCA). The chaplain provides site and multi-state geographical care. Chaplains may provide intensive and extended pastoral counseling during transitional periods, liaisons with facility chaplain staff to provide seamless pastoral care services with facility chaplain departments, ensures continuity and optimization of spiritual care services and programming and avoids duplication of facility chaplaincy care services or programming. The chaplain may be assigned administrative responsibility to independently develop and implement programs and curriculum. They are accountable for clinical program effectiveness and modification of service patterns. Assignments may include DOD facilities, VHA facilities and NCA facilities. The chaplain works with full understanding of the relationship to the objectives of the institution, and successfully integrates with the work of the institutional staff, collaborates with and advises members of the institution in the provision of comprehensive healthcare services to Veterans, ensures equity of access, service and benefits to Veteran and Veteran beneficiaries and ensures the care provided is of the highest quality.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

i. Ability to effectively liaison and build relationships with transitioning Service members or family members.

ii. Skill in assessing need for basic and complex spiritual care or bereavement care across multiple programmatic venues.

iii. Knowledge of chaplain practice, policy, standards and strategic planning in relationship to a large multi-layered, multi-organizational program (e.g., United States Military Bases or National Cemeteries).

iv. Skill in maintaining relationships with appropriate offices and individuals to keep them abreast of significant accomplishments, program changes, and other substantive events.

v. Ability to develop and sustain strategic partnerships with key internal and external VA stakeholders and community partners on a national level.

**(8) Chaplain (National Program Manager), GS-14**

(a) **Experience.** At this level, the candidate must possess one year of creditable experience equivalent to the GS-13 grade level that is directly related to the position to be filled.

(b) **Assignment.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety and be performed by the incumbent at least 25% of the time. The chaplain (national program manager) serves as a program manager for the National Chaplain Service for either the Transitional Care; Clinical Care; or Bereavement/Family Care program at the national level. The chaplain program manager provides executive management leadership for policy, planning, programming, education and evaluation related to program assigned. The program manager has national oversight of programming implementation and data collection; and administration, communication, public relations, and outreach concerning the program. The chaplain (national program manager) has personnel management responsibilities for professional and non-professional staff. The chaplain (national program manager) provides organizational direction and serves as the principle interagency liaison with other Federal departments.

(c) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

i. Ability to serve as facilitator, negotiator, primary point of contact, head writer and principal decision-maker for a multi-layered, multi-organizational chaplain health care, transitional care or bereavement/family care program.

ii. Ability to provide day-to-day technical guidance to chaplain staff across the continuum of a large geographically dispersed organization, monitor performance, review and approve staffing models, review and approve reports and deliverables, recommends required adjustments to existing staff models and debrief both positive and negative field action proposal merits/deficiencies.

iii. Ability to collaborate with internal and external partners (such as, VHA, VBA, NCA, DOD, and Faith Group Endorsers) to further program goals and enhance Veteran centered care.

iv. Skill in supporting large-scale public relations events as required, which may attract the attention of U.S. and world press resulting in multimedia reports.

v. Ability to conduct onsite assessments of progress towards meeting program goals; to modify objectives; and keep the agency, department or organization's leadership informed of fluctuations in performance trends.

vi. Skill in developing reports, policies, procedures and/or practice guidelines for the program and in participating in national program development.

vii. Ability to provide technical management support for complex, long-range, multi-year strategic goals for a very large, complex, geographically dispersed national program.

## 6. DEVIATIONS.

a. The approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for chaplains in VHA whose composite record of accomplishments, performance and qualifications, as well as current assignments, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. The placement of individuals in grade levels not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office.

c. Under no circumstances other than the exception at the entry level, will the certification, endorsement or educational requirements as a chaplain be waived.

**Authority: 38 U.S.C. §§ 7401, 7402, 7403, 7405, 7407.**

# APPENDIX G68. HEALTH TECHNICIAN (OPTOMETRY) QUALIFICATION STANDARD

## GS-0640

## Veterans Health Administration

1. **COVERAGE.** The following are requirements for appointment as a Health Technician (Optometry) in the Veterans Health Administration (VHA). These requirements apply to all VHA Health Technicians (Optometry) in the General Schedule (GS)-0640 series.

2. **DEFINITIONS.**

   a. **Appointing Official.** The Human Resources Officer is delegated appointing authority to process and authenticate notifications of personnel actions and authority to effect management-approved employment actions on behalf of officials, employees and facilities for which service is provided.

   b. **Approving Official.** The Veterans Integrated Service Network Director or Facility Director is the approving official and will determine whether to approve or disapprove the appointment of employees in the hybrid occupations**.**

   c. **Journey Level.** The full performance level for this qualification standard is the GS-07 grade level.

   d. **Creditable Experience.** To be creditable, the experience must have required the use of knowledge, skills and abilities associated with current health technician/assistant or health technician (optometry)/assistant practice. Experience satisfying this requirement may be paid or non-paid employment as a health technician/assistant or health technician (optometry)/assistant in the health care field.

   e. **Quality of Experience.** Qualifying experience must be at a level comparable to health technician/assistant or health technician (optometry)/assistant experience at the next lower grade level of the position being filled. For all assignments above the full performance level, the higher level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

   f. **Part-Time Experience.** Part-time experience is creditable according to its relationship to a full-time workweek. For example, an individual employed 20 hours per week, or on a half time basis, would receive one full-time work week of credit for each two weeks of service.

**3. BASIC REQUIREMENTS.**

a. **Citizenship.** Be a citizen of the United States (U.S.). Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with 38 U.S.C. § 7407(a).

b. **Experience and Education.**

(1) **Experience.** One year of experience as a health technician or assistant in the health care field demonstrating the applicant's ability to perform the work or by demonstrating a basic understanding of work in the health care field;

OR

(2) **Education.** Successful completion of two academic years above high school with a minimum of 12 semester hours related to health technician/assistant or health technician (optometry)/assistant or associate degree, or completion of an independent study course in an optometry related technician or assistant field;

OR

(3) **Experience/Education Combination.** Equivalent combinations of experience and education are qualifying. Examples are listed below:

(a) Six months of experience comparable to the next lower level which demonstrates the knowledge of optometry assistant theory and practices and general understanding of the health technician/assistant duties and one year above high school with a minimum of six semester hours of health technician/assistant or health technician (optometry)/assistant related courses.

(b) Successful completion of a course for health care technicians or assistants, hospital corpsmen, medical service specialists, or hospital training in a program given by the U.S. Armed Forces, the U.S. Maritime Service, or the U.S. Public Health Service, may be substituted on a month-for-month basis.

c. **Licensure/Certification/Registration.** None.

d. **Grandfathering Provision.** All individuals employed in VHA in this occupational series or in another occupational series performing the duties as described in the qualification standard on the effective date of the qualification standard are considered to have met all qualification requirements for the grade held including positive education and licensure/trademark/registration/certification. For employees who do not meet all the basic requirements required in this standard,

but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) They may be reassigned, promoted up to and including the full performance (journey) level, or changed to lower grade within the occupation, but may not be promoted beyond the journeyman level or placed in supervisory or managerial positions.

(2) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis until they fully meet the basic requirements of the standard.

(3) Health Technicians (Optometry) who are converted to title 38 hybrid status under this provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of re-entry to the occupation.

e. **Foreign Education.** To be creditable, education completed outside the U.S. must have been submitted to a private organization that specializes in the interpretation of foreign educational credentials and such education must have been deemed at least equivalent to that gained in conventional U.S. programs.

f. **Physical Requirements.** See VA Directive and Handbook 5019.

g. **English Language Proficiency.** Health Technician (Optometry) candidates must be proficient in spoken and written English to be appointed as authorized by 38 U.S.C. § 7403(f)**.**

**4. GRADE DETERMINATIONS.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.

a. **Health Technician (Optometry), GS-04**

(1) **Experience.** None beyond the basic requirements.

(2) **Assignment.** Employees at this grade level serve in a health technician (optometry) entry level position. More experienced staff members guide and provide daily direct supervision for the health technicians (optometry).

b. **Health Technician (Optometry), GS-05**

(1) **Experience.** One year of experience equivalent to the next lower grade.

(2) **Demonstrated Knowledge, Skills and Abilities (KSA).** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of basic eye anatomy and function.

(b) Ability to obtain, document and record ophthalmic and medical information from patients in order to develop an accurate electronic progress note.

(c) Ability to practice basic hygiene and infection control in a patient care setting.

(d) Ability to follow eye clinic and patient care medical policies and procedures.

(e) Ability to perform minor eyeglasses repairs, such as replacing nose pads and screws.

(3) **Assignment.** Employees at this grade level serve as developmental level 1 health technicians (optometry). It is expected they receive guidance from more experienced staff members for patient issues and require daily and direct contact with senior optometry personnel at the work site.

c. **Health Technician (Optometry), GS-06**

(1) **Experience.** One year of experience equivalent to the next lower grade.

(2) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Ability to provide patient education for eye health and/or vision conditions, to include assisting with patient contact lens insertion, removal and hygiene (cleaning and disinfection) care.

(b) Ability to accurately enter into a phoropter the autorefractometry or habitual refractive prescription (i.e., eyeglasses prescription) or lensometer findings, including sphere, cylinder and axis.

(c) Ability to perform patient spectacle fitting and dispensing, including selection of appropriate frame, ophthalmic lenses, interpupillary measurements (distance and near) and proper segment height determination, as well as the ability to transpose sphere, cylinder and axis.

(d) Ability to provide basic triage of patient telephone calls or optometry requests.

(e) Knowledge of ophthalmic medications and supplies needed in the process of restocking the eye clinic exam rooms.

(3) **Assignment.** Employees at this grade level serve as developmental level 2 health technicians (optometry). The technicians operate and monitor

commonly used equipment performing basic screening procedures. The health technicians (optometry) understand basic hygiene, cleaning and disinfection of reusable medical equipment (RME) instruments and ophthalmic equipment. At this level, the technicians assist optometry staff by obtaining an accurate medical/ophthalmic history, as well as coding and entering eye testing performed on the encounter form. Deviations from regular procedures, unanticipated problems and unfamiliar situations are referred to the supervisor for a decision or assistance. Assignments at this level involve procedures performed under supervision from senior optometry personnel.

d. **Health Technician (Optometry), GS-07**

(1) **Experience.** One year of experience comparable to the next lower level which demonstrates the knowledge, skills and abilities related to the duties of the position to be filled.

(2) **Demonstrated Knowledge, Skills and Abilities.** In addition to meeting the experience or educational requirements for this grade level, the candidate must fully demonstrate the following KSAs:

(a) Ability to determine preliminary objective estimate and/or refinement of the optical status of the eye, not to include the patient's final subjective refraction.

(b) Ability to triage and manage eyeglasses issues (e.g., measurement of vertex distance, base curve, prism correction, center thickness, slab off, Fresnel prism, decentration, etc.).

(c) Ability to perform accurate assessment of accommodation, near point of convergence and ocular alignment (far and near).

(d) Ability to assist the eye care provider (optometrist or ophthalmologist) with ophthalmic procedures.

(e) Ability to assist with obtaining accurate ocular cultures and smears.

(f) Knowledge and ability to provide advanced patient education for eye health and/or vision conditions.

(3) **Assignment.** Employee at this grade level serves as a full performance level health technician (optometry). The technicians perform duties such as measuring and recording visual acuity (with use of pinhole testing as indicated), obtaining accurate potential acuity meter, laser interferometry, contrast sensitivity or other specialized visual acuity measurements. The technicians also evaluate pupillary light responses and measure pupil size,

determine the presence or absence of fusion and perform stereoacuity measurements. The health technicians (optometry) perform Amsler grid testing, administer eye drops under the supervision of an eye care provider (optometrist or ophthalmologist), perform basic tonometry (e.g., non-contact, Goldmann, Tono-Pen) and estimate the anterior chamber depth with a penlight or slit lamp biomicroscope. The technicians are skilled in properly reading a basic spectacle prescription using an automated or manual lensometer, obtaining accurate autorefractometry and keratometry measurements, performing confrontation and standard automated visual field testing and administering and scoring basic color vision tests (e.g., pseudoischromatic plates, Farnsworth D-15). The technicians are also adept at measuring and recording corneal thickness by pachymetry as well as performance of advanced corneal measurements, exophthalmometry, tear testing and ocular imaging (e.g., stereo fundus, basic slit lamp biomicroscopy, intraocular lens master measurements, ocular ultrasonography, posterior segment optical coherence tomography, fundus autofluorescence and/or ocular angiography).

e. **Health Technician (Optometry), GS-08**

(1) **Experience.** One year of experience comparable to the next lower level which demonstrates the knowledge, skills and abilities related to the duties of the position to be filled.

(2) **Demonstrated Knowledge, Skills and Abilities.** In addition to meeting the experience or educational requirements for this grade level, the candidate must fully demonstrate the following KSAs:

(a) Ability to provide patient education and training to manage complex eye and vision conditions.

(b) Knowledge of advanced triage of patients depending upon level of urgency or optometry needs.

(c) Knowledge of complex, non-standard treatment and/or complex examinations and techniques.

(d) Knowledge of ocular pharmacology and systemic medications with ocular side effects.

(3) **Assignment.** For all assignments above the full performance level, the higher level duties must be of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. At the advanced level, the health technicians (optometry) perform difficult and responsible ophthalmic technology duties with considerable

latitude for the exercise of independent judgment. The health technicians (optometry) perform duties such as advanced color vision testing, advanced perimetry including both automated and manual techniques, advanced ophthalmic imaging and diagnostic testing (e.g., anterior segment optical coherence tomography, advanced ultrasonography, confocal microscopy, electro-diagnostic testing, etc.), advanced patient education and training and vision rehabilitation services.

f. **Lead Health Technician (Optometry), GS-08**

(1) **Experience.** One year of experience comparable to the next lower level which demonstrates the knowledge, skills and abilities related to the duties of the position to be filled.

(2) **Demonstrated Knowledge, Skills and Abilities.** In addition to meeting the experience or educational requirements for this grade level, the candidate must fully demonstrate the following KSAs:

(a) Ability to assign, coordinate and oversee health technician (optometry) daily duties, tasks and other responsibilities as appropriate.

(b) Ability to provide and/or monitor staff education and training activities, including interdisciplinary training as necessary.

(c) Ability to manage and oversee eye clinic RME disinfection activities that include researching manufacturers' cleaning and disinfection recommendations, ordering appropriate RME related supplies, as well as ensuring health technician (optometry) clinic staff RME competency.

(d) Ability to address and resolve patient complaints and/or concerns and addressing patient health technician (optometry) relationships.

(e) Ability to develop and train health technicians (optometry) to ensure competency in performance of eye and vision care duties, activities and tasks.

(3) **Assignment.** For all assignments above the full performance level, the higher level duties must be of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. The lead health technician (optometry) carries additional responsibilities that involve the oversight of specific services within the eye clinic. The lead health technician (optometry) leads three or more health technician (optometry), GS-07 positions and assists with technician oversight duties by carrying out a combination of the following, or similar, duties sufficient to ensure work assignments are carried out by team members: making work

assignments, monitoring work flow, providing input on performance and maintaining efficient flow of patient care. The lead health technician (optometry) provides training to optometry staff, students and/or trainees and may provide input into special advancements, promotions and disciplinary actions.

g. **Supervisory Health Technician (Optometry), GS-08**

(1) **Experience.** One year of experience comparable to the next lower level which demonstrates the knowledge, skills and abilities related to the duties of the position to be filled.

(2) **Demonstrated Knowledge, Skills and Abilities.** In addition to meeting the experience or educational requirements for this grade level, the candidate must fully demonstrate the following KSAs:

(a) Ability to perform the full range of supervisory duties which would include responsibility for assignment of work to be performed, competency assessments, performance evaluations, selection of staff and recommendation of awards, advancements and when appropriate, disciplinary actions.

(b) Ability to analyze clinically appropriate data and make recommendations to optimize quality, efficiency, performance and productivity within the eye clinic.

(c) Advanced understanding of interdisciplinary issues and organizational structure to serve as liaison between optometry and other programs that would affect coordination of care, healthcare access, program evaluation, as well as assessment and planning for future need.

(d) Demonstrated leadership and managerial skills, including skill in interpersonal relations and conflict resolution, to deal with employees, team leaders and managers.

(3) **Assignment.** For all assignments above the full performance level, the higher level duties must be of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. This assignment is established for facilities with a clinical structure that does not include a lead and/or advanced level assignment(s). The supervisory health technicians (optometry) supervise, administratively manage and direct the health technician (optometry) clinical staff. Individuals in this position plan and direct programs at VA medical facility eye clinics and have supervisory responsibility for a staff of health technicians (optometry) up to the full performance level. Typically these duties include assigning and

evaluating the work of subordinate staff, resolving problems which may interfere with patient examination or treatment, providing optometry services in more complex and non-standard cases, making recommendations which would improve clinic operations, participating in facility clinical training programs as assigned, participating in selection of eye clinic staff applicants, evaluation of performance, taking disciplinary action when necessary and identifying educational or training needs. At this level, assignments include coordination of care, program evaluation and analysis, as well as budgetary issues and planning. The supervisors assure orientation and competency assessment of assigned health technician (optometry) clinic staff. The supervisors maintain interdepartmental relations with other services to accomplish VA medical facility goals.

h. **Supervisory Health Technician (Optometry), GS-09**

(1) **Experience.** One year of experience comparable to the next lower level which demonstrates the knowledge, skills and abilities related to the duties of the position to be filled.

(2) **Demonstrated Knowledge, Skills and Abilities.** In addition to meeting the experience or educational requirements for this grade level, the candidate must fully demonstrate the following KSAs:

(a) Ability to perform the full range of supervisory duties which would include responsibility for assignment of work to be performed, competency assessments, performance evaluations, selection of staff and recommendation of awards, advancements and when appropriate, disciplinary actions.

(b) Ability to analyze clinically appropriate data and make recommendations to optimize quality, efficiency, performance and productivity within the eye clinic.

(c) Advanced understanding of interdisciplinary issues and organizational structure to serve as liaison between optometry and other programs that would affect coordination of care, healthcare access, program evaluation, as well as assessment and planning for future need.

(d) Demonstrated leadership and managerial skills, including skill in interpersonal relations and conflict resolution, to deal with employees, team leaders and managers.

(3) **Assignment.** For all assignments above the full performance level, the higher level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the

time. The supervisory health technicians (optometry) supervise, administratively manage and direct the health technician (optometry) clinical staff. Individuals at this level plan and direct programs at affiliated medical centers and their satellite outpatient clinics and have full supervisory responsibility for a large staff of non-supervisory personnel. Individuals in the position have supervisory responsibility for a staff of health technicians (optometry) up to the GS-08 grade level. Typically, these duties include assigning and evaluating the work of subordinate staff, resolving problems which may interfere with patient examination or treatment, providing optometry services in more complex and non-standard cases, evaluating new products and equipment and making recommendations concerning developments which would improve operations; participating as an instructor in the facility's clinical training program, making selections based on recommendations from subordinates and/or other optometry personnel, evaluating performance, taking disciplinary action when necessary and identifying educational or training needs. At this level, assignments may include interagency coordination of care, program evaluation and analysis and budgetary issues and planning. The supervisors assure orientation and competency assessment of assigned staff. The supervisors maintain interdepartmental relations with other services to accomplish medical center goals.

**5. DEVIATIONS.**

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health in VHA Central Office prior to placement in the position.

c. Under no circumstances will the educational or credential requirement be waived for those occupations with a positive education requirement, or when specific credentials are identified as necessary to meet minimum requirements.

**Authority: P.L. 111-163, Caregivers and Veterans Omnibus Health Services Act of 2010, 38 U.S.C.§§ 7401, Appointments in Veterans Health Administration, 7402, Qualifications of appointees, 7403, Period of appointments; promotions, 7405, Temporary full-time appointments, part-time appointments, and without-compensation appointments, 7407, Administrative provisions for section 7405 and 7406 appointments.**

# [APPENDIX G70. HEALTH TECHNICIAN (AUDIOLOGY), HEALTH TECHNICIAN (SPEECH-LANGUAGE PATHOLOGY) AND HEALTH TECHNCIAN (AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY) QUALIFICATION STANDARD

## GS-0640

## Veterans Health Administration

1. **COVERAGE.** The following are requirements for appointment as a Health Technician (Audiology) (HTA), Health Technician (Speech-Language Pathology) (HTSLP) and Health Technician (Audiology & Speech-Language Pathology) (HTASLP) in the Veterans Health Administration (VHA). These requirements apply to all VHA HTA, HTSLP and HTASLP in the General Schedule (GS) 0640 series, including those assigned to VA medical centers, Community-Based Outpatient Clinics, Vet Centers, Veterans Integrated Service Network (VISN) offices and VHA Central Office. This work may include the provision of a wide array of clinical rehabilitation services to support Veterans with disabilities reintegration into community, employment and independent living.

2. **DEFINITIONS.**

   a. **Appointing Official.** The Human Resources (HR) Officer is delegated appointing authority, to process and authenticate notifications of personnel actions and authority to effect management approved employment actions on behalf of officials, employees and facilities for which service is provided.

   b. **Approving Official.** The VISN Director, Facility Director, or designee, is the approving official and will determine whether to approve or disapprove the appointment of employees in the hybrid occupations**.**

   c. **Journey Level.** The full performance level for this qualification standard is GS-06.

   d. **Creditable Experience.** To be creditable, the experience must have required the use of knowledge, skills and abilities associated with current HTA, HTSLP or HTASLP practice. Experience satisfying this requirement may be paid or non-paid employment as a health technician in the health care field.

   e. **Quality of Experience.** Qualifying experience must be at a level comparable to HTA, HTSLP or HTASLP experience at the next lower grade level of the position being filled. For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

f. **Part-Time Experience.** Part-time experience is creditable according to its relationship to a full-time workweek. For example, an individual employed 20 hours per week, or on a half time basis, would receive one full-time work week of credit for each two weeks of service.

## 3. BASIC REQUIREMENTS.

a. **Citizenship.** Be a citizen of the United States (U.S.). Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with 38 U.S.C. § 7407(a).

b. **Experience and Education.**

(1) **Experience.** Six months of experience comparable to the next lower level which demonstrates the knowledge, skills and abilities related to the duties of the position to be filled.

**OR**

(2) **Education.** Successful completion of two academic years above high school leading to an associate degree or a bachelor's degree with at least 12 semester hours in courses related to the position.

**OR**

(3) **Experience/Education Combination.** Equivalent combinations of experience and education are qualifying. An example of a combination of experience/education is three months of experience comparable to the next lower level which demonstrates the knowledge, skills and abilities related to the duties of the position to be filled and one year above high school with a minimum of 6 semester hours related to the health care industry.

c. **Certification.** Certification by the Council for Accreditation in Occupational Hearing Conservation (CAOHC) as a Certified Occupational Hearing Conservationist (COHC) is required for the HTA, GS-08 assignment only.

d. **Loss of Credential.** An employee in this occupation who fails to maintain the required certification identified for the HTA, GS-08 position must be removed from the assignment, which may also result in termination of employment.

e. **Grandfathering Provision.** All individuals employed in VHA in this occupational series or in another occupational series performing the duties as described in the qualification standard on the effective date of the qualification standard are considered to have met all qualification requirements for the grade held including positive education and licensure/trademark/registration/certification. For employees who do not meet all the basic requirements required in this standard,

but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) They may be reassigned, promoted up to and including the full performance (journey) level, or changed to lower grade within the occupation, but may not be promoted beyond the journey level or placed in supervisory or managerial positions.

(2) If an HTA, HTSLP or HTASLP who was retained under this provision leaves the occupation, the employee will lose protected status and must meet the full VA qualification standard requirements in effect at the time of re-entry to the occupation.

(3) HTAs, HTSLPs or HTASLPs who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(4) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

f. **Foreign Education.** To be creditable, education completed outside the U.S. must have been submitted to a private organization that specializes in the interpretation of foreign educational credentials and such education must have been deemed at least equivalent to that gained in conventional U.S. programs.

g. **Physical Requirements.** See VA Directive and Handbook 5019.

h. **English Language Proficiency.** HTA, HTSLP or HTASLP candidates must be proficient in spoken and written English to be appointed as authorized by 38 U.S.C. § 7403 (f)**.**

**4. GRADE DETERMINATIONS.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates.

a. **HTA, GS-04**

(1) **Experience.** None beyond the basic requirements.

(2) **Assignment.** This is an entry level developmental position. The HTA at this level works independently under the direction of a licensed audiologist. The assignment of this position includes but is not limited to assisting the audiologist with patient assessment and treatment. The health technician must adhere to the audiology clinic policy and standard operating

procedures for infection control and cleaning, sterilization and disposition of reusable medical equipment (RME). The health technician maintains a comprehensive supply and equipment tracking system to include monitoring stock of RME and consumable items; ensuring proper inventory levels to complete the daily tasks; prioritizing the acquisition of all supplies and equipment with regard to date of expiration; maintaining proper levels of mailing/shipping supplies; preparing mailing and shipping requests for items including but not limited to hearing aid and hearing assistive technology repairs, ear mold orders and return for credit items; and maintaining loaner hearing aid inventory.

b. **HTSLP, GS-04**

(1) **Experience.** None beyond the basic requirements.

(2) **Assignment.** This is an entry level developmental position. The HTSLP at this level works independently under the direction of a licensed speech-language pathologist (SLP). The assignment of this position includes but is not limited to assisting the SLP with patient assessment and treatment. The health technician adheres to the speech-language pathology clinic policy and standard operating procedures for infection control, cleaning, sterilization and disposition of RME, as well as, radiation safety requirements. The health technician maintains a comprehensive supply and equipment tracking system to include monitoring stock of RME and consumable items; ensuring proper inventory levels to complete the daily tasks; prioritizing the acquisition of all supplies; and monitoring expiration date of equipment.

c. **HTASLP, GS-04**

(1) **Experience.** None beyond the basic requirements.

(2) **Assignment.** This is an entry level developmental position. The HTASLP at this level works independently under the direction of a licensed audiologist or SLP. The assignment of this position includes but is not limited to assisting the audiologist or SLP with patient assessment and treatment. The health technician will adhere to audiology and speech-language pathology clinic policy and standard operating procedures for infection control and cleaning, sterilization and disposition of RME and radiation safety. The health technician maintains a comprehensive supply and equipment tracking system to include: monitoring stock of RME and consumable items; ensuring proper inventory levels to complete the daily tasks; prioritizing the acquisition of all supplies and equipment with regard to date of expiration; maintaining proper levels of mailing and shipping supplies; preparing mailing/shipping requests for items including but not limited to: hearing aid and hearing assistive technology repairs, ear mold

orders and return for credit items; and maintaining loaner hearing aid inventory.

d. **HTA, GS-05**

(1) **Experience.** One year of experience comparable to the next lower level which demonstrates the knowledge, skills and abilities related to the duties of the position to be filled.

**OR**

(2) **Education.** Successful completion of four academic years above high school leading to a bachelor's degree with at least 24 semester hours in courses related to the position or a bachelor's degree in a major field of study appropriate to the functions of the occupation.

(3) **Demonstrated Knowledge, Skills, Abilities.** In addition to meeting the experience or educational requirements for this grade level, the candidate must fully demonstrate the following KSAs:

(a) Knowledge of anatomy of the head and neck.

(b) Ability to communicate clearly orally and in writing.

(c) Knowledge of basic hearing assistive technologies.

(d) Knowledge of basic infection control procedures and guidelines.

(e) Ability to maintain stock and supply level inventories.

(f) Skill in using basic computer software such as email, spreadsheet and word processing.

(4) **Assignment.** This is a developmental position. The HTA at this level works independently under the direction of a licensed audiologist. Assignments associated with this position include, but are not limited to answering and screening calls from patients regarding audiology needs; assisting the audiologist with patient assessment and treatment; assisting with walk-in appointments; processing incoming devices from patients with concerns related to their hearing aids or hearing assistive technology; and preparing and charging (if required) hearing aids and assistive devices for delivery. The health technician must adhere to the audiology clinic policy and standard operating procedures for infection control and cleaning, sterilization and disposition of RME. The health technician maintains a comprehensive supply and equipment tracking system to include: monitoring stock of RME and consumable items; ensuring proper inventory levels to complete the daily tasks; prioritizing the acquisition of all supplies

and equipment with regard to date of expiration; maintaining proper levels of mailing/shipping supplies; preparing mailing and shipping requests for items including but not limited to: hearing aid and hearing assistive technology repairs, ear mold orders and return for credit items; and maintaining loaner hearing aid inventory.

e. **HTSLP, GS-05**

(1) **Experience.** One year of experience comparable to the next lower level which demonstrates the knowledge, skills and abilities related to the duties of the position to be filled.

**OR**

(2) **Education.** Successful completion of four academic years above high school leading to a bachelor's degree with at least 24 semester hours in courses related to the position or a bachelor's degree in a major field of study appropriate to the functions of the occupation.

(3) **Demonstrated Knowledge, Skills, Abilities.** In addition to meeting the experience or educational requirements for this grade level, the candidate must fully demonstrate the following KSAs:

(a) Knowledge of anatomy of the head and neck.

(b) Ability to communicate clearly orally and in writing.

(c) Knowledge of basic speech-language pathology needs.

(d) Knowledge of basic infection control procedures and guidelines.

(e) Ability to maintain stock and supply level inventories.

(f) Skill in using basic computer software such as email, spreadsheet and word processing.

(4) **Assignment.** This is a developmental position. The HTSLP at this level works independently under the direction of a licensed SLP. Assignments of this position include, but are not limited to answering and screening calls from patients regarding speech-language pathology needs; assisting the SLP with patient assessment and treatment; assisting walk-in appointments; and processing incoming devices from patients with concerns related to their communication devices or cognitive prosthetics. The health technician adheres to the speech-language pathology clinic policy and standard operating procedures for infection control, cleaning, sterilization and disposition of RME including endoscopes, as well as, radiation safety requirements. The health technician maintains a

comprehensive supply and equipment tracking system to include monitoring stock of RME and consumable items; ensuring proper inventory levels to complete the daily tasks; prioritizing the acquisition of all supplies; and equipment with regards to date of expiration.

f. **HTASLP, GS-05**

(1) **Experience.** One year of experience comparable to the next lower level which demonstrates the knowledge, skills and abilities related to the duties of the position to be filled.

**OR**

(2) **Education.** Successful completion of four academic years above high school leading to a bachelor's degree with at least 24 semester hours in courses related to the position or a bachelor's degree in a major field of study appropriate to the functions of the occupation.

(3) **Demonstrated Knowledge, Skills, Abilities (KSAs).** In addition to meeting the experience or educational requirements for this grade level, the candidate must fully demonstrate the following KSAs:

(a) Knowledge of anatomy of the head and neck.

(b) Ability to communicate clearly orally and in writing.

(c) Knowledge of basic hearing technologies and speech-language pathology needs.

(d) Knowledge of basic infection control procedures and guidelines.

(e) Ability to maintain stock and supply level inventories.

(f) Skill in using basic computer software such as email, spreadsheet and word processing.

(4) **Assignment.** This is a developmental position. The HTASLP at this level works independently under the direction of a licensed audiologist or SLP. Assignments associated with this position include, but are not limited to answering and screening calls from patients regarding audiology and/or speech-language pathology needs; assisting the audiologist and/or SLP with patient assessment and treatment; supporting walk-in appointments; processing incoming devices from patients with concerns related to their hearing aids, hearing assistive technology or cognitive-communication devices; and preparing and charging, if required, assistive devices for delivery. The health technician adheres to the audiology and speech-language pathology clinic policy and standard operating procedures for

infection control and cleaning, sterilization and disposition RME including endoscopes and radiation safety. The health technician maintains a comprehensive supply and equipment tracking system to include monitoring stock of RME and consumable items; ensuring proper inventory levels to complete the daily tasks; prioritizing the acquisition of all supplies and equipment with regard to date of expiration; maintaining proper levels of mailing and shipping supplies; preparing mailing/shipping requests for items including but not limited to hearing aid and hearing assistive technology repairs, ear mold orders and return for credit items; and maintaining loaner hearing aid inventory.

g. **HTA, GS-06**

(1) **Experience.** Completion of one year of progressive experience and/or experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Demonstrated Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of normal and abnormal ear anatomy.

(b) Knowledge of hearing physiology and function to educate patients and families.

(c) Knowledge of hearing aids, hearing assistive technology, hearing aid manufacturers and manufacturer software.

(d) Ability to solve problems or make decisions regarding hearing aid, hearing assistive technology and patient care, consistent with the documented and co-signed plan of care under the supervision of an audiologist.

(e) Ability to prepare patients for testing procedures.

(f) Ability to document and code patient procedures.

(3) **Assignment.** Employees at this grade level serve as a full performance level HTA. The HTA at this level works independently under the direction of a licensed audiologist. Assignments associated with this position include, but are not limited to: completing visual and auditory checks of hearing aids and hearing assistive technology; repairing or returning hearing aids to the factory; restoring hearing aid or hearing assistive technology settings after repair or replacement; and ordering, registering, certifying, issuing and tracking prosthetic devices. The health technician assists in setting up and delivering face to face and telehealth visits by preparing the equipment for

patient evaluation and other audiology procedures. The health technician provides clinical procedures consistent with the documented and co-signed plan of care which may include non-diagnostic otoscopy, cerumen management, foreign body removal and ear mold impressions and without interpretation, immittance screening and hearing screening. The health technician educates patients, family and staff on topics including but not limited to hearing aid and hearing assistive technology care, maintenance, use and operation, hearing conservation and realistic expectations for hearing aid use. The health technician completes documentation for each episode of care and codes procedures as appropriate in the patient record in preparation for co-signature by the audiologist.

h. **HTSLP, GS-06**

(1) **Experience:** Completion of one year of progressive experience and/or experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of anatomy of the head and neck and oral structures and functions.

(b) Knowledge of medical terminology as it relates to speech-language pathology for communication and swallowing impairments.

(c) Knowledge of prosthetic items and communication devices often prescribed by speech-language pathology staff and assist with ordering and tracking process.

(d) Ability to prepare supplies and equipment for speech, language, voice and/or swallowing evaluation and treatment.

(e) Ability to document and code patient procedures.

(3) **Assignment.** Employees at this grade level serve as a full performance level HTSLP. The HTSLP at this level works independently under the direction of a licensed SLP. Assignments associated with this position include but are not limited to triaging inpatient and outpatient consults in collaboration with the SLP and checking the integrity of instrumentation such as speech science equipment and voice measurement equipment in the clinic. The health technician assists in setting up and delivering face to face and telehealth visits by preparing the equipment for patient evaluation and preparing evaluation rooms for speech-language pathology procedures. The health technician generates therapeutic stimuli and home

programs for routine treatments in collaboration with the SLP; monitors facility compliance with established policies; and verifies radiology orders for swallow procedures. The health technician tracks the progress of prosthetic orders and communicates with the SLP and patient regarding the order status. The health technician completes documentation in the patient record for each episode of care and codes procedures as appropriate in preparation for co-signature by the SLP.

i. **HTASLP, GS-06**

(1) **Experience.** Completion of one year of progressive experience and/or experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of normal and abnormal ear anatomy and structures and functions of the oral mechanism.

(b) Knowledge of medical terminology as it relates to speech-language pathology and audiology for communication, swallowing impairments and hearing impairments.

(c) Ability to solve problems or make decisions regarding devices such as hearing aids, hearing assistive technologies, and communication devices for patient care.

(d) Knowledge of hearing aids, hearing assistive technology, hearing aid manufacturers and manufacturer software.

(e) Knowledge of prosthetic items and communication devices and supplies commonly prescribed by the speech-language pathology staff and assist with ordering and tracking process.

(f) Ability to prepare supplies and equipment for speech, language, voice and/or swallowing evaluation and treatment.

(g) Ability to document and code patient procedures.

(3) **Assignment.** Employees at this grade level serve as a full performance level HTASLP. The HTASLP at this level works independently under the direction of a licensed audiologist and/or SLP. Assignments associated with this position include, but are not limited to completing visual and auditory checks of hearing aids and hearing assistive technology; repairing or returning hearing aids to the factory; restoring hearing aid or hearing assistive technology settings after repair or replacement; generating

therapeutic stimuli for clinical and home programs in collaboration with the SLP for routine treatments; ordering, registering, certifying, issuing and tracking prosthetic devices; verifying radiology orders; reviewing inpatient and outpatient speech-language pathology consults; and monitoring facility compliance with established policies. The health technician assists in setting up and coordinating face to face and telehealth visits, by preparing the equipment for patient evaluation and preparing evaluation rooms for audiology and speech-language pathology procedures. The health technician provides clinical procedures which may include non-diagnostic otoscopy, cerumen management, foreign body removal and ear mold impressions and without interpretation and performs immittance screening and hearing screening. The health technician educates patients, family and staff on topics including but not limited to hearing aid and hearing assistive technology care, maintenance, use and operation; hearing conservation; realistic expectations for hearing aid use; and aspiration precautions. The health technician completes documentation for each episode of care and codes procedures as appropriate in the patient record in preparation for co-signature by the audiologist or SLP.

j. **HTA, GS-07**

(1) **Experience.** Completion of one year of progressive experience and/or experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Ability to mentor and train new HTAs.

(b) Ability to prepare patients for advanced testing procedures performed by the audiologist, such as evoked potentials.

(c) Ability to develop and implement the technician role for a program in a focused area of audiology.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. The HTA at this level works under supervision and direction of a licensed audiologist. Assignments associated with this position include, but are not limited to: completing adjustments to hearing aid settings as outlined in the audiologist’s plan of care, preparing patients for advanced diagnostic procedures such as evoked potentials and

collaborating with audiology team to develop training programs for patients and staff.

k. **HTSLP, GS-07**

(1) **Experience.** Completion of one year of progressive experience and/or experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Ability to mentor and train new HTSLPs.

(b) Ability to identify the diagnosis and dysphagia risk factors in the medical record to assist the SLP.

(c) Knowledge of safe feeding and swallowing strategies.

(d) Knowledge of linguistic parameters such as semantic, syntactic and phonological categories, to assist in creating materials for therapeutic stimuli and home programs.

(e) Ability to develop and implement the technician role for a program in a focused area of speech-language pathology.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. The HTSLP at this level works under direction of a licensed SLP. Under the direction of the SLP, assignments associated with this position include, but are not limited to completing communication and swallow screenings including review of medical history, imaging reports and diet orders; and generating therapeutic stimuli and home programs for complex treatments such as cognitive and aphasia treatment. This health technician may collaborate with the health care team to develop educational materials for patients and staff and processes for monitoring patient safety initiatives as outlined in established policies.

l. **HTASLP, GS-07**

(1) **Experience.** Completion of one year of progressive experience and/or experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Ability to mentor and train new HTASLPs.

(b) Ability to prepare patients for advanced testing procedures performed by the audiologist, such as evoked potentials.

(c) Ability to identify the diagnosis and dysphagia risk factors in the medical record to assist the SLP.

(d) Ability to identify the components of dysphagia monitoring.

(e) Knowledge of linguistic parameters such as semantic, syntactic and phonological categories, to assist in creating therapeutic stimuli and home programs.

(f) Ability to develop and implement the technician role for a program in a focused area of audiology and/or speech-language pathology.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. The HTASLP works under the direction of a licensed audiologist or SLP. Assignments associated with this position include, but are not limited to completing adjustments to hearing aid settings as outlined in the audiologist's plan of care, preparing patients for advanced diagnostic procedures such as evoked potentials and collaborating with team to develop training programs for patients and staff. Under the direction of the SLP, assignments associated with this position include, but are not limited to: completing communication and swallow screenings including review of medical history, imaging reports and diet orders; and generating therapeutic stimuli and home programs for complex treatments such as cognitive and aphasia treatment. This health technician may collaborate with the health care team to develop educational materials for patients and staff and processes for monitoring patient safety initiatives as outlined in established policies.

m. **HTA, GS-08**

(1) **Experience.** Completion of one year of progressive experience and/or experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Certification.** CAOHC certification as a COHC is required for this assignment.

(3) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Ability to conduct employee hearing conservation education and training.

(b) Knowledge of the hearing conservation program requirements to manage records and files.

(c) Ability to perform pure tone air conduction testing.

(d) Ability to provide audiologic technical support to the employee hearing conservation program.

(e) Ability to identify a threshold shift and make appropriate referrals for further testing when indicated.

(4) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. The health technician works under the direction of a licensed audiologist. Assignments associated with this position include, but are not limited to completing adjustments to hearing aid settings as outlined in the audiologist's plan of care, preparing patients for advanced diagnostic procedures such as evoked potentials and collaborating with team to develop training programs for patients and staff. The health technician may perform pure tone air conduction threshold testing for established patients and employees, without interpretation. The health technician may provide employee hearing conservation education and training, basic counselling of employees concerning test results and criteria for employee referral. This health technician collaborates with the Hearing Conservation Program Manager and manages records associated with the hearing conservation program.

n. **Lead HTA, GS-08**

(1) **Experience.** Completion of one year of progressive experience and/or experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of organization theory and leadership theory.

(b) Ability to apply principles of leadership during interactions with staff.

(c) Ability to identify problems in clinic operations, consider possible solutions and implement actions approved by supervisor.

(d) Skill in communicating programmatic decisions to staff.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. The Lead HTA carries additional responsibilities that involve the oversight of specific services within the audiology clinic. The Lead HTA will assist the audiology supervisor and/or staff audiologist with technician oversight duties including making work assignments, monitoring workflow, providing input on performance, resolving daily workplace issues and maintaining efficient flow of patient care. They may provide training to staff, students and/or trainees; and may provide input into special advancements, promotions and disciplinary actions for HTA staff.

o. **Lead HTSLP, GS-08**

(1) **Experience.** Completion of one year of progressive experience and/or experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of organization theory and leadership theory.

(b) Ability to apply principles of leadership during interactions with staff.

(c) Ability to identify problems in clinic operations, consider possible solutions and implement actions approved by supervisor.

(d) Skill in communicating programmatic decisions to staff.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. The Lead HTSLP carries additional responsibilities that involve the oversight of specific services within the speech-language pathology clinic. The Lead HTSLP will assist the speech-language

pathology supervisor and/or staff SLP with technician oversight duties including making work assignments, monitoring workflow, providing input on performance, resolving daily workplace issues and maintaining efficient flow of patient care. They may provide training to staff, students and/or trainees; and may provide input into special advancements, promotions and disciplinary actions for HTSLP staff.

p. **Lead HTASLP, GS-8**

(1) **Experience.** Completion of one year of progressive experience and/or experience equivalent to the next lower grade level directly related to the position being filled.

(2) **Demonstrated Knowledge, Skills and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of organization theory and leadership theory.

(b) Ability to apply principles of leadership during interactions with staff.

(c) Ability to identify problems in clinic operations, consider possible solutions and implement actions approved by supervisor.

(d) Skill in communicating programmatic decisions to staff.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. The Lead HTASLP carries additional responsibilities that involve the oversight of specific services within the audiology and/or speech-language pathology clinic. The Lead HTASLP will assist the audiology and/or speech-language pathology supervisor and/or staff audiologist or SLP with technician oversight duties including making work assignments, monitoring workflow, providing input on performance, resolving daily workplace issues and maintaining efficient flow of patient care. They may provide training to staff, students and/or trainees; and may provide input into special advancements, promotions and disciplinary actions for HTASLP staff.

## 5. DEVIATIONS.

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance and qualifications, as well

as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the education or certification requirement be waived.

c. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health, or designee, in VHA Central Office prior to placement in the position.

**Authority: P.L. 111-163, Caregivers and Veterans Omnibus Health Services Act of 2010, 38 U.S.C.§§ 7401, Appointments in Veterans Health Administration, 7402, Qualifications of appointees, 7403, Period of appointments; promotions, 7405, Temporary full-time appointments, part-time appointments, and without-compensation appointments, 7407, Administrative provisions for section 7405 and 7406 appointments.**

# [APPENDIX G72. HEALTHCARE ENGINEER QUALIFICATION STANDARD GS-0801

## Veterans Health Administration

1. **COVERAGE.** The following are requirements for appointment as a Healthcare Engineer in the Veterans Health Administration (VHA). These requirements apply to all VHA general engineers employed in the General Schedule (GS) 0801 series. Healthcare Engineers provide overarching professional services focusing on engineering and/or architecture involved in all aspects of the healthcare delivery processes and systems. They ensure the appropriate infrastructure, facilities and equipment are available for the medical mission. Healthcare Engineers are a specialized subset of more broadly defined professional engineering or architect occupations with general or specialty area degrees (e.g., general engineering, mechanical engineering, electrical engineering, civil engineering, architecture, architectural engineering, etc.). Healthcare Engineers collaborate with biomedical engineers to provide seamless integration of medical technology into the patient care environment. Healthcare Engineers specify the spatial layouts, infrastructure and environmental requirements to enable medical equipment integration into the healthcare facility. Healthcare Engineers must understand functional relationships in how clinicians, patients and supplies circulate within the treatment space where the medical equipment is located. Using healthcare engineering knowledge, they plan and design custom site preparation requirements for medical equipment, including installation.

   **NOTE:** Some Engineer and Architect specialty disciplines may be excluded when not fully performing the duties and assignments described in this standard, such as the GS-0807 Landscape Architect, the GS-0854 Computer Engineer, the GS-0858 Biomedical Engineer (currently covered under VA Handbook 5005, Part II, Appendix G38) and the GS-0890 Agricultural Engineer.

2. **DEFINITIONS.**

   a. **Appointing Official**. The Human Resources Officer is delegated appointing authority, to process and authenticate notifications of personnel actions and authority to effect management approved employment actions on behalf of officials, employees and facilities for which service is provided.

   b. **Approving Official.** The Veterans Integrated Service Network (VISN) Director, VHA Office of Healthcare Engineering Director or facility Director or designee, is the approving official and will determine whether to approve or disapprove the appointment of employees in the hybrid occupations.

   c. **Journey Level.** The full performance level for this qualification standard is the GS-12 grade level.

d. **Creditable Experience.** To be creditable, the experience must have been accomplished after satisfying the basic education requirement as outlined in paragraph 3.b. of this appendix, required the use of knowledge, skills and abilities (KSAs) directly applicable to the assignment and be associated within the scope of the healthcare engineering profession.

e. **Quality of Experience.** Qualifying experience must be at a level comparable to healthcare engineering experience at the next lower grade level of the position being filled. For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

f. **Part-Time Experience.** Part-time experience is creditable according to its relationship to a full-time workweek. For example, an individual employed 20 hours per week, or on a half time basis, would receive one full-time work week of credit for each two weeks of service.

**3. BASIC REQUIREMENTS.** To qualify for appointment to this position, all applicants must possess the following:

a. **Citizenship.** Be a citizen of the United States (U.S.). Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with 38 U.S.C. § 7407(a).

b. **Education.**

(1) **Bachelor's degree or higher in Engineering or Architecture.** To be acceptable, the curriculum must be from a school with at least one curriculum accredited by the Accreditation Board for Engineering and Technology, Engineering Accreditation Commission (excludes engineering technology) or National Council of Architectural Registration Boards curriculum. Examples of acceptable engineering and architectural degrees include, but are not limited to: Electrical Engineering, Mechanical Engineering, Biomedical Engineering, Civil Engineering, Architecture and Architectural Engineering. Titles may vary from educational institutions and change over time;

**OR**

(2) **Evidence of passing the Fundamentals of Engineering Examination with a bachelor's degree.** Evidence can be in the form of an Engineering in Training certificate issued from any State, the District of Columbia, Guam or Puerto Rico, or test results from the National Council of Examiners for Engineering and Surveying (NCEES) identifying a passing score;

**OR**

(3) **Evidence of current professional registration or licensure as a Professional Engineer or Architect.** Evidence of current professional registration or licensure can be from any State, the District of Columbia, Guam or Puerto Rico.

c. **Grandfathering Provision.** All individuals employed in VHA in this occupational series or in another occupational series performing the duties as described in the qualification standard on the effective date of this qualification standard, are considered to have met all the qualification requirements for the grade held including positive education that is part of the basic requirements of the occupation. For employees who do not meet all the basic requirements of this standard, but met the qualifications applicable to the position at the time they were appointed to the position, the following provisions apply:

(1) Employees may be reassigned, promoted up to and including the full performance (journey) level or changed to lower grade within the occupation, but may not be promoted beyond the journeyman level or placed in supervisory or managerial positions.

(2) Employees in an occupation that requires a licensure/certification/registration only at higher grade levels must meet the licensure/certification/registration requirement before they can be promoted to those higher grade levels.

(3) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis until they fully meet the basic requirements of the standard.

(4) Employees who are converted to title 38 hybrid status under this provision and subsequently leave the occupation lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

(5) Employees initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/registration that meet all the basic requirements of this qualification standard must maintain the required credentials as a condition of employment in the occupation.

d. **Foreign Education.** To be creditable, engineering, architecture or related education completed outside the U.S. must be submitted to a private organization that specializes in the interpretation of foreign educational credentials and such education must have been deemed at least equivalent to a Bachelor’s degree as outlined in paragraph 3.b. of this appendix.

e. **Physical Requirements**. See VA Directive and Handbook 5019, Employee Occupational Health Service for requirements.

f. **English Language Proficiency.** Healthcare Engineer candidates must be proficient in spoken and written English in accordance with 38 U.S.C. § 7403(f).

**4. GRADE DETERMINATIONS.** In addition to the basic requirements outlined in paragraph 3, the following criteria must be met when determining the grade of candidates.

a. **Healthcare Engineer, GS-07.**

(1) **Experience.** None beyond the basic requirements.

(2) **Assignment.** At the entry level, Healthcare Engineers serve in a career development position, performing under close supervision of a supervisor or qualified individual who reviews and ensures the employee meets competency requirements. At the entry level, they perform general healthcare engineering assignments to gain knowledge and experience necessary to support engineering operations, project management and compliance. Developmental assignments include, but are not limited to, assessing healthcare facility programs and making recommendations to assure compliance with relevant regulations, guidelines and standards; applying engineering and code related knowledge to support the operational engineering requirements of the healthcare system; and preparing material on current technical topics and trends for presentation to the supervisor.

b. **Healthcare Engineer, GS-09.**

(1) **Experience or Education.** Candidates at this level must meet one of the following:

(a) One year of experience equivalent to the next lower grade;

**OR**

(b) Master of Engineering degree or Master of Architecture degree or Master of Science degree in Engineering or a related field of study as outlined in paragraph 3.b.(1);

**OR**

(c) Bachelor’s degree as outlined in paragraph 3.b.(1) plus two full years of progressively higher-level graduate education in a related field of study, provided the applicant’s total background demonstrates the core competencies for GS-09 level assignment.

(2) **Knowledge, Skills and Abilities (KSAs).** In addition to the experience or education above, the candidate must demonstrate the following KSAs:

(a) Knowledge of the principles, theories, concepts and practices of the engineering profession.

(b) Ability to interpret relevant codes, regulations, guidelines and standards to make recommendations to assure compliance with healthcare facility programs.

(c) Ability to understand the operational professional engineering needs of clinical services in the healthcare system.

(d) Ability to prepare material on current technical topics and trends for presentation to other technical staff and mid-level hospital management and to keep abreast of changes in engineering technology related to a healthcare facility.

(3) **Assignment.** At the developmental level 1, Healthcare Engineers receive guidance from more experienced staff members and require frequent and direct supervision. Employees complete technical assignments in the engineering field as assigned by senior Healthcare Engineers and may be required to rotate through, and participate in, the operations of other hospital services. At the GS-9 grade level, employees function in a developmental capacity with oversight by a supervisor for more complex assignments.

c. **Healthcare Engineer, GS-11.**

(1) **Experience or Education.** Candidates at this level must meet one of the following:

(a) One year of experience equivalent to the next lower grade;

**OR**

(b) Ph.D. or equivalent doctoral degree in Engineering or a related field of engineering as outlined in paragraph 3.b.(1);

**OR**

(c) Master of Engineering degree, Master of Architecture degree, Master of Science degree in Engineering or a related field of study as outlined in paragraph 3.b.(1), plus 1 full year of progressively higher-level graduate education in a related field of study, provided the applicant’s total background demonstrates the knowledge, skills and abilities for GS-11 level assignment;

**OR**

(d) Bachelor's degree as outlined in paragraph 3.b.(1) plus 3 full years of progressively higher-level graduate education in a related field of study, provided the applicant's total background demonstrates the knowledge, skills and abilities for GS-11 level assignment.

(2) **Knowledge, Skills and Abilities (KSA).** In addition to the experience or education above, the candidate must demonstrate the following KSAs:

(a) Knowledge of either mechanical, electrical, structural, civil or other engineering/architectural principles, practices and their applications in the healthcare environment.

(b) Knowledge of basic project management principles as applied to the healthcare setting.

(c) Ability to apply healthcare engineering related standards, codes, policies and regulations, inclusive of, state and local codes.

(d) Ability to communicate effective orally and in writing with internal and external customers with tact and diplomacy.

(e) Ability to develop material for clinical or administrative staff that addresses the principles and application of engineering technology and/or theory used in healthcare.

(f) Ability to advise staff on emerging engineering technology related to a healthcare facility, while keeping abreast of changes in such technology and utilizing the information to solve healthcare facility engineering challenges.

(3) **Assignment.** At developmental level 2, Healthcare Engineers function on a semi-independent basis with limited oversight by senior Healthcare Engineers. They conduct audits and inspections of worksites to assure compliance, prepare reports and findings, devise solutions and implement corrective actions with limited oversight. They perform project management related to the healthcare setting with limited oversight.

d. **Healthcare Engineer, GS-12.**

(1) **Experience.** One year of experience equivalent to the next lower grade.

(2) **Knowledge, Skills and Abilities (KSAs).** In addition to meeting the experience requirements for this grade level, the candidate must fully demonstrate the following KSAs:

(a) Knowledge of mechanical, electrical, structural, civil and other engineering/architectural principles, practices and their applications in the healthcare environment.

(b) Knowledge of healthcare industry standards and related regulatory agency and organization (including, but not limited to The Joint Commission (TJC), Occupational Safety and Health Administration (OSHA), National Fire Protection Agency (NFPA), etc.) regulations, requirements, guides, policies, procedures, directives, standards and general medical program requirements as they relate to healthcare engineering.

(c) Knowledge of construction standards, methods, practices and techniques, materials and equipment to determine compliance with engineering regulations and standards.

(d) Skill in researching and analyzing information, conditions, human factors and projections to make sound engineering and business recommendations and decisions to proactively identify problems and develop innovative solutions within the context of applicable rules, regulations and procedures.

(e) Ability to plan and execute complex, multi-faceted projects and inspections while prioritizing resources against approved scopes of work, contract documents and budgets.

(f) Ability to organize and lead multi-disciplinary task forces with members from different departments and divisions, as well as design and construction firms.

(3) **Assignment.** Employees at this level serve as Healthcare Engineers at the full performance level. They work independently, under general supervision with wide latitude to exercise independent judgment. Healthcare Engineers demonstrate intimate grasp of high order healthcare engineering and capital subject matter. They serve as institutional resources for healthcare delivery processes and systems, working extensively with clinical stakeholders, acquisition staff, contractors and executive leadership by leading healthcare engineering programs, technology assessments, integration planning and implementation of both current and emerging technologies. Healthcare Engineers support the delivery of healthcare to Veterans by contributing to the education of clinical staff, planners and leadership to ensure safe and efficient healthcare delivery. Healthcare Engineers plan, execute and document highly complex, multi-faceted healthcare facility construction projects and inspections while prioritizing resources against approved scopes of work, contract documents and budgets. They identify problems

and develop innovative solutions within the context of applicable rules, regulations and procedures, as it relates to the healthcare environment.

e. **Healthcare Engineer, GS-13.**

(1) **Experience.** One year of experience equivalent to the next lower grade.

(2) **Knowledge, Skills and Abilities (KSAs).** In addition to meeting the experience requirements for this grade level, the candidate must fully demonstrate the following KSAs:

(a) Knowledge of current and evolving concepts and principles of general engineering to resolve novel or obscure problems; extend and modify techniques; develop new approaches that guide other engineers who solve a variety of technical problems; and/or apply new, innovative or experimental advanced engineering theories, developments or practices.

(b) Skill in construction, capital planning and multiple healthcare system portfolio management inclusive of budget development and tracking.

(c) Skill to collaborate with persons having diverse viewpoints, goals or objectives to achieve a common understanding of the problem and a satisfactory solution by justifying, defending, negotiating or settling controversial and far-reaching matters through active participation in conferences, meetings or presentations.

(d) Ability to interpret broad guidelines and exercise considerable judgment and ingenuity in interpreting and adapting existing guides, developing new and improved hypotheses, concepts or approaches to previously tested or reported and/or in developing new policies that advance the organization.

(e) Ability to coordinate and interact with regional facilities, national and corresponding staff for the implementation and coordination of policies and program plans to apply prioritization methodologies that align facilities' capital asset requests and develop infrastructure options that result in the efficacious use of regional level capital strategic plans.

(f) Ability to adapt and apply trends in healthcare delivery systems that impact long-term capital assets (such as aging equipment and physical plants) for regionally integrated healthcare systems.

(g) Ability to consult and collaborate with all organizational levels in a national healthcare organization, outside organizations and

businesses regarding both strategic and financial activities of a regional healthcare organization.

(h) Ability to implement and/or sustain a capital asset and construction program that meets healthcare facility related standards, codes, policies and regulations inclusive of state and local codes.

(3) **Assignment.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety and be performed by the incumbent at least 25% of the time. At this level, employees are non-supervisory and are typically found at the Veterans Integrated Service Networks (VISN) or national program office level, however, employees may be located at the facility level with VISN or national assignments. Healthcare Engineers are the project managers for all VISN or some national level operations, accreditation, construction (major, minor and nonrecurring maintenance) and capital planning activities. At this level, Healthcare Engineers are advanced engineers overseeing engineering and project design programs for several VA Medical Centers (VAMCs) and Community Based Outpatient Clinics (CBOCs). They implement value engineering theories and principles and assure the most economical methods of construction or construction materials are utilized and achieve cost efficiency for the Federal Government. They coordinate VISN capital investment project submissions and provide guidance on investment categories, strategies, financial planning and budgeting. Healthcare Engineers evaluate and establish VISN-wide cost estimating strategy. They assist facility management when developing strategies to address the correction of space, functional and operational deficiencies and provide guidance, direction and policy interpretation on sensitive and complex issues in support of the acquisition and administration of all construction projects and capital planning.

f. **Supervisory Healthcare Engineer, GS-13.**

(1) **Experience.** One year of experience equivalent to the next lower grade.

(2) **Knowledge, Skills and Abilities (KSAs).** In addition to meeting the experience requirements for this grade level, the candidate must fully demonstrate the following KSAs:

(a) Knowledge of data analysis techniques related to managing workload, quality, performance and productivity within the area of responsibility.

(b) Knowledge related to the management of overall department resources, (i.e., finances space, equipment, supplies, schedules and staffing) at the local level.

(c) Knowledge of the full range of supervisory duties, which include responsibility for assignment of work, performance evaluations, selection of staff, training and development, recommendation of awards, advancements and disciplinary actions.

(d) Skill in using effective communication in managing interpersonal relationships, leading and dealing with employees, team leaders, labor representatives and managers.

(e) Ability to balance multiple responsibilities, set priorities, delegate tasks, meet multiple deadlines, analyze organizational problems and develop and implement effective solutions that result in efficient operations.

(f) Ability to draft and/or recommend local policies and/or directives related to healthcare engineering management.

(g) Ability to recognize and assess evolving scenarios, utilizing initiative, self-direction and assigned resources to affect resolutions.

(3) **Assignment.** For all supervisory assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, difficulty, range of variety and be performed by the incumbent as a major duty at least 25% of the time. The incumbent must supervise staff for at least 25% of the time, administratively and technically at the full performance grade level or below. At this level, Supervisory Healthcare Engineers are assigned at the facility level, supervising professional engineers and other support positions at GS-13 equivalent and below. Supervisory Healthcare Engineers exercise the full range of supervisory responsibility to include development of performance standards and performance evaluations; recommendations for appointment, awards, advancements, and when appropriate, disciplinary actions; and identification of continuing training needs, etc. They provide complex professional engineering advice to peers, subordinates and/or non-professional administrators**/**managers. They review or direct the review of technical plans, specifications and analyses of design as submitted by subordinates. Supervisory Healthcare Engineers provide professional advice to improve such plans, specifications and analyses. They direct necessary changes and furnish assistance as required. They advise subordinate personnel on methods and procedures to be used in special studies on highly complex projects. Supervisory Healthcare Engineers oversee subordinate professionals' work. They are the technical authority, providing expert advice pertaining to the maintenance of facilities, structures or landscapes that may involve large geographic regions. Supervisory Healthcare Engineers review subordinates' activity plans, specifications and cost estimates for technical adequacy and feasibility. They oversee maintenance

standards for advanced equipment or systems technology. Supervisory Healthcare Engineers provide for the budgeting and financial management for engineering. They supervise a staff to accomplish the construction work and maintenance of the organization.

g. **Supervisory Healthcare Engineer (Deputy), GS-13.**

(1) **Experience.** One year of experience equivalent to the next lower grade.

(2) **Knowledge, Skills and Abilities (KSAs).** In addition to meeting the experience requirements for this grade level, the candidate must fully demonstrate the following KSAs:

(a) Knowledge of the management of overall healthcare system resources, (i.e., finances, space, equipment, supplies, schedules and staffing).

(b) Knowledge of mechanical, electrical, structural, civil and other engineering/architectural principles, practices and their applications as related to healthcare facilities.

(c) Skill in using effective communication in managing interpersonal relationships with internal and external customers, stakeholders, executive leadership, labor representatives and managers.

(d) Skill in balancing priorities, delegating tasks and meeting multiple competing deadlines.

(e) Skill in interpreting broad or general national policies and guidelines and adapting/applying them to specific compliant programs at the local healthcare system.

(f) Skill in recognizing and assessing evolving scenarios, utilizing initiative, self-direction and assigned resources to affect resolutions.

(g) Ability to analyze complex organizational problems and develop and implement effective solutions that result in efficient operations.

(h) Ability to anticipate, develop and implement strategies in meeting the healthcare system’s short term and long-term strategic goals in a highly fluid environment.

(i) Ability to ensure compliance with healthcare industry standards and regulatory agency and organization (including but not limited to TJC, OSHA, NFPA, etc.), regulations, requirements, guides, policies, procedures, directives and general medical program requirements as they relate to healthcare engineering.

(j) Ability to interview candidates for positions, recommend appointments, advancements, or when appropriate, disciplinary actions; evaluate performance and identify continuing education and training needs.

(3) **Assignment.** For all supervisory assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, difficulty, range of variety and be performed by the incumbent as a major duty at least 25% of the time. The incumbent must supervise staff for at least 25% of the time, administratively and technically at the full performance grade level or below. This Supervisory Healthcare Engineer, GS-13, position is the deputy to the Supervisory Healthcare Engineer, GS-14, who supervises professional engineers and other support staff. They supervise the engineering service to accomplish the operations of the service. The deputy, as an assistant chief, in this position exercises the full range of supervisory responsibility to include but not limited to development of performance standards and performance evaluations, recommendations for appointment, awards, advancements, and when appropriate, disciplinary actions and identification of continuing training needs. The deputy provides a safe, reliable and precisely controlled operating environment for direct patient care. They are experts in the design, sustainment and improvement of the medical care environment, including all hospital building features, automated building management and environmental control systems, critical utility systems and medical equipment technology. They work under the authority and direction of the Supervisory Healthcare Engineer, GS-14, and may collaborate directly with executive leadership, medical staff, nursing staff and other clinical personnel regarding the design and operation of the environment for medical care. They manage the healthcare system's capital assets program and construction projects. They educate and advise clinical staff on the safe use of critical building features, utility systems and fire prevention systems as they relate to the environment of care. They educate and advise clinical staff on medical equipment technology including selection, operation, safety and security. Deputies/Assistant Chiefs ensure the healthcare system complies with a multitude of VA established or adopted standards, codes, accreditation and regulatory requirements including, but not limited to, those issued by TJC, OSHA and Environmental Protection Agency (EPA). In summary, they apply engineering concepts and methodologies to enhance the delivery of healthcare by providing a technologically advanced, safe and reliable healthcare environment. They coordinate the operational planning, organizing, directing, evaluating and management process for service line programs, which may include setting qualitative and quantitative standards. They may develop and provide the Executive Leadership Team and the clinical staff information on the methods, techniques and procedures necessary to integrate engineering, maintenance, biomedical, capital management and other engineering

programs into the mission of the medical center. They assist the Supervisory Healthcare Engineer, GS-14, with oversight of the TJC, Environment of Care Programs for Utility Systems Management, Safety, Life Safety and Medical Equipment Management for both their assigned medical center and all CBOCs.

h. **Healthcare Engineer, GS-14.**

(1) **Experience.** One year of experience equivalent to the next lower grade.

(2) **Knowledge, Skills and Abilities (KSAs).** In addition to meeting the experience requirements for this grade level, the candidate must fully demonstrate the following KSAs:

(a) Knowledge of current and evolving concepts and principles of general engineering to resolve novel or obscure problems; extend and modify techniques; develop new approaches that guide other engineers who solve a variety of technical problems; and/or apply new, innovative or experimental advanced engineering theories, developments or practices to problems or studies not susceptible to treatment by acceptable methods.

(b) Skill in construction, capital planning and multiple healthcare system portfolio management, inclusive of budget development and tracking.

(c) Skill in collaborating with persons having diverse viewpoints, goals or objectives to achieve a common understanding of the problem and a satisfactory solution of sometimes controversial and far-reaching matters through active participation in conferences, meetings or presentations.

(d) Ability to interpret broad guidelines and exercise considerable judgment and ingenuity in interpreting and adapting existing guides; in developing new and improved hypotheses, concepts or approaches not previously tested or reported; and/or in developing new policies that advance the organization.

(e) Ability to coordinate and interact with regional facilities, national and Department-level staff for the implementation and coordination of policies and program plans to apply prioritization methodologies that align facilities' capital asset requests and develop infrastructure options that result in the efficacious use of a regional healthcare organization capital strategic plan.

(f) Ability to adapt and apply trends in healthcare delivery systems that impact long-term capital assets (such as aging equipment and physical plants) for regionally integrated healthcare systems.

(g) Ability to consult and collaborate with all organizational levels in a national healthcare organization, outside organizations and businesses regarding both strategic and financial activities of a regional healthcare organization.

(3) **Assignment.** For all assignments above the journey level, the higher-level duties must consist of significant scope, complexity (difficulty), range of variety and be performed by the incumbent at least 25% of the time. This position serves as the national or VISN engineer for all activities related to engineering operations, compliance and/or construction and leases (major, minor, clinical specific initiative-inclusive of high-tech, high-cost medical equipment installations and nonrecurring maintenance) and capital planning to include budget approval, funding allocation and activation. Healthcare Engineers oversee project design programs for all VAMCs and CBOCs by reviewing, evaluating and coordinating planning data such as projected space requirements and strategic, operational, program and design requirements. They coordinate national or VISN capital investment submissions and provide guidance on investment categories, strategies, financial planning and budgeting. Healthcare Engineers provide technical expertise on capital asset proposals and develop guidelines and data tools in completing the application, Cost-Effectiveness Analysis, Earned Value Analysis, Alternatives Analysis and Risk Analysis.

(a) Healthcare Engineers oversee project progress reviews and overall project performance levels to identify slippage, cost overruns and other issues, and provide direction and lead a collaborative approach with facility engineering and contracting (and when warranted, VACO-level program managers) to bring about solutions to issues impacting project performance. They manage and track funding of national or VISN approved capital programs and assist VAMC facility management in developing strategies to address the correction of space, functional and operational deficiencies to include lead for VISN-wide space and functional surveys, updates and maintenance of the Facility Conditional Assessment and other capital performance management requirements and databases. They provide guidance, direction and policy interpretation on sensitive and complex issues in support of the acquisition and administration of all construction projects and capital planning. Healthcare Engineers ensure compliance with VHA capital related policies, procedures and program design criteria.

(b) Healthcare Engineers provide a system of communication and training for facility-level engineering staff on a wide variety of infrastructure and compliance related issues both in terms of capital and project planning and facility operations. They review, evaluate

and provide professional oversight to VISN/VAMC Environment of Care Programs to ensure compliance with VHA Directives, accreditation standards, national codes and other regulatory requirements. They brief network and VHA leadership on Environment of Care and healthcare engineering programs and develop strategies to address gaps and opportunities for improvement. Healthcare Engineers formulate and establish policies for national or VISN-wide energy conservation initiatives relating to utility system energy operation/performance and operational and maintenance procedures with the objective of meeting VA and VISN energy conservation goals. They are required to monitor progress and report to VISN and VHA management on a recurring basis.

(c) Healthcare Engineers ensure value engineering theories and principles are implemented to assure the most economical methods of operations and construction or construction materials are utilized and to achieve cost efficiency for the Federal Government. They evaluate and establish a national or VISN-wide cost estimating strategy. They are responsible for identifying, developing, evaluating and implementing business opportunities for VISN-wide operational efficiencies and quality enhancements.

i. **Supervisory Healthcare Engineer, GS-14.**

(1) **Experience.** One year of experience equivalent to the next lower grade.

(2) **Knowledge, Skills and Abilities (KSAs).** In addition to meeting the experience requirements for this grade level, the candidate must fully demonstrate the following KSAs:

(a) Knowledge of mechanical, electrical, structural, civil and other engineering/architectural principles, practices and their applications as related to healthcare facilities.

(b) Knowledge related to the management of overall healthcare system resources, (i.e., finances, space, equipment, supplies, schedules and staffing).

(c) Skill in using effective communication in managing interpersonal relationships with internal and external customers, stakeholders, executive leadership, labor representatives and managers.

(d) Skill in balancing multiple responsibilities, setting priorities, delegating tasks and projects, meeting multiple deadlines, analyzing complex organizational problems and developing and implementing effective solutions that result in efficient operations.

(e) Skill in applying considerable independent judgment to interpret broad or general national policies and guidelines and adapt/apply them to specific compliant programs at the local healthcare system.

(f) Skill in recognizing and assessing evolving scenarios, utilizing initiative, and self-directing and assigning resources to affect resolutions.

(g) Skill in complying with national internal and outside regulatory agency and organization (including, but not limited to TJC, OSHA, NFPA, etc.) regulations, requirements, guides, policies, procedures, directives, standards and general medical program requirements as they relate to healthcare engineering.

(h) Ability to anticipate, develop and implement strategies in meeting the healthcare system's short-term and long-term strategic goals in a highly fluid environment.

(i) Ability to interview candidates for positions, recommend appointments, advancements, or when appropriate, disciplinary actions; evaluate performance and identify continuing education and training needs.

(3) **Assignment.** For all supervisory assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, difficulty, range of variety and be performed by the incumbent as a major duty at least 25% of the time. The incumbent must supervise staff for at least 25% of the time, administratively and technically at the full performance grade level or below. This Supervisory Healthcare Engineer, GS-14 position is the Chief Engineer. Chief Engineers supervise engineering service, including subordinate the Supervisory Healthcare Engineer(s) at the GS-13 level, to ensure compliance with VA, TJC and a variety of other prevailing codes and standards. In addition to Chief Engineers' integral role in providing capability and capacity for the primary medical mission, they ensure the availability of facilities for complex medical research and participate in community partnerships and supports Department of Defense contingency planning. Chief Engineers supervise the engineering staff to accomplish the operations of the service. As Chief Engineers, they exercise the full range of supervisory responsibility to include but not limited to development of performance standards and performance evaluations; recommendations for appointment, awards, advancements, and when appropriate, disciplinary actions and identification of continuing training needs.

(a) Chief Engineers provide for a safe, reliable and precisely controlled operating environment for direct patient care. Chief Engineers serve

as experts in the design, sustainment and improvement of the medical care environment, including all hospital building features, automated building management and environmental control systems, critical utility systems and medical equipment technology. They collaborate directly with executive leadership, medical staff, nursing staff and other clinical personnel regarding the design and operation of the environment for medical care. They manage capital asset programs and construction projects.

(b) Chief Engineers educate and advise clinical staff on the safe use of critical building features, utility systems and fire prevention systems as they relate to the environment of care. They educate and advise clinical staff on medical equipment technology including selection, operation, safety and security. They ensure the healthcare system complies with a multitude of accreditation and regulatory requirements including, but not limited to, those issued by TJC, OSHA and EPA.

(c) Chief Engineers apply engineering concepts and methodologies to enhance the delivery of healthcare by providing a technologically advanced, safe and reliable healthcare environment. They are responsible for the planning, organizing, directing, evaluating and management process for service line programs, which include setting qualitative and quantitative standards. They develop and provide the Executive Leadership Team and the clinical staff information on the methods, techniques and procedures necessary to integrate the engineering, maintenance, biomedical, capital management and other engineering programs into the mission of the medical center. They oversee the TJC, Environment of Care Programs for Utility Systems Management, Safety, Life Safety and Medical Equipment Management for both the assigned medical center and all CBOCs.

j. **Healthcare Engineer (National Program Coordinator), GS-15.**

(1) **Experience.** One year of experience equivalent to the next lower grade.

(2) **Knowledge, Skills and Abilities (KSAs).** In addition to meeting the experience requirements for this grade level, the candidate must fully demonstrate the following KSAs:

(a) Knowledge related to the management of healthcare system resources, (i.e., finances, space, equipment, supplies, schedules and staffing) across a national portfolio of interrelated healthcare facilities that vary in size and complexity.

(b) Knowledge of mechanical, electrical, structural, civil and other engineering/architectural principles, practices and their applications as related to healthcare facilities.

(c) Knowledge of a range of specialized areas in general engineering sufficient to originate concepts and effect new developments applicable to emerging functions of a national magnitude and with long-term purposes.

(d) Skill in using effective communication in managing interpersonal relationships with internal and external customers, stakeholders, executive leadership, labor representatives and managers.

(e) Ability to balance multiple responsibilities, set priorities, delegate tasks and projects, meet multiple deadlines, analyze complex organizational problems and develop and implement effective solutions that result in efficient operations across a national healthcare system.

(f) Ability to anticipate, develop and implement strategies in meeting national healthcare system's short term and long-term strategic goals in a highly fluid environment.

(g) Ability to develop national policy and adapt/apply across the national healthcare system.

(h) Ability to recognize and assess evolving scenarios, utilizing initiative, self-direction and assigned resources to affect resolutions.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty) and range of variety and be performed by the incumbent at least 25% of the time. The Healthcare Engineers (National Program Coordinators), GS-15, serve as a National Program Coordinator, Program Director or Senior Program Manager within the VHA Healthcare Environment and Facilities Program (HEFP) Office. These Healthcare Engineers (National Program Coordinators) have programmatic responsibility (oversight, review, budget, planning, policy, guidance, compliance, etc.) over all facility healthcare engineering programs nationally. Healthcare Engineers (National Program Coordinators) are recognized authorities in the analysis of national or regional program related issues and are delegated program level authority on overall project priorities and authority to plan, schedule and manage major projects/studies. Results of work are considered authoritative and are normally accepted without change. They use judgment and ingenuity and exercise broad latitude to determine intent of guidelines; and develop policy/guidance and formulate interpretations which take the form of policy statements and guidance.

(a) Healthcare Engineers (National Program Coordinators) generate new concepts and methodologies; plan and direct financial or budgeting systems for broad, emerging or similarly critical large-scale department/agency-wide programs of national or international scope where no precedents exist; and establish education/training in concepts and theories of the occupation gained only through completion of a specified curriculum at a recognized college or university (positive education requirement).

(b) Healthcare Engineers (National Program Coordinators) plan, organize and carry through to completion analytical studies involving or supporting key agency healthcare programs. Studies are of such breadth they require input and assistance from other analysts and subject matter expert specialists in the field appropriate to the subject of study. Programs of study may be cross-functional and strongly influence multiple national healthcare programs within VA and/or other federal agencies, standards organizations and national code authorities.

(c) Healthcare Engineers (National Program Coordinators) manage VHA's Healthcare Engineering program or its significant segment of the broad scoped national program, which supports and directly affects the multi-billion-dollar operation and investments of the administration's healthcare and non-healthcare facilities. Decisions and actions made by Healthcare Engineers (National Program Coordinators) influence and guide industry policies and practices. They serve as policy and technical experts not only within VHA and VA but also educate and advise other governmental agencies (OGAs), industry, professional societies and other national organizations in enhancing the accomplishment of VHA and community healthcare missions. They counsel and advise senior and executive leadership on policies, healthcare facility operations, emerging/available technologies, programmatic impacts (initiatives, regulatory and statutory) and management of human capital (professional engineering and trades and crafts).

(d) Healthcare Engineers (National Program Coordinators) are a recognized authority in the analysis of national or regional program related issues and are delegated program level authority on overall project priorities and authority to plan, schedule and manage major projects/studies.

(e) They review and concur on congressional, media and general business correspondence from facilities, VISNs, other Program Offices (within VHA and VA), Office of the Under Secretary for Health and the Office of the Secretary addressing healthcare facility policies, operations or associated capital investments.

(f) Healthcare Engineers (National Program Coordinators) direct comprehensive policy and technical (code, regulations and standards) compliance reviews and investigations of field facilities by subordinate or other national program staff. They lead site reviews and investigations in instances of technical complexity, extreme sensitivity or national interest. They evaluate operational effectiveness and efficiencies.

(g) Healthcare Engineers (National Program Coordinators) oversee workload analyses and determine national, regional and VISN program support needs to ensure current and future mission directives and work product expectations are met. They establish contract scopes and contract budgets. They designate contract managers and review subordinate staff developed work requirements and performance assessment criteria. In many cases contracts are complex, multi-million dollar, provide a broad range of work products and services and are of national scope. They direct contractor work assignments on non-delegated contracts and review subordinates on management of delegated contracts VA, VHA, OGAs and other corporate boards, councils and committees.

(h) Healthcare Engineers (National Program Coordinators) are key healthcare engineering and associated technology integrations representatives within VHA and VA. They chair or provide management oversight to VHA national committees and task groups (e.g., Healthcare Engineering Oversight Committee on Physical Security and Resiliency, VHA Facility Design and Oversight Committee, etc.). They appoint members, representatives of VHA headquarters and field operations to select committees and task groups. They authorize national level distribution and implementation of committee developed guides, standards or recommendations. They serve as VHA representatives on various interagency, OGA, national code, corporate and industry based national organizations (e.g., Federal Facilities Council, Whole Building Design Council, American Society of Healthcare Engineering, National Institute of Building Sciences, Facility Guidelines Institute, etc.).

k. **Supervisory Healthcare Engineer, GS-15.**

(1) **Experience.** One year of experience equivalent to the next lower grade.

(2) **Knowledge, Skills and Abilities (KSAs).** In addition to meeting the experience requirements for this grade level, the candidate must fully demonstrate the following KSAs:

(a) Knowledge related to the management of healthcare system resources, (i.e., finances, space, equipment, supplies, schedules and staffing) across a national portfolio of interrelated healthcare facilities that vary in size and complexity.

(b) Knowledge of mechanical, electrical, structural, civil and other engineering/architectural principles, practices and their applications as related to healthcare facilities.

(c) Knowledge of a range of specialized areas in general engineering sufficient to originate concepts and effect new developments applicable to emerging functions of a national magnitude and with long-term purposes.

(d) Skill in using effective communication in managing interpersonal relationships with internal and external customers, stakeholders, executive leadership, labor representatives and managers.

(e) Ability to effectively supervise a wide variety of subordinates to include interview candidates for positions; recommend appointments, advancements, or when appropriate, disciplinary actions; evaluate performance and identify continuing education and training needs.

(f) Ability to balance multiple responsibilities, set priorities, delegate tasks and projects, meet multiple deadlines, analyze complex organizational problems and develop and implement effective solutions that result in efficient operations across a national healthcare organization.

(g) Ability to anticipate, develop and implement strategies in meeting a national healthcare system’s short term and long-term strategic goals in a highly fluid environment.

(h) Ability to develop national policy and adapt/apply across a national healthcare system.

(i) Ability to recognize and assess evolving scenarios, utilizing initiative, self-direction and assigned resources to affect resolutions.

(3) **Assignment**. For all supervisory assignments above the full performance level, the higher-level duties must consist of significant scope, complexity, difficulty, range of variety and be performed by the incumbent as a major duty at least 25% of the time. The incumbent must supervise staff for at least 25% of the time, administratively and technically at the full performance grade level or below. This position serves as a Program Director or Senior Program Manager within the VHA HEFP Office or as the Engineering and Capital Program Manager at the regional/VISN level. These Supervisory Healthcare Engineers have full programmatic responsibility (staffing management, budget, planning, policy, guidance, compliance, etc.) over all facility healthcare engineering programs nationally, regionally or within their VISN.

(a) Supervisory Healthcare Engineers manage VHA's Healthcare Engineering program or its significant segment of the broad scoped national program, which supports and directly affects the multi-billion-dollar operation and investments of the administration's healthcare and non-healthcare facilities. Decisions and actions made by them influence and guide industry policies and practices. They serve as a policy and technical expert not only within VHA and VA but also educate and advise OGAs, industry, professional societies and other national organizations in enhancing the accomplishment of VHA and community healthcare missions. They counsel and advise senior and executive leadership on policies, healthcare facility operations, emerging/available technologies, programmatic impacts (initiatives, regulatory and statutory) and management of human capital (professional engineering and trades and crafts).

(b) Supervisory Healthcare Engineers provide authoritative technical interpretations of policies, regulations, codes and standards. They formulate operational and multi-year strategic budgets and staffing requirements. They establish technical competency requirements and oversee national level educational program initiatives which include commercial-off-the shelf course assessments, custom course development and negotiation of intra-departmental agreements. They serve as technical and administrative policy subject matter experts and as instructors/educators.

(c) They review and concur on congressional, media and general business correspondence from facilities, VISNs, other Program Offices (within VHA and VA), Office of the Under Secretary for Health and the Office of the Secretary addressing healthcare facility policies, operations or associated capital investments.

(d) Supervisory Healthcare Engineers direct comprehensive policy and technical (code, regulations and standards) compliance reviews and investigations of field facilities by subordinate or other national program staff. They lead site reviews and investigations in instances of technical complexity, extreme sensitivity or national interest. They evaluate operational effectiveness and efficiencies.

(e) They oversee workload analyses and determine national program support needs to assure current and future mission directives and work product expectations are met. They establish contract scopes, contract budgets, designate contract managers and review subordinate staff developed work requirements and performance assessment criteria. In many cases contracts are complex, multi-million dollar, provide a broad range of work products and services and are of national scope. The incumbent directs contractor work assignments on non-delegated contracts and reviews subordinates on management of delegated contracts for VA, VHA, OGAs and other corporate boards, councils and committees.

(f) Supervisory Healthcare Engineers are key healthcare engineering and associated technology integrations representatives within VHA and VA. They chair or provide management oversight to VHA national committees and task groups (e.g., Healthcare Engineering Oversight Committee on Physical Security and Resiliency, VHA Facility Design and Oversight Committee, etc.). They appoint members, representatives of VHA headquarters and field operations to select committees and task groups. They authorize national level distribution and implementation of committee developed guides, standards or recommendations. They serve as VHA representatives on various interagency, OGA, national code, corporate and industry based national organizations (e.g., Federal Facilities Council, Whole Building Design Council, American Society of Healthcare Engineering, National Institute of Building Sciences, Facility Guidelines Institute, etc.).

(g) Supervisory Healthcare Engineers exercise the full range of supervisory and personnel management authorities and responsibilities in planning, directing and assessing work of subordinate staff comprised of advanced engineers, staff engineers and administrative support staff. They establish performance standards and evaluate overall performance of employees. They define competency requirements, identify developmental and training needs and take necessary actions to assure subordinate personnel maintain and enhance technical expertise. They formulate budget and staffing requirements in managing organizational changes and

ensuring multi-year and long-range national mission directives and program goals/objectives are met.

**5. DEVIATIONS.**

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade and/or assignment.

b. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health in VHA Central Office prior to placement in the position.

c. Under no circumstances will the educational or credential requirement be waived for those occupations with a positive education requirement or when specific credentials are identified as necessary to meet minimum requirements, unless an exception is annotated in the qualification standard.

**Authority:** Pub. L. 111-163, Caregivers and Veterans Omnibus Health Services Act of 2010, 38 U.S.C. §§ 7401, Appointments in Veterans Health Administration; 7402, Qualifications of appointees; 7403, Period of appointments; promotions; 7405, Temporary full-time appointments, part-time appointments, and without-compensation appointments; 7407, Administrative provisions for section 7405 and 7406 appointments.**]**

# [APPENDIX G73. HEALTH TECHNICIAN (HEARING INSTRUMENT SPECIALIST) QUALIFICATION STANDARD

## GS-0640

## Veterans Health Administration

1. **COVERAGE.** The following are requirements for appointment or placement as a Health Technician (Hearing Instrument Specialist) (HIS) in the Veterans Health Administration (VHA). These requirements apply to all VHA Health Technician (HIS) in the General Schedule (GS)-0640 series. As members of the audiology service and hearing health care team, the Health Technician (HIS) possesses knowledge of basic ear anatomy and a broad knowledge of hearing aids and hearing assistive technology. The Health Technician (HIS) possesses the skills necessary to assist patients with concerns related to their hearing aids and/or hearing assistive technology, consistent with the treatment plan of the audiologist. This work may include the provision of a wide array of clinical rehabilitation services to support Veterans with disabilities reintegrate into community, employment and independent living.

2. **DEFINITIONS.**

   a. **Appointing Official.** The Human Resources Officer is delegated appointing authority, to process and authenticate notifications of personnel actions and authority to effect management approved employment actions on behalf of officials, employees and facilities for which service is provided.

   b. **Approving Official.** The Veterans Integrated Service Network (VISN) Director, facility Director, or designee is the approving official and will determine whether to approve or disapprove the appointment of employees in the hybrid occupations.

   c. **Journey Level.** The full performance level for this qualification standard is the GS-06 grade level.

   d. **Creditable Experience.** To be creditable, the experience must have required the use of knowledge, skills and abilities associated with current Health Technician (HIS) practice. Experience satisfying this requirement may be paid or non-paid employment as Health Technician (HIS) in the health care field.

   e. **Quality of Experience.** Qualifying experience must be at a level comparable to Health Technician (HIS) experience at the next lower grade level of the position being filled. For all assignments above the full performance level, the higher level duties must consist of significant scope, administrative independence, complexity and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

f. **Part-Time Experience.** Part-time experience is creditable according to its relationship to a full-time workweek. For example, an individual employed 20 hours per week, or on a half time basis, would receive one full-time work week of credit for each two weeks of service.

**3. BASIC REQUIREMENTS.** To qualify for appointment to this position, all applicants must possess the following:

a. **Citizenship.** Be a citizen of the United States (U.S.). Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with 38 U.S.C. § 7407(a).

b. **Experience and Education.**

(1) **Experience.** Completion of the Department of Labor Apprenticeship Program for Hearing Aid Specialists;

OR

(2) **Education.** Successful completion of two academic years above high school that includes coursework related to the field: hearing science, human anatomy and physiology, hearing instrument science, gerontology, psychology or other general healthcare areas.

NOTE: There is no combination of education and experience which can be substituted for the basic requirements.

c. **Licensure or Registration.** Individuals must hold a full, current and unrestricted license or registration to practice as a HIS in a state, territory, commonwealth or the District of Columbia.

(1) **Loss of Licensure or Registration.** A Health Technician (HIS) who fails to maintain the required licensure or registration must be removed from the occupation, which may also result in termination of employment.

d. **Board Certification.** Individuals must hold active board certification from the National Board for Certification in Hearing Instrument Sciences (NBC-HIS).

(1) **Exception for Non-Board Certified Health Technician (HIS).**

(a) Non-board certified applicants who otherwise meet the eligibility requirements for appointment, may be given a temporary appointment as a graduate Health Technician (HIS) under the authority of 38 U.S.C. § 7405(c)(2)(B).

(b) Non-board certified individuals shall only provide care under the supervision of a licensed audiologist.

(c) Non-board certified individuals may only be appointed at the entry level and may not be promoted/converted until board certification is obtained.

(d) Temporary appointments of non-board certified Health Technician (HIS) may not be extended beyond two years or converted to a new temporary appointment.

(2) **Failure to Obtain Certification.** In all cases, Health Technician (HIS) must actively pursue meeting requirements for board certification starting from the date of their appointment. At the time of appointment, the supervisor will provide the Health Technician (HIS) with the written requirements for board certification, including the time (i.e., two years) by which the board certification must be obtained and the consequences for not becoming board certified by the deadline. Failure to obtain board certification during the two-year period may result in termination of employment.

(3) **Loss of Certification.** A Health Technician (HIS) who fails to maintain the required board certification must be removed from the occupation, which may also result in termination of employment.

e. **Foreign Education.** To be creditable, education completed outside the U.S. must be deemed at least equivalent to that gained in a conventional U.S. program by a private organization specializing in the interpretation of foreign educational credentials.

f. **Physical Requirements.** See VA Directive and Handbook 5019, Employee Occupational Health Service for requirements.

g. **English Language Proficiency.** Health Technician (HIS) candidates must be proficient in spoken and written English in accordance with 38 U.S.C. § 7403(f).

**4. GRADE DETERMINATIONS.** In addition to the basic requirements outlined in paragraph 3, the following criteria must be met when determining the grade of candidates.

a. **Health Technician (HIS), GS-05.**

(1) **Experience.** None beyond the basic requirements.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of basic anatomy of the head and neck.

(b) Knowledge of basic infection control procedures and guidelines.

(c) Skill in using basic computer software to complete tasks such as using email, creating spreadsheets and word processing.

(d) Ability to communicate orally and in writing.

(e) Ability to follow verbal and written instructions.

(f) Ability to maintain stock and supply level inventories.

(3) **Assignment.** Employees at this grade level serve in a Health Technician (HIS) entry level developmental position and work under the supervision and direction of a licensed audiologist. Assignments associated with this level include, but are not limited to: performing non-diagnostic otoscopy including proper bracing techniques and making appropriate referrals for abnormalities and cerumen management; rechecking air-conduction pure tone threshold testing to assist the audiologist in modifying the treatment plan during hearing aid repair appointments; providing patient care in hearing aid repair appointments, consistent with the audiologist's treatment plan; completing visual and auditory checks with listening stethoscope of hearing aids prior to and following repair of device (troubleshoots performance); processing incoming devices from patients with concerns related to their hearing aids or hearing assistive technology; preparing and charging (if required) hearing aids and assistive devices for delivery; receiving devices and restoring settings of hearing aid/hearing assistive technology after repair or replacement from manufacturer, such as Denver Logistics Center (DLC); and maintaining proper levels of mailing/shipping supplies. The Health Technician (HIS) adheres to the audiology clinic policy and standard operating procedures for infection control and cleaning, sterilization and disposition of reusable medical equipment (RME). The Health Technician (HIS) completes documentation per medical center policy for timeliness for each episode of care and codes procedures as appropriate in the patient record in preparation for co-signature by the audiologist. The Health Technician (HIS) provides instruction to patients, family and staff on device topics including but not limited to hearing aid and hearing assistive technology care, maintenance, use and operation. The Health Technician (HIS) receives and completes incoming communications from Veterans (electronic and telephone), and facilitates follow-up based on audiologist's treatment plan to include ordering supplies through DLC.

b. **Health Technician (HIS), GS-06.**

(1) **Experience.** One year of experience equivalent to the next lower grade.

(2) **Knowledge, Skills and Abilities.** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of normal and abnormal ear anatomy.

(b) Knowledge of hearing aids, hearing assistive technology, hearing aid manufacturers and manufacturer software.

(c) Skill in documenting patient procedures and patient devices.

(d) Skill in providing patient education for hearing aid use, to include assisting patient with hearing aid insertion, removal and hygiene (cleaning and disinfection).

(e) Ability to provide patient education and training regarding hearing loss and communication strategies for various listening situations.

(f) Ability to solve problems or make decisions regarding hearing aids, hearing assistive technology and patient care that is consistent with the documented and co-signed plan of care under the supervision of an audiologist.

(g) Ability to prepare patient, equipment, and/or environment for audiology procedures.

(h) Ability to provide triage of patient telephone calls or audiology requests.

(3) **Assignment.** Employees at this level are at the full performance level and work under the supervision and direction of a licensed audiologist. Assignments associated with this level include, but are not limited to: completing visual and auditory checks of hearing aids and hearing assistive technology-including all hearing aid accessories, as well as, alerting devices (troubleshoots performance); registering, certifying and tracking prosthetic devices (hearing aids, hearing aid accessories and assistive devices); and assisting in set up and delivery of face-to-face and telehealth visits by preparing the equipment for patient evaluation and other audiology procedures, including, but not limited to daily biologic listening calibration of audiometric equipment and calibration of real-ear equipment. The Health Technician (HIS) fabricates earmold impressions with proper otoscopy, orders earmolds based on plan of care through prosthetics or DLC and fits and modifies earmolds, if necessary. The Health Technician (HIS) provides patient care in hearing aid repair appointments consistent with the audiologist's treatment plan and provides counselling including, but not limited to realistic expectations, communication strategies and/or aural rehabilitation. The Health Technician (HIS) maintains a comprehensive supply and equipment tracking systems to include: monitoring stock of RME and consumable items; ensuring proper inventory levels to complete the daily tasks;

prioritizing the acquisition of all supplies and equipment with regard to date of expiration; and may maintain a loaner hearing aid inventory. The Health Technician (HIS) assists patients with hearing aid connectivity including, but not limited to downloading applications (or apps), pairing devices in the app, Bluetooth ® pairing and pairing hearing aid accessories. The Health Technician (HIS) assists patients through triaging phone calls and audiology requests with regards to priority and urgency following the audiologist's plan of care.

**5. DEVIATIONS.**

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade and/or assignment.

b. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health in VHA Central Office prior to placement in the position.

c. Under no circumstances will the educational or credential requirement be waived for those occupations with a positive education requirement or when specific credentials are identified as necessary to meet minimum requirements, unless an exception is annotated in the qualification standard.

**Authority:** Pub. L. 111-163, Caregivers and Veterans Omnibus Health Services Act of 2010, 38 U.S.C. §§ 7401, Appointments in Veterans Health Administration; 7402, Qualifications of appointees; 7403, Period of appointments; promotions; 7405, Temporary full-time appointments, part-time appointments, and without-compensation appointments; 7407, Administrative provisions for section 7405 and 7406 appointments**.**

# [Appendix G76. ADDICTION THERAPIST (BACHELOR'S LEVEL) AND ADDICTION THERAPIST (LICENSED MASTER'S) QUALIFICATION STANDARD, GS-0101

## Veterans Health Administration

1. **COVERAGE.** The following are requirements for appointment or placement, as an Addiction Therapist (AT) in the Veterans Health Administration (VHA). These requirements apply to all VHA Addiction Therapists in the General Schedule (GS)-0101 series. Addiction Therapists, both Addiction Therapist (Bachelor's Level) and Addiction Therapists (Licensed Master's), work with individuals, couples, families and groups providing psychosocial treatment for substance use disorders (SUD) and addressing the effects of SUD on interpersonal relationships using individual, couples, families and group-oriented therapies. VHA Addiction Therapists (Bachelor's Level and Licensed Master's) can be assigned to VA Medical Centers, Community-Based Outpatient Clinics, Readjustment Counseling Service /Vet Centers, Veterans Integrated Service Network (VISN) offices and VHA Central Office.

2. **DEFINITIONS.**

   a. **Addiction Therapy**. Addiction therapy is a broad range of interventions for the treatment of SUD built on an understanding of, appreciation of, and ability to appropriately use the contributions of evidence-based addiction and behavioral health counseling models as they apply to modalities of care for individuals, groups, families, couples and significant others. This includes using methods that are sensitive to the individual client characteristics and the influence of significant others, as well as the client's cultural and social context.

   b. **Addiction Therapist (Bachelor's Level) (AT).** The AT level is designated for those who possess a bachelor's degree and hold a state, territory, commonwealth or the District of Columbia's (referred to throughout as the jurisdiction) highest-level recognition for practice (i.e., license or certification) in the field of Alcohol and Drug Treatment. ATs in this level assignment are dependent providers and perform work under guidance of Addiction Therapists (Licensed Master's) in designated assignments. Although some jurisdictions may recognize ATs with a bachelor's degree as an independent provider, VHA only recognizes a professional with possession of a bachelor's degree as a dependent provider.

   c. **Addiction Therapist (Licensed Master's) (LMAT).** The LMAT level is designated for AT's who possess a master's degree and hold a state, territory, commonwealth or the District of Columbia's highest-level recognition for independent practice (i.e., license or certification) in the field of Alcohol and Drug Treatment.

d. **Appointing Official.** The Human Resources (HR) Officer is delegated appointing authority to process and authenticate notifications of personnel actions and authority to effect management-approved employment actions on behalf of officials, employees and facilities for which service is provided.

e. **Approving Official.** The VISN Director or Facility Director is the authorized approving official and will determine whether to approve or disapprove the appointment of employees in the hybrid occupations**.**

f. **Licensure and Certification.** The highest level of recognition in the field of Alcohol and Drug Treatment may be titled differently in each jurisdiction. For example, a state may title the highest-level of recognition in the field of Alcohol and Drug treatment as either “license” or “certification.” When “license/licensed,” “licensure,” “certified/certification,” or “non-licensed” is referenced throughout the appendix and sub appendices it is implied and intended to mean the certification or license granted by a jurisdiction depending on the highest level of recognition for professional ATs in the field of Alcohol and Drug Treatment. An individual in an AT or LMAT position must hold a state’s highest level of recognition for the specified level/position being filled in the field of Alcohol and Drug Treatment. The required license and certification must be full, current and unrestricted.

g. **Journey Level.** A full performance level is set in each sub-appendix for the AT and the LMAT. The full performance level for the AT is a GS-09 and the LMAT is GS-11.

h. **Clinical Supervision.** Clinical supervision is between an LMAT who is in a specified assignment and an entry level and/or unlicensed AT in which the entry level and/or unlicensed AT clinical work is reviewed. Work is reviewed to improve the AT's work with clients; ensuring client welfare; supporting the AT in relation to their work and supporting the AT's professional development. This includes co-signing clinical notes and supervising an individual as they are working towards licensure. Management officials should refer to the specific jurisdiction licensing regulations to determine the requirements for providing clinical supervision.

i. **Administrative Supervision.** Supervisory responsibilities include, but are not limited to, assigning and evaluating the work of subordinate staff; resolving complex problems to ensure Veteran services are met; evaluating performance and taking disciplinary action when necessary. The supervisor has full administrative and professional responsibility for planning and directing the work of others.

j. **State Approved Supervisor.** The requirements to become an approved supervisor vary by jurisdiction. Some jurisdictions have specific standards to allow LMATs to provide clinical supervision. An approved supervisor may clinically supervise ATs or unlicensed LMATs if permitted under their

jurisdiction's licensing laws or regulations. Management officials will refer to specific jurisdiction's licensing regulations to determine the requirements for providing supervision. Specific assignments in the LMAT sub-appendix are designated.

k. **Program Coordinator.** The Program Coordinator is an LMAT who implements, directs and coordinates the work and functions of a SUD program. Depending on the structure of the service/facility, the program coordinator may work independently or report directly to the program manager who has overall responsibility for the program.

l. **Program Manager.** This is the organizational title for the supervisory LMAT who manages the overall SUD program. This role is often referred to as the SUD director.

m. **Creditable Experience.** To be creditable, the experience must have required the use of knowledge, skills, and abilities (KSAs) associated with current professional alcohol and drug counseling treatment practices. The experience also includes the ability to treat substance use disorders, including working with individuals, couples, families and/or groups. Experience satisfying this requirement must be active professional practice (post-degree), which is paid/non-paid employment as an alcohol and drug counselor, as defined by the appropriate state licensing or certifying boards.

n. **Quality of Experience.** Qualifying experience is only creditable if it is obtained following graduation for the specific level (bachelor's degree or master's degree) in alcohol and drug studies or comparable degree in a behavioral health field (i.e., social work, psychology, counseling) and includes work as an Alcohol and Drug Counselor directly related to the position to be filled. The experience must be comparable to AT/LMAT experience at the next lower grade level of the position being filled. For all assignments above the full performance level, the higher-level duties must consist of significant scope, administrative independence, complexity and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

o. **Part-Time Experience.** Part-time experience is creditable according to its relationship to a full-time workweek. For example, an individual employed 20 hours per week, or on a half-time basis, would receive one full-time work week of credit for every two weeks of service.

3. **BASIC REQUIREMENTS.** To qualify for appointment or placement to these occupational assignments, all applicants must possess the following:

   a. **Citizenship.** Be a citizen of the United States (U.S.). Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with 38 U.S.C. § 7407(a).

   b. **Physical Standards.** See VA Directive and Handbook 5019, Employee Occupational Health Service for requirements.

   c. **English Language Proficiency.** AT/LMAT candidates must be proficient in spoken and written English as required by 38 U.S.C. § 7403(f).

   d. **Education.** AT and LMAT candidates must meet the education requirements defined in the specific sub-appendix for the position being filled.

   e. **Foreign Education.** There is no substitution for foreign education for this occupation; therefore, foreign education evaluation is not applicable.

   f. **Licensure/Certification.** Reference to “license,” “licensure,” “certification,” or “non-licensed” throughout the appendix and sub-appendices is implied and intended for different levels of certification and license granted by level in a United States state, territory, commonwealth, or the District of Columbia depending on the highest level of recognition for practice in the field of Alcohol and Drug Treatment in a jurisdiction based upon the specific level of degree obtained (bachelor’s degree or master’s degree). AT and LMAT candidates must meet the licensure requirements defined in the specific sub-appendix for the position being filled.

   g. Grandfathering Provision.

   h. All persons employed in VHA in this occupational series or another occupational series and performing the duties as described in the qualification standard on the effective date of this qualification standard are considered to have met all qualification requirements for the grade held, including positive education, credential or certification that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

      (1) Employees in an occupation that does not require a licensure, certification or registration, may be reassigned, promoted or demoted within the occupation.

      (2) Employees in an occupation that requires licensure, certification, or registration may be reassigned, promoted up to and including the full

performance level, or demoted within the occupation but may not be promoted beyond the full performance level or placed in supervisory or managerial positions.

(3) Employees in an occupation that require a licensure, certification or registration only at higher grade levels must meet the licensure, certification or registration requirement before being promoted to those higher grade levels.

(4) Employees who are appointed on a temporary basis prior to the effective date of the qualification standard may not have their temporary appointment extended or be reappointed, on a temporary or permanent basis, until they fully meet the basic requirements of the standard.

(5) Employees initially grandfathered into this occupation who subsequently obtain additional education and/or licensure, certification, or registration that meet all the basic requirements of this qualification standard, must maintain the required credentials as a condition of employment in the occupation.

(6) Employees retained in an occupation listed in 38 U.S.C. § 7401(3) under this provision who leave that occupation or employment with the VA, lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation and/or VA.

**4. DEVIATIONS.**

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade and/or assignment.

b. The placement of individuals in grade levels or assignments not described in this standard must be approved by the Under Secretary for Health in VHA Central Office prior to placement in the position.

c. Under no circumstances will the educational or credential requirement be waived for those occupations with a positive education requirement or when specific credentials are identified as necessary to meet minimum requirements.

5. **AUTHORITY:**

a. P.L. 111-163, Caregivers and Veterans Omnibus Health Services Act of 2010,

b. 38 U.S.C. §§ 7401, Appointments in Veterans Health Administration;

c. 7402, Qualifications of appointees;

d. 7403, Period of appointments; promotions;

e. 7405, Temporary full-time appointments, part-time appointments, and without-compensation appointments; and

f. 7407, Administrative provisions for section 7405 and 7406 appointments.

## APPENDIX A. ADDICTION THERAPIST (BACHELOR'S LEVEL)

1. **BASIC REQUIREMENT.** In addition to meeting the basic requirements outlined in Appendix G76, paragraph 3, Basic Requirements, the following additional requirements must also be met to qualify and hold a position as an AT:

   a. **Education**. Hold a bachelor's degree in drug and alcohol studies or a related behavioral health field from an accredited college or university. In some jurisdictions, individuals may not be required to hold a bachelor's degree to be licensed in Alcohol and Drug Treatment. VHA will not waive education requirements even if the candidate has a license that does not require a bachelor's degree.

   b. **Licensure.**

      (1) **Licensure Requirements:** Individuals appointed or reassigned to an AT position in the GS-0101 series must:

         (a) Hold a full, current, and unrestricted license in a state, territory, commonwealth, or the District of Columbia to practice in the field of Alcohol and Drug Treatment; AND

         (b) Complete one of the following:

            i International Certification and Reciprocity Consortium, Credentialed Alcoholism and Substance Abuse Counselor Certification; or

            ii National Association for Alcoholism and Drug Abuse Counselors, National Certified Addiction Counselor Level 1.

      (2) **Loss of License or certification.** In collaboration with HR Office staff, management officials must immediately relieve employees of the duties and responsibilities associated with the occupation who fail to maintain the required licensure or certification, which may also result in separation from employment.

2. **GRADE REQUIREMENTS AND DETERMINATIONS.** In addition to the basic requirements outlined in paragraph 3 of Appendix G76 and paragraph 1 of this sub-appendix, the following criteria must be met when determining the qualification of candidates for the specified assignment:

   a. Addiction Therapist (Bachelor's Level) GS-05.

      (1) **Experience.** The entry level assignment is used for ATs who are licensed with less than one year of experience. There is no experience outside of the basic requirements

(2) **Knowledge, Skills and Abilities (KSAs).** None

(3) **Assignment.** Employees at this grade level serve in an entry-level developmental position. ATs in the entry-level assignment will receive close clinical supervision and guidance from an LMAT and meet weekly with an assigned clinical supervisor. Duties include, but are not limited to, assisting with intake/assessments, facilitating program orientation or educational sessions and treatment planning. ATs identify patients experiencing psychological distress and engage licensed clinicians as necessary to provide crisis intervention. They maintain appropriate records and chart accurate information. They develop and maintain appropriate communication, rapport and positive working relationship with various institutions, organizations and service providers.

b. Addiction Therapist (Bachelor's Level) GS-07.

(1) **Experience.** In addition to the basic requirements, at least one year of creditable experience equivalent to the next lower grade; OR

(2) **Education (Advanced Entry Level Placement).** Applicants who meet the GS-05 grade level may be appointed at the GS-07 grade level if they possess a bachelor's degree from an accredited college or university in a major field of study in a drug and alcohol studies or a related behavioral health field with an exemplary academic record as demonstrated by:

(a) 3.0 or higher out of a possible 4.0 ("B" or better) as recorded on their official transcript, or as computed based on four years of education or as computed based on courses completed during the final two years of the curriculum; OR

(b) 3.5 or higher out of a possible 4.0 ("B+" or better) based on the average of the required courses completed in the major field or the required courses in the major field completed during the final two years of the curriculum; OR

(c) Class Standing: Applicants must be in the upper third of the graduating class in the college, university or major subdivision based on completed courses.

(3) **Knowledge, Skills and Abilities (KSAs).** In addition to the experience/education requirements, the candidate must demonstrate the following KSAs.

(a) Knowledge of principles, concepts and methods of counseling and therapies used in treatment of individuals with SUDs.

(b) Knowledge of appropriate documentation of substance use history and treatment.

(c) Ability to identify patients who are in psychological distress.

(4) **Assignment.** ATs in this level assignment will receive clinical supervision and guidance from designated LMAT. ATs assist with addiction screening, assessments, orientation, education, treatment planning and counseling. They identify patients experiencing psychological distress and engage licensed clinicians as necessary to provide crisis intervention. ATs assist in developing an evaluation/summary of the client's substance use and any co-occurring conditions based on the results of assessments to provide an integrated approach to treatment planning based on the client's strengths, preferences and identified problems and needs. ATs participate with a multidisciplinary team regarding treatment planning. They communicate with a variety of institutions, organizations and service providers.

c. Addiction Therapist (Bachelor's Level) GS-09.

(1) **Experience.** One year of creditable experience equivalent to the next lower grade.

(2) **Knowledge, Skills and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of coexisting medical or other mental health disorders as interrelated to SUDs.

(b) Ability to complete assessments of substance use disorders, treatment planning and continued care planning.

(c) Ability to develop and maintain effective working or therapeutic relationships with multidisciplinary staff, Veterans and their families, from various backgrounds and community resources to ensure appropriate referrals.

(3) **Assignment.** This is the full performance-level assignment for ATs. Although the ATs are dependent providers and perform work under guidance of LMATs, ATs at this level perform intake/assessments using a biopsychosocial history which could include urine toxicology/breathalyzer data and/or collateral information. They provide case management and counseling on issues that involve substance use. ATs conduct and utilize designated measurement tools for baseline and follow-up care. They assist with the utilization of the assessment and in collaboration with the patient, create an individualized treatment plan and continuing care plans. ATs provide addiction-related psychoeducation for individuals/groups/couples

and evidence-based psychosocial interventions. They provide crisis intervention to patients in psychological distress consistent with VA national policy and within the scope of practice to include engaging licensed mental health clinicians when clinically indicated. ATs are part of the treatment team that includes licensed independent practitioners that formulate plans during the continuum of care and, at discharge, and arrange referrals to agencies and organizations as needed.

## APPENDIX B. ADDICTION THERAPIST (LICENSED MASTER'S)

1. **BASIC REQUIREMENT.** In addition to meeting the basic requirements outlined in Appendix G76, paragraph 3, Basic Requirements, the following additional requirements must also be met to qualify and hold a position as an LMAT:

   a. **Education.**

      (1) Hold a master's degree or higher in drug and alcohol studies or related behavioral health field from an accredited college or university.

   b. **Licensure**. Individuals appointed or reassigned to an LMAT position must possess a full, current, and unrestricted license in a jurisdiction for independent practice in the field of Alcohol and Drug Treatment.

      (1) **Exception**. The Secretary or designee may waive the licensure requirement for selectees who are otherwise qualified, pending state acceptance of completion of state prerequisites at the master's level. Licensures can be waived for three years from the date of employment. This exception is allowed on the condition that non-licensed LMATs appointed on this basis provide care only under the clinical supervision of an LMAT from the designated assignments to provide clinical supervision. Non-licensed LMAT applicants who otherwise meet the eligibility requirements may be appointed as LMATs under the authority of 38 U.S.C.§ 7401(3). This exception applies only at the GS-09 entry grade level and individuals may not be promoted/converted until they obtain the required license. For grades/assignments at or above the full performance level, candidates must be licensed at the master's level.

      (2) **Failure to Obtain Licensure.** Prior to the time of appointment, HR Office staff will provide uncertified or unlicensed LMATs, the written requirement to obtain licensure, the date by which the license must be acquired and the consequences for not becoming licensed by the deadline. In all cases, LMATs must actively pursue meeting requirements for licensure starting from the date of their appointment. If LMATs fail to obtain licensure during this time period, their employment may be terminated.

      (3) **Loss of License.** In collaboration with HR Office staff, management officials must immediately relieve employees of the duties and responsibilities associated with the occupation who fail to maintain the required licensure or certification, which may also result in separation from employment.

2. **GRADE REQUIREMENTS AND DETERMINATIONS.** In addition to the basic requirements outlined in paragraph 1 of this sub-appendix and paragraph 3 of

Appendix G76, the following criteria must be met when determining the grade of the candidates:

c. Addiction Therapist (Licensed Master's) GS-09.

(1) **Education, License and Experience.** The GS-09 grade level is the entry grade level for LMATs who have:

(a) Less than one year of experience post licensure; **OR**,

(b) LMATs at the master's level who are graduates not yet licensed at the independent practice (Journey) level. Unlicensed LMATs at the GS-09 grade level must have completed the required education listed in paragraph 1.a. above and are working toward obtaining a full, current, and unrestricted license in a jurisdiction for independent practice in the field of Alcohol and Drug Treatment.

(2) **Knowledge, Skills and Abilities (KSAs).** In addition to the basic requirements, the candidate must demonstrate the following KSAs.

(a) Knowledge of coexisting medical or other mental health disorders and the interrelationship of SUDs.

(b) Knowledge of basic recovery programs and resources.

(c) Skill in providing individual and group therapy, including using certain SUD Evidenced-Based Therapy (EBTs).

(d) Skill in developing and maintaining effective working or therapeutic relationships with multidisciplinary staff, Veterans and their families, and community resources to ensure appropriate referrals.

(e) Ability to complete the assessment of substance use disorders, treatment/recovery planning and continuing care planning.

(f) Ability to identify patients who are in psychological distress consistent with VA national policy and within scope of certification and secure appropriate interventions.

(3) **Assignment.** Employees at this grade level serve in an entry-level developmental LMAT positions. At the entry-level, close clinical supervision is provided by higher-level LMATs. Duties may include but are not limited to counseling and providing psychoeducation, including EBT for individuals, groups, families and couples. Services are offered by LMATs either individually or as co-leader. LMATs assist in the caseload management of all patients in the program. LMATs assist in developing treatment plans (reviews and updates) and contribute to team decisions,

including the necessary determination of readiness for discharge. LMATs, at this level, assist in monitoring medication compliance as appropriate to assigned programs. They help maintain compliance with VA standards of care, accreditation bodies such as the Joint Commission, Commission on Accreditation of Rehabilitation Facilities, and other compliance agencies as appropriate to assigned programs and best practices of care (i.e., Opioid Treatment Program, Drug Enforcement Agency, Center for Substance Abuse Treatment and Substance Abuse Mental Health Service Administration. They conduct intake and needs assessments of Veterans with their significant others, extended family and others in the psychosocial network and support systems under supervision. LMATs ascertain the employment history and difficulties encountered in employment through assessment for vocational services planning to assist Veterans in meeting their vocational goals. LMATs use their knowledge of community-based resources to assist with recovery, including housing support. They review outside records as they become available and prepare correspondence related to the patient's rehabilitation, such as letters for courts, letters for an employer and other agencies upon the request of the patient. Under close supervision, LMATs may provide crisis intervention to patients in psychological distress. LMATs develop and maintain appropriate communication, rapport and positive working relationship with various institutions, organizations and service providers.

d. Addiction Therapist (Licensed Master's) GS-11.

(1) **Experience.** One year of creditable experience comparable to the next lower grade.

(2) **Licensure.** Candidates must possess a full, current and unrestricted license in a State for independent practice in the field of Alcohol and Drug Treatment.

(3) **NOTE:** Applicants who meet the qualifications requirements for an AT at the full performance level, who have a minimum of one year experience at that level and who have obtained the master's degree and license will be qualified at the GS-11 level.

(4) **Knowledge, Skills and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Skill to independently complete assessments of substance use disorders, treatment planning and continued care planning.

(b) Skill to apply the principles, concepts and methods of counseling and therapies used in the treatment of individuals with SUDs.

(c) Skill to collaborate and consult on medical or other psychiatric disorders as interrelated to SUDs.

(d) Ability to apply various community-based recovery programs and resources in a treatment plan.

(5) **Assignment.** This assignment is the full performance level, for LMATs. At the full performance level LMATs independently provide addiction screening/assessments, orientation/education, treatment planning and counseling in person or via telehealth. They analyze problems and interpret and adapt guidelines such as policies, regulations, precedents, etc. for application to specific problems and recommend changes. LMATs provide evidenced-based practices in programming and recovery plan development. They provide psychoeducation for individuals, groups, families and couples either as leaders or co-leader. LMATs administer crisis intervention to patients in psychological distress handling emergencies within the scope of practice. They perform clinical supervision and oversight of patient care. They handle the coordination of treatment, and management of acute and chronic substance use and mental health issues. LMATs manage a caseload of patients with complex addictions, and mental and related physical problems. LMATs involve participants and their identified support systems in the treatment via education, treatment and planning. They develop a diagnostic evaluation/summary of the client's substance abuse and coexisting conditions. LMATs utilize assessment and diagnostic evaluations to develop an individualized treatment plan; and incorporate assessments and psychological testing results from physical exams and urine toxicology data for use by a multidisciplinary treatment team to develop a treatment plan. They make recommendations to the treatment team regarding readiness for discharge. LMATs are part of the team that formulates discharge plans and arranges referrals to community agencies and organizations. They ascertain the employment history to include employment difficulties; and conduct an assessment for vocational services planning and housing support and provide community-based resources that assist with recovery. LMATs collaborate with other disciplines to compile data to ensure quality patient care and compliance with Joint Commission Standards and ensure current information is available.

e. Addiction Therapist (Licensed Master's) Program Coordinator, GS-12.

(1) **Experience and Licensure.** One year of creditable experience comparable to the next lower grade level. Some jurisdictions' licenses do not license an individual to provide clinical supervision to trainees or unlicensed ATs. HR Staff will refer to specific jurisdiction's licensing laws regarding the requirements for providing clinical supervision.

(2) **Knowledge, Skills and Abilities (KSAs).** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Skill in analyzing organizational issues to develop and implement solutions that result in the sound operation of a SUD program.

(b) Skill to effectively manage quality and productivity in the SUD program.

(c) Skill in program planning for the continual development of policies and procedures of a SUD program, including staff training

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety and be performed by the incumbent at least 25% of the time. Program coordinators implement, direct and coordinate the work and functions of SUD programs. Depending on the structure of the service/facility, program coordinators may work independently or report directly to the program manager who has overall responsibility for the program. Program coordinators are administratively responsible for a clinical SUD program (e.g., Residential Treatment, Intensive Outpatient Treatment, Opioid Replacement Therapy and Outpatient Treatment, etc.). They manage the programs daily operations and prepare reports and statistics for facility, VISN and national use. They orient and provide on-the-job training for new and current ATs/ LMATs within their program, ensuring all ATs/ LMATs training requirements are met. Program coordinators instruct and coordinate care with multidisciplinary staff. They may provide clinical supervision over unlicensed and licensed AT or LMAT trainees. They also may administratively manage any employees assigned to their program if the structure of the Department does not support a program manager level assignment.

f. Lead Addiction Therapist (Licensed Master's) GS-12.

(1) **Experience and Licensure.** One year of creditable experience equivalent to the next lower grade. HR Staff will refer to specific jurisdictions' licensing laws regarding the requirements for providing clinical supervision. Some jurisdictions' licenses require an additional credential (for example, State Approved Supervisor) to provide clinical supervision to trainees or unlicensed ATs.

(2) **Knowledge, Skills and Abilities (KSA).** In addition to the experience above, the candidate must demonstrate the following KSAs:

(a) Skill in interpersonal relationships in dealing with employees, team leaders and managers.

(b) Ability to provide staff training and development.

(c) Ability to independently set priorities in order to meet multiple deadlines.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), variety and be performed by the incumbent at least 25% of the time. Lead LMATs report directly to SUD Directors. Lead LMATs assist with managing SUD treatment services of at least three AT staff. They provide recommendations to supervisors (SUD Director) of any clinical changes to policy and procedure. Lead LMATs communicate assignments with milestones, priorities, expected outcomes, deadlines and time frames for completing assignments. They make adjustments to assignments to distribute and balance workload and tasks among staff to accomplish the workload in accordance with the established priorities of the SUD Director or designee. Lead LMATs are experts in addiction therapy and are the points of contact to answer questions pertaining to the program providing consultation in the care and management of patients to other addiction therapists. They monitor and report on the status and progress of work completed for AT and LMAT staff to ensure the supervisors' instructions on work priorities, methods, deadlines and quality have been met. They address program issues under review and problems to be resolved by providing advice on work methods, practices and procedures. Lead LMATs ensure AT and LMAT staff comply with clinical procedures, treatment goals and standards of practice. Lead LMATs provide leadership, direction, orientation, coaching, in-service training, staff development and continuing education programs for assigned social work staff. They assist in communicating the organizations' strategic plan, mission, vision and values to the clinical staff and ensure integration into the work plans, products and services. Lead LMATs maintain reference materials, project files and documentation of policies, procedures and written instructions to ensure staff is kept up to date and well informed. Lead LMATs assist with the oversight of EBT provided by other LMATs. They analyze and provide oversight of core quality and performance improvement projects and reports. Leads participate actively in quality assurance programs within their facility, reporting accomplishments, issues within the program, need for resources, training, equipment and the status or completion of tasks to appropriate management. They assist SUD Directors or designees in collaborating with other disciplines in compiling data for quality management to ensure quality patient care and compliance with accreditation organizations and VA standards and ensure current information is available. Lead LMATs provide input to the SUD Director or designee on performance reviews for ATs and LMATs.

g. Supervisory Addiction Therapist (Licensed Master's) GS-13.

(1) **Experience and Licensure**. One year of creditable experience comparable to the next lower level. HR Office staff will refer to specific jurisdiction's licensing laws regarding the requirements for providing clinical supervision. Some jurisdictions' licenses do not license an individual to provide clinical supervision to trainees or unlicensed ATs.

(2) **Knowledge, Skills and Abilities (KSA).** In addition to meeting the experience above, the candidate must demonstrate the following KSAs:

(a) Knowledge of supervisory duties, including clinical supervision, consultation, negotiation with other departments and quality improvement.

(b) Skill in interpersonal relationships with individuals at various levels.

(c) Skill in managing budget and staff allocations in the facility.

(d) Ability to independently set priorities to meet multiple deadlines.

(3) **Assignment.** For all assignments above the full performance level, the higher-level duties must be of significant scope, administrative independence, complexity and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time. Supervisory LMATs are the program managers and directors of SUD programs. They manage the overall daily operations of SUD programs and administrative supervision of staff within programs. They ensure compliance with accrediting body standards. SUD directors develop and implement program policies and procedures and serve as principal counselors to addiction staff at varying levels and assignments. SUD directors oversee the program budget and staffing requirements. They develop and implement program goal setting, design, conduct and report the result of research relevant to mental health as a body of knowledge. SUD directors monitor and make work assignments, complete performance reviews, resolve daily workplace issues and maintain efficient workflow (e.g., monitor and report on the status and progress of work completed for all AT and LMAT staff to ensure the supervisor's instructions on work priorities, methods, deadlines and quality have been met). They interview candidates for positions, and recommend appointments, advancements, or disciplinary actions when appropriate. They develop functional statements and are responsible for the professional and administrative management of an assigned area. They assign personnel and serve as a mentor to help employees develop their full potential. SUD directors establish performance standards and evaluate the overall performance of employees; define competency requirements and identify

the developmental and training needs of their staff. They clinically supervise LMAT staff in crisis intervention, psychodiagnostic and management of mental health outpatients. Management officials should refer to specific state licensing/certification requirements regarding clinical supervision. SUD directors also serve as consultants for internal and external departments and treatment organizations.]

# APPENDIX H1. PROCEDURES FOR APPOINTING PHYSICIANS TO SERVICE CHIEF AND COMPARABLE POSITIONS

**1. SCOPE.** This appendix covers appointments of physicians to service chief or comparable positions. (For information on comparable positions, see VA Handbook 5007, Pay Administration.) It does not apply to those in an "acting" capacity.

## 2. PROCEDURES

a. The facility initiates recruitment and contacts the appropriate VA Central Office program office, which may recommend additional candidates for consideration.

b. Candidates are screened, interviewed and tentatively selected at the facility.

c. If the candidate is board certified in an appropriate specialty or specialties, the Chief of Staff or designee discusses the proposed selection with the appropriate VA Central Office program official who may provide comments or recommendations concerning the proposed selection within 5 working days. For candidates who are not board certified or who are certified in a specialty or specialties not appropriate to the proposed assignment, the Chief of Staff or designee will forward the candidate's curriculum vitae, employment application and credentialing/privileging information to the Office of Patient Care Services (11), which will provide comments concerning the proposed selection within 15 working days.

d. The Chief of Staff recommends a candidate to the facility Director (for new appointments the Director must consider the recommendation of the Professional Standards Board). The recommendation shall include any comments made by the VA Central Office program official.

e. The facility obtains the concurrence of the Dean's or Medical Advisory Committee, where appropriate.

f. The facility Director approves or disapproves the appointment.

g. The facility advises the program official and the Network Director that the selection has been approved.

**NOTE 1:** *Special pay agreements must be approved in VA Central Office if the candidate's total pay (basic, special pay and bonus or allowance) would exceed $190,000. See VA Directive and Handbook 5007.*

**NOTE 2:** *Communications with VA Central Office officials need not be in a formal written format.*

**NOTE 3:** *Facility officials are to maintain documentation regarding their recruitment process. This documentation is to include: (1) A summary of any comments from Department of Veterans Affairs Central Office program officials regarding the recommended candidate; and, (2) If the position is advertised and a non-citizen candidate is selected, the names of all citizen applicants and the reason(s) why the citizen applicants were not qualified for the position.*

# APPENDIX H2. PROCEDURES FOR APPOINTING DENTISTS AND EFDAs

**1. SCOPE.** This appendix covers appointments of dentists to position of Chief, Dental Service and comparable positions. It does not apply to those "acting" in such positions. It also covers the appointment of staff dentists and EFDAs (Expanded Function Dental Auxiliaries).

## 2. APPOINTMENT TO POSITION OF CHIEF, DENTAL SERVICE AND COMPARABLE POSITIONS

a. The facility initiates recruitment and contacts the Office of Dentistry (112D) which may recommend additional candidates for the position. Vacancy announcements are to be accomplished by the facility. These announcements need to reach all potential VA candidates and allow employees the opportunity to be informed of, and compete for, vacancies.

b. Candidates are screened, interviewed and tentatively selected at the facility.

c. The Chief of Staff or designee discusses the proposed selection with the Office of Dentistry which has 5 working days to make comments or recommendations concerning the proposed selection.

d. The Chief of Staff recommends a selection to the facility Director. Recommendations related to advancements and assignments shall include any comments made by the Office of Dentistry. New appointments must also consider the recommendations of the Dental Professional Standards Board.

e. The facility obtains the concurrence of the Dean's or Medical Advisory Committee, if appropriate.

f. The facility Director approves or disapproves the appointment or assignment.

g. The Office of Dentistry and the network directors are notified.

## 3. APPOINTMENT TO STAFF DENTIST POSITIONS

a. The facility initiates recruitment and contacts the Office of Dentistry (112D), which may recommend additional candidates for the position. Vacancy announcements are to be accomplished by the facility. These announcements need to reach all potential VA candidates and allow employees the opportunity to be informed of and compete for vacancies.

b. On notification of a dentist vacancy by a facility, the VA Health Care Staff Development and Retention Office will forward to the facility HRMO the applications and related materials of qualified candidates who have indicated availability for that facility or geographical area.

c. Candidates are screened, interviewed and tentatively selected at the facility.

d. The Chief of Dental Service or designee is to discuss the proposed selection with the Office of Dentistry, which has 5 working days to make comments or recommendations concerning the proposed selection.

e. The recommendation is forwarded through channels to the facility Director for consideration. (For new appointments, the Director must consider the recommendation of a Dental Professional Standards Board). The recommending official shall include any comments made by the Office of Dentistry.

f. The facility obtains the concurrence of the Dean's or Medical Advisory Committee, if appropriate.

g. The facility Director approves or disapproves the appointment or assignment.

h. The facility advises the Office of Dentistry of the selection.

**4. APPOINTMENT OF EFDAS**

a. When an EFDA vacancy occurs, the facility initiates recruitment and contacts the Office of Dentistry, which may recommend additional candidates for the position.

b. The service Chief screens, interviews and tentatively selects a candidates.

c. A recommendation is forwarded through channels to the facility Director (for new appointments the facility Director must consider the recommendation of the Dentist Professional Standards Board).

d. The facility Director approves or disapproves the appointment or assignment.

e. The facility advises the Office of Dentistry of the selection.

**5. PROFESSIONAL STANDARDS BOARDS**

a. Facility directors are to establish Dental Professional Standards Boards for the purpose of making recommendations on advancements. Any facility with the appropriate number of professionals may form a Board.

b. Facilities unable to constitute a Board are to make arrangements to have their board actions reviewed at another location.

**NOTE 1:** *Facility communications with the Office of Dentistry in Central Office need not be in a formal written format.*

**NOTE 2:** *Facility officials are to maintain documentation regarding the process of recruiting dentists and EFDAs. This documentation is to include:*

- *A summary of any comments from Central Office program officials regarding the recommended candidate; and*

- *If the position is advertised and a noncitizen candidate is selected, the names of all citizen applicants and the reason(s) why the citizen applicants were not qualified for the position.*

## APPENDIX H3. PROCEDURES FOR APPOINTING PODIATRISTS

**1. SCOPE.** This appendix establishes the procedures for the appointment of all podiatrists in VHA.

**2. PROCEDURES**

a. The facility initiates recruitment and contacts the Director of Podiatry Service who may recommend additional candidates for the position.

b. The appropriate official screens, interviews, and tentatively selects a candidate for the position.

c. If the proposed selection does not require a board action, the Chief of Staff or designee discusses the proposed selection with the Director of Podiatry who has 5 working days to make comments or recommendations concerning the proposed selection.

d. The recommendation is forwarded through channels to the facility Director for consideration. Recommendations are to include the comments of the Director of Podiatry Service. New appointments require referral to the Podiatry Professional Standards Board for review.

e. The facility obtains the concurrence of the Dean's or Medical Advisory Committee, if appropriate.

f. The facility Director approves or disapproves the appointment or assignment.

g. The facility advises the Director of Podiatry Service of the selection.

**NOTE 1:** *The Director of Podiatry Service and the Podiatry Professional Standards Board may be contacted through the VA Medical Center, Cleveland, OH. Communications should be directed to:*

*Director, VA Podiatry Service(112 (W))*
*VA Medical Center*
*Wade Park Division*
*10701 East Blvd*
*Cleveland, OH 44106*
*Telephone: 216-231-3286*
*Fax: 216-231-3446*

**NOTE 2:** *Facility communications with VA Podiatry Service officials need not be in a formal written format.*

**NOTE 3:** *Facility officials are to maintain documentation regarding their recruitment process. This documentation will include:*

- *A summary of any comments from Central Office program officials regarding the recommended candidate; and*

- *If the position is advertised and a noncitizen candidate is selected, the names of all citizen applicants and the reason(s) why the citizen applicants were not qualified for the position.*

**NOTE 4:** *Submissions to the Podiatry Professional Standards Board shall include the application form, curriculum vitae, and proof of current licensure and registration, board certification, faculty appointment, and residency training.*

**NOTE 5:** *The Human Resources Management Officer, VA Medical Center, Cleveland, OH, or designee, shall serve as the technical representative to the Podiatry Professional Standards Board.*

## APPENDIX H4. PROCEDURES FOR APPOINTING OPTOMETRISTS

**1. SCOPE**. This appendix establishes the procedures for the appointment of all optometrists in VHA.

**2. PROCEDURES**

a. The facility initiates recruitment and contacts the Director of Optometry Service who may recommend additional candidates for the position.

b. The appropriate official screens, interviews, and tentatively selects a candidate for the position.

c. If the proposed selection does not require a board action, the Chief of Staff or designee discusses the proposed selection with the Director of Optometry who has 5 working days to make comments or recommendations concerning the proposed selection.

d. The recommendation is forwarded through channels (including the Dean's or Medical Advisory Committee, where appropriate) to the facility Director for consideration. Recommendations are to include the comments of the Director of Optometry Service. New appointments require referral to the [VA Central Office] Optometry Professional Standards Board for review.

e. The facility Director approves or disapproves the appointment or assignment.

f. The facility advises the Director of Optometry Service of the selection.

**NOTE 1:** *The Director of Optometry Service and the [VA Central Office] Optometry Professional Standards Board may be contacted [at and c]ommunications should be directed to:*

[*Director, VA Optometry Service (111E1)*
*Veterans Health Administration*
*103 South Gay Street*
*Room 714*
*Baltimore, MD 21202-4061*
*Telephone: 1-410-779-1576*
*Fax: 1-410-779-1581*]

**NOTE 2:** *Facility communications with VA [Central Office] Optometry Service[program] officials need not be in a formal written format [for selection of an optometrist that does not require a board action].*

**NOTE 3:** *Facility officials are to maintain documentation regarding their recruitment process. This documentation will include:*

- *A summary of any comments from [VA] Central Office [Optometry Service] program officials regarding the recommended candidate; and*

- *If the position is advertised and a noncitizen candidate is selected, the names of all citizen applicants and the reason(s) why the citizen applicants were not qualified for the position.*

**NOTE 4:** *Submissions to the VA Central Office Optometry Professional Standards Board for initial appointment shall include a cover letter with grade and step request information; type of appointment such as full-time permanent probationary, full-time temporary, or part-time; Application for Physicians, Dentists, Podiatrists, and Optometrists (VA Form 10-2850); curriculum vitae; evidence of current licensure; faculty appointment; proposed clinical privileges; evidence of successful completion of National Board of Examiners in Optometry examinations and Accreditation Council on Optometric Education residency; and Human Resources point of contact. An Optometry Professional Standards Board checklist to assist with this process can be accessed at the following Office of Human Resources Management [and Labor Relations] Web site link: http://vaww1.va.gov/ohrm/Staffing/Title38Appts.htm.*

**NOTE 5:** *The Human Resources Management Officer, VA Maryland Healthcare System, or designee, shall serve as the technical representative to the VA Central Office Optometry Professional Standards Board.*

**NOTE 6:** *Information concerning promotion of optometrists can be found in part III, appendix M, this handbook.*

**NOTE 7:** *Additional program information covering optometrists can be obtained through the Director of Optometry Service or the VHA Optometry Service website via the following link: http://vaww1.va.gov/optometry/.*

# APPENDIX H5. RECRUITMENT, APPOINTMENT, ADVANCEMENT, CHANGE IN ASSIGNMENT AND REASSIGNMENT OF REGISTERED NURSES (RNS) IN GRADES IV AND V

**1. SCOPE.** This appendix covers recruitment, appointments, advancements, changes in assignment, and reassignments of RNs in Nurse IV and Nurse V. This includes facility Nurse Executives (i.e., Chiefs of Nursing Service, Associate Directors for Nursing or Associate Directors for Patient Care Services), and other key nursing personnel (i.e., RNs in Nurse IV or above who are not Nurse Executives). This appendix does not apply to nurse anesthetists, RNs "acting" in positions that would otherwise be covered by this appendix, and personnel other than RNs in Associate Director for Patient Care Services positions.

## 2. RECRUITMENT, APPOINTMENT, ADVANCEMENT, CHANGE IN ASSIGNMENT AND REASSIGNMENT OF KEY NURSING PERSONNEL

a. **Recruitment for Nurse Executives.** The following actions must be taken when Nurse Executive positions are being filled.

(1) **Establish Search Committee.** Search committee responsibilities might include assessing the facility's needs, identifying job related skill(s) which need to be emphasized in the selection process (e.g., organizational leadership, management skills, education/staff development, resource utilization, quality management, expertise in a specific nursing discipline, research, exceptional labor-management relations skills), identifying recruitment sources, and screening applicants.

(2) **Notify VHA Central Office.** Notify VHA Central Office [(108)] of the vacancy, of any skills to be emphasized in evaluating candidates, and of the proposed closing date of the announcement. VHA Central Office will announce the position and its location, the skills to be emphasized, if any, the closing date, and required materials (curriculum vitae and last two proficiency reports or equivalent) in the Weekly Summary Bulletin. The announcement will also include a statement that applicants should apply directly to the employing facility.

**NOTE:** *Closing dates should be far enough in advance to conduct a comprehensive recruitment effort and give applicants sufficient time to submit required material to the facility.*

b. **Recruitment for Key Nursing Positions Other than Nurse Executive.** When positions other than Nurse Executive are being filled, the actions in subparagraphs 2a(1) and (2) must be taken when local officials determine that a formal recruitment effort is necessary.

**NOTE***: Local officials may decide that in order to fill certain key nursing positions (other than Nurse Executive) it is not necessary to establish a search committee.*

c. **Appointment To Nurse IV or V**

(1) After the recruitment process has been completed, the Human Resources Management Officer (HRMO), or designee, will evaluate all applicants against minimum qualification requirements and

forward applications of all qualified applicants to the Search Committee or other group designated to review the applications.

(2) The Search Committee, or other group, will rate applicants "Qualified" or "Highly Qualified" and forward all applications to the approving official for a tentative selection.

(3) The approving official will forward the tentative selection to the appropriate Nurse Professional Standards Board (NPSB). The NPSB will review the scope of the position and the candidate's qualifications to determine if assignment of Nurse IV or V is warranted and will make a recommendation to the approving official.

**NOTE**: *Except as specified in subparagraph 3a of this appendix, VA Central Office NPSB is appropriate for VA Central Office employees, Veterans Integrated Service Network (VISN) staff, and on all appointments to Nurse Executive and Nurse V positions. The NPSB for the VISN (see paragraph 4) acts on other appointments to Nurse IV [ ]. Under no circumstances are facilities to use other boards at local facilities, or another VISN Board, in lieu of using the VISN Board designated for their network.* [*Waivers of education at the Nurse Iv and Nurse V levels are not authorized.*]

(4) The facility Director or designee [approves or disapproves] the selection. All candidates will be advised of their selection or non-selection for the position.

d. **Promotions to Nurse IV or Nurse V**

(1) The recommending official forwards the proposed functional description, employee's curriculum vitae and the latest two proficiency reports (or their equivalent) to the appropriate NPSB for review.

**NOTE:** *VHA Central Office NPSB is appropriate for VHA Central Office employees, VISN staff, all Nurse Executives, [ ] Nurse V positions. All other promotions and advancements to or within Nurse IV [ ] are to be reviewed by the VISN NPSB (see paragraph 4).* [*Waivers of education at the Nurse IV and Nurse V levels are not authorized.*]

(2) The NPSB reviews the employee's qualifications and the scope of the position to determine whether the proposed grade is warranted and makes a recommendation regarding the employee's promotion to the approving official (facility Director or designee).

(3) The approving official approves or disapproves the promotion [of all Nurse IV and Nurse V positions except Nurse Executive positions. The approving official or designee will process the recommended action for promotion of the Nurse Executive through the Executive Resources Board (ERB) for approval].

[ ]

e. [**Reassignments and Changes in Assignment**]

**NOTE:** *A reassignment is a change from one position to another. A change in assignment is a change in the duties and responsibilities of a specific position.*

(1) **Reassignment.** If a nurse is reassigned and the reassignment does not involve a change in grade, an NPSB review and recommendation are not required. If a change in grade is involved, the procedures in paragraph 2d will be used.

(2) **Change in Assignment.** If the duties and responsibilities of a position are significantly changed, the procedures in paragraph 2d will be used to determine whether the employee should be advanced to a higher grade. Minor changes in duties and responsibilities may be accomplished by revising or amending the employee's functional statement.

[**NOTE:** *The VA Central Office NPSB is appropriate for review of consideration in reduction in grade for all Nurse IV and Nurse V positions*.]

**3. APPOINTMENT, ADVANCEMENT, REASSIGNMENT, AND CHANGE IN ASSIGNMENT OF NURSE EXECUTIVES.** Procedures for the recruitment, appointment, advancement, change in assignment and reassignment of Nurse Executives are the same as in paragraph 2. [However, w]hen a selection is made for one of these positions, facility officials will notify the appropriate Network Director and the Office of Nursing Services (108) in VA Central Office.

**4. NPSBs FOR VISNs**

a. [**VISN Board Membership.** The [Office of Nursing Services (ONS) will appoint one Nurse Executive from the designated facilities in the covered VISN's to] serve as the VISN NPSB Chairperson[. The VISN NPSB chair] will designate [ ] members from Nurse IVs and Vs at facilities serviced by the [VISN] NPSB [to serve as board members].

b. [**Technical Advisor.** The technical advisor to the VISN NPSB will be the HRMO, or designee, at the facility where the Chairperson is assigned].

c. [**VISN NPSB Assignments.**] Each VISN is assigned to an NPSB as follows:

(1) [ ] VISNs 1, 2, 3

(2) [ ] VISNs 4, 5, 6

(3) [ ] VISNs 7, 8, 9

(4) [ ] VISNs 10, 11, 12, 13, 14

(5) [ ] VISNs 15, 19

(6) [ ] VISNs 16, 17, 18

(7) [ ] VISNs 20, 21

(8) [ ] VISN 22

## 5. REQUIRED DOCUMENTATION

a. With each request for action, the requesting facility will forward to the servicing NPSB the following items:

(1) A memorandum from the recommending official supporting the action and indicating a proposed effective date;

(2) VA Form 10-2543, Board Action, with items 1, 2, 3, and 5 on the front side completed. Item 5 should document the candidate's educational preparation, the dates of and adjectival ratings for the latest three proficiency reports, a summary of professional experience, and expiration date of the candidate's license; and

(3) Copies of the last two proficiency reports, plus any other significant documentation concerning the nurse's performance.

b. Additional documentation which individual NPSBs might require should be kept to a minimum.

**6. VHA CENTRAL OFFICE MAINTENANCE OF BOARD ACTION FOLDERS.** The [Office of Nursing Services (108)] does not maintain board action folders for actions covered by this appendix.

## [7. CRITERIA FOR GRADING NURSE LEADERSHIP POSITIONS AT NURSE IV AND NURSE V

a. Assignment of the Nurse IV and Nurse V grade levels is based on the complexity and responsibility of the assignment and the individual's qualifications. See VA Handbook 5007, Part II, Chapter 2, paragraph 1a(7), and VA Handbook 5005, Part III, Chapter 4, Section A, paragraph 1f(1)(b). Key nursing personnel are assigned to Nurse IV or Nurse V if the scope and complexity of their assignment is comparable to the scope and complexity of a facility Nurse Executive.

b. The VA Central Office (VACO) NPSB will review and make recommendations on all appointments and advancements to Nurse Executive positions, Veterans Integrated Service Network and VA Central Office positions at either Nurse IV or Nurse V. The VACO NPSB will also act on all other Nurse V positions. Recommendations of the VACO NPSB are approved by the Chief Nursing Officer or designee. All other appointments and advancements to Nurse IV are based on recommendations of the VISN NPSB and are approved by the facility Director.

c. Criteria for determining whether the complexity of an assignment warrants placement at the Nurse IV and Nurse V grades are outlined in paragraph 8 below.

## 8. COMPLEXITY OF ASSIGNMENT REQUIRED FOR PLACEMENT AT NURSE IV AND NURSE V

a. **General.** Registered nurses are appointed and promoted to Nurse IV and Nurse V based on the scope and complexity of their assignment and qualifications. Assignments of Nurse IV and Nurse V grades are position-specific. This appendix provides guidance for determining whether facility, VISN or Central Office registered nurse positions meet the criteria for placement at Nurse IV or Nurse V.

b. **Nurse Executive Positions.** The term "Nurse Executive" refers to the top nursing management position at a VHA healthcare facility/system. Nurse Executives are members of the senior management team. The organizational title of the Nurse Executive position will vary (e.g.: Chief Nurse, Nurse Executive, Associate Director for Nursing Services, Associate Director for Patient Care Services) but must be consistent with senior management titles recognized by VA Central Office. Appointment or advancement to a Nurse Executive position is based on the complexity of the position and the recommendation of the Central Office NPSB (see paragraph 2 above). Generally, Nurse Executives are appointed at the Nurse V grade, however they may be appointed at the Nurse IV grade in positions with responsibility for programs that are less comprehensive and less complex.

c. **Key Nursing Personnel**

(1) **Comparability to Nurse Executive Positions.** VA policy provides that registered nurses in assignments other than Nurse Executive may be appointed or advanced to Nurse IV or V if the scope and responsibility of their assignment is comparable to a Nurse Executive position. The Scope and Complexity Criteria Table in paragraph 9 of this appendix will be used to determine the appropriate grade for key nursing positions.

(2) **Establishing Positions.** The facility, VISN or VACO Program Office should establish a formal process for approving the design and implementation of such positions. Responsibilities in new positions should not duplicate or otherwise reduce responsibilities of other positions if the grades of those other positions are based the responsibilities involved.

(3) **Key Nursing Assignments Warranting Nurse IV or Nurse V.** Positions at these grades are typically located in organizational settings where there is a high rate of activity and a broad mission involving a full range of complex programs and/or services. Program responsibility includes full responsibility for program design, integrating the program with other related programs and organizational goals, monitoring, as well as responsibility for evaluating and administering the program. Positions at Nurse IV and V grades also have full accountability for program outcomes.

(a) **Examples of Nurse IV Positions**

1. Managers for Service Lines;

2. Positions in VISN offices that have broad program responsibility for a single program that covers all facilities within the network; and

3. Positions at facilities with full program responsibilities that meet criteria listed in the Scope and Complexity Criteria Table in paragraph 9 of this appendix.

(b) **Examples of Nurse V Positions**

1. VISN positions with broad program responsibility for multiple programs covering all facilities within the network;

2. Positions with substantial sphere of influence across multiple sites or programs and across the full continuum of care;

3. Positions with substantial involvement in multi-site, regional, and/or national professional and health related issues; and

4. Positions at tertiary facilities that have full program responsibility for more than one of the following programs: clinical, education, research, or quality management.

(4) **Consideration Procedures.** Nurse Executives and facility Directors must initially determine that a position meets the scope and complexity requirements before an individual can be considered for appointment or promotion by the appropriate NPSB. Procedures for such determinations and employee consideration are outlined in VA Handbook 5005, Part III, chapter 4, paragraph 6f(3). Nurses must have demonstrated mastery of the High Performance Development Model Core Competencies and must also demonstrate a potential for performance at the Nurse IV/V grades of the Nurse Qualification Standards.

d. **Vacancies and Reassignments.** Since the Nurse IV and Nurse V grades are based on a combination of assignment characteristics and individual qualifications, the placement of individuals in vacated positions at these grades is to be based on the recommendation of the appropriate NPSB. Positions of individuals at the Nurse IV or Nurse V grade should not be significantly modified, nor should individuals in these positions be assigned to other positions or duties, which may not warrant Nurse IV or Nurse V without having the action reviewed by the appropriate NPSB.

**NOTE:** VISN offices may be organized in a manner that warrants more than 1 Nurse V position, and may have up to four Nurse IV positions. Although uncommon, highly complex facilities may also be organized in a manner that warrants a Nurse V position, in addition to the Nurse Executive position, and may have up to six Nurse IV positions.

## 9. SCOPE AND COMPLEXITY CRITERIA TABLE FOR KEY NURSING PERSONNEL AT NURSE IV AND NURSE V

| CRITERIA | NURSE IV | NURSE V |
|---|---|---|
| **Reporting Relationship**<br>Who the employee reports to and what level in the organization. | Positions reporting to the facility/healthcare system Nurse Executive, facility Deputy Nurse Executive, facility or VISN CMO/COS/SL Director, VISN QMO, facility or VISN Director, VACO Chief or Deputy Chief Officer | Positions reporting to an SES level, the facility or VISN Director, facility or VISN Deputy Director, VISN CMO, VACO Chief or Deputy Chief Officer, or VACO supervisory positions. |
| **Program Management/Leadership**<br>A structured plan, system or curriculum under which action is taken toward a goal. The program focus may be clinical (patient care), administrative, educational (patient or staff), or research. The program must identify a purpose, policy, delegation of authority and procedure.<br><br>**Accountability for Outcomes** | Positions at this level are responsible for a major function in an organization and involve:<br>- Responsibility for planning, designing and carrying out a program that encompasses a wide range of facility/healthcare system//VISN/CO activities<br>- Developing a clinical or clinically-related program or mission<br>- Setting long and short-range goals for the program that are interlinked with goals of the facility/healthcare system/VISN/CO<br>- Adjusting organizational goals<br>- Developing new techniques and methods<br>- Responsibility for methodology, approach, interpretation and evaluation of program<br>-Accountability for success and outcomes of the program | Positions are part of senior management and are responsible for organizational performance and outcomes. These positions involve:<br>- Responsibility for planning, designing and carrying out multiple clinical or clinically-related programs<br>- Setting long and short range goals for programs that are interlinked with goals of the Medical Center/VISN/VHA<br>- Adjusting organizational goals<br>- Developing new techniques and methods<br>- Responsibility for methodology, approach, interpretation and evaluation of programs under the jurisdiction of the position<br>-Accountability for the success and outcomes of multiple programs |

| CRITERIA | NURSE IV | NURSE V |
|---|---|---|
| **Resources Management**<br>Scope of responsibility and accountability for forecasting, | Positions at this level involve:<br>-Recommending new projects and programs within program | Positions at this level involve:<br>-Contributing significant input into allocation of organizational resources, including human and material resources |

| | | |
|---|---|---|
| managing and accounting for program resources | -Assessing and making recommendations for human and material resource needs for clinical, administrative and/or research programs as appropriate<br>-Providing input for determining budgetary requirements in line with organizational funding<br>-Responsibility for allocating program's resources and monitoring in compliance with program goals | needs for clinical, administrative, education and/or research programs as appropriate<br>-Recommending and possessing responsibility for new projects and programs within the organization/VISN/National level |
| ***Program Impact***<br>The impact or potential impact of the programs on both internal and external activities | -The position is responsible for programs that are essential to the mission of the organizational unit and affect overall outcomes and levels of performance achieved by the organization<br>-The programs impact the Department's outcomes and/or how the Department is perceived or regarded by the population served. Impact is both internal and external to the organization<br>-Where appropriate, the position interacts with a variety of Affiliates to provide clinical experience and involves a faculty appointment | -The position is responsible for multiple programs that are essential to the mission of the entire Medical Center/VISN/VHA national level and affects overall outcomes and levels of performance achieved by the organization<br>-Position is responsible for a full range of health services<br>-Impact is both internal and external to the organization<br>-Position impacts a wide range of Department activities and a wide variety of highly sophisticated medical center, VISN, VHA programs and/or other special programs<br>-Position functions as a leader and role model for other organization leaders, e.g., serving as a mentor for Executive Career Field (ECF) participants<br>Where appropriate, position interacts with a variety of academic institutions, serving as a member of academic advisory boards (such as deans committee, advisory committees)(optional) |

| CRITERIA | NURSE IV | NURSE V |
|---|---|---|
| | | -Involves academic mentoring at the graduate level or postgraduate level (optional)<br>-Position involves providing leadership in conducting and integrating complex research studies involved with health care delivery at the medical center, network or Central Office level (optional) |
| **Site Management**<br>Breadth of responsibility | -Position involves program responsibility at facility/stand alone OPC/VISN or National level providing oversight or coordination of program | Position involves:<br>- Program responsibility at multiple facilities and/or with multiple campuses/clinics and complex programs or<br>-Management of complex programs at VISN or CO levels |
| **Environmental Changes**<br>External issues that impact complexity of position | Position includes:<br>-Organizational climate and culture including such issues as work environment, diversity, employee recognition, and safety.<br>-Challenging community relations<br>-Involvement with elected officials on VA related issues/concerns, i.e. members of Congress, VSO, State and Local<br>-Affiliations such as medical school, allied health, etc. and/or professional organizations, community agencies<br>-Labor Relations responsibilities | Position includes:<br>-Organizational climate and culture including such issues as work environment, diversity, employee recognition, and safety.<br>-Challenging community relations<br>-Involvement with elected officials on VA related issues/concerns, i.e. members of Congress, VSO, State and Local<br>-Affiliations such as medical schools, allied health, etc. and/or professional organizations, community agencies<br>-Labor Relations responsibilities<br>-Involved in/leads planning for serving needs/changes in patient population; construction design/redesign of the physical plant |

| CRITERIA | NURSE IV | NURSE V |
|---|---|---|
| **Management Responsibilities**<br><br>**Scope of Authority**<br>Facilitation of success, i.e., effectively accomplishing mission through collaboration and communication across organizational levels and lines, and effecting beneficial partnerships with external organizations or groups such as DoD, VBA, and professional organizations | Position involves:<br>-Representing the Senior Management or the level below Senior Management - Comparable to position at medium to large facilities or serves as an Executive at a small to medium Medical Center or<br>-Serves in VISN or VACO assignment that has responsibility for a single program<br>-Position has broad authority and responsibility for decision making within the scope of the position | Position involves:<br>-Member of Senior Management – comparable to position at medium to large facilities or Network/Chief Offices<br>-Position has broad authority and responsibility for decision making |

]

## APPENDIX H6. PROCEDURES FOR APPOINTING NURSE ANESTHETISTS TO SECTION CHIEF POSITIONS

**1. SCOPE.** This appendix covers the appointment of nurse anesthetists as Chief of the Nurse Anesthesiology Section. It does not apply to those in an "acting" capacity.

**2. PROCEDURES**

a. When a position becomes vacant, the facility will initiate recruitment (where appropriate) and contact the Deputy Director for Nurse Anesthetists, VA Anesthesiology Service, who may recommend additional candidates for consideration.

b. Candidates are screened, interviewed and tentatively selected by the appropriate facility official.

c. The Chief of Staff or designee is to discuss the proposed selection with the Deputy Director for Nurse Anesthetists who has 5 working days to make comments or recommendations concerning the proposed selection.

d. The recommendation is forwarded through channels to the facility Director for consideration. Recommendations are to include the comments of the Deputy Director for Nurse Anesthetists. New appointments require referral to the Physician Professional Standards Board for review.

**NOTE 1:** *The Deputy Director for Nurse Anesthetists is currently located at the VA Medical Center, Augusta, GA, and may be contacted as follows:*

*Deputy Director for Nurse Anesthetists*
*VA Anesthesiology Service (222)*
*VA Medical Center*
*Augusta, GA 30904*
*Phone: (706) 733-0188, ext. 2666*
*Fax: (706) 823-1752*

**NOTE 2:** *Communications with program officials need not be in a formal written format.*

**NOTE 3:** *Facility officials are to maintain documentation regarding their recruitment process. Documentation will include:*

- *A summary of any comments from Central Office program officials regarding the recommended candidate; and*
- *If the position is advertised and a noncitizen candidate is selected, the names of all citizen applicants and the reason(s) why the citizen applicants were not qualified for the position.*

## APPENDIX H7. PROCEDURES FOR APPOINTING PHYSICIAN ASSISTANTS (PAs) at CHIEF GRADE

1. If appropriate, local recruitment efforts are initiated.

2. Once a candidate is identified, the recommendation is sent through the appropriate Physician Assistant Professional Standards Board to the facility Director for approval or disapproval.

**NOTE:** *Any movement to another assignment requires a determination that the new assignment warrants Chief grade. Such determinations shall consider the recommendation of the appropriate Physician Assistant Professional Standards Board.*

# APPENDIX H8. PROCEDURES FOR APPOINTING CHIEFS OF PHARMACY SERVICE (ALL GRADES), CLINICAL PHARMACISTS/PHARMACY SPECIALISTS, AND PROGRAM SPECIALISTS AT GRADES GS-13 AND ABOVE

**1. SCOPE.** This appendix covers appointment of all Chiefs of Pharmacy Service, as well as clinical pharmacists/pharmacy specialists and program specialists in grades GS-13 and above. It does not apply to those in any of these positions in an "acting" capacity.

## 2. PROCEDURES

a. **Clinical Pharmacists/Pharmacy Specialists and Program Specialists (GS-13 and GS-14)**

(1) Local recruitment efforts are initiated.

(2) Candidates are interviewed and credentialed, as appropriate.

(3) Service chief forwards the recommended candidate through channels to the facility Director for consideration. For new appointments, the facility Director must consider the recommendation of the local or VISN Standards Board.

(4) The facility Director approves or disapproves the action.

b. **Chiefs of Pharmacy Service**

(1) Recruitment efforts are initiated. As a minimum, this must include posting the vacancy in the Weekly Summary Bulletin and contacting Central Office program officials who may recommend additional candidates for the position.

(2) Candidates submit applications (including responses to the knowledges, skills, abilities and other characteristics contained in the Weekly Summary Bulletin) to the local facility. Candidates are interviewed, screened and tentatively selected at the facility.

(3) The Chief of Staff or designee discusses the proposed selection with Pharmacy Benefits Management Strategic Health Group (119), which has 5 working days to comment or make recommendations concerning the proposed selection.

(4) The appropriate facility official recommends the selection to the facility Director. New appointments at the GS-12 through GS-14 level must include the recommendation of the VISN Pharmacy Professional Standards Board and any comments made by the Pharmacy Benefits Management Strategic Health Group. New appointments at the GS-15 level are to include the recommendations of the [National] Pharmacy Professional Standards Board.

(5) The facility Director approves or disapproves the action.

(6) The facility notifies the Pharmacy Benefits Management Strategic Health Group and the Network Director of the selection.

# APPENDIX H9. PROCEDURES FOR APPOINTING OCCUPATIONAL AND PHYSICAL THERAPISTS AS SECTION CHIEF

**1. SCOPE.** This appendix covers the appointment of occupational and physical therapists to section chief positions. It does not apply to those in an acting capacity.

**2. PROCEDURES**

a. Local recruitment efforts are initiated by the facility.

b. The service chief or equivalent screens and interviews candidates.

c. The service chief or equivalent forwards the recommended candidate through channels to the facility Director for consideration. For new appointments, the facility Director shall consider the recommendation of the VISN Professional Standards Board.

d. The facility Director approves or disapproves the action.

**NOTE:** *Material submitted to the VISN Professional Standards Board shall include, for appointments, an application form and/or curriculum vitae and evidence of current licensure or certification.*

# APPENDIX H10. PROCEDURES FOR APPOINTING AND ADVANCING DOCTORS OF CHIROPRACTIC

**SCOPE.** This appendix establishes procedures for the appointment and advancement of all doctors of chiropractic in VHA.

## 1. APPOINTMENT PROCEDURES

a. The facility initiates recruitment procedures [and contacts the VHA Director of Chiropractic Service, who may recommend additional candidates for the position.]

b. The appropriate facility officials screen, interview, and tentatively select a candidate for the position.

c. [If the proposed selection does not require a board action, the facility Chief of Staff or designee discusses the proposed selection with the VHA Director of Chiropractic Service who has 5 working days to make comments or recommendations concerning the proposed selection.

d. If a board action is required, the recommendation is forwarded to the facility Director for consideration. Recommendations are to include the comments of the VHA Director of Chiropractic Service. New appointments require an application package and a board action request to be sent through the VISN Office to the VA Central Office Chiropractor Professional Standards Board for review. This Board] will evaluate qualifications and recommend a grade level [and step rate for new appointments] based on the VA qualifications standard for doctors of chiropractic.

[e. After consideration by the Board, a recommendation will be recorded on the board action form, which will be returned to the facility along with the board action package. The facility Director will approve or disapprove the recommendation for appointment.

f. The facility advises the VHA Director of Chiropractic Service of the selection.

**NOTE 1:** *The Director of Chiropractic Service may be contacted through the VA Connecticut Healthcare System as follows:*

*Director, VHA Chiropractic Service*
*VA Connecticut Healthcare System*
*950 Campbell Avenue*
*Mail Stop 111D*
*West Haven, CT 06516*]

**NOTE [2]:** *Submissions to the VA Central Office Chiropractor Professional Standards Board shall include the application form, proof of current licensure, specialty board certification, faculty appointment if any, residency training if any, and proposed clinical privileges for the proposed selectee.*

[*The VA Central Office Chiropractor Professional Standards Board may be contacted through Rehabilitation Services as follows:*

*Rehabilitation Services (10P4R)*
*Department of Veterans Affairs*
*810 Vermont Avenue NW*
*Washington, DC 20420*

**NOTE 3:** *The facility must maintain documentation regarding the recruitment process that was used to solicit applications. This documentation will include:*

- *A summary of any comments from VHA Central Office Director of Chiropractic Service regarding the recommended candidate;*
- *Copies of any paid advertisement that may have been done; and*
- *If the position is advertised and a noncitizen candidate is selected, the names of all citizen applicants and the reason(s) why the citizen applicants were not qualified for the position.*

**NOTE 4:** *Additional program information covering chiropractors may be obtained through the Director of Chiropractic Service or the VHA Chiropractic Service.*]

**2. ADVANCEMENT PROCEDURES**

a. Chiropractors who are eligible for promotion consideration will be submitted to the VA Central Office Chiropractor Professional Standards Board for review.

b. Facility recommendations for Chiropractors to receive special advancements for performance or special advancements for achievement will be reviewed by the VA Central Office Chiropractor Professional Standards Board. Guidance for special advancements can be found in VA Handbook 5017, Employee Recognition and Awards.

c. Board action packages and supporting documentation (current proficiency report and board action folder) will be prepared and sent by the facility Director through the VISN office to the VA Central Office Chiropractor Professional Standards Board. Detailed justifications must accompany requests for special advancements. Board action packages and supporting documentation will be addressed to [Rehabilitation Services (10P4R)].

d. After consideration by the Board, a recommendation will be recorded on the board action form, which will be returned to the facility along with the board action package. The facility Director will approve or disapprove the recommendation for promotion or advancement.

# APPENDIX I. ENGLISH LANGUAGE PROFICIENCY

## 1. GENERAL

a. No person will be appointed under authority of 38 U.S.C. chapter 73 or 74, to serve in a direct patient-care capacity in VHA who is not proficient in written and spoken English. This includes all full-time, part-time, intermittent, without compensation, consultant, attending, and on-facility fee-basis appointments.

b. The facility Director is responsible for identifying all positions involving direct patient-care responsibilities and for determining which applicants are proficient in English. The Director may delegate responsibility for carrying out the administrative functions required to make the language proficiency determinations to the HRM Officer or designee.

c. When a VA facility serves a substantial number of veterans with limited English-speaking ability, the Director must ensure the identification of sufficient numbers of staff members who are fluent in both the language most appropriate to these veterans and in English.

d. The General Counsel has determined that, in making language proficiency determinations and assessments, the Uniform Guidelines on Employee Selection Procedures (41 CFR 60-3) do not apply. However, the facility Director should try to minimize, if possible, any disproportionate adverse impact on members of groups whose primary and native written and spoken language is not English.

## 2. DEFINITIONS

a. **Required English Language Proficiency.** Ability to communicate in spoken and written English with patients and other health care personnel with sufficient fluency to satisfactorily carry out assigned responsibilities.

b. **Direct Patient-Care Capacity.** Face-to-face contacts with a patient for the purpose of providing care, diagnosis, counseling, or treatment. This does not include personnel in nondirect patient-care capacities who may come in contact with patients incidental to their primary job responsibilities. This does include trainees in all health care occupations. This may include, but is not limited to:

(1) Any person technically and/or professionally responsible for supervising the performance of direct patient-care activities such as the Chief of Staff, service or section chief, clinical service supervisors, etc;

(2) Any person responsible for contributing diagnostic, treatment, or counseling information for the patient's medical record;

(3) Any physician or dentist (including residents), podiatrist, optometrist, [chiropractor,] nurse, nurse anesthetist, physician assistant (PA) or expanded-function dental auxiliary (EFDA), except those appointed under authority of 38 U.S.C. 7405 solely for the purpose of carrying on activities other than direct patient care, such as purely academic or research activities;

(4) [Appropriate occupation/position listed as Hybrid Title 38 under 7401(3)]; and

(5) Any person appointed under 38 U.S.C. 7405 to serve in an allied health capacity in support of the total treatment team effort, such as clinical psychologists, social workers, rehabilitation medicine therapists, nursing assistants, and laboratory and radiology personnel, dietitians, etc., who are in direct contact with patients in a diagnostic, treatment, counseling, or care capacity.

c. **Appointment.** Any action to assign an individual to a direct patient-care capacity is considered an appointment for the purpose of this appendix. This includes initial appointment and any initial assignment to a direct patient-care position, such as transfer, reassignment or promotion.

**3. DETERMINATION OF PROFICIENCY.** One of the following criteria will be used to determine English language proficiency:

a. The candidate's primary and native written and spoken language is English.

b. The candidate has completed a combination of 4 or more years of education and/or experience as follows:

(1) Education in this country or in any school in which the basic curriculum is conducted in English, which may include any time spent in graduate and postgraduate training.

(2) Successful work experience in a health care facility in which the primary written and spoken language is English and in which the individual is required to communicate in English.

c. For physicians, any of the following additional criteria may be considered as qualifying for English language proficiency:

(1) Graduation from a medical school accredited by the LCME (Liaison Committee on Medical Education), as listed in the current Association of American Medical Colleges' Directory.

(2) Graduation from a foreign medical school whose curriculum was taught and examined in English.

(3) United States citizenship by birth and graduation from a foreign medical school.

(4) Certification by the ECFMG (Educational Council for Foreign Medical Graduates) with a certificate dated 1976 or later.

(5) Successful completion of the VQE (Visa Qualifying Examination).

(6) Certification by an American Specialty Board.

(7) For residents appointed to an integrated graduate training program (i.e., accredited in the name of an affiliated institution), certification by the Deans Committee or Medical Advisory Committee of having met the written and spoken English proficiency requirements.

## 4. TOEFL (TEST OF ENGLISH AS A FOREIGN LANGUAGE)

a. If a physician, dentist, podiatrist, optometrist, chiropractor, nurse, nurse anesthetist, [EFDA,] or PA does not meet the above criteria or if proficiency is questionable even though one or more criteria are met, the candidate must successfully complete the TOEFL before a determination of proficiency is made. Successful completion of the paper-based version of this test is the achievement of a minimum converted total score of 550 and a minimum converted total score of 213 on the computer-based version. Where the three-part test is taken, a minimum unconverted score of 55 on each of the three parts of the paper-based version, or an unconverted score of 21 on the computer-based version is required.

b. The TOEFL is administered by Educational Testing Services, Inc., of Princeton, NJ, several times each year in centers around the country. For application materials and information about tests (including testing center locations, filing, deadlines, and test dates), facilities or applicants should call 609-771-7100, or access the website. Payment for testing and training of applicants for employment will not be made by VA.

## 5. QUESTIONABLE PROFICIENCY

a. If an individual in any occupation not listed in paragraph 4a [ ], [ ] does not meet the proficiency criteria or if proficiency is questionable even though one or more criteria are met, the facility Director will determine on an individual basis whether the individual is sufficiently proficient for the assignment involved. Although English language proficiency tests are not required, extreme caution should be exercised in assessing written and spoken English proficiency. This can normally be accomplished through personal interview, reference checks, etc., conducted by the appointing official. In doubtful cases, a final determination should be made only after review and interview by a second management official whose native language is English.

b. If any person, at a facility where the primary written and spoken language of the predominant number of patients is other than English, has not demonstrated proficiency as indicated above, or if proficiency is questionable, the facility Director will determine on an individual basis whether the individual is sufficiently proficient for the assignment involved. This determination will be made as described above.

**6. DOCUMENTATION.** The determination that an employee is proficient in English will be documented on the appointment SF 52, Request for Personnel Action, which will be retained for the duration of VA employment.

## 7. TEMPORARY APPOINTMENT PENDING PROFICIENCY DETERMINATION

a. A physician, dentist, podiatrist, optometrist, chiropractor, nurse, nurse anesthetist, [EFDA,] or PA may be appointed under 38 U.S.C. 7405(a)(1)(A) pending successful completion of the TOEFL. The

facility Director or designee will determine on an individual basis, through personal interview, reference checks, etc., that the candidate is sufficiently proficient to have a reasonable assurance of successfully completing the examination.

b. A written statement will be provided to any candidate thus appointed explaining the requirement for the TOEFL and that continued employment is contingent upon its successful completion.

c. The TOEFL must be successfully completed during the first year of VHA employment in a direct patient-care assignment. An employee whose test scores fail to qualify for successful completion of the exam will be terminated from the service on 2-weeks' notice. If the employee's temporary appointment expires in less than 2 weeks, the employee may not be retained beyond this date.

# APPENDIX J. REQUESTS FOR APPROVAL TO PETITION THE UNITED STATES DEPARTMENT OF STATE (DOS) FOR SUPPORT OF A WAIVER OF THE 2-YEAR HOME RESIDENCE REQUIREMENT OF THE UNITED STATES EXCHANGE VISITOR PROGRAM [ ]

**1. SCOPE.** This appendix [concerns policy and] criteria for requesting [ ] approval to petition [the Department of State (]DOS[)] for support [on] behalf of an individual on a J-1, Exchange Visitor, visa for a waiver of the 2-year home residence requirement by [United States Citizenship and Immigration Services, a bureau of the Department of Homeland Security].

**2. BACKGROUND.** The Immigration and Nationality Act requires that certain foreign nationals, who are in the United States (U.S.) as participants in the Exchange Visitor Program, leave the U.S. for 2 years to apply newly acquired training and skills in their home countries. This 2-year home residence requirement also prevents circumvention of the usual methods of immigration to the U.S. Under unusual circumstances, the head of an interested Federal agency may request a waiver of this requirement when that agency determines that such a waiver is in the interest of a program of the U.S. and in the public interest. (Title 22 CFR, part [62], and the Immigration and Nationality Act, section 212(e), as amended.)

**3. POLICY.** The Department of Veterans Affairs (VA) supports the Exchange Visitor Program and the 2-year home residence requirement and will seek waivers only when it is clearly in the interest of the Department and its programs. For VHA, the Secretary has delegated to the Under Secretary for Health, or designee, authority to approve such requests and to determine when submission of requests for waivers are appropriate. [For VA organizations other than Veterans Health Administration (VHA), waiver requests will only be considered on a case-by-case basis for approval by the Secretary. Inquiries concerning such waiver requests may be directed to the Office of the Deputy Assistant Secretary for Human Resources Management and Labor Relations (059).]

**4. [VHA POLICY AND CRITERIA CONCERNING WAIVER REQUEST SUBMISSIONS.** VHA Handbook 5005.1, "Requests to Petition the United States Department of State for a Waiver of the Two-Year Home Residency Requirement on Behalf of an Exchange Visitor," dated January 26, 2005, revises instructions and submission procedures related to facility requests for VHA Central Office to petition DOS for waivers of the 2-year home residency requirement on behalf of Exchange Visitors (J-1 visa holders). This VHA Handbook serves as a supplement to this Appendix. The VHA Handbook can be found at the following Web link: http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1219].

## APPENDIX K. RCVL (RESIDENT/TRAINEE CREDENTIALS VERIFICATION LETTER)

Department or Program
Medical School
Date _____

Director (00)
VA Medical Center
(Address)_____

Dear

I certify that the residents/trainees listed on the enclosed sheet, to be appointed to the Department of Veterans Affairs _____(Medical Center)_____, to work at varying times during the period of July 1, 20__ through June 30, 20__, are physically and mentally fit to perform the duties assigned to them. They meet, in full, the education, credential, and program requirements established by __(medical school or VA medical center)___in this __ACGME (Accreditation Council for Graduate Medical Education) or nationally accredited__training program. Their credentials (diplomas, letters of reference, certificates of advanced training, all State professional licenses held prior to entry into the program or obtained during residency training, and, where applicable, DEA (Drug Enforcement Administration) certification and ECFMG (Educational Council for Foreign Medical Graduates) certification, have been verified, and you have been advised of any problems relating to the credentials of these residents/trainees, where appropriate.

I also certify that the process of privileging of residents for clinical procedures will be completed and appropriately updated by me as program director (or by the appropriate VA service chief), in accordance with ACGME-established criteria for the essentials and special requirements for residency training programs. If you have any questions or require additional information, let me know.

Signed _____
Program Director or VA Service Chief
Department of _____

VAMC Chief of Staff
Accept/Do Not Accept _____ Comments: _____
Date _____

VAMC Director
Accept/Do Not Accept _____ Comments: _____
Date _____

Attachment: List of Residents/Trainees

Department or Program
School

## ATTACHMENT TO RCVL

(Medical Residents)

Academic Year ___

Title of Residency Program

Name Specialty

Department or Program
School

## ATTACHMENT TO RCVL

(Dental, Podiatry [,] Optometry [, and Chiropractic] Residents/Trainees)

Academic Year_____

(List all residents/trainees by program.)

**Name** **Program**

## APPENDIX L. CREDENTIALING CHECKLIST

Applicant: _____

| | Action Initiated | Action Completed |
|---|---|---|
| 1. Application Form (including follow-up as required) | | |
| 2. State Licensure/Registration (verify in all States where claimed by applicant) | | |
| 3. Certification(s) Verification (national board or other certifications) | | |
| 4. Drug Enforcement Certification (DEA) (obtain copy of DEA card) | | |
| 5. Reference Letter(s) (VA Form Letter 10-341a may be used; one reference must be from current or most recent employer; obtain personnel folder if applicant has prior Federal service; additional references may be required.) | | |
| 6. Citizenship Documents (visa status or evidence of naturalization) | | |
| 7. Physical Examination (or statement of mental and physical health status, as appropriate) | | |
| 8. Federation of State Medical Boards (FSMB) Screening (physicians only, copy of FSMB letter) (Optional) | | |
| 9. Copy of Clinical Privileges (current or most recent privileges) | | |
| 10. Education/Training Verification | | |
| 11. Deans Committee Nomination (as appropriate) | | |
| 12. Medical Staff Bylaws Acknowledgment (required for clinical privileging) | | |
| 13. Board Action | | |

Date Appointed: _____

## APPENDIX M. SAMPLE CONSULTANT CERTIFICATE

"In approving the filling of this consultant position without regard to the laws and regulations governing appointments in the competitive civil service, and in approving the rate of pay set for this position without regard to the classification and pay laws, I have considered the requirements of law (5 U.S.C. 3109), and relevant Comptroller General decisions that spell out the conditions under which consultants may be appointed.

"More specifically, I have satisfied myself that:

"(a) The position is necessary;

"(b) The position is a 'consultant position' as defined in 5 CFR 304.102(b);

"(c) The work is temporary in nature, that is, will not exceed 1 year or, as appropriate '. . . requires services only irregularly (that is, with no regular tour of duty) or occasionally,' requires a high level of expertness not available in the regular workforce, is of a purely advisory nature, and does not include the performance or supervision of operating functions;

"(d) This authority is the most appropriate appointing authority for meeting VA's needs;

"(e) The proposed appointee meets OPM's definition of 'consultant' in 5 CFR 304.102(b) and does, in fact, possess the kind and level of expertness that will permit him/her to render the services VA seeks;

"(f) The daily rate intended to be paid the proposed appointee is commensurate with the level of the work he/she is to perform and his/her qualifications for the work; and

"(g) Required documentation is in order."

In some situations, it will be necessary to modify the sample certificate as, for example, when the appointment is made under an authority other than 5 U.S.C. 3109, the pay is set under the General Schedule (primarily if an appointment is under Schedule A), or the appointee will serve without compensation. Slight modification will also have to be made if the position is that of an expert rather than a consultant, although all the basic elements of the consultant sample must be included.

# [APPENDIX N: PATHWAYS PROGRAMS

**1. PURPOSE**. This section outlines the policy and procedures for the use of the Pathways Programs, which consists of the Internship, Recent Graduates and Presidential Management Fellows (PMF) Programs.

## 2. GENERAL REQUIREMENTS APPLICABLE TO ALL PATHWAYS PROGRAMS APPOINTMENTS.

a. **Core Principles**. The Pathways Programs are intended to be limited in scope, transparent, and fair to Veterans. The Programs also require an investment from hiring officials in the training, mentoring, and career development of the individuals who are brought into these Programs. HR offices play a critical role in ensuring that hiring officials comply with the intended use of these Programs as a supplement to, rather than a substitute for, the competitive hiring process.

b. **Merit System Principles and Equal Employment Opportunity**. In all actions related to the Pathways Programs, HR Offices must adhere to the merit system principles in 5 U.S.C. 2301(b), avoid prohibited personnel practices in 5 U.S.C. 2302, and provide equal employment opportunity without regard to race, ethnicity, color, religion, sex (including pregnancy and gender identity), national origin, age, disability, sexual orientation, genetic information, or any other non-merit-based factor, as stated in 5 CFR 362.101(c).

c. **Pathways Memorandum of Understanding (MOU)**. The VA Pathways Program Officer coordinates the reestablishment of the MOU with OPM at least every two years and coordinates modifications to the MOU, as requests for changes are received. The Assistant Secretary for OHRA (006) is delegated authority to enter into agreement on behalf of VA. An approved and current MOU must be in place prior to HR Offices making appointments in the Pathways Programs. In accordance with the MOU and 5 CFR 362.104(c), VA will:

(1) Provide to OPM any information it requests on VA's Pathways Programs;

(2) Adhere to any caps on the Pathways Programs imposed by the OPM Director;

(3) Provide information to OPM about VA job opportunities for individuals interested in participating in the Pathways Programs;

(4) Ensure adherence to the requirements for accepting applications, assessing applicants, rating and ranking qualified candidates, and affording Veterans' preference in accordance with the provisions of 5 CFR, part 302; and

(5) Provide a meaningful, consistent on-boarding process for each Pathways Programs Participant.

d. **OPM Pathways Programs Oversight**. The OPM Director may establish caps on the number of Pathways Participants whom VA or the entire Federal Government may appoint or convert in any Pathways Program. In the event the OPM Director determines that any caps would be appropriate, OPM will publish notice of such caps in a manner chosen by the OPM Director. The OPM Director may

establish such caps based on VA or Government-wide use of the Pathways Programs, input from the Executive agencies, and consideration of the following:

(1) Department MOU compliance;

(2) Department approach to entry-level hiring;

(3) Department engagement in sound workforce planning to ensure that an adequate number of permanent positions will be available to which hiring facilities can convert Pathways Participants who successfully complete their Programs;

(4) Department record in using the Pathways Programs as a supplement to competitive examining, rather than as a substitute for it;

(5) Department record of publicizing positions in the Pathways Programs, and recruiting and selecting from a broad array of sources; and

(6) Any other information the OPM Director deems relevant.

e. **Workforce Planning and Budgetary Impact**.

(1) As key members of the position management team, Human Resources Officials should work with other key players responsible for fiscal functions. Before filling any position under these Programs, hiring officials must determine if the use of the Pathways Programs will help meet the long-term and short-term workforce needs of the facility. The need must be included in their workforce planning to ensure that an adequate number of permanent positions will be available to convert Participants who successfully complete their programs to the title 5 competitive service. This step must occur before a Pathways position is advertised or filled. Facilities must ensure this information is accounted in their workforce plans. Hiring officials must consider the future availability, career path and grade level of target positions when determining to employ a Participant with the expectation of conversion to a permanent position in the competitive service upon completion of the Program. However, under extenuating circumstances it may be appropriate to convert a Participant to a term position and later convert the Participant to a permanent position.

(2) The HR Officer/Director or designee should advise the facility's leadership and other key players of the structure, impact and intent of each Pathways Program. This information may have considerable impact for workforce planning in determining and allocating funding needs, the facility structure, and full-time equivalents (FTE). VA facilities that hire individuals in the Pathways Programs must use available facility funds and FTE allocations.

(3) A Recent Graduate and PMF position funded by the facility is a full-time position and counts toward the maximum number of FTE that an organization may employ. A Recent Graduates and PMFs count against personnel ceilings and their salaries are paid by the employing organization. In some cases, these salaries may be paid or reimbursed by an outside organization (i.e., Administration-level organization). In these cases, the employing facility may determine it unnecessary to account for the

funded position; however, consideration should be given when the facility is planning to convert the Participant to a term or permanent position upon completion of the Pathways program.

(4) Facilities should determine the best approach for accounting for funded and non-funded indefinite Internship (without time limitation) and temporary Internship (not to exceed one year) positions. An Intern whose work assignment is indefinite is appointed without time limits and should be converted permanently to the competitive service upon successful completion of the program.

g. **Bargaining Unit Coverage**. The HR Officer/Director or designee must consult with their designated Labor Management Relations Specialist and/or Classification Specialist to determine if Pathways positions are included or excluded from provisions in applicable labor agreements.

h. **Outreach and Recruitment**.

(1) Facilities are encouraged to conduct outreach and to build partnerships with local colleges, universities, trade schools, etc. to promote the Pathways Programs. This may occur through on-line and/or on-campus informational events and liaison activities.

(2) When actual Pathways opportunities are available and the organization facility is actively recruiting, the recruitment strategy should target individuals from various locations, colleges/universities, and backgrounds helping to create a diverse applicant pool. For Pathways positions, recruitment efforts should not be exclusive to only one institution, but should be a part of comprehensive recruitment strategy that includes a variety of outreach resources.

(3) HR Offices must ensure that public notification requirements are met in accordance with 5 CFR 362.105(b). The public notification requirements are met by posting a job opportunity announcement (JOA) as described in paragraph 2(i) of this appendix. An advertisement or a notice of recruiting event/job fair on OPM's USAJOBS Web site will also assist with marketing upcoming recruitment events and Pathways opportunities. If the recruiting office has Pathways Programs opportunities and attends a recruitment event (i.e., job fair), a JOA should be opened to allow interested individuals to apply to the opportunities available to attendees of the recruitment event. This ensures that all applications are recorded properly in USA Staffing ®, 5 CFR, part 302 procedures are followed, Veterans' preference rules are applied with regard to referral and selection. Policy regarding JOAs are found in paragraph 2(i) of this appendix. Policy regarding job advertisements and notices are in paragraph 2(j) of this appendix.

**i. Job Opportunity Announcement (JOA)**.

(1) Posting of JOAs ensures that Pathways opportunities meet public notification requirements. JOAs must be posted for at least 5 calendar days and comply with any labor obligations. Hiring offices cannot limit a Pathways JOA to a specific educational institution or geographic area. Opportunities, except for PMF JOAs, are posted on OPM's USAJOBS web site using the USA Staffing® system.

(2) Pathways JOAs must include the following OPM-mandated requirements:

(a) Position title, series, and grade of the position(s) being filled;

(b) Geographic location(s) of the position(s) being filled;

(c) Information about How to Apply;

(d) Reasonable Accommodation statement;

(e) Information about how to claim Veterans' preference; and

(f) OPM standardized language for fair employment opportunities.

(3) Pathways JOAs must include the following VA-mandated requirements:

(a) Special employment Consideration statement;

(b) Brief description of duties of the job(s) to be filled;

(c) Available work schedules for the job(s) to be filled;

(d) Information about the possibility of conversion to permanent appointment (if applicable);

(e) Promotion potential (i.e., career ladder) and target grade while serving in the Program (if applicable);

(f) Availability of relocation expenses or recruitment/relocation incentives (if applicable);

(g) Eligibility for placement, upon conversion, in a position with promotion potential (i.e., career ladder) (if applicable);

(h) Any strategies utilized by a facility to limit the number of applicants (if applicable);

(i) For Internship Program JOAs, eligibility for conversion based on Superior Academic Achievement (S.A.A.) (if applicable);

(j) Any other special requirements and/or agreements (i.e., mobility agreement or continued service agreement);

(k) For Recent Graduate Program JOAs, any positive education requirement from the OPM qualification standard (if applicable);

(l) For Internship Program JOAs, the required current academic program for a position that are expected (through workforce planning) to convert to a position with positive education requirement (if applicable); and

(m) For Recent Graduate Program JOAs, a note stating an applicant within 9 months of completing qualifying education may apply, but he/she must successfully complete academic requirements prior to appointment. The HR office may use this flexibility at its discretion based on hiring needs and the

timing of the recruitment. See the OPM Operating Manual for Qualification Standards for General Schedule Positions.

**NOTE:** *Internship and Recent Graduate JOAs posted prior to the issuance of this policy may not comply with these mandated requirements. To convert a Participant into a position with a career ladder that was not communicated in the original JOA, the servicing HR Office must initiate a new JOA as outlined in* paragraph (2)(i)(4)(b). *The facility also has the option to convert the Participant to the competitive service at the appropriate grade for which he or she qualifies and later initiate recruitment for a career ladder position under competitive promotion procedures.*

(4) **Public Notification Methods**. For Internship and Recent Graduate positions, HR Offices must announce positions using the Group Rating procedure described in paragraph 3 of this appendix. To meet public notification requirements, facilities may use the following methods for posting Internship and Recent Graduate JOAs:

(a) **Positions announced to facility and/or all VA Employees**. When the hiring facility chooses to limit the JOA of an Internship or Recent Graduate position to all facility and/or VA employees, the facility must use the option in USA Staffing® to post the JOA to "Agency Employees Only – Intranet Posting Only." In this case "Intranet" is the VA Careers Web site. Applicants must meet the program eligibility criteria to be considered for the program and be serving in an appointment in the competitive or excepted service. If more than one individual is interested, the agency must apply the selection procedures under 5 CFR, part 302. (Reference: Announcement Work Area of the Desk Guide for Merit Promotion Purposes Using USA Staffing.)

(b) **Positions limited to VA Employees in a specific Pathways Program**. When the hiring facility chooses to limit the JOA of a Pathways Internship or Recent Graduate opportunity to all of facility and/or VA employees currently in a specific Pathways Program, the facility will use the option in USA Staffing® to post the vacancy to "Exclusive Posting – Will Not Appear on USAJOBS Web site or VA Intranet." The facility will then provide information about the JOA and its web link via an e-mail to the targeted employee population or on a shared network drive accessible to that employee population. Applicants must meet the program eligibility criteria to be considered for the program and be serving in a Pathways appointment in excepted service. If more than one individual is interested, the agency must apply the selection procedures under 5 CFR, part 302. (Reference: Announcement Work Area of the Desk Guide for Merit Promotion Purposes Using USA Staffing.)

(c) **Positions announced to Candidates outside of VA**.

1. When any Pathways Internship or Recent Graduate position will be open to applicants outside VA, the hiring facility will use USA Staffing® to post the vacancy on USAJOBS Web site open to the general public who meet the eligibility requirements for the program. When Internship or Recent Graduate Program opportunities announced to potential candidates outside of the Department's current workforce are likely to yield an overwhelming high number of applicants. To mitigate the impact, HR Offices should consult with hiring officials to tailor the job analysis and other assessment tools to obtain the desired candidate pool.

2. The consultation with the hiring official should consider various factors that include, but are not limited to the following: shortening or extending the length of the announcement period; limiting the number of applications on midnight of the day on which applications reach a specified number, e.g., 75 or 100; and using specific eligibility requirements for entrance into the Pathways Internship Programs, e.g., ability to work a specified number of hours each week or at a specific location or maintenance of a minimum grade point average as an eligibility criteria. Any strategies utilized by a facility must be defensible and included in the job opportunity announcement so that all potential applicants are informed.

**NOTE**: *Current Internship Participants from other agencies may apply to VA Internship public notices announced to candidates outside of VA. Paragraph 2(i) does not cover conversions of Interns from other agencies into VA competitive service positions which are covered in Paragraph 4(p) of this appendix.*

(d) **Presidential Management Fellows (PMF) Program**. OPM administers the announcement for PMF positions and determines the open period for interested individuals to apply for the Pathways PMF Program. This process also includes an assessment. OPM then publishes a list of PMF finalists. To meet public notice requirements for PMF positions, the facility-level Pathways Program Coordinator (PPC) must work with their respective Administration Pathways Programs Officer (PPO) who will coordinate the posting of the vacancy on the PMF Program web site. For specific job openings, for which PMF finalists may apply, VA will place job postings on an OPM-maintained PMF Program web site.

j. **Publication of Job Advertisements and Notices of Recruiting Event/Job Fairs**.

(1) When hosting or attending recruitment events or job fairs HR Offices must post Internship and Recent Graduate JOAs on OPM's USAJOBS web site and use the system to allow applicants to apply online. This practice builds consistency within the Department and ensures that all applications are recorded in USA Staffing®. HR Offices may consider using USA Staffing® to post a job advertisement or a notice of a recruiting event/job fair on the USAJOBS web site to publicize Pathways Internship and Recent Graduate opportunities in addition to hosting or attending a recruitment event or job fair.

(2) A job advertisement or notice of a recruiting event or job fair is posted similarly to a JOA, but does not include the "apply online" feature. The job advertisement and notice is used to specifically direct interested applicants to a VA intranet site, i.e., VA Careers, which contains information about the event and how to apply if an interested person is unable to attend the actual event.

k. **Appointments**.

(1) Facilities must fill all positions under the Pathways Programs using the excepted service appointing authority provided by 5 CFR 213.3402 (a), (b), or (c); and will be documented with the appropriate codes and remarks from OPM's Guide to Processing Personnel Actions. OPM's Guide to Processing Personnel Actions contains Nature of Action and Legal Authority Codes and required remarks to be used when documenting the Pathways appointment and the conversion actions to the competitive service on the Standard Form 50.

(2) Facilities must follow the procedures of 5 CFR, part 302 as described in VA Handbook 5005, Staffing, Part II, Chapter 2 when filling a position under a Pathways Program. Appointments are subject to all the requirements and conditions governing term, career-conditional, or career employment, including the investigation to establish an appointee's qualifications, eligibility, and suitability. Hiring documentation should be properly filed in the electronic Official Personnel Folder (e-OPF) in accordance with OPM's Guide to Recordkeeping and guidance issued by OHRM's Human Resources Information Service (056).

l. **Qualification Standards**. To ensure consistency in the Department, Internship Program applicants are to be evaluated using the VA Pathways Internship Program qualification standard in Appendix II-F4. Recent Graduates and PMF Programs positions are evaluated using the appropriate OPM qualification standards for the specific occupational series.

m. **Selective Factor**.

(1) For Internship and Recent Graduate positions, a hiring facility may use a selective factor, sometimes referred to as a screen-out factor, to identify special requirements that are absolutely needed to perform the work of an individual position. A selective factor can include a requirement for a specific knowledge, skill, and ability (KSA) or competency or Federal or State requirement for licensure or certification. A selective factor becomes part of the minimum requirements for a position, and individuals who do not meet it are ineligible for further consideration. A selective factor can be used for a position at any grade level where specialized experience is used to meet the minimum qualification requirements.

(2) It is essential that any selective factor used in filling a particular vacancy be included in the JOA and is established during the job analysis process. Hiring facilities cannot require applicants to meet selective factors that were not established prior to advertising a position, nor can they require selective factors that were not made known to applicants. Selective factors cannot be so narrow that they preclude from consideration applicants who could perform the duties of the position; require KSAs/competencies that could be learned readily during the normal period of orientation to the position; be so specific as to exclude from consideration applicants without prior Federal experience; be so restrictive that they run counter to the goal of placing applicants from priority placement lists established to assist in the placement of employees affected by reductions in force; or require the completion of educational requirements for specific coursework for occupations that do not have a positive education requirement.

n. **Quality Ranking Factor**.

(1) A quality ranking factor (QRF) is a knowledge, skill, or ability (KSA) that could be expected to enhance performance in a position, but are not essential for satisfactory performance. QRFs focus on the level of proficiency the applicant brings to the position. A QRF can be used for a position at any grade level where specialized experience is used to meet the minimum qualification requirements.

(2) QRFs are determined and recorded during the job analysis process. Applicants with higher proficiency levels should perform better in the position. Applicants who possess such QRFs may be ranked above those who do not, but no applicant may be rated ineligible (i.e., screened out) for failure to

possess a QRF. QRFs are based on the work of the positon and must comply with the OPM Operating Manual for Qualification Standards for General Schedule Positions.

o. **Citizenship**. Facilities may appoint a non-citizen provided that the Pathways Participant is lawfully admitted to the United States as a permanent resident or is otherwise authorized to be employed. A Pathways Participant **must** be a United States citizen or national to be eligible for noncompetitive conversion to the competitive service.

p. **Compensation**. Pay setting policies are covered in VA Handbook 5007, Pay Administration. The rules for setting pay upon the initial appointment and conversion of a Participant are governed by the pay administration rules of the pay system or pay plan of the Participant's position under the Pathways program. In determining the Participant's compensation, facilities may also use any applicable pay flexibilities, within guidelines, available under the title 5 pay system for General Schedule (GS) and Federal Wage Grade (WG) pay plans (e.g., recruitment, relocation, and retention incentives GS schedule positions, special rates under 5 CFR, part 530, subpart C; pay retention eligibility under 5 CFR, part 536, subpart C; and the superior qualifications and special needs pay setting authority and the maximum payable rate rule under 5 CFR, part 531, subpart B).

q. **Employment of relatives**. Appointments and conversions of Pathways Programs Participants must comply with 5 CFR, part 310. A Pathways Participant may work in the same facility with a relative when there is no direct reporting relationship and the relative is not in a position to influence or control the Participant's appointment, employment, promotion, advancement, performance rating or training opportunities.

r. **Performance and Progress Evaluation**. Each Participant serving more than 90 calendar days in a 12 month period must be placed on a performance plan, as prescribed by 5 CFR, part 430 or other applicable law, regulation or VA policy, establishing performance elements and standards that are directly related to acquiring and demonstrating the various leadership, technical, and/or general competencies expected of the Participant, as well as the elements and standards established for the duties assigned. VA Handbook 5013, Performance Management Systems, Part I - Title 5 Performance Appraisal Program, does not require a formally established performance plan for temporary title 5 excepted service employees expected to work 90 calendar days or less in a 12-month period, e.g., a Pathways Intern hired for the summer with a corresponding not-to-exceed date. However, performance expectations must still be communicated to the Intern in writing in accordance with the Participant Agreement.

s. **Separations**.

(1) A Hiring official or supervisor, in consultation with the servicing HR Office, may terminate a Pathways Participant for reasons including misconduct, poor performance, failure to meet the requirements set forth in the Participant Agreement, or for a suitability issue under the provisions of this chapter and in accordance with VA Handbook 5021, Employee/Management Relations.

(2) A Pathways Participant may resign at any time during the Program by submitting a notice of resignation. The notice should include the effective date of resignation, forwarding contact information

(e.g., address, phone number and email) and, if desired, a reason for the resignation. This information should be documented in accordance with Chapter 31 of OPM's Guide to Processing Personnel Actions, and properly filed in the e-OPF in accordance with OPM's Guide to Recordkeeping and guidance issued by OHRM's Human Resources Information Service (056).

t. **Tenure or Career Tenure**. Time spent serving as a Pathways Participant counts towards career tenure when the individual is noncompetitively converted to a permanent position in the competitive service upon completion of the Program, with or without an intervening term appointment, and without a break in service of one day. Though Pathways Participants are eligible for noncompetitive conversion to the competitive service upon successful completion of their Program and any other applicable conversion requirements, service in a Pathways Program confers no right to further employment in either the competitive or excepted service. Facilities wishing to convert Pathways Participants must execute the required actions to do so.

u. **Trial Period**.

(1) Policy concerning trial periods for title 5 Excepted Service appointments is covered in Part II, Chapter 2, Section C, Paragraph 6h of this handbook. Individuals selected for Pathways excepted appointments lasting more than 1 year (indefinite) are required to serve a 1-year trial period. This means that all Pathways Participants, with the exception of those appointed to temporary Internship appointments (not to exceed 1 year), serve or the time served is creditable towards meeting a trial period.

(2) The entire period served under an Internship Program (appointed indefinitely) will count toward the 1-year trial period if the appointment is initially established with an ending date of more than 1 year. VA Handbook 5005, Staffing, Part II, Chapter 2, Section C, Paragraph 6h, requires a 1-year trial period for excepted indefinite appointments lasting more than 1 year. If the Intern has served at least 1 year in the Pathways Program, upon conversion to the competitive service from these programs, the Intern is not required to serve a probationary period in accordance with 5 CFR 315.802. If a full year is not served prior to conversion, the prior Federal civilian and creditable Pathways program service is credited toward the completion of the trial period in the same manner as prescribed in 5 CFR 315.802.

(3) The entire period served under the Recent Graduates and Presidential Management Fellows Programs is a trial period. Upon conversion to the competitive service from these programs, the employee is not required to serve a probationary period in accordance with 5 CFR 315.802. Furthermore, prior Federal civilian service is credited toward the completion of the required trial period in the same manner as prescribed in 5 CFR 315.802.

v. **Requirement for Considering Excepted Service Priority Referral Eligibles**. Pathways appointments, which are in the title 5 excepted service, are subject to the regulatory provisions governing any facility-established Priority Reemployment List (PRL) and/or Reemployment List (RL) under 5 CFR, part 302, subpart C. Pathways appointments and related noncompetitive conversions to the competitive service are not subject to the regulatory provisions in the competitive service for the Reemployment Priority List (RPL), the Career Transition Assistance Plan (CTAP), or the Interagency Career Transition Assistance Plan (ICTAP), as stated in 5 CFR 330.211(f)(3), 5 CFR 330.609(e)(3), and 5 CFR 330.707(h)(3), respectively.

w. **Reporting**. On an annual basis the VA PPO will collect from each Administration PPO, at a minimum, the following information:

(1) For the coming year:

(a) The occupations for which the Pathways Programs will be used to fill entry-level positions.

(b) The percentage of positions to be filled under the Internship, Recent Graduates, and PMF Programs.

(2) For the previous year:

(a) The number of participants initially appointed under each Pathways Program.

(b) The percentage of the agency's overall hires made from each Pathways Program.

(c) The number of Pathways Program participants converted to the competitive service for each Pathways Program.

(d) The number of Pathways Program participants who were separated for each Pathways Program.

x. **Applicability of VA Time-in-Grade Restrictions for Pathways Programs**.

(1) VA Handbook 5005, Staffing, Part III, Chapter 2, paragraph 5b, and Appendix III-B, extends time-in-grade (TIG) restrictions to VA title 5 excepted service GS positions; however, TIG restrictions do not apply to promotions or appointments of a Pathways Programs Participant.

(2) If otherwise eligible, Internship and Recent Graduate Participants serving in career-ladder Pathways positions may be promoted upon successfully meeting educational requirements.

(3) TIG restrictions do not apply to a conversion of a Pathways Participant to a position in the competitive service. This means that upon meeting the eligibility requirements for noncompetitive conversion the Participant may be converted to a higher grade level in the competitive service if the qualification requirement is met as long as the job opportunity announcement included the target position for conversion. After conversion to the competitive service, TIG restrictions apply to movements in accordance with TIG provisions in 5 CFR, part 300, subpart F.

(4) A current and former competitive service federal employee is not required to meet TIG requirements to be appointed into any Pathways positions in the excepted service. In addition, current Pathways Participants selected for and converting to a new Pathways Programs appointment (i.e., Intern NTE converting to Internship (without time limitation) are not required to meet TIG restrictions).

(5) Time-in-grade restrictions are not applicable to Federal Wage Grade (WG) System positions. However, promotions to WG positions must follow merit system principles even in the absence of specific controls or restrictions.

y. **Veterans' Preference**. For any Pathways position, the hiring facility must ensure that Veterans' preference provisions in 5 CFR, part 302, subpart C, are applied for applicants for all Pathways Program positions regardless of the area of consideration.

**NOTE:** *Regarding a referral for PMF candidates, the VA PMF Coordinator must adjudicate Veterans' preference prior to issuing the list to the hiring official.*

z. **Voluntary Reassignments and Demotions for Pathways Participants**. The HR Officer/Director or designee, should consult with the hiring official to determine the best recruitment and hiring strategy. An organization is permitted, at its discretion, to process a voluntary reassignment or voluntary demotion when the following conditions are met:

(1) The Participant is eligible to remain in the specific Pathways Programs.

(2) The new position is in the same type of Pathways Program (i.e., Intern NTE to Intern NTE).

**NOTE:** *Movements to a different program (i.e., Internship to Recent Graduate) or a different appointment type (i.e., Internship NTE to Internship without time limitation) must meet public notification and Veterans' preference requirements.*

(3) The new position is in the same organizational entity (i.e., service or division) as indicated by an approved organizational chart or position listing.

(4) The Participant is qualified for the new position.

(5) The movement results in a reassignment or demotion to a position without any known promotion potential.

(6) No more than one employee requests a reassignment or demotion for a certain position. If more than one request is received and/or there are other potentially eligible Participants in the facility, a public notification must be issued at a minimum to all current Program Participants in the facility. The selection procedures in 5 CFR, part 302 will apply.

(7) The selection does not violate any prohibited personnel practice and/or merit system principle.

(8) Noncompetitive movement of an Internship Program Participant from another organization or VA facility is prohibited unless the move is a condition of employment (i.e., mobility agreement) and it was included in the original JOA. A selection of a Participant from another federal agency requires public notice as described in paragraph 2(i) of this appendix.

aa. **Participant Agreement**. Each VA Pathways Programs Participant must be issued a Participant Agreement. The appropriate officials must sign the agreement within 10 calendar days of the appointment. A change to the Participant Agreement warrants a new agreement with new signatures each signing party. The PPMO office provides the Participant Agreements.

bb. **Movement from the Competitive to the Excepted Service**. If selected for a Pathways Position, a current civilian employee serving under a non-temporary appointment in the competitive service may not be moved to the excepted service unless the employee has been informed in writing how his/her rights, tenure, and benefits are affected by the change. The employee must also submit a written statement acknowledging that he/she is leaving the competitive service voluntarily to accept a new appointment in the excepted service.

cc. **Records**. An electronic recruitment case file must be established and maintained for every new Pathways appointment. The file should a copy of the JOA, all applications with supporting documentation, referral certificates, and the selecting official's decision.

**3. REFERRAL AND SELECTION PROCEDURES**.

a. **Introduction**. Applicants for VA Pathways Internship and Recent Graduate Programs positions are to be rated, referred, and selected using a category-rating like process called Group Rating. Group Rating is similar to category rating for competitive service positions. The group rating system provides eligible Veterans and priority eligibles the same referral advantage as traditional methods described in 5 CFR, part 302. The recruitment procedures covered in this section apply to internal and external job opportunity announcements (JOAs) for Pathways positions.

b. **Exclusion**. *Luevano Consent Decree* covered positions that fall under Administrative Careers with America (ACWA) testing requirements in the Recent Graduate Program are not covered by the procedures in this section. An appropriately assigned VA Delegated Examining Unit (DEU) conducts recruitment for these positions as rating and ranking is based on ACWA numerical scores, as applicable. ACWA applies to certain two-grade interval administrative positions that are being recruited for at the GS-5 and/or GS-7 grade levels. Any alternative testing tool (i.e., other valid assessment) used in the place of the ACWA test must be approved for use by Recruitment and Placement Policy Service (059).

c. **Application of Group Rating Procedure for Internship and Recent Graduate positions**. Group Rating is a category-rating like process designed for VA Pathways Programs and allows for selection from a large, high quality group of candidates. The hiring official must make a selection from among all of the eligibles in the highest quality group. A hiring official may not select a non preference eligible over a preference eligible unless an objection or pass over request is sustained. A selection must be made from within the highest quality group regardless of the number of candidates. Preference eligibles receive absolute preference within each group.

d. **Occupational Assessments**. It is imperative that the hiring official (or other subject matter expert), in consultation with the servicing HR Office, develop a strong job analysis. This helps differentiate between candidates. The hiring official and servicing HRO must establish and define the quality groups in the job analysis prior to issuing the JOA. In Group Rating, numerical scores are not assigned to applicants; however, the job analysis is used to create the occupational assessment which is used, along with the other application materials, to place applicants in the appropriate quality group.

e. **Quality Groups**. In Group Rating there must be defined quality groups. Quality groups are defined to reflect the requirements to perform the job successfully and to distinguish differences in the quality of each applicant's job-related competencies or knowledge, skills, and abilities (KSAs).

(1) **Internship Positions**. Under the Group Rating procedure, eligible applicants who meet basic minimum qualification requirements established for the position and whose job-related competencies or KSAs have been assessed are ranked by being placed in one of three quality groups: (1) Best Qualified (2) Well Qualified and (3) Qualified.

(2) **Recent Graduate Positions**. Under the Group Rating procedure, eligible applicants who meet basic minimum qualification requirements established for the position and whose job-related competencies or KSAs have been assessed are ranked by being placed in one of four quality groups: (1) Highly Qualified (2) Best Qualified (3) Well Qualified and (4) Qualified.

**NOTE:** *Due to the type of positions filled using the Recent Graduates authority, it is appropriate to assess Recent Graduates positions in the same manner as VA competitive service positions subject to Category Rating.*

(3) **PMF Positions**. The Office of Personnel (OPM) administers the application process for the PMF Program and conducts a competition for the selection of Finalists based on 5 CFR, part 302. OPM determines the qualifications for PMF finalists at the GS-9 grade level.

f. **Job Opportunity Announcement (JOA) Requirements**. Servicing HR Offices must describe each quality group in the JOA. The JOA must clearly state how applicants will be rated, ranked, and selected with the pre-defined quality groups (i.e., "Highly Qualified and Qualified" or "Highly-Qualified, Well-Qualified, and Qualified"). The JOA must clearly describe how Veterans' preference is applied under group rating procedures.

g. **Veterans' Preference**.

(1) After the appropriate quality group is identified for each qualified applicant, Veterans' preference is adjudicated for each applicant based on his/her supporting documentation submitted with their application materials. In Group Rating, certified preference eligible Veterans are listed ahead of non preference eligibles within each quality group. In Group Rating, Veterans' preference order is as follows:

(a) 30% Compensable Disability Preference (CPS)/Compensable Disability Preference (CP) Eligibles

(b) Disability Preference (XP) Eligibles

(c) Tentative Preference (TP) Eligibles

(d) Sole Survivorship Preference (SSP) Eligibles

(e) Non Preference (NV) Eligibles

(2) For Professional and Scientific positions at the GS-9 grade level and above, CPS and CP eligibles do not automatically float to the top of the highest quality group. Applicants are placed in the appropriate quality groups, preference eligibles are then listed ahead of non preference eligibles within

each group. Professional and scientific positions are identified in the OPM Handbook of Occupational Groups and Families. For all other positions, eligible and qualified CPS and CP eligibles automatically float to the top of the highest quality group followed by other preference eligibles and last non preference eligibles.

h. **Issuing Referral Certificates**. To issue a referral certificate, certified eligibles are placed in the appropriate quality groups using a score-based group rating method. As described in VA Handbook 5005, Staffing, Part I, Appendix B, test scores may be used as part of the job-related criteria to place eligible candidates into quality categories, as long as the test assesses job-related competencies/KSAs. If using test scores, HR Offices may rank applicants using this score-based method. USA Staffing will assign each applicant a score based on his/her occupational assessment responses. The HR Office assesses each applicant for minimum qualifications. For those applicants that meet the minimum qualifications, they are placed in predetermined groups based on the following score ranges:

(a) The Internship Program, certificates have three (3) groups:

1. Best Qualified Group - Applicants who have a score between 97 and 100.

2. Well Qualified Group - Applicants who have a score between 85 and 96.99.

3. Qualified Group - Applicants who have a score between 70 and 84.99.

(b) The Recent Graduate Program, certificates have four (4) groups:

1. Highly Qualified Group - Applicants who have a score between 97 and 100.

2. Best Qualified Group - Applicants who have a score between 90 and 96.99.

3. Well Qualified Group - Applicants who have a score between 80 and 89.99.

4. Qualified Group - Applicants who have a score between 70 and 79.99.

**NOTE**: *Scores are not listed on referral certificates and should not be used to order the applicants. In addition, Veterans' preference points are not added to the scores. Veterans' preference, once adjudicated, is used to place preference eligibles at the top of the appropriate category as described below.*

i. **Selection**.

(1) **Requirement for Considering Excepted Service Priority Referral Eligibles**. Pathways appointments, which are in the title 5 excepted service, are subject to the regulatory provisions governing any facility-established Priority Reemployment List (PRL) and/or Reemployment List (RL) under 5 CFR, part 302, subpart C. Pathways appointments and related noncompetitive conversions to the competitive service are not subject to the regulatory provisions in the competitive service for the Reemployment Priority List (RPL), the Career Transition Assistance Plan (CTAP), or the Interagency Career Transition Assistance Plan (ICTAP), as stated in 5 CFR 330.211(f)(3), 5 CFR 330.707(e)(3), and 5 CFR 330.707(h)(3), respectively. The order of selection under group rating is as follows:

(2) **Order of Selection for Professional and Scientific Positions at the GS-9 Grade Level and Above**. Within each of the quality groups, preference eligibles are listed ahead of non preference eligibles with Veterans' preference status annotated in alphabetical order (by first or last name). Non preference eligibles are placed in alphabetical order (by first or last name) following preference eligibles. CPS and CP preference eligibles are not automatically placed at the top of the highest quality group. The certificate of eligibles must identify certified eligibles in the following order within each quality group:

(a) Persons entitled to priority consideration as defined in 5 CFR 302.103.

(b) Eligible candidates in the highest quality group.

(c) Eligible in the next lower quality group.

(3) **Order of Selection for All other positions**. Within each of the quality groups, preference eligibles are listed ahead of non preference eligibles with Veterans' preference type noted in alphabetical order (by first or last name). The remaining eligibles are placed in alphabetical order (by first or last name). CPS and CP preference eligibles are automatically placed at the top of the highest quality group. The certificate of eligibles must identify eligibles in the following order:

(a) Persons entitled to priority consideration as defined in 5 CFR 302.103.

(b) Eligibles in highest quality group by Veterans' preference status.

(c) Eligibles in the next lower quality group (if the top two groups are merged).

(4) **Pass over and Objection Procedures**. Veterans' preference is absolute within each quality group. A hiring official is only permitted to select a non preference eligible over a preference eligible if an appropriate objection and/or pass over request, as applicable is sustained. A request to object to or pass over a preference eligible with a compensable service-connected disability of 30 percent or more must be adjudicated by OPM. A request to object to or pass over a non preference eligible or a preference eligible with a compensable service-connected disability of less than 30 percent must be adjudicated by the servicing Human Resources Officer/Director. Objection and pass over procedures based on medical and suitability reasons are described in paragraphs (7) and (8) of this section.

(5) **Objection or Pass over of a preference eligible with a compensable service-connected disability of 30 percent or more**.

(a) The objection to or pass over request must include written justification from the hiring official that fully documents the reason(s) for the objection to or pass over request. Appropriate documentation may include interview notes, questions, reference checks, police reports, qualification standard, etc. and must include Standard Form 62 (SF-62), Agency Request to Pass over a Preference Eligible or Object to an Eligible. The objection to or pass over request, signed by the facility Director, must be sent by the servicing HRO to Director, Recruitment and Placement Policy Service (RPPS) (059).

(b) Upon completing a review of the request, RPPS/059 will forward the request to OPM for adjudication or return the objection to or pass over request to the servicing HR Office without approval. OPM will issue a decision letter that states whether the request is approved or denied. If OPM does not sustain the objection to or pass over request, the hiring official may challenge the decision by submitting additional information to support a favorable decision; or consider/select the preference eligible for a job.

(6) **Objection or pass over of a preference eligible rated less than 30 percent**.

(a) The hiring official must fully document and submit the reason(s) for the objection to or pass over request. It is important to prepare and treat local requests similarly to those submitted to OPM. Appropriate documentation may include interview notes, questions, reference checks, police reports, qualification standard, etc. and must include the SF-62.

(b) The HR Officer/Director is required to document a decision in a formal memorandum for the record that states whether the request is approved or denied and the basis for the approval or denial. The justification documentation should be the same as the documentation submitted for a 30 percent disabled Veteran objection to or pass over request and uploaded and maintained in the recruitment case file in USA Staffing.

(7) **Objection or Pass over Request for Physical or Medical Conditions**.

(a) Requests to object to or pass over any preference eligible based on a physical or medical condition must be adjudicated by OPM. A hiring official may submit a request to object to or pass over a preference eligible when it is believed the applicant may have a physical or medical (including mental) condition that will prevent him or her from performing the full range of essential duties and responsibilities of the position safely and efficiently.

(b) The hiring official must assess whether reasonable accommodation can be provided to permit performance of the job despite the condition when considering whether a physical or medical condition will have an impact on an eligible's capacity to perform the job efficiently and safely. The servicing HR Office must submit the request, signed by the facility Director, along with thorough supporting documentation to the Office of Personnel Management, Human Capital Leadership and Merit System Accountability Division, Employment Division – Medical Pass overs.

(c) If OPM sustains the objection to or pass over request, the preference eligible must be removed from consideration for the vacant position and the hiring official may select the next available certified preference or non preference eligible on the referral. If OPM does not sustain the objection to or pass over request, the hiring official may challenge the decision by submitting additional information to support a favorable decision; or consider/select the preference eligible for a job.

(8) **Objection or Pass over of a Preference Eligible based on Suitability**.

(a) The servicing HR Office must consult with the VA Office of Operations, Security and Preparedness; Personnel Security and Suitability Service (07C) to determine if an objection to or pass

over is warranted locally for a preference eligible rated less than 30 percent, based on potentially disqualifying suitability information.

(b) A request to object to or pass over a preference eligible with a compensable service-connected disability of 30 percent or more based on suitability must be adjudicated by OPM. The servicing HR Office must submit the request, signed by the facility Director, along with thorough supporting documentation to the VA Office of Operations, Security and Preparedness; Personnel Security and Suitability Service (07C). VA Office of Operations, Security and Preparedness; Personnel Security and Suitability Service (07C) will forward the request to OPM for adjudication or return the request to the servicing HR Office without action, if the request is incomplete. Requests for suitability based actions must be sent to the Department of Veterans Affairs, Director, Personnel Security and Suitability Service (07C), 810 Vermont Avenue, NW, Washington, DC 20420.

**4. INTERNSHIP PROGRAM**. The Pathways Internship Program provides the opportunity for students to explore Federal careers as paid employees while completing their education in high schools, colleges, trade schools, and other qualifying educational institutions.

a. **Eligibility**. Participant must be a student that is accepted for enrollment or enrolled and seeking a degree diploma, certificate, etc. in a qualifying educational institution, on a full or half-time basis (as defined by the institution in which the student is enrolled), including awardees of the Harry S. Truman Foundation Scholarship Program under Public Law 93-842.

(1) A student need not be in actual physical attendance, so long as all other requirements are met;

(2) An individual who needs to complete less than the equivalent of half an academic/vocational or technical course-load immediately prior to graduating is still considered a student for purposes of this Program; and

(3) A student accepted for enrollment who then does not actually enroll for that educational term loses eligibility to receive a Pathways Internship appointment or to remain in one if already appointed unless it falls under the definition of a break in the program as identified in paragraph 4n.

b. **Classification and Qualification Requirements**.

(1) Intern positions under Pathways Programs may only be classified using OPM classification standards for title 5 positions. Intern positions under the G.S. or appropriate pay plan must be classified to the -99 series of the appropriate occupational group. Intern positions under the Federal Wage System must be classified to the -01 series of the appropriate occupational group. The -99 series and -01 series may be classified as one and two grade intervals positions.

(2) All positions classified to student trainee series, including -99 series and -01 series, must be titled *Student Trainee* followed by a parenthetical title consistent with the occupational field involved. For example: Student Trainee (Human Resources Management), Student Trainee (Accounting), or Student Trainee (Civil Engineering).

(3) Individuals' qualifications must be evaluated using the VA Pathways Internship Program Qualification Standard in Appendix II-F4. Interns may be appointed at the highest grade level of the position advertised in which they are qualified.

c. **Grade Point Average (G.P.A.)**. Students must possess an acceptable average G.P.A. as defined by the educational institution to be eligible for appointment and to remain eligible for participation in the Program. As applicable, at the time of appointment and upon request, students must demonstrate an overall Grade-Point Average (G.P.A.) of 2.0 or above on a 4.0 scale as recorded on the official transcript. This equates to "C" or better. G.P.A.'s should be rounded to one decimal place. For example, 1.95 will round to 2.0 making a student eligible for appointment and continuation in the program. A 1.94 will round to 1.9 making a student ineligible for appointment in the Internship Program. For students in educational institutions that do not use a G.P.A. system, the HR Officer/Director or designee should request that the student provide verification of achieving an average or above standing with the institution.

**NOTE**: *Interns appointed prior to the release date of this policy are not required to meet the G.P.A. requirement; however, they must be deemed by their education institution as academically in "good standing" to remain eligible for participation in the Program. If an Internship Program Participant is promoted, demoted, or reassigned into a new Pathways Programs position, he/she must meet the G.P.A requirement.*

d. **Appointments**. Appointments must be pursuant to the VA Pathways MOU using the Schedule D excepted service appointing authority 5 CFR 213.3402(a) and comply with workforce planning efforts. Facilities may make initial appointments of Interns at any grade level consistent with the VA Pathways Internship Program Qualification Standard in Appendix II-F4, depending on the candidates' qualifications and the facility's needs. The duties of the position to which the individual is appointed must be related to either the Intern's academic or career goals. If the public notice included the option for possible noncompetitive conversion to the competitive service, the Intern should possess and must be working towards meeting the minimum qualifications for the expected position of conversion.

e. **Types of Appointments**.

(1) Prior to announcing an Internship position, the facility must initially determine the needs of the organization based on documented workforce planning efforts. The Internship Program may be used to meet long term and temporary staffing needs.

(2) Facilities may appoint an Intern without time limitation for an initial period expected to last more than 1 year. Intern appointments are not required to have an end date (i.e., not to exceed (NTE) date). However, facilities are required to specify an end date of the appointment in the Participant Agreement with the Intern.

(3) Facilities may appoint an Intern on a temporary basis, not to exceed (NTE) 1 year, to complete temporary projects, to perform labor-intensive tasks not requiring subject-matter expertise, or to fill traditional summer jobs. Interns appointed on a temporary basis, not to exceed 1 year, **must** be coded with a not to exceed date which is the ending date. Facilities may fill these temporary appointments and extend them without regard to service limits and restrictions in 5 CFR 213.104.

f. **Appointments into Internship Program Positions with Positive Education Requirements**.

(1) A positive education requirement is minimum educational requirement in a qualification standard that is established when the work cannot be performed by a person who does not possess the prescribed minimum education.

(2) An Internship JOA may include educational eligibility criteria if the position is targeted for conversion to a position that has a positive education requirement. This means that the facility may indicate that only applicants who have completed and those who are currently completing certain required course work are eligible for the Pathways appointment. The JOA should clearly state that the positive education requirement is not a minimum qualification requirement, but that possession of the coursework (completed and/or in progress) is based on the targeted position's occupational qualification standard. The JOA must identify the targeted position and a statement about the possibility of conversion to the competitive service.

(3) For positions that do not have positive education requirements, agencies may not impose education degree requirements or require that specific courses have been, or will be, taken as an eligibility requirement. The agency may indicate in the Pathways job opportunity announcement that they seek or prefer candidates who are pursuing specific degree paths or courses. However, agencies must follow the selection procedures in 5 CFR, part 302, before making a selection.

g. **Compensation**. Pay setting policies are covered in VA Handbook 5007, Pay Administration. Since education is the primary basis for qualifications for the Pathways Internship Program, it is not appropriate to use superior qualifications or special needs pay setting authority in 5 U.S.C. 5333 to set the basic pay for the initial appointment of an individual to the Intern Program. Pay for initial appointments for Interns as a civilian employee of the Federal Government must be set using the payable rate of basic pay (regardless of tenure) at the minimum rate of the highest applicable rate range for the Intern's position of record.

h. **Eligibility for Within-Grade Increases**. Participants in temporary Internship Program positions limited to 1 year or less are not eligible for within-grade increases. See VA Handbook 5007, Pay Administration, Part III, Chapter 5.

i. **Promotion**.

(1) Advancement to a position at a higher grade level (except for a career ladder promotion) or to a position with higher known promotion potential requires public notification and selection procedures under which 5 CFR, part 302 rules apply.

(2) Temporary Interns on appointments not to exceed 1 year are not eligible for promotion, but may be eligible for a new appointment in a position at a higher grade.

j. **Career Ladder Promotion**. Interns without time limits may be noncompetitively promoted to a higher graded Intern position, prior to conversion, upon meeting the qualification and performance requirements. The target grade level and eligibility of promotion potential must have been

communicated in the JOA in order for an Intern to receive consideration for a noncompetitive promotion while serving in the program. Career ladder promotion is strictly at the supervisor's discretion. To qualify for promotion, the Intern must meet the experience and/or education requirements and must be performing at a fully satisfactory level.

k. **Reassignment and Demotion**. See paragraph 2(z) of this appendix.

l. **Extensions of Interns Appointed on a Temporary Basis (Not to Exceed 1 year)**. Facilities must use discretion in extending temporary Interns past the original not-to-exceed date considering the basis for the appointment. It is not appropriate to affect extensions to circumvent public notice requirements meaning that temporary appointments may be extended as long as the facility can document that the justification of the original appointment remains (i.e., temporary project has not been completed, to perform labor-intensive tasks not requiring subject-matter expertise, or to fill traditional summer jobs). Within 10 calendar days of affecting the extension, the Pathways Participant Agreement must be updated and signed by all parties. HR Offices may not extend the not-to-exceed date of any Intern that has completed his/her academic program unless the Intern meets the definition of the student in accordance with 5 CFR 362.202.

m. **Work Schedules**. There are no limitations on the number of hours an Intern can work per week as long as any applicable laws and regulations governing overtime and hours of work are adhered to. Hiring officials/supervisors and students must agree on a formally-arranged schedule of school and work so that:

(1) Work responsibilities do not interfere with academic schedule.

(2) Completion of the educational program (awarding of diploma/certificate/degree) and the Internship Program is accomplished in a reasonable and appropriate timeframe.

(3) The facility-level Pathways Programs Coordinator and hiring official are informed of and prepared for the student's periods of employment.

(4) Requirements for noncompetitive conversion to a term or permanent position in the competitive service are understood by all parties.

n. **Break in the Program**.

(1) A break in the program is defined as a period of time when an Intern is working, but is unable to go to school. It also includes a period of time when the Intern is neither attending classes nor working for the Department. With the exception of the traditional summer break or similar holiday breaks, an Intern must submit a request for break in the program to his/her supervisor for approval/disapproval. The supervisor must document the approval/disapproval and sign the request. If the supervisor grants the request, the Intern will be placed in an approved Leave without Pay (LWOP) status. If the request for LWOP is denied the Intern may choose to resign; the facility may end the Intern appointment; or the Intern may make a request with the supervisor to arrange a new work schedule.

(2) The supervisor is advised to consult with the facility-level Pathways Program Coordinator (PPC) for a technical review of the request. This will assist in ensuring that the break in program does not result in the student becoming ineligible for the Internship Program. The facility-level PPC may consult with the Administration PPO to advise on the technical implications of granting or denying the request.

o. **Training and Development**. Pathways regulations do not require a minimum number of training hours for Interns appointed without time limits (i.e., not serving on a not-to-exceed appointment). However for these Interns, supervisors are not required, but highly encouraged, to establish individual development plans (especially for those serving in career ladders) and must identify training requirements in the Participant Agreements. Supervisors must ensure that training requirements can be completed during the Intern's scheduled work hours and during the Intern's appointment.

p. **Conversion to the Competitive Service**.

(1) Hiring facilities may noncompetitively convert an Intern (indefinite or temporary) who is a U.S. citizen or national, to a term or permanent appointment in the competitive service. If the Intern is initially converted to a term position, the facility may later convert the Participant to a permanent position.

(2) In order to offer a noncompetitive conversion, the JOA must have communicated the possibility of noncompetitive conversion and other pertinent information about the permanent placement position. This pertinent information includes the occupational series, initial grade(s) of the position targeted for conversion; and any career ladder eligibility of the targeted position. Pathways positions do not lead to permanent placement to positions in the Excepted Service.

**NOTE:** *Conversions of temporary Interns should be rare as Interns appointed with not to exceed dates are appointed for the purpose of completing temporary projects, perform labor-intensive tasks not requiring subject matter expertise, or to fill traditional summer jobs. As with any time-limited appointment the not-to-exceed date should coincide with the anticipated ending date of the project or with the expected date of completion of the academic program. In the case that an Intern is eligible to receive a noncompetitive conversion to the competitive service, the Intern may serve up to 120 calendar days beyond the date of completion of the designated academic program. However, the not-to-exceed date may not be extended after the academic program is completed and the HR Office must plan to convert the Intern prior to the expiration date of the appointment. The appointment expires on the not-to-exceed date. If the Intern is not converted before or on the not-to-exceed date, then the appointment expires on the not-to-exceed date.*

(3) An Intern may be converted to a position within VA or another federal agency. If a VA Intern is converted in another agency, the parameters for the conversion are based on the gaining agency's policies and procedures. Facility-level PPC should consult with their respective Administration PPO prior to noncompetitively converting an Intern from another agency. Although it may not be available or provided, the facility must request the following documentation from the losing facility or agency:

(a) The original JOA to confirm if conversion eligibility was offered and to confirm targeted grade, and targeted occupation for conversion,

(b) The Participant Agreement,

(c) The Individual Development Plan (if applicable), and

(d) Performance Appraisal (if applicable)

(4) In general, to be eligible for conversion to the competitive service, the Intern must:

(a) Complete at least 640 hours of work experience acquired through the Internship Program while enrolled as a full-time or part-time, degree- or certificate-seeking student.

**NOTE:** *Up to 320 hours may be waived or credited as outlined in paragraphs 4r and 4s.*

(b) For Interns appointed without time limits, complete academic requirements (as determined by the educational institution), within the 120-day period preceding the appointment, at a qualifying educational institution conferring a diploma, certificate, or degree.

**NOTE:** *Temporary Internship appointments (i.e., with a not-to-exceed date) do not provide the 120-day conversion period. These appointments expire on the date the appointment expires.*

(c) Receive a favorable recommendation for appointment by the first line or second line supervisor for which the Intern served.

(d) Fully meet the VA or OPM qualification standards for the position to which the Intern will be converted.

(e) Fully meet any VA-specific requirements as specified in the Participant Agreement with the Intern.

(5) An Intern may be converted to a position with an established career ladder as long as the public notification identified the selectee's eligibility for noncompetitive for conversion and identified the targeted grade career ladder.

q. **Conversion to the Competitive Service based on Superior Academic Achievement (S.A.A.)**.

(1) Upon completion of all of the requirements of the Program and a bachelor's degree from an accredited college or university, an Intern may be converted to a term or permanent GS-7 grade level position using the Superior Academic Achievement (S.A.A.) provision. This does not prohibit conversion at a higher grade for which the Intern is qualified for, but provides an opportunity to convert Interns at the grade level that is most advantageous for the Intern and VA. This provision is outlined in its entirety in the OPM Operating Manual for Qualification Standards for General Schedule Positions and covers advanced trainee positions that provide opportunities for advancement upon attaining required job skills and knowledge, require no prior experience, and have work classified at two-grade intervals. The S.A.A. provision recognizes students who have achieved superior academic standing as evidenced by one of the three methods described below. In order to be creditable under this provision, S.A.A. must have been gained in a curriculum that is qualifying for the position to be filled. S.A.A. is

based on (1) class standing, (2) Grade Point Average (G.P.A.), or (3) honor society membership. They are described as follows:

(a) **Class standing**. Individuals must be in the upper third of the graduating class in the college, university, or major subdivision, such as the College of Liberal Arts or the School of Business Administration, based on completed courses.

(b) **G.P.A.** Individuals must have a G.P.A. of:

1. **3.0 or higher out of a possible 4.0 ("B" or better)** as recorded on their official transcript, or as computed based on 4 years of education, or as computed based on courses completed during the final 2 years of the curriculum; or

2. **3.5 or higher out of a possible 4.0 ("B+" or better)** based on the average of the required courses completed in the major field or the required courses in the major field completed during the final 2 years of the curriculum.

**NOTE:** *The G.P.A. is to be rounded to one decimal place. For example, 2.95 will round to 3.0 and 2.94 will round to 2.9. In addition, some institutions may use a pass/fail grading system for some or all courses, these provisions are outlined in OPM Operating Manual for Qualification Standards for General Schedule Positions.*

(c) **Election to membership in a national scholastic honor society**. Individuals may be considered eligible based on membership in one of the national scholastic honor societies listed below. These honor societies are listed in OPM Operating Manual for Qualification Standards for General Schedule Positions.

r. **Waiver of Service Requirement**.

(1) VA facilities may noncompetitively convert an Intern to a term or permanent appointment by waiving up to one-half (*i.e.,* 320 hours) of the 640-hour minimum service requirement when an Intern completes 320 hours of career-related work experience under an Internship Program appointment and demonstrates high potential by outstanding academic achievement and exceptional job performance as provided in 5 CFR 362.204(d).

(2) VA facilities may not be granted a credit or waiver (or a combination of a credit and waiver) totaling more than 320 hours of the 640-hour service requirement. VA facilities must submit a request for a waiver of up to one-half of the minimum service requirement to the headquarters VA PPO.

s. **Credit for Non-Federal Internship Experience**. VA facilities may evaluate, consider, and grant credit for up to one-half (320 hours) of the 640-hour Pathway's Intern Program requirement for comparable non-Federal internship experience in a field or functional area directly related to the student's target position and experience acquired while the student met at least one of the following requirements:

(1) Worked in, but not for, a Federal agency, pursuant to a formal internship agreement, comparable to the Pathway's Internship Program, between the agency and an accredited educational institution.

(2) Worked in, but not for, a Federal agency, pursuant to a written contract with a third-party internship provider officially established to provide internship experiences to students that are comparable to the VA Internship Program.

(3) Served as an active duty member of the armed forces (including the National Guard and Reserves), as defined in 5 U.S.C. 2101, provided the Veteran's discharge or release is under honorable conditions.

(4) Participated in student volunteer service, as defined in 5 CFR, part 308 and/or other Federal programs designed to give internship experience to students (e.g., fellowships and similar programs), may be evaluated, considered, and credited service when it is determined the experience is comparable to experience gained in the Pathway's Internship Program.

(5) Hiring facilities must submit requests for determination of credit for comparable experience acquired by an Intern in a non-Federal or student volunteer service program to the headquarters VA PPO for determination of credit.

t. **Treatment of Third-party Interns**. VA facilities may enter into arrangements with third-party Intern providers as part of their overall Intern Program recruiting strategy to have diverse pipelines by drawing candidates from all segments of society. E.O. 13562 encourages agencies to allow third-party provided Interns to participate in their Internship programs to the same extent as the Interns the agency hires itself. This means that third-party provided Interns must get the same access to training, career development, and mentoring as other VA Interns.

u. **Setting Pay Upon Conversion**.

(1) After completion of the Program requirements and upon conversion, the payable rate of basic pay should be set at the minimum rate of the highest applicable rate range of the position. However, the payable rate of basic pay of a newly converted Intern may be set above the minimum rate of the grade, if the Intern meets one of the following criteria:

(a) The Intern has superior qualifications based on the level, type, or quality of the Intern's skills or competencies demonstrated or obtained through experience and/or education, the quality of the candidate's accomplishments compared to others in the field, or other factors that support a superior qualifications determination. The Intern's skills, competencies, experience, education, and/or accomplishments must be relevant to the requirements of the position to be filled. These qualities must be significantly higher than that needed to be minimally required for the position for which being converted to.

(b) The Intern fills a special agency need if the type, level, or quality of skills and competencies or other qualities and experiences possessed are relevant to the requirements of the position. An Intern may also meet the special needs criteria by meeting the VA mission, goal, program activity or workforce needs, as documented in the VA's strategic human capital plan.

(2) The decision to use the superior qualifications and special needs pay-setting authority must be made prior to the conversion and approved in writing prior to the conversion date. Decisions must be made in accordance with and the manner as prescribed in VA Handbook 5007, Pay Administration, Part II, Chapter 3, paragraph 4.

v. **Reduction in Force**. Interns are covered by 5 CFR, part 351 for purposes of RIF.

(1) An Intern serving under an appointment for an initial period expected to last more than 1 year is in excepted service Tenure Group II.

(2) A temporary Intern, serving under an appointment not to exceed 1 year, who has not completed 1 year of service, is in excepted service Tenure Group 0.

(3) A temporary Intern serving under an appointment not to exceed 1 year, who has completed 1 year of current, continuous service, is in excepted service Tenure Group III.

w. **Termination in Appointment**. As a condition of employment, an Intern appointment expires when one of the following circumstances occur:

(1) For an Intern appointed without limitations, the appointment ends 120 calendar days after completion of the designated academic course of study, unless the Participant is selected for noncompetitive conversion under 5 CFR 362.204.

(2) For a temporary Intern appointed with a not to exceed date, the appointment ends upon expiration of the temporary Internship appointment or when the justification of the temporary appointment is no longer supported.

(3) The date an Internship Program Participant fails to meet the eligibility requirements for the Internship Program.

**5. RECENT GRADUATES PROGRAM**.

a. **Program Eligibility**. A Recent Graduate is an individual who obtained a qualifying associates, bachelors, master's, professional, doctorate, vocational or technical degree or certificate from an accredited, qualifying educational institution, within the previous 2 years or other applicable period. An individual must meet one of the following criteria to receive consideration for eligibility requirements:

(1) Except as provided in paragraph 5(a)(2), an individual may apply for a position in the Recent Graduates Program only if the individual's application is received not later than 2 years after the date the individual completed all requirements of an academic course of study leading to a qualifying associates, bachelor's, master's, professional, doctorate, vocational or technical degree or certificate from an accredited, qualifying educational institution.

(2) A Veteran, as defined in 5 U.S.C. 2108, who, due to a military service obligation, was precluded from applying to the Recent Graduates Program during any portion of the 2-year eligibility period described in paragraph 5(a)(1) shall have a full 2-year period of eligibility upon his or her release or

discharge from active duty. In no event, may the individual's eligibility period extend beyond 6 years from the date on which the individual completed the requirements of an academic course of study.

b. **Classification and Qualification**. Facilities must evaluate individuals using only OPM title 5 Qualification Standards for the occupation and grade level of the position being filled. The position must provide a career ladder with progressively more responsible duties that provide career advancement opportunities. HR Offices may not adopt or develop their own qualification standards for positions filled through the Pathways Recent Graduates Program. Candidates must fully meet the qualification requirements of the grade level and occupation for appointment.

c. **Administrative Careers With America (ACWA)**.

(1) Recent Graduate positions at the GS-5 and/or GS-7 grade levels subject to the *Luevano Consent Decree* must be filled using Decree-permitted rating schedules and assessment tools. The Decree requires that Federal hiring offices use such alternate examining procedures when filling those positions, whether in the title 5 competitive or excepted service.

(2) Though it is generally not mandatory for a VA hiring facility to work through a VA Delegated Examining Unit (DEU) to fill title 5 excepted service positions, due to Administrative Careers With America (ACWA) test security requirements, a hiring facility must arrange with a VA DEU to use the Decree-permitted ACWA examinations for any Decree-covered positions. The OPM Operating Manual for Qualification Standards for General Schedule Positions lists the Decree-covered occupations for which the ACWA examinations (or other valid assessment) are mandatory. Any other proposed assessment tool must be reviewed and approved by the Director, Recruitment and Placement Policy Service and the VA Office of General Counsel.

(3) An appropriately assigned VA Delegated Examining Unit (DEU) must administer the ACWA assessment. The process for announcing one of these positions is as follows:

(a) If the grade recruited for is at the GS-5 or GS-7 grade level and the position is targeted to the GS-9 or above, the HR Office will prepare the DEU request to indicate Recent Graduate.

(b) Job analysis and category rating definitions are not required as the ACWA assessment serves as the job analysis.

(c) The DEU Office will review the applications for qualifications and eligibility and will issue a referral certificate based on numerical scores.

(d) When making a selection using numerical scores, the facility must comply with 5 CFR 302.401, to make a selection from the three applicants with the highest scores, as long as the three applicants are still interested and available.

d. **Appointment**.

(1) Facilities may appoint a Recent Graduate for 1 year using the excepted service appointing authority provided by 5 CFR 213.3402(b). An appointment to the Recent Graduate program may be

extended for a period up to an additional 120 calendar days to cover rare or unusual circumstances or situations: failure to complete the IDP in the time allotted due to administrative difficulties or other necessities of the service; or documented personal issues dealing with family death or medical obligations that would hinder program completion.

(2) OPM may approve an agency's Recent Graduate programs to have a duration up to 2 years in length, if a longer program is justified and warranted. Requests to OPM for Recent Graduate programs that extend up to 2 years must be submitted to the VA PPO.

(3) Facilities may make appointments to the Recent Graduates Program, pursuant to the Pathways MOU executed with the OPM, under Schedule D of the excepted service in accordance with 5 CFR, part 302.

(4) Facilities may make an initial appointment of a Recent Graduate to any position filled under this authority for which the Recent Graduate qualifies, up to the GS-9 grade level (or equivalent under another pay and classification system, such as the Federal Wage Grade System).

(5) Initial appointments to positions for science, technology, engineering, or mathematics (STEM) occupations may be made at the GS-11 level, if the candidate possesses a Ph.D. or equivalent degree directly related to the STEM position the HR Office is seeking to fill.

(6) Initial appointments to scientific and professional research positions at the GS-11 level for which the classification and qualification criteria for research positions apply, if the candidate possesses a master's degree or equivalent graduate degree directly related to the position the agency is seeking to fill.

(7) Initial appointments to scientific and professional research positions at the GS-12 level for which the classification and qualification criteria for research positions apply, if the candidate possesses a Ph.D. or equivalent degree directly related to the position the agency is seeking to fill.

(8) The duration of the Recent Graduate's appointment in the excepted service is a trial period.

e. **Impact on Pay of Current Federal Employees**.

(1) If a selectee is currently employed as a civilian in the Federal Government and his/her current rate of basic pay would otherwise be reduced as a result of placement in the Recent Graduate position, pay retention provisions under 5 CFR, part 536, subpart C, may apply in setting the pay. Pay retention applies to any employee whose rate of basic pay would otherwise be reduced (after application of any applicable geographic conversion under 5 CFR 536.303(a)) as a result of a management action that places an employee in a formal employee development program generally utilized governmentwide. The Recent Graduates Program meets the definition of a formal employee development program.

(2) An "employee" means an individual whose employment immediately prior to the appointment was on other than a temporary or term appointment. According to 5 CFR 536.103, a management action includes an employee's placement in or transfer to a position under a formal employee development program established by an agency for recruitment and employee advancement purposes is considered a

management action even though the employee initiates or requests such placement or transfer. See VA Handbook 5007, Pay Administration, Part III, Chapter 6, for pay retention guidance.

f. **Individual Development Plan (IDP), Mentorship, and Formal Training Requirements**.

(1) The supervisor must ensure, within 45 calendar days of appointment, that an IDP has been developed, approved, and issued to the Recent Graduate.

(2) Within 90 calendar days of a Recent Graduate's appointment, the supervisor will assist in the assignment of a mentor, who is an appropriate employee, outside the Recent Graduate's chain of command. The mentor relationship is a formal, structured relationship and should comply with any Administration or local policies regarding mentors.

(3) The supervisor must arrange and provide for at least 40 hours of formal interactive training per year during the Recent Graduate's appointment that advances the goals and competencies outlined in her/his IDP and are related to the position. Mandatory annual training, such as information security and ethics training, does not count towards the 40-hour requirement. Interactive training includes communication between the participants and/or the instructor and this training may be provided on-line or in-person.

g. **Work Schedules**. Recent Graduate positions are full-time positions. Recent Graduate appointments are designed to last 1 year unless an extended program or extension is approved. A part-time work schedule or extensive leave without pay would impact a Recent Graduate Participant's ability to complete the required work and developmental assignments. Requests for part-time work schedules must be reviewed and approved by the VA PPO. In the event a part-time schedule is approved, the servicing HR Office must require the Participant to sign a statement of understanding that outlines the negative implications of changing to a part-time work schedule.

h. **Movements During the Recent Graduate Program**.

(1) **Separation of a Recent Graduates participant to a new VA facility/station or Federal Agency**.

(a) During the program, a current Recent Graduate participant may be selected for a different Recent Graduate position with another VA facility/station or another Federal agency. It is the responsibility of the Recent Graduate to ensure that the new Federal agency/department meets all the requirements (i.e., current MOU, opportunities for permanent placement, etc.) as described in 5 CFR, part 362 for participating in the Recent Graduates Program.

(b) To move to a new VA facility/station or Federal agency, an appropriate personnel action must be processed to separate the Recent Graduate from the current VA facility.

(c) The new employing VA facility/station or Federal agency must convert or appoint the Recent Graduate on a Pathways excepted appointment without a break in service. The time served under the previous Recent Graduates Program is creditable towards the new Program requirements for noncompetitive conversion eligibility to the competitive service. Because there is no break in service,

the Recent Graduate will not begin a new period in the Program upon moving to the new VA facility/station or Federal agency.

(d) The new employing VA facility/station must identify and explain to the Recent Graduate the requirements for Program completion and eligibility for noncompetitive conversion and execute a new Pathways Participant Agreement.

i. **Accession of a Recent Graduate from another VA facility/station or Federal Agency**.

(1) When a VA facility hires a current Recent Graduate program participant from another VA facility/station or Federal agency for a new Recent Graduate appointment, the gaining facility must convert or appoint the Recent Graduate under a Pathways excepted appointment. The gaining facility must request and verify all documentation required to appoint the Recent Graduate (i.e., transcripts); request a copy of the current appointment SF-50 (placing the Recent Graduate); and request a copy of the current Participant Agreement and IDP.

(2) The gaining VA facility/station must appoint the Recent Graduate on a Pathways excepted appointment without a break in service. The time served under the previous VA facility/station or Federal agency's Recent Graduates Program is credited toward the new Program requirements for noncompetitive conversion eligibility to the competitive service. Because there is no break in service, the Recent Graduate will not begin a new period in the Program upon moving to the gaining facility.

(3) The gaining VA facility must identify and explain to the Recent Graduate participant the requirements for Program completion and eligibility for noncompetitive conversion and execute a new Pathways Participant Agreement.

j. **Conversion to the Competitive Service**.

(1) Facilities may noncompetitively convert a Recent Graduate who is a U.S. citizen or national to a competitive service term or permanent position when the Recent Graduate meets all of the following requirements:

(a) Successfully completes at least 1-year of continuous service in addition to all the requirements of the Recent Graduates Program. The 1-year period allows the completion of the trial period upon conversion; therefore, no further probationary and/or trial period following conversion is required.

(b) Demonstrates successful job performance consistent with the performance appraisal program that results in a rating of record (or summary rating) of at least Fully Successful or equivalent and a recommendation for conversion by the first-level supervisor.

(c) Meets the OPM Qualification Standard for the competitive service position to which the Recent Graduate will be converted.

(2) Hiring facilities must make the noncompetitive conversion effective on the date the service requirement is met, or at the end of an approved extension, if applicable. Extensions of the program are approved by the headquarters VA PPO.

(3) Recent Graduates may be converted to a career ladder position as long as the career ladder eligibility (i.e., target grade) was included in the original JOA.

(4) If the Recent Graduate is initially converted to a term position, the facility may later convert the Participant to a permanent position.

**NOTE:** *Hiring facilities may convert a Recent Graduate within VA, but may not convert a Recent Graduate from another Federal agency. In addition, converting an individual to a term position is intended to cover instances where budgets and other workforce requirements preclude a hiring official from converting an individual to a permanent position.*

k. **Reduction in Force**.

(1) Recent Graduates are in excepted service Tenure Group II in accordance with 5 CFR 351.502.

(2) Recent Graduate's appointment expires at the end of the Program period prescribed by the facility, plus any approved extensions, unless the Participant is selected for noncompetitive conversion under 5 CFR 362.306.

l. **Termination of Appointment**.

(1) As a condition of employment, a Recent Graduate appointment expires at the end of the 1-year or 2-year Program period as applicable, plus any approved extension, unless the Recent Graduate is selected for noncompetitive conversion under 5 CFR 362.306. Extensions of the program are approved by the headquarters VA PPO.

(2) A Recent Graduate who held a career-conditional or career appointment in VA immediately before entering the Program, and fails to complete the Program for reasons that are not related to misconduct, poor performance, or suitability, may, at the request of the of the Recent Graduate or supervisor, be placed noncompetitively in a permanent competitive service position, as appropriate, within VA. The position identified for noncompetitive placement must be at a grade no higher than a position the employee has held on a permanent basis in the competitive service and must not have higher known promotion potential.

**6. PRESIDENTIAL MANAGEMENT FELLOWS (PMF) PROGRAM**. The PMF Program is a prestigious Federal program designed to attract outstanding men and women from a variety of academic disciplines and career paths who have a clear interest in, and commitment to, excellence in the leadership and management of public policies and programs in the Federal service. PMF positions are considered entry-level positions for individuals with advanced degrees. OPM administers the application process for the PMF Program. The VA PMF Coordinator and Administration PPOs oversee PMF hires in VA.

a. **Establishing a Need for a PMF**.

(1) PMF appointments are designed to meet workforce planning needs for leadership and management in the public service.

(2) When establishing the need for a PMF appointment, supervisors and management officials in collaboration with human resources officials, will determine the following:

(a) Determine if the use of a PMF appointment will help meet the long-term and short-term workforce needs of the organization.

(b) Determine if the facility has the resources to hire, support and fund the professional development requirements of the program.

(c) Design formal training and development plans and performance plans for PMF positions that comply with 5 CFR 362.405.

b. **Eligibility**. A person is eligible for consideration for the PMF if he/she meets the following criteria:

(1) An individual who, within the previous 2 years, completed an advanced degree (i.e., masters, professional, or doctorate) from a qualifying educational institution is eligible to apply for the PMF program.

(2) An individual may also apply for the PMF Program, if the individual is still a student attending a qualifying educational institution, and he/she expects to meet the advanced degree requirements (even though he/she has not graduated), including the completion or successful defense of any required thesis or dissertation, are eligible to apply. Eligibility is based on completion of degree requirements by August 31 of the following year of the annual application.

(3) An individual may apply for the PMF Program more than once as long as he/she meets the eligibility criteria. However, if an individual becomes a finalist and subsequently applies for the Program during the next open PMF announcement, the individual will forfeit his or her status as a finalist upon accessing the on-line assessment.

c. **Classification**. A qualified PMF may be appointed in an administrative, technical or professional two-grade interval position in the General Schedule (GS) System or the Federal Wage Grade (WG) System, at the GS-9, GS-11, or GS-12 grade level, as appropriate.

d. **Announcement**.

(1) OPM administers the application process for the PMF Program and conducts a competition for the selection of Finalists. OPM will make the qualification determination for PMF finalists at the GS-9 grade level.

(2) OPM selects PMF finalists based on an OPM evaluation of each candidate's experience and accomplishments according to his/her application and the results of a rigorous structured assessment process. OPM publishes and provides the PMF finalists list for appointment consideration to the VA PMF Coordinator.

(3) Hiring facilities who service organizational entities wishing to recruit PMFs that have been certified by OPM will work with their designated facility-level PPC to arrange with the VA PMF Coordinator for the posting of a job description for PMF openings that include the grade levels for hiring and promotion potential in OPM's Talent Acquisition System.

**e. Selection**.

(1) OPM will send VA an unranked alphabetical list of Finalists for consideration. The list will include individual resumes and any supporting documentation of all PMF Finalists.

(2) The VA PMF Coordinator is responsible for advising selecting officials and HR Specialists on Veterans' preference in accordance with 5 CFR, part 302 to the unranked alphabetical Finalists' list to ensure that the core principles of the Program are upheld.

(3) The VA PMF Coordinator will annotate the adjudicated Veterans' preference status on the list of Finalists given to hiring officials. The following annotations will be used to indicate the Veterans' preference status of Finalists:

(a) CPS: 10-point compensable preference based on a service-connected disability of 30% or more;

(b) CP: 10-point compensable preference based on a service-connected disability of 10% or more, but less than 30%;

(c) XP: 10-point (other) preference; granted to recipients of the Purple Heart, persons with a non-compensable service-connected disability (less than 10%), widow/widower or parent of a deceased Veteran, or spouse or parent of a disabled Veteran; and

(d) TP: 5-point preference.

**NOTE**: *Although a sole survivorship preference (SSP) Veteran does not receive preference points, he/she is listed ahead of non-preference eligibles with the same score on an examination or ahead of non-preference eligibles under category rating procedures.*

(4) If a PMF who is a preference eligible expresses an interest in a specific PMF position, he/she must receive consideration. "Expresses an interest" means the Finalist has initiated contact with a facility or the VA PMF Coordinator and requests consideration for appointment to a specific position in VA. All contacts from interested Finalists should be directed to the VA PMF Coordinator.

(5) When multiple candidates are being considered for the same position, consideration must be given as follows: first, to preference eligibles having a service-connected disability of 10% or more; second, to other 10-point preference eligibles; third, to 5-point preference eligibles; and then to non-preference eligibles. When fewer than three candidates remain in the highest category, consideration may be expanded to include the next category.

(6) A preference eligible may only be removed from consideration if it can be demonstrated that the preference eligible is not qualified for the position or declines further consideration. When a preference.

eligible is removed from consideration for this reason, that decision must be documented in writing and provided to the VA PMF Coordinator

(7) When a Finalist list contains preference and non-preference eligibles, the hiring official must only be provided the name(s) of the preference eligible PMF finalists for consideration. The VA PMF Coordinator may provide the names of the non-preference PMF finalists after the list with the preference eligible PMF Finalists has been exhausted following proper pass over and objection requests.

(8) A hiring official is only permitted to select a non-preference eligible over a preference eligible if an appropriate objection and/or pass over request, as applicable is sustained. A request to object to or pass over a preference eligible with a compensable service-connected disability of 30 percent or more must be adjudicated by OPM. A request to object to or pass over a non-preference eligible or a preference eligible with a compensable service-connected disability of less than 30 percent must be adjudicated by the servicing Human Resources Officer/Director. Objection and pass over procedures based on medical and suitability reasons are described Referral and Selection Procedures, Paragraphs 3(7) and 3(8) of this appendix.

(9) Selection of a PMF for any position that is centralized to the Secretary of Veterans Affairs, the Under Secretary for Health, Under Secretary for Benefits, or the Under Secretary for Memorial Affairs requires the respective official's prior approval. (Current lists of centralized positions are available in VA Handbook 5001, General Introduction and Administration, Part II).

f. **Appointment**.

(1) PMFs are given 2-year appointments at the GS-9, GS-11, or GS-12 level (or equivalent under the WG), in the title 5 excepted service under 5 CFR 213.3402(c). The grade level depends on the PMF's qualifications. Hiring facilities may extend a PMF's appointment for up to 120 calendar days to cover rare or unusual circumstances or situations. Extensions of the program are approved by the headquarters VA PPO.

(2) Attorney positions, GS-905, in the excepted service, are outside the PMF Program's hiring authority; therefore, PMF finalists cannot be appointed or converted into attorney positions.

g. **Work Schedule**. PMF positions are full-time positions. A part-time work schedule or extensive leave without pay would impact a PMF's ability to complete the required work and developmental assignments. Requests for part-time work schedules, with concurrence of the VA PMF Coordinator, may be approved under certain and/or rare circumstances.

h. **Individual Development Plan (IDP), Mentorship, and Formal Training Requirements**.

(1) In consultation with the VA PMF Coordinator, the supervisor must ensure, within 45 calendar days of a PMF's appointment, that he/she has developed with the PMF, an approved IDP stating the specific developmental activities on which the PMF and her/his supervisor have mutually agreed upon.

(2) Within 90 calendar days of a PMF's appointment, the supervisor will assist in the assignment of a mentor, who is an appropriate employee, outside the PMF's chain of command. The mentor relationship

is a formal, structured relationship and should comply with any Administration or local policies regarding mentors.

(3) The supervisor must arrange and provide for at least 80 hours of formal interactive training per year during the PMF's 2-year appointment that advances the goals and competencies outlined in her/his IDP. Mandatory annual training, such as information security and ethics training, does not count towards the 80-hour requirement. Interactive training includes communication between the participants and/or the instructor and this training may be provided on-line or in-person.

(4) The hiring facility must provide each PMF with at least one rotational or developmental assignment with respect to these requirements:

(a) Each PMF must receive at least one rotational or developmental assignment of 4 to 6 months in duration, with management and/or technical responsibilities consistent with the PMF's IDP. As an alternative, a PMF may choose to participate in a VA-wide initiative or other Presidential or Administration initiative that will provide the PMF with the experience he/she would have gained through the 4-to-6-month developmental assignment; and

(b) The rotational or developmental assignment may be within the PMF's organization, in another VA component, or in another Federal department/agency. In advance of making the appointment, a VA facility that hires a PMF should discuss with the PMF the anticipated range of organizational locations where the Finalist may expect to complete a developmental rotation.

(5) The PMF may receive other short-term rotational assignments of 1 to 6 months in duration, at the facility's discretion.

(6) Upon the request of OPM, the appointing facility must make a PMF available to assist in the assessment process for subsequent PMF classes. Any interactive training provided to a PMF in connection with assisting OPM in the assessment process may count toward the minimum 80-hour training requirement.

(7) Guidance on the professional development requirements of the PMF Program will be made available to hiring facilities by the VA PMF Coordinator.

i. **Promotion**. Any PMF serving on a career ladder who meets promotion requirements in VA Handbook 5005, Staffing, Part III, may be promoted. However, this provision does not confer an entitlement to a promotion.

j. **Certification of Completion of Program**.

(1) Upon completion of the PMF Program, the facility-level PPC should notify the Administration PPO. The VA PMF Coordinator will review and facilitate the certification request to the VA Executive Resources Board (ERB). In addition, the PMF must be evaluated by the VA ERB to determine whether it can certify in writing that the PMF has met all of the requirements of the Program, including the performance and developmental expectations set forth in the performance plan and IDP. The VA ERB may consult the PMF's mentor in reaching its determination.

(2) The VA ERB must notify the PMF of its decision regarding certification of successful completion and the ERB certification must be forwarded to OPM.

(3) If the VA ERB decides not to certify a PMF, the PMF may request reconsideration of that determination from the OPM Director. Such reconsideration must be requested in writing, with appropriate documentation and justification, within 15 calendar days of the date of the decision by the VA ERB.

(4) The final decision on reconsideration by the OPM Director is not subject to appeal.

(5) The PMF may continue in the Program pending the outcome of the request for reconsideration. The agency must continue to provide appropriate developmental activities during this period.

k. **Extension of Program**. A PMF must complete the Program within the 2-year time limit prescribed, including any approved extensions. VA may extend a PMF's appointment for up to 120 calendar days to cover rare or unusual circumstances or situations, such as the PMF being unable to complete the IDP in the time allotted due to administrative difficulties or other necessities of the service, or officially documented personal issues dealing with family death or medical obligations that would hinder program completion. Extensions of the program are approved by the headquarters VA PPO.

l. **Conversion to the Competitive Service**. A PMF must complete the Program within the time limits prescribed 5 CFR 362.409**,** including any approved extensions. At the conclusion of that period, an ERB-certified PMF that did not have a break in service may be converted to a competitive service term or permanent appointment. Converting a PMF to a term position is intended to cover instances where budgets and other workforce requirements preclude a hiring official from converting an individual to a permanent position. PMF's initially converted to a term position, the facility may later convert the Participant to a permanent position. VA HR Offices may not convert PMF's from other Federal agencies.

m. **Reduction in Force**. PMFs are in the excepted service Tenure Group II for purposes of the order of retention for excepted service**.** (See 5 CFR 351.502).

n. **Termination of Appointment**.

(1) A PMF may be terminated for reasons related to misconduct, poor performance, or suitability.

(2) As a condition of employment, a PMF's appointment expires at the end of the 2-year Program period, plus any approved extension, unless the PMF is selected for noncompetitive conversion. If a facility does not convert a PMF at the end of the Program, as provided in 5 CFR 362.409, or extend the individual's initial appointment under 5 CFR 362.404, the appointment expires when certification (or appeal) for Program completion is denied by the OPM Director. Extensions of the program are approved by the headquarters VA PPO.

(3) A PMF who held a career-conditional or career appointment in VA immediately before entering the Program, and fails to complete the Program for reasons that are not related to misconduct, poor performance, or suitability, may, at the request of the of the PMF or supervisor, be placed noncompetitively in a permanent competitive service position, as appropriate, within VA. The position identified for noncompetitive placement must be at a grade no higher than a position the employee has held on a permanent basis in the competitive service and must not have higher known promotion potential.

(4) HR Offices must provide written notification to OPM through the headquarters VA PPO and the VA PMF Coordinator when a PMF is terminated for any reason.]

[**APPENDIX R1. SELECTIVE SERVICE DECISION AND APPEAL PROCEDURES**

**1. GENERAL.** This appendix covers Selective Service decision and appeal procedures for VA applicants and employees who are ineligible for appointment or continued employment due to their failure to register with the Selective Service System (SSS).

**2. DEFINITIONS**

a. **Appointment.** Any personnel action that brings onto the rolls of an executive agency as a civil service officer or employee as defined in 5 U.S.C. 2104 or 2105, respectively, a person who is not currently employed in that agency. It includes initial employment as well as transfer between agencies and subsequent employment after a break in service. Personnel actions that move an employee within an agency without a break in service are not covered. A break in service is a period of 4 or more calendar days during which an individual is no longer on the rolls of an executive agency.

b. **Covered Individual.** A male:

(1) Whose application for appointment is under consideration by an executive agency or who is an employee of an executive agency;

(2) Who was born after December 31, 1959, and is at least 18 years of age or becomes 18 following appointment;

(3) Who is either a United States citizen or an alien (including parolees and refugees and those who are lawfully admitted to the United States for permanent residence and for asylum) residing in the United States; and

(4) Is or was required to register under section 3 of the Military Selective Service Act (50 U.S.C. App. 453).

c. **Executive Agency.** An agency of the Government of the United States as defined in 5 U.S.C. 105.

d. **Exempt.** Those individuals determined by the SSS to be excluded from the requirement to register under sections 3 and 6(a) of the Military Selective Service Act (50 U.S.C. App. 453 and 456(a)) or Presidential proclamation. Nonimmigrant aliens admitted under section 101(a)(15) of the Immigration and Nationality Act (8 U.S C. 1101), such as those admitted on visitor or student visas, and lawfully remaining in the United States, are exempt from registration.

e. **Preponderance of the Evidence.** That degree of relevant evidence that a reasonable person, considering the record as a whole, would accept as sufficient to support a conclusion that the matter asserted is more likely to be true than not true.

f. **Registrant.** An individual registered under Selective Service law.

g. **Selective Service Law.** The Military Selective Service Act, rules and regulations issued thereunder, and proclamations of the President under that Act.

h. **Selective Service System.** The agency responsible for administering the registration system and for determining who is required to register and who is exempt.

**3. STATUTORY REQUIREMENT.** The Military Selective Service Act requires that all male U.S. citizens and other males residing in the U.S. born after December 31, 1959, register with the SSS between the ages of 18 and 26, unless they are exempt from registration. Individuals who failed to register within the prescribed period are not eligible to obtain or continue VA employment, except under the following conditions:

a. The applicant/employee provides documentation from SSS, such as a Status Information letter (SIL) which shows that he is exempt from the SSS registration requirement.

b. The applicant/employee requests an official decision and the adjudicating authority finds that his failure to register was not [knowing and willful].

**4. REGISTRATION STATUS.** HR offices must check the *SSS website* to determine the registration status of covered individuals prior to selection or when notified of an omission. Covered individuals who failed to register must complete and submit a *Request for Status Information Letter* (SIL) as instructed on the *SSS website*. A copy of the SIL or other SSS-issued documentation such as the SSS acknowledgement card validates registration status and must accompany decision requests. Appendix II-R8 identifies conditions that require registration and the criteria for exemptions.

a. **Qualifying Exemptions.** Individuals in any of the following categories are exempt from registration:

(1) Males born on or **before** December 31, 1959;

(2) Non-citizens who first entered the U.S. after the age of 26;

(3) Citizens of [American Samoa, unless the individual habitually resides in the United States or resides in the United States for at least one year;

(4) Citizens and nationals of] the Republic of Palau, [the Republic of the] Marshall Islands, or the Federated States of Micronesia[, unless the individual resides in the United States for more than one year in any status, except as a full-time student or employee of the government of his homeland;

(5)] Non-immigrant aliens on visas such as student, visitor, tourist, or diplomatic visas;
[ ]
(6) [*]Individuals who were incarcerated, hospitalized or institutionalized during required registration period due to medical reasons or physical/mental incapacitation;

(7) [*]Cadets and Midshipmen at Service [Academies] or Coast Guard [Academy];

(8) [*]Students enrolled in any officer procurement program at the Citadel, North Georgia College and State University, Norwich University, Virginia Military Institute, Texas A&M University or Virginia Polytechnic and State University; [ ]

(9) [*Members of the Armed Forces on] active duty[.] Active duty for training does not constitute ["active duty"] for registration purposes[;]

[(10) Seasonal agricultural workers on an H-2A visa; and

(11) Individuals who are born female and have a sex change.

*Must register within 30 days of release unless already age 26.]

b. **Documentation of Status.** Covered individuals who present SSS-issued documentation which shows that they are registered or exempt are eligible for appointment/employment. Human Resources (HR) offices must maintain a copy of this documentation in the applicant case file or in the permanent section of the employee's electronic official personnel folder (e-OPF). HR offices may appoint/retain a covered individual who provides other official proof of exempt status pending receipt of actual SSS-issued documentation. Examples of acceptable non-SSS issued official documents include, but are not limited to a DD 214, or hospital/institutional records which reflect military service or confinement periods that occurred during the entire span of the required registration period, or other official documentation that prove exempt status.

**5. CONFLICTING STATUS INFORMATION.** HR offices may cease to consider applicants or terminate the employment of individuals who fail to clarify conflicting status information.

a. HR offices may request an amended SIL or other updated documentation as evidence. HR offices may ask for other supporting documents such as passports, official arrival-departure records, education transcripts, or driver's license information, when necessary to verify/resolve questionable issues.

b. HR offices will cease to consider an individual for appointment if he fails to provide valid proof of his registration status or supporting verification documents.

c. HR offices must request that applicants/employees disclose prior decisions on selective service cases in the event an individual already received an unfavorable decision.

**6. NOTICE.** The HR office must provide written notice to inform an individual that he is not eligible to obtain or continue employment with VA due to non-compliance with SSS registration requirements. The notice must contain contact information for the servicing HR office to which the individual may submit a request for an official decision. Appendices II-R2 and II-R3 contain sample notices.

a. **Notice to Applicants**

(1) The Human Resources Officer (HRO) or designee must take the following actions when applicants <u>under age 26</u> fail to meet the registration requirement:

(a) Notify the applicant that he must register with SSS prior to his 26th birthday and provide proof of registration status within 30 [calendar] days after the date of notice to become eligible for VA employment;

**NOTE:** *An applicant may register and request proof of registration on the SSS website.*

(b) Inform the applicant that VA is not required to keep vacancies open pending adjudication or receipt of registration status; and

(c) Provide instructions on how to request a decision in the event the individual is unable to register prior to his 26th birthday. The applicant may provide the SIL upon receipt at a later date, but must still submit the request for decision to the HR office within 30 [calendar] days after the date of notice or the HR office may remove him from employment consideration.

(2) The HRO or designee must take the following actions when an applicant is age 26 and over, but failed to register before age 26:

(a) Notify the applicant that due to his failure to register with SSS prior to age 26, he is ineligible for appointment, unless the adjudicating official determines that his failure to register was not knowing and willful;

(b) Provide instructions for the process to request a decision and advise the applicant that he must submit the request within 30 [calendar] days after the date of notice; and

(c) Advise the applicant that processing times to obtain a status letter may vary; however, the facility is not required to keep vacancies open pending adjudication or receipt of registration status. The applicant may provide the SIL upon receipt at a later date, but must still submit the request for decision to the HR office within 30 [calendar] days after the date of notice.

b. **Notice to Employees**

(1) The HRO or designee must take the following actions when an employee is under age 26, required to register, but has not done so:

(a) Provide written notice stating that the employee must register with the SSS immediately and show proof of such registration not later than 30 [calendar] days from the date of notice in order to [avoid termination due to failure to meet a requirement for employment];

(b) Refer the employee to the SSS website to register and/or request proof of registration. Timeframes to obtain status documentation from SSS may vary; therefore, it is extremely important that employees contact the SSS immediately; and

(c) Notify the employee that [termination of his employment must be initiated if he does not provide proof of SSS registration within 30 calendar days from the date of the notice or if he fails to show proof of exemption within 30 calendar days after the date of notice. See paragraph 10 in this appendix

regarding termination. Termination of employment will be initiated only after being afforded appropriate due process and appeal rights applicable to his appointment and status.

(d) If the employee fails to provide proof of SSS registration or proof of exemption to register with the SSS within 30 calendar days, as provided for in paragraph 6b(1)(c), action will be taken to terminate the employee. Such action will commence within 15 calendar days after the employee response to the notice in paragraph 6b(1)(c) was due. Refer to VA Handbook 5021 for the applicable separation procedures.]

(2) The HRO or a designee must take the following actions when an employee is age 26 and over, required to register, but has not done so:

(a) Provide written notice to the employee stating that he is ineligible to retain his current position due to his failure to register with SSS prior to age 26; and

(b) Provide instructions to request an official decision and notify the employee that the [termination of his employment must be initiated if he fails to request a waiver within 30 calendar days after the date of notice or if he is denied a waiver of the Selective Service registration requirement by the appropriate authority. See paragraph 10 of this appendix regarding termination. Termination of employment cannot occur until the employee is afforded appropriate due process and appeal rights applicable to his appointment and status.]

**7. REQUEST FOR OFFICIAL DECISION.** The HRO or designee must forward all initial decision requests [within seven calendar days of receipt from the applicant or employee] to the Director, Recruitment and Placement Policy Service (RPPS) (059), Office of Human Resources Management (OHRM), VA Central Office, Washington, DC 20420.

**NOTE:** *The Office of Inspector General (OIG), Office of Administration makes decisions involving OIG applicants and employees.*

a. HR offices may refer to Appendices R2-R8, this part, to assist with preparation of official decision requests. HR offices may submit requests for official decisions to RPPS (059) without the SIL (provided they include a copy of the individual's application for the SIL in lieu of the actual SIL) while SSS processes the individual's application. However, RPPS (059) will not complete adjudication of title 38 (full/hybrid) decision requests or forward title 5 decision requests to the Office of Personnel Management (OPM) until the HR office has submitted the SIL. A completed decision request packet consists of the following documents:

(1) Copy of Applicant/Employee notice from the servicing HR office;

(2) [Request for decision from the facility Director, HRO or designee to Director, RPPS (059)];

(3) SIL issued by SSS or copy of application for SIL if the SIL application is pending SSS processing; (see paragraph 7a above)

(4) Complete employment application;

(5) Appointment SF 50 – Notification of Personnel Action (employees only);

(6) DD Form 214 – Certificate of Release or Discharge from Active Duty (Veterans only);

(7) OF 306 – Declaration for Federal Employment;

[(8) Sworn statement from the applicant/employee explaining why he failed to register;

(9)] Checklist for Selective Service Decisions (see Appendix II-R2); and

[(10)] Any other pertinent documentation to support the applicant/employee's case.

b. Employees who request an official decision will remain on VA rolls while their cases are processed. [ ]

c. HR offices are not required to keep vacancies open pending decisions on Selective Service cases. Applicants will be considered until the HR office fills the position for which he applied or the adjudicating official makes a decision; whichever comes first. If an applicant fails to request an official decision within 30 [calendar] days of notice, the HR office will cease considering him for employment.

**8. ADJUDICATION PROCESS.** Selective Service law prohibits denying a Federal benefit that an individual may otherwise receive if he can demonstrate that his failure to register was not knowing and willful. The adjudicating official will make decisions based on a preponderance of evidence presented in each case. OPM will adjudicate cases involving proposed/existing title 5 appointments. The Associate Deputy Assistant Secretary for Human Resources Policy and Planning or designee is the adjudicating official for cases involving proposed/existing title 38 (full/hybrid) appointments, with Office of the General Counsel's concurrence.

a. If the adjudicator determines that the individual's failure to register was not [knowing and willful], the employee retains his position and the applicant remains under consideration for employment.

b. If the adjudicator renders an unfavorable decision, the applicant/employee is no longer eligible for appointment or continued employment.

c. RPPS (059) forwards all initial decisions to the servicing HRO. HR offices must maintain this documentation in the applicant case file or the employee's e-OPF.

d. HR Offices may refer to the samples in this appendix to provide the applicant or employee instructions for preparing appeal requests, when necessary.

[**NOTE FOR ADJUDICATION OFFICE:** *A Veteran or part-time National Guard or Reservist who can show proof of past active duty military service, such as a form DD 214, or current military identification card if still on active duty, should not be found to have knowingly and willfully failed to register for the SSS.*]

**9. [REQUEST FOR RECONSIDERATION (APPEAL) OF INITIAL DECISION].** Applicants/employees must submit [ ] requests to their servicing HR office or the office to which they applied for employment not later than [14 calendar] days after the date of [notice of] the initial decision. [HR offices must forward the request to the adjudicating office no later than 7 calendar days after receipt of the request for reconsideration.] Appendix R5, this part, is a sample which HR offices may use to notify applicants/employees of [the appeal procedures.]

a. **Content of Appeal Request**. An appeal request must include written notification of the individual's intent to appeal, the unfavorable decision letter, the original supporting documentation, a statement indicating the reason for the appeal, and any new or additional documentation to support the individual's case.

(1) The servicing HR office will not terminate employees during the appeal process.

(2) Applicants are not considered for employment during the appeal process.

b. **Appeal Procedures.** The Director of OPM is the approving official for appeals involving proposed and existing title 5 appointments. The Deputy Assistant Secretary for OHRM or designee is the approving official for appeals involving proposed/existing title 38 (full/hybrid) appointments with VA Office of the General Counsel's concurrence. [The decision for reconsideration is final and binding, and there is no further right for review of the waiver decision by OPM or VA.]

(1) If the approving official renders a favorable decision, the HR office will resume considering the applicant for future VA employment opportunities, or keep the employee on VA rolls. Individuals who receive favorable decisions must maintain a copy of the official decision as proof of eligibility for employment/appointment.

(2) If the adjudicating official denies the appeal request (i.e., renders an unfavorable decision), the HR office will no longer consider the applicant for employment and [in the case of an employee, must initiate separation procedures within 15 calendar days after receiving notification of the adjudicating official's unfavorable] appeal decision.

c. **Distinction Between the Title 5 and Title 38 (Full/Hybrid) SSS Adjudication and Appeal Process.** Procedures for processing title 5 and title 38 (full/hybrid) cases are generally the same with a few exceptions. Appendices R2 to R8 are samples and reference documents which HR offices may use to prepare requests under both title 5 and title 38 (full/hybrid) procedures.

(1) OPM makes official decisions and adjudicates appeals on proposed and existing Title 5 appointments. VA makes official decisions and adjudicates appeals on proposed and existing Title 38 (full/hybrid) appointments.

(2) With the exception of title 5 appeal requests, HR offices must send all [ ] requests [to] the Director, Recruitment and Placement Policy Service (RPPS) (059), Office of Human Resources Management (OHRM), VA Central Office, Washington, DC 20420. [ ]

(3) HR offices must forward title 5 appeal requests directly to the Office of General Counsel, U.S. Office of Personnel Management, 1900 E Street NW, Washington, DC 20415. HR offices must provide RPPS (059) a courtesy copy of the appeal request at the time of submission, and a copy of the final OPM decision upon receiving it from OPM.

(4) OHRM will provide written notice of appeal decisions on title 38 (full/hybrid) cases to the appellant and the servicing HR office after each case has been processed.

**10. [TERMINATION.** HR offices will initiate the applicable separation procedures for those employees serving under an appointment made on or after November 1985, within 15 calendar days from the date of notice, after the employee: fails to register (if under age 26) within the prescribed 30 calendar days; fails to request an initial waiver within the prescribed 30 calendar days; receives an unfavorable initial waiver decision without requesting reconsideration within the prescribed 14 calendar days from the date of notice of the initial decision; or receives an unfavorable reconsideration decision.

**NOTE:** *Those employees who fail to register (if under age 26), fail to request a waiver, or are ultimately denied a waiver of the Selective Service registration requirements by OPM or VA, must be separated after being afforded appropriate due process and appeal rights applicable to their appointment and status. Refer to VA Handbook 5021 for the applicable separation procedures.*]

## APPENDIX R2. CHECKLIST FOR SELECTIVE SERVICE DECISION REQUEST

**Applicant/Employee Name:** _____
**Facility Name:** _____
**Date:** _____

**Package must contain the following documentation**:

☐ **Selective Service Status Information Letter (SIL)**
To obtain this letter, contact the Selective Service System (SSS) or visit the SSS website to complete the application for the SIL. Processing times may vary.

☐ **Written notice from facility Human Resources Officer (HRO) to applicant or employee**
Notifies individual of ineligibility for appointment/continued employment unless an authorized adjudicating official determines that his failure to register was not knowing and willful.

☐ [**Sworn statement**] **from employee or applicant to adjudicating official**
This letter/memo provides a personal explanation of why the individual failed to register and indicates his desire to request an official decision. The burden of proof rests with the applicant[ ]. Therefore, the HR Specialist must not create or sign this document. [**NOTE:** *To make it a sworn statement, the applicant/employee must add a sentence at the bottom of his explanation stating "I declare, under penalty of perjury, that the facts stated in this statement are true and correct," followed by his signature and date. Alternatively, the applicant/employee may have his statement notarized by a notary public.*]

☐ **Written request from facility Director, HRO or designee to adjudicating official**
The designated official will request adjudication of the applicant or employee's case. OPM adjudicates title 5 and VA adjudicates title 38 (full/hybrid) cases. However, the servicing HR office must submit all decision requests to Director, Recruitment and Placement Policy Service (059), Office of Human Resources Management, VA Central Office, Washington, DC 20420. [This request letter should state the specific appointing authority for the position and specify if it is full-time, part-time, without compensation, time limited, etc., as applicable.]

☐ **Complete copy of the employment application**

☐ **Copy of the appointment SF 50 – Notification of Personnel Actions** (employees only)

☐ **DD Form 214 – Certificate of Release or Discharge from Active Duty**
(former military)

☐ **OF 306 - Declaration for Federal Employment**

☐**Supporting Documentation.** (Examples: passports, official arrival/departure documents, education transcripts, driver license information, copies of [all applicable] visas, etc). Review supporting documents to verify the individual's date of birth. If he was born before December 31, 1959, a selective service waiver is not required.

## APPENDIX R3. SAMPLE APPLICANT NOTICE AND REQUEST FOR OFFICIAL DECISION

**Date:**

**From:**Human Resources Officer (HRO) or Designee (05)
**To:**(name of applicant)
(address, city, state, zip code)

**Subj**: Notice of Ineligibility for Appointment due to Failure to Register with the Selective Service System (SSS)

1. You recently applied for the position of (title of position) with the (name of facility). However, you are not eligible for this appointment because you were born after December 31, 1959, and failed to register with the SSS by age 26. To obtain eligibility for an appointment with the Department of Veterans Affairs (VA), you must either show proof that you are registered with SSS or the appropriate adjudicating official must determine that your failure to register was not [knowing and willful].

2. Should you wish to request an official decision as to whether or not your non-registration was [knowing and willful], please sign this memo and return it to this office along with your Status Information Letter (SIL) and a letter explaining your failure to comply with registration requirements not later than 30 [calendar] days after the date of this notice. VA is not required to keep vacancies open pending an official decision on your case. However, if you elect to request an official decision, we will continue considering you for appointment until the position for which you applied is filled or the adjudicator makes a decision on your case, whichever comes first.

3. Before you submit this request, you must immediately contact SSS and complete the application to obtain an SIL via the SSS website. Since SSS processing times vary, you may include a copy of your application for the SIL with your official decision request in lieu of the actual SIL while SSS processes your SIL application. We will not process your case if you: (1) fail to submit your request packet within 30 [calendar] days after the date of this notice date; and, (2) fail to submit the SIL immediately after the SSS has issued it.

4. If you do not request an official decision within 30 [calendar] days after the date of this notice or the adjudicating official determines that your failure to register was [knowing and willful], we will no longer consider you for employment as a result of your non-compliance with the Selective Service registration requirement.
5. You may contact (HR specialist name and phone number) if you have any questions regarding this notice.

**Please print your name on the line which indicates your choice and sign and date below.**

I _____ request an official decision regarding my failure to register with SSS.

I _____ do not request a decision regarding my failure to register with SSS, and as a result, I understand that I will not be considered for an appointment with VA.

**Applicant Name and Signature:** _____ **Date** _____

**HRO Name and Signature:** _____ **Date** _____

## APPENDIX R4. SAMPLE EMPLOYEE NOTICE AND REQUEST FOR OFFICIAL DECISION

**Date:**
**From:**Human Resources Officer (HRO) or Designee (05)
**To:**(name of employee)
(address, city, state, zip code)

**Subj**: Notice of Ineligibility for Appointment due to Failure to Register with the Selective Service System (SSS)

1. You are currently employed as a (title of position) with the (name of facility). However, we have learned that you are not eligible for this appointment because you were born after December 31, 1959, and failed to register with the SSS by age 26. To remain employed, you must show proof that you are actually registered with SSS [(or show proof that you were exempt from the requirement)] or the appropriate adjudicating official must determine that your failure to register was not [knowing and willful].

2. Should you wish to request an official decision as to whether or not your non-registration was [knowing and willful], please sign this memo and return it to this office along with your Status Information Letter (SIL), [ which will be issued by SSS,] and a letter explaining your failure to comply with the registration requirements not later than 30 [calendar] days after the date of this notice. Before you submit this request, you must immediately contact SSS and complete the application to obtain an SIL via the SSS website. Since SSS processing times vary, you may include a copy of your application for the SIL with your official decision request in lieu of the actual SIL while SSS processes your SIL application. We will not process your case if you: (1) fail to submit a complete request packet within 30 [calendar] days after the date of this notice; [or], (2) fail to submit the SIL[, which contains the SSS's status determination, within 14 calendar days after the date of its issuance].

3. You will remain employed during the adjudication/decision process. However, if you do not [provide proof of registration status or] request an official decision [from the appropriate adjudicating office (including all appropriate documentation), action will be taken to separate you from Federal service].

4. If the adjudicating official determines that your failure to register was not [knowing and willful], we will retain you on Department of Veterans Affairs (VA) employment rolls. If the adjudicating official determines that your failure to register was [knowing and willful, you will be given an opportunity to request reconsideration of the initial decision.]

5. [Those individuals who fail to request a waiver or are denied a waiver of the SSS registration requirements by OPM or VA must be terminated after being afforded appropriate due process and appeal rights applicable to their appointment and status. You will be issued notice of intent to terminate your employment after: (1) you fail to request an initial waiver within the prescribed 30 calendar days; (2) your request for an initial waiver is denied by the adjudicating authority and you do not appeal the decision; or, (3) your appeal of an unfavorable decision is denied.

6.] You may contact (HR specialist name and phone number) if you have any questions about this notice.

**Please print your name on the line which indicates your choice and sign and date below.**

I _____ request an official decision regarding my failure to register with SSS.

I _____ do not request a decision regarding my failure to register with SSS, and as a result, I understand that I am not eligible to remain employed with VA.

**Employee Name and Signature:** _____ **Date** _____

**HRO Name and Signature:** _____ **Date** _____

## APPENDIX R5. SAMPLE NOTICE OFAPPEAL RIGHTS AND REQUEST PROCEDURES

**Date:**

**From:**Human Resources Officer (HRO) or Designee (05)
**To:**(name of employee or applicant)
(address, city, state, zip code)

**Subj:** Notice of Right to Appeal Selective Service Adjudication Decision

1. Based on the documentation you submitted in support of your case, the adjudicating official determined that your failure to register with the Selective Service System (SSS) was [knowing and willful]. You have the right to request an appeal of the initial decision. To do so, you must complete this form and return it to this office within [14 calendar] days of the [date of this notice] along with a copy of the decision letter, a brief personal statement indicating the reason for your appeal request, a signed and dated copy of this notice, and any additional documentation that supports your case.

2. If the adjudicating official determines that your failure to register was not [knowing and willful] based on evidence in your supporting documentation, the HR office will (insert applicable statement as indicated below)

***For applicants, insert:*** consider you for current/future Department of Veterans Affairs (VA) employment opportunities for which you may apply.
***For employees, insert:*** retain you as a VA employee.

3. If the adjudicating official determines that your failure to register was [knowing and willful] based on the evidence in your supporting documentation, you are not eligible for appointment and the HR office will (insert applicable statement as indicated below)

***For applicants, insert:*** not consider you for any current/future VA employment opportunities.
***For employees, insert:*** [take action to initiate the separation process after you are afforded appropriate due process and appeal rights applicable to your appointment and status.]

4. You may contact (HR Specialist name and phone number) if you have questions about this notice.

**HRO Name and Signature: _____Date _____**

**Applicant/Employee Certification:**

I certify that I have read and understand the appeal procedures outlined above. I further understand that appeal decisions are final and I will be ineligible for an appointment with VA if the adjudicating official determines that my failure to register was [knowing and willful].

**Applicant/Employee Signature: _____Date _____**

**NOTE:** *The servicing HR office must submit the appeal request to the appropriate adjudicating official based on the type of appointment within* [*7 calendar*] *days of receipt from the applicant* [*or*] *employee:*

**Title 5**: U.S. Office of Personnel Management, Office of General Counsel, 1900 E Street, NW, Washington, DC 20415. [Provide RPPS (059) a courtesy copy of the reconsideration request and the OPM decision.]

**Title 38(full/hybrid)**: Director, Recruitment and Placement Policy Service (059), Office of Human Resources Management (OHRM), VA Central Office, Washington, DC 20420.

## APPENDIX R6. SAMPLE FACILITY TO DEPARTMENT REQUEST MEMO FOR APPLICANT

**Date:**

**From:**Human Resources Officer (HRO) or Designee (05)
**To:**Director, Recruitment and Placement Policy Service (059)
Office of Human Resources Management
VA Central Office
Washington, D.C. 20420

**Subj:** Request for Official Selective Service Decision (name of applicant)

Enclosed is a request for a decision of whether (name of applicant)'s failure to register with the Selective Service System was [knowing and willful]. (name of applicant) applied for a position as a (title of position, series and grade) in a (title 5 or title 38(full/hybrid)) appointment under (appointing authority) at (name of VA facility).

Attached is a request for decision and the supporting documentation. If you have any questions, you may contact (Human Resources Specialist name) at (phone number).

_____
**Facility Director or HRO Name and Title**

_____
**Facility Director or HRO Signature**

## APPENDIX R7. SAMPLE FACILITY TO DEPARTMENT REQUEST MEMO FOR EMPLOYEE

**Date:**

**From:** Human Resources Officer (HRO) or Designee (05)
**To:** Director, Recruitment and Placement Policy Service (059)
Office of Human Resources Management
VA Central Office
Washington, D.C. 20420

**Subj:** Request for Official Selective Service Decision (name of employee)

Enclosed is a request for a decision of whether (name of employee)'s failure to register with the Selective Service System was [knowing and willful]. (name of employee) is currently employed as a (title of position, series and grade) in a (title 5 or title 38 (full/hybrid)) appointment under (appointing authority) at (name of VA facility).

Attached is a request for decision and the supporting documentation. If you have any questions, you may contact (Human Resources Specialist name) at (phone number).

_____
**Facility Director or HRO Name and Title**

_____
**Facility Director or HRO Signature**

_____
**Date**

# [APPENDIX R8. WHO MUST REGISTER CHART

Click here for 508 compliant version.

## *Who Must Register Chart*

With only a few exceptions, the registration requirement applies to all male U.S. citizens and male aliens residing in the United States who are 18 through 25 years of age.

| Category | YES | NO |
|---|---|---|
| All male U.S. citizens born after December 31, 1959, who are 18 but not yet 26 years old, except as noted below: | X | |
| **Military-Related** | | |
| Members of the Armed Forces on active duty (active duty for training does not constitute "active duty" for registration purposes) | | X* |
| Cadets and Midshipmen at Service Academies or Coast Guard Academy | | X* |
| Cadets at the Merchant Marine Academy | X | |
| Students in Officer Procurement Programs at the Citadel, North Georgia College and State University, Norwich University, Virginia Military Institute, Texas A&M University, Virginia Polytechnic Insitute and State University | | X* |
| National Guardsmen and Rerservists not on active duty | X | |
| Delayed Entry Program enlistees | X | |
| ROTC Students | X | |
| Separatees from Active Military Service, separated for any reason before age 26 | X* | |
| Men rejected for enlistment for any reason before age 26 | X | |
| Civil Air Patrol members | X | |
| **Aliens**** | | |
| Lawful non-immigrants on visas (e.g., diplomatic and consular personnel and families, foreign students, tourists with unexpired Form I-94, or Border Crossing Document DSP-150) | | X |
| Permanent resident aliens (USCIS Form I-551) | X | |
| Special (seasonal) agricultural workers (I-9) | X | |
| Special agricultural workers (I-9) | | X |
| Refugee, parolee, and asylee aliens | X | |
| Undocumented (illegal) aliens | X | |
| Dual national U.S. citizens | X | |
| **Confined** | | |
| Incarcerated, or hospitalized or institutionalized for medical reasons | | X* |
| **Handicapped physically or mentally** | | |
| Able to function in public with or without assistance | X | |
| Continually confined to a residence, hospital, or institution | | X |

*Information continued on next page*

***Chart Information Continued:***

* Must register within 30 days of release unless already age 26, or already registered when released, or unless exempt during entire period age 18 through 25.

**Residents of Puerto Rico, Guam, Virgin Islands, and Northern Mariana Islands are U.S. Citizens. Citizens of American Samoa are nationals and must register when they are habitual residents in the United States. Habitual residence is presumed whenever a national or citizen of the Republic of the Marshall Islands or the Federated States of Micronesia resides in the United States for more than one year in any status, except as a student or employee of the government of his homeland.

**NOTE:** Immigrants who did not enter the United States or maintained their lawful non-immigrant status by continually remaining on a valid visa until after they were 26 years old were never required to register. Also, immigrants born before 1960 who did not enter the United States or maintained their lawful non-immigrant status by continually remaining on a valid visa until after March 29, 1975, were never required to register.

**The Selective Service System**
**Office of Public and Intergovernmental Affairs**
**National Headquarters**
**Arlington, Virginia 22209-2425**
June 26, 2009

]

# [APPENDIX S - IMPLEMENTATION OF HYBRID TITLE 38 QUALIFICATION STANDARD

**1. Purpose.** This appendix provides guidance on the implementation of Hybrid Title 38 (HT38) qualification standards (new and revised) and identification of positions performing the duties defined in the draft qualification standard prior to publication.

**2. Background.** The "Caregivers and Veterans Omnibus Health Services Act of 2010," Public Law (PL) 111-163, was signed by the President on
May 5, 2010. This Act authorizes the Secretary, Department of Veterans Affairs, to extend HT38 status to additional occupations which are considered necessary for the recruitment and retention needs of the Department. When an occupational series is approved for conversion to HT38 status the authority is granted under 38 U.S.C. 7401(3) for appointments made under 38 U.S.C. 7401(3) or those applicable under 38 U.S.C. 7405.

**3. Conversion of Title 5 to New Hybrid Title 38 Qualification Standard.**

a. The method which an occupation will be reviewed and converted from Title 5 (T5) to HT38 will be as follows unless otherwise advised:

(1) Workforce Management and Consulting (WMC) will develop a Hybrid Implementation SharePoint for the collection of information and data on employees and positions that are affected by the conversion of the specified occupation from T5 to HT38. Human Resources Information Service (HRIS) will initially populate the SharePoint with data pulled from the current human resources information system. This SharePoint will be utilized to facilitate the pre-conversion review, and for HR Offices to track the conversion progress as outlined in VA Handbook 5005, Part II Appendix T, Conversion of T5 Occupation to HT38.

(2) Instructions for accessing, reviewing and populating additional data and information into the SharePoint will be created by WMC. WMC will distribute the instructions with the draft qualification standard to the VISN and Facility Human Resource Officers (HROs). HRO's are responsible in assigning staff to complete the process as instructed and within the timeframes provided. Access to the SharePoint will be limited to specific individual(s) designated by each VISN and/or Facility. Individuals granted access to the SharePoint will serve as the Human Resources points of contact (POC) for the conversion of the occupation to HT38 status.

***NOTE:*** *A copy of the draft qualification standard that will be attached to the instructions is for use in conducting the review* ***ONLY****. The draft has not been approved and CANNOT be used for any purpose other than conducting the position review described below.*

**4. Pre-Conversion Position Review.**

a. Human Resources Officers or designees in collaboration with Human Resources Classification and Staffing Specialists as well as the responsible service(s) must review **all** positions in their facilities that are responsible for performing the work described in the draft qualification standard for consistency with assignments. The work may currently be found to be classified in the designated occupational series in the draft qualification standard, or possibly other occupational series. Any positions that are determined to be covered by the ~~new~~ draft qualification standard should have the respective

position description reviewed by the appropriate supervisor to ensure it is accurate and up to date. Any position descriptions not found to be up to date or accurate must be updated immediately to ensure review is based upon accurate information. Supervisors are required to comply with union contracts as applicable. Once position descriptions have been updated they must be submitted for review to determine whether or not the position will be covered by the qualification standard.

b. Each position (encumbered or vacant) determined to be performing the duties defined in the draft qualification standard must be evaluated to ensure the series is correct. Information for all employees performing duties covered by the draft qualification standard, regardless of the current occupational series of the position will be uploaded into the SharePoint. If it is determined that the duties support the occupational series the SharePoint will be populated as positive for conversion. If it is determined that a position currently classified in the occupational series does not meet the coverage definition in the draft qualification standard the SharePoint will be annotated as a negative for conversion.

c. In no case will any actions be taken as a result of this review beyond indicating in the SharePoint whether or not an employee is subject to conversion to hybrid title 38. If any actions are required at a later date, additional guidance will be issued.

***NOTE:*** *This policy does not typically apply when a revision to an existing HT38 qualification standard is published and implemented.*

**5. Pre-Conversion Personnel Action.**

a. The pre-conversion position review will identify those positions/employees that will be converted to HT38 and covered by the draft qualification standard. The results of the pre-conversion position review will be used in processing the pre-conversion mass action. This mass action does not convert the employee from T5 to HT38.

b. HRIS will process an automated Notification of Personnel Action form (SF-50) for those employees identified in the SharePoint currently performing the duties in an occupational series other than the series defined in the qualification standard.
*NOTE 1: Final conversion including grade determination will be completed through the review process found in VA Handbook 5005, Part II Appendix T, "Conversion of Title 5 Occupation to Hybrid Title 38".*

*NOTE 2: Employees in the occupational series that were specifically identified as not performing the duties under the position review will not be converted. These positons must be reviewed and reclassified immediately and placed in the appropriate occupational series. The change (series; classification) must be provided in writing to the employee.*

*NOTE 3: Positions assigned duties as described in the draft HT38 qualification standard must be converted from T5 to HT38 once the guidelines and instructions are issued. This is a requirement and there is no flexibility for facilities to choose whether or not a position will be converted. Conversions must be done within the designated timeframe.*

**6. Positions/Employees Identified After Pre-Conversion Review.** Provisions for positions/employees not identified in the pre-conversion review (missed during pre-conversion review; placed in HT38 occupation after pre-conversion review; or missed after conversion review found in VA Handbook 5005, Part II Appendix T) are handled on a case by case basis as prescribed in VA Handbook 5005, Part II Appendix T.

**7. Revision of Published HT38 Qualification Standards.**

a. Published HT38 qualification standards will be reviewed by the responsible national program office to ensure requirements are up to date and accurate at least once every 5 years or when it is determined that significant changes have occurred (e.g., education; license/certification; complexities; or in the assigned responsibilities). The Program Office will make a request for a revision to the current HT38 qualification standard, when necessary.

b. Once a revision is implemented facilities may begin to use the standard effective on the dates provided in the VHA notification.

c. A revision to a published HT38 qualification standard will not require the pre-conversion review process. In those rare situations where a SharePoint is used on a revision to a HT38 qualification standard, the same process as described above in paragraph 3 will be followed.]

## [APPENDIX T - CONVERSION OF TITLE 5 OCCUPATION TO HYBRID TITLE 38

**1. PURPOSE.** This policy provides guidance and instructions on requirements for conversion of a T5 occupation to HT38. The primary purpose of the conversion review is to apply the published VA HT38 qualification standard to each employee's duties/assignment and personal qualifications to determine the proper grade level and occupational title upon conversion to HT38. This process should not result in a change to the employee's duties and responsibilities. This policy is the second phase of the implementation of a new HT38 occupational standard (see VA Handbook 5005, Part II Appendix S, Implementation of Hybrid Title 38 Qualification Standard). Human Resources Offices will utilize the final list in the pre-conversion SharePoint to complete this part of the process.

**2. POLICY.** The method which a position will be converted from T5 to HT38 will be as follows unless otherwise advised:

a. Positions assigned duties as described in the HT38 qualification standard must be converted from T5 to HT38 in the timeframe provided. This is a requirement with no flexibility for facilities to choose whether or not a position that falls under the coverage of a published HT38 qualification standard will be converted.

b. The conversion review will be conducted by Human Resources (HR) for each employee identified as positive for conversion in the pre-conversion position review. Before the initial conversion review process can begin, HR staff must receive training on the new qualification standard.

c. The conversion review process is not applicable to employees no longer assigned to the occupation (e.g., reassigned, promoted, resigned, retired, etc.) or no longer performing duties defined in the qualification standard at the point the HT38 qualification standard is implemented.

d. HR will utilize the guidance in VA Handbooks 5005 and 5007, as well as the appropriate and applicable new VA HT38 qualification standard.

***NOTE:*** *This policy does not apply when a revision to an existing HT38 qualification standard is published and implemented.*

**3. GUIDELINES AND REQUIRED DOCUMENTATION.** This part provides the guidelines to be followed for conversion and the required documentation to complete the process (unless otherwise directed).

a. **VISN and Medical Center Human Resources Officers (HRO).** HROs are responsible for the overall conversion review process and must complete the following:

(1) Review the list and ensure all positions and employees identified in the pre-conversion review are updated and maintained. The HRO will maintain this list of positions and employees to assist with future tracking and the outcome of the conversion for each employee.

(2) Review and ensure that all employees placed in positions since the pre-conversion review that are currently performing duties that fall under the coverage of the new HT38 qualification standard are added to the list for conversion and tracking.

(3) The conversion review will identify those positions/employees that will be converted to HT38 and covered by the new qualification standard. The results of the conversion review will be used in processing the conversion action.

(4) Guidance on conversion actions will be submitted to facilities under separate instruction from WMC for each occupation as the standard is released.

(5) HR is responsible for performing a review to determine the employee's grade and whether it remains the same; is outside of grades defined in the qualification standard or results in a promotion. If the grade is not defined in the qualification standard, employee should be covered by the grandfathering provision if provided in the specific occupational qualification standard. The employee will maintain their current grade and pay until such time the employee departs their position or the agency; however they will be placed against the appropriate assignment as designated in the qualification standard.

(6) Employees in the occupational series who were specifically identified as not performing the duties under the position review will not be converted. These positons must be reviewed and reclassified immediately and placed in the appropriate occupational series. Positions assigned duties as described in the new HT38 qualification standard must be converted from T5 to HT38 once the guidelines and instructions are issued. This is a requirement and there is no flexibility for facilities to choose whether or not a position will be converted. Conversions must be done within the designated timeframe.

(7) Provide a copy of the position/employee list to the supervisor(s) who have positions/employees impacted by the conversion process.

(8) Collaborates with supervisor(s) to:

(a) Ensure all positions/employees identified on the list are accurate and appropriately designated.

(b) Ensure that all positions covered by the new qualification standard are converted to HT38 status. Positions covered by the new HT38 qualification standard cannot be classified into another occupational series.

(9) Develop and establish a local implementation plan that includes the items listed below and meets the deadline established:

(a) Brief management regarding the facility conversion implementation plan; and

(b) HRO's are required to prepare notifications to be issued to affected employee(s) using the template letters provided in this part; and

(c) Issue the notification letters to employees prior to briefing orientation; and

(d) Arrange, and conduct a meeting to provide general orientation and briefing for affected employee(s) on the conversion process and what these changes entail; and

(e) Provide manager/supervisor and employee(s) documents needed for conversion (copy of this policy; qualification update sheet; sample supervisor memos; and

(f) Notify and brief designated union representatives (if applicable) regarding facility implementation plans, discuss union participation in employee briefings and provide copy of briefing materials to the union.

(10) Assist employee(s) with accessing their electronic Official Personnel File (eOPF).

(11) Ensure that the supervisor(s) have submitted a request to include appropriate documentation and information to support the conversion action for all employees on the list.

(12) Review and verify all information and documents submitted for each employee to ensure conversion requests are complete, accurate and compliant with policy. The documentation is to support and justify the request and decision. The following documents may be included in the request:

(a) Approved functional statement for position (signed and dated).

(b) Current position description

(c) Supervisor memo

(d) Current Performance Appraisal

(e) Organizational chart or evidence of position approval (for positions above the full performance level only).

(13) Determine eligibility and qualifications in accordance with the new qualification standard and confirms the requested conversion action is compliant with policy and supported by documentation. If all requirements are met the package is sent to the HRO for final decision.

*NOTE: This process should not result in a change to the employee's duties, responsibilities, or result in a reduction in grade in accordance with grandfathering provision see VA Handbook5005, Part II, Appendix G-17, paragraph 10C and grandfathering provision in the appropriate qualification standard.*

(14) After final decision is made the conversion determination is communicated to the employee(s).

(15) Ensure all necessary requests for personnel action(s) are prepared, completed, processed and approved.

(16) Ensure appropriate documents are filed in the eOPF.

b. **EMPLOYEES.** Employees are responsible for ensuring their eOPF is updated and relevant professional and personal information needed for the conversion is reflected, [i.e. updated resume with relevant experience, education, certification etc.).] Employees are also responsible for attending briefings and orientation meetings regarding the conversion and implementation process which are to be conducted on duty time.

c. **SUPERVISORS**

(1) Review the new HT38 qualification standards.

(2) Review the position/employee list received from the HRO for accuracy

(3) Ensure that all positions covered by the new qualification standard are converted to HT38 status. Positions covered by the new HT38 qualification standard cannot be classified into another occupational series.

(4) If it is determined that the work being performed is not covered by the new qualification standard; the Supervisor must collaborate with HR to reclassify the position into the appropriate occupational series.

(5) Ensure they and all the impacted employees attend the briefing and orientation meetings on the conversion and implementation process.

(6) Prepare functional statement(s) for each employee and all current and proposed positions that will be established as a result of the conversion of the T5 occupation to HT38 status.

(7) Prepare a conversion request(s) with supporting documentation. If requesting a promotion for an employee, the supervisor must provide justification of how the assignment at a higher level has been met. Promotions must be supported by employees' current duties and responsibilities and cannot be based on additional duties and responsibilities added to the position during the conversion process.

(8) Review documents submitted for accuracy. Clarify any documents as needed and evaluate the information.

(9) Submit functional statement to HR along with documents to support and justify the request and conversion decision. The following additional documents may be included in the request:

(a) Current position description.

(b) Supervisor memo.

(c) Current Performance Appraisal.

(d) Organizational chart or evidence of position approval (for positions above the full performance level only).

*NOTE: There is no reconsideration (appeal) for a personnel action taken on a position/employee converted from title 5 to hybrid title 38. The conversion is solely for the purpose of applying the new qualification standard.*

*NOTE: An appropriate grade will be determined for each employee that may or may not result in a promotion. The promotion reconsideration and review guidance described in VA Handbook 5005, Part III, and Section B applies to promotion reconsideration requests, not to the conversion personnel action.*

After the conversion, supervisors may request that an employee be considered for promotion on a date other than the anniversary date of grade if the

employee is selected for a supervisory or managerial assignment that warrants consideration for higher grade and for assignments based on complexity.

**5. Promotions Resulting From Conversion.**

a. Employees who are found to be eligible and qualified for a promotion on the date the HT38 qualification standard is implemented will have their promotions effective the first day of the pay period after the date the qualification standard was implemented. At the election of the employee, a promotion may also be made effective at a future date set by the approving authority that does not violate law or negotiated agreement when doing so would benefit the employee (i.e. when an employee is due a within grade increase).

b. Employees who are eligible and qualified for a promotion up to the full performance level (FPL) after the effective date of the implementation of the HT38 qualification standard are to apply the policy found in VA Handbook 5005, Part III, Chapter 4, Section B paragraph 6(b) (unless otherwise instructed).
*NOTE. The anniversary date of grade is the date of appointment or date of highest promotion grade for a hybrid employee. The automatic review for promotion consideration above the full performance level only occurs on the first anniversary for that grade level.*

**6. Conversion Not Completed.** A position/employee that was identified as meeting the definition of the new HT38 qualification standard and was included in the pre-conversion process but not converted must be converted immediately once discovered following the provisions prescribed and in effect at the time of conversion.

**7. Positions/Employees Not Identified During Reviews.** Positions/employees not identified in the pre-conversion review or conversion process but are found to be performing the duties as defined in the qualification standard at a later date are covered by the grandfathering provisions found in the qualification standard. The facility/organization must prepare a written statement and justification that reconstructs the necessary information as of the date the individual should have been converted. Documentation must include evidence employee was performing the work described in the HT38 qualification standard at the time it was published (based on appropriately classified position description on the date the qualification standard was published) but was "missed" when the conversion(s) took place. Actions must be submitted and approved by the VISN Director for field positions and VHA Program Office Director for national level positions. HR will need to manually complete the personnel actions in accordance with the original implementation guidance. These actions are to be processed timely.

**THIS LETTER MUST BE ISSUED PRIOR TO BRIEFING ORIENTATION MEETING.**

**TEMPLATE LETTER FOR CURRENT VA EMPLOYEES IN NEW HYBRID OCCUPATION:**

**[Insert title of occupation (e.g., Dietitian)]**
**GS-(insert occupational series)**

The "Caregivers and Veterans Omnibus Health Services Act of 2010" authorizes the Secretary, Department of Veterans Affairs, to extend hybrid Title 38 status to additional occupations. The (insert title of occupation), GS-(insert occupational series) occupational series has been identified for conversion from the title 5 Competitive Service to hybrid title 38 status in the Excepted Service. You occupy a position classified in the GS-(insert occupational series) occupational series or the duties and responsibilities of your position substantially meet the assignment definition of a (insert title of occupation). This conversion does not affect bargaining unit status. Your rights under a collective bargaining agreement (if applicable) are those of a hybrid title 38 employee. Orientation to the change of your position to hybrid title 38 will occur on (insert date). The following describes how this conversion will affect your position:

**Full-Time, Part-Time and Intermittent Employees Appointed Without Time Limitation**

Pay. The change to hybrid status does not affect your current grade, step, or salary rate. Also, you are now entitled to title 38 weekend premium pay at the rate of 25 percent of your basic hourly rate of pay for each hour of service, any part of which is between midnight Friday and midnight Sunday, instead of each hour of service on a tour of duty.

Staffing. Effective (insert date), you will be covered by the hybrid title 38 employment system. With this change your position will now be covered by the (insert qualification standard). Human Resources will conduct an initial review of your position based on current assigned duties. A functional statement will be developed and issued that replaces your current position description. You have the responsibility to submit information for this initial conversion review process by updating your employment history in your e-OPF as will be discussed in the briefing orientation.

Promotion. If you are in a career ladder position the process for promoting hybrid title 38 employees differs from the process for promoting title 5 employees. This process will be explained at the briefing orientation.

Adverse Action Rights. You remain covered by the same applicable agency and negotiated disciplinary and adverse action procedures and grievance procedures as prior to the conversion.

**Employees Appointed on a Time-Limited Basis**

Employees appointed on a time-limited basis will remain on a time-limited basis upon conversion to hybrid title 38. All of the information on Staffing and Pay described above for employees appointed without time limitation basis applies to employees appointed on a time-limited basis on the same type of work schedule, that is, full-time, part-time, or intermittent. There is no change in adverse action rights for employees appointed on a time-limited basis.

**Department of Veterans Affairs** **Memorandum**

**Date:**

**From:** Supervisor

**Subj:** Conversion Request

**To:** Human Resources Officer
**Thru:** Chief, Service and/or Care Line Manager

1. I recommend ***(insert name of employee(s))*** for consideration for GS-**(insert GS level), (insert title of occupation)**. The functional statement for this assignment is attached along with other supporting documentation for this employee/all employees listed below.

2. Your consideration for this request is appreciated.

***Name of Supervisor***
***Title***
***Telephone Number***

**Department of Veterans Affairs** **Memorandum**

**Date:**

**From:**(***Supervisor)***

**Subj:**Recommendation for Promotion – Conversion Request

**To:** Human Resources Officer
**Thru:** Chief, Service and/or Care Line Manager

1. I recommend ***(insert name of employee),*** GS-***(insert employee's current grade level)*** be considered for promotion to GS-(**insert proposed grade level) (insert proposed title of occupation)**, based upon the employee's current assignment as (***insert current title of occupation)***.

2. (*Justification as to how the employee's position has changed and how the position is being supported).*

3. The functional statement for the proposed assignment is attached along with other supporting documentation to include approved organizational chart showing the position.

4. ***(Insert name of employee)*** is able to assume greater responsibility and function at fully successful or higher.

5. Your consideration of this request is appreciated.

***Name of Supervisor***
***Title***
***Telephone Number***

**STAFFING**

**PART III. INTERNAL[, CHANGE IN ASSIGNMENT] PLACEMENT AND PROMOTION**

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# PART III. INTERNAL PLACEMENT[, CHANGE IN ASSIGNMENT OR] AND PROMOTION

## CHAPTER 1. GENERAL

**1. SCOPE.** This part contains the policies and procedures governing the placement of VA employees in another VA position, including the movement of the employee to another VA facility under a different appointing officer. Such position changes include demotion, reassignment or promotion of an employee while continuously employed in VA and authorized conversion to another appointment under certain circumstances.

**2. ORGANIZATION**

a. Chapters 2 and 3 include requirements and procedures for internal placement and promotion actions for employees in the competitive service under title 5.

(1) While the provisions in these chapters apply to the competitive service, there is no prohibition against using these or similar procedures to provide opportunities to certain excepted service employees, such as those appointed under the Veterans Recruitment [Appointment] (VRA) or severely handicapped individuals appointed under Schedule A.

(2) In the interest of clarity, policy requirements are identified by the word "requirement." Requirements are mandatory provisions established in accordance with or consistent with Federal human resources policies issued by the Office of Personnel Management (OPM) or pertinent laws, rules and regulations.

(3) Guidance, which is identified as such, is included to provide matters to be considered, information, clarification, examples, etc., to assist in the development of subordinate policies which will conform to VA and OPM policy requirements.

b. Chapter[ ] 4 [ ] contain[s] internal placement[, change in assignment] and advancement policies, procedures and requirements for employees appointed under 38 U.S.C., chapter 74.

c. Chapter [5 contains] requirements a [for conversion or change of assignments for employees appointed under 38 U.S.C. 73 or 74].

[d. Chapter 6 includes requirements and procedures related to military leave and restoration/reemployment. The provisions of this chapter apply to both title 5 and title 38 employees.]

# CHAPTER 2. INTERNAL PLACEMENT (TITLE 5)

## 1. DEFINITIONS

**NOTE:** *These definitions apply to chapter 2 and 3 and related appendices.*

a. **Position Change.** A promotion, demotion, or reassignment made during an employee's continuous service within the same agency. Position changes may involve reorganization by management decision; reduction in force when employees are entitled to grade retention; or reclassification of positions to a lower grade when a new classification standard has been implemented.

b. **Demotion.** The change of an employee to a lower grade when both the old and new positions are under the General Schedule or under the same wage schedule, or to a position with a lower rate of pay when both the old and new positions are under the same type ungraded wage schedule or in different pay method categories. A position change from a supervisory position to a nonsupervisory position at the same grade is not a demotion.

c. **Reassignment.** The change of an employee from one position to another position without demotion or promotion. Non-competitive reassignments include: (1) a change from a supervisory position to a nonsupervisory position at the same grade; and (2) a position change at the same grade from a position with known potential to another position with no known potential or no higher known potential.

d. **Promotion.** A change to a position at a higher grade level within the same job classification system and pay schedule or to a position with a higher rate of pay in a different job classification system and pay schedule.

e. **Subject Matter Expert (SME).** Person with direct knowledge of what is done in the job, what knowledges, skills, abilities and other characteristics (KSAOs) are required, and the general background of persons who are able to do the job successfully. These may include those currently doing the job, recent incumbents, those who supervise others doing the job, and other acknowledged job experts. SMEs participate in the development of job analyses and crediting plans and serve on promotion panels.

f. **Area of Consideration.** Geographic or organizational areas from which high-quality VA employees are sought in actions requiring the use of competitive promotion procedures.

g. **Minimum Area of Consideration.** That geographic or organizational area, as specified in the applicable promotion plan, normally used in initial efforts to locate high-quality VA employees for actions requiring the use of competitive promotion procedures.

h. **Limited Area of Consideration.** Areas of consideration less than the minimum area which are used to locate high quality VA employees for actions requiring the use of competitive promotion procedures under specific circumstances as provided for in the applicable promotion plan.

i. **Qualified Applicants.** Individuals who meet the minimum qualification (including properly determined selective factors, if applicable), time-in-grade and time-after-competitive-appointment requirements, as well as any applicable statutory provisions.

j. **Best Qualified Candidates.** Those candidates competing under merit promotion procedures whose relative rankings indicate that they will perform the job to be filled with substantially equal success.

## 2. GENERAL REQUIREMENTS

**NOTE:** *Actions defined below may or may not require competition. Such requirements are outlined in chapter 3.*

a. **Demotion.** An employee must be given the required legal and regulatory notices before a demotion action is taken, except where the employee: (1) signed an agreement to return to a lower grade as a condition for a temporary promotion; or, (2) voluntarily makes a written request for change to lower grade. Demotions to positions with higher known promotion potential than the known potential of the current position held must be made competitively under the regulations in 5 CFR, part 335 and the policies and procedures contained in chapter 3 of this part.

b. **Reassignment.** Reassignments will be made in accordance with the policy contained in this handbook**.** Reassignments to positions with known promotion potential higher than the potential of the current position held must be made competitively under the regulations in 5 CFR, part 335 and the policies and procedures contained in chapter 3 of this part.

c. **Promotion.** Promotions and other personnel actions which are processed under competitive promotion procedures must be made under the policies in 5 CFR, part 335 and the policies and procedures contained in chapter 3 of this part.

d. **Position Change (General).** [ ] When reassignment or demotion candidates are required to be rated and ranked under competitive promotion procedures along with candidates for promotion, the best qualified group will consist of the top ranked candidates.

e. **Probationary or Trial Period (Appointment).** Employees who change positions before they complete a probationary or trial period must complete the remainder of the probationary or trial period in the new position. No new probationary or trial period is required if one is completed before the position change.

f. **Probationary Period (Supervisors and Managers).** The regulations in 5 CFR, part 315 subpart I and paragraph 13 of chapter 3 this part are applicable. See Appendix III-A.

## 3. CONVERTING FULL-TIME EMPLOYMENT TO PART-TIME EMPLOYMENT

a. Positions may be filled on a part-time basis by present full-time employees who wish to convert to part-time. This can be done by either considering those who apply for announced part-time vacancies or by converting employees' present positions to part-time based on their requests. Criteria such as those listed in part I, chapter 3, section B, paragraph 3, "Reviewing Positions," of this handbook can be used when considering whether to approve a full-time incumbent's request to convert to part-time.

b. The personal circumstances of an employee who wishes to convert to part-time should also be considered. These may include the following:

(1) The employee's desire, or need, to spend more time with young children. In such cases, part-time work would augment family income and provide for childcare, yet retain a motivated and trained employee.

(2) Part-time work may provide employees with an opportunity to continue or complete their education by providing the time as well as the income to do so.

(3) Disabilities may hinder or prevent a person from working a full-time schedule but not a part-time one. Individuals with mobility problems may prefer part-time work so that they can utilize public transportation or avoid normal rush hours.

c. The authority to establish special tours of duty for severely physically disabled individuals when strict adherence to the normal tour of duty would cause hardships for such individuals may be found in VA Handbook 5011, Hours of Duty and Leave.

d. Employees should be advised that they may apply for part-time work at any time. VA Form 3497, Employee Request for Change to Part-Time Employment, has been developed for this purpose. If it is not feasible to convert their present positions to part-time, or if there are no part-time vacancies available, their applications should be retained for consideration when vacancies occur. Employees should be advised at least annually that they may submit voluntary applications for part-time work at any time.

e. Part-time employees with permanent appointments in the competitive service are eligible to compete for full-time and part-time vacancies under the local merit promotion plan.

f. Because of the requirements of the Federal Employees Part-Time Employment Act of 1978, employees who receive career part-time appointments, or former full-time employees converted to part-time, after April 7, 1979, receive only a prorated share of Government contribution toward the cost of the FEHB enrollment. This provision applies to employees in both the competitive and the excepted service, whose tour of duty is between 16 and 32 hours per week. If otherwise eligible, any part-time employee working less than 16 hours per week will receive a full Government contribution. All part-time employees serving continuously in a part-time employment status on or before April 7, 1979, who are covered by health insurance are unaffected by the pro-ration provisions of the Federal Employees Part-Time Employment Act of 1978.

**4. EMPLOYMENT APPLICATIONS FROM INTERNAL APPLICANTS.** VA employees will apply for VA title 5 vacancies by submitting a completed Optional Form 612, *Optional Application for Federal Employment*, to the VA Human Resources Management Office responsible for staffing the specific vacancy. This policy is modified by the following exceptions:

a. The former SF-171 may be substituted for the OF 612 if the employee so chooses.

b. For positions filled through the Centralized Staffing System (CSS), acceptable substitutes from employees for the OF-612 includes the former SF-171.

c. VA Form 4078, *Application for Promotion or Reassignment*, may be substituted by local facility employees when acceptable at that VA facility.

[d. Employees applying for vacancies announced through USA Staffing must submit a résumé or other application form, a completed assessment questionnaire, and any other documents required in the announcement for internal applicants.]

**5. DETERMINING BASIC ELIGIBILITY**

a. **Requirements.** Qualification standards used to determine eligibility for position changes will be the minimum OPM requirements contained in the *Operating Manual – Qualification Standards for General Schedule Positions* and the *X-118C Handbook* or, when applicable, the minimum requirements established by VA under 38 U.S.C. ch. 74. The OPM supervisory qualification standard must be used in addition to the pertinent standard in determining basic eligibility for all General Schedule supervisory positions. Time-after-competitive appointment and time-in-grade requirements must be met prior to placement in the position. Selective placement factors are to be used only when they have been determined, through an appropriate job analysis, to be critical to the performance of the job. Licensure, registration, certification or organizational membership requirements not required by the appropriate qualification standards shall not be used as selective factors.

b. **Time-in-Grade Restrictions (5 CFR, part 300, Subpart F).** OPM time-in-grade restrictions for filling General Schedule positions in the competitive service are also applicable to filling General Schedule positions in the excepted service in VA. These instructions are to be applied in conjunction with 5 CFR, part 300, subpart F restrictions.

**NOTE:** *The Merit Systems Protection Board (MSPB) has ruled that OPM's time-in-grade restrictions, 5 CFR, part 300, subpart F are not appealable as an employment practice to the Board and that the Board is without jurisdiction to hear such appeals. This ruling resulted from two MSPB decisions (Hellman vs. OPM, dated March 29, 1982; and Knowlden vs. OPM, dated March 30, 1982). In the ruling, the board upheld the validity of OPM's time-in-grade restrictions by adopting OPM's distinction between the time-in-grade restrictions covered by 5 CFR, part 300, subpart F and the employment practices covered by 5 CFR 300.101. That is, employment practices measure the qualifications of individual candidates for particular positions, whereas the time-in-grade restriction is an administrative device that applies to all competitive service positions for the purpose of preventing excessively rapid*

*promotions. Information concerning the application of these restrictions to VA positions is contained in Appendix III-B.*

**6**. **WRITTEN TESTS. Requirement** - Written tests will not be used unless required by OPM or approved by the Director, Recruitment and Placement Policy Service, Office of Human Resources Management (OHRM), for inservice placement actions. Requests to use

written tests not required by OPM or not previously approved by the [Deputy Assistant Secretary (DAS) for Human Resources Management and Labor Relations (OHRM&LR)] will be submitted through channels to the [DAS OHRM&LR] (059). Individual facilities will not deal directly with OPM in requesting written test authorization. The provisions of 5 CFR 300.201 will be followed in the administration and security of written tests.

**7. PHYSICAL REQUIREMENTS.** All individuals selected for positions with established physical/mental requirements must satisfactorily pass a physical examination prior to entry on duty into the position. See VA Handbook 5019, Occupational Health Services.

**8. EFFECTIVE DATES**

a. **Effective Dates of Position Changes. Requirement** - The effective date of a position change will be determined for each individual action consistent with technical and regulatory requirements and the needs of VA. Unless another date is required by technical or regulatory requirements or is considered to be in the interest of VA, the effective date of the position change will normally be the first day of the next pay period after the date of administrative approval. **Guidance** - While fiscal and records maintenance activities prefer effecting personnel actions at the beginning of a biweekly pay period, there is no prohibition against effecting actions on other dates.

b. **Effective Date for Release of Employees. Requirement** - Employees selected for position changes will be released to their new assignments within a reasonable length of time. **Guidance** - Where unusual circumstances justify a period longer than 2 weeks prior to release, the employee should be either (1) informed in writing over the signature of the official responsible for the delay or the reasons for the delay and the expected release date, or (2) the position change action should be effected and the employee detailed back to the former position.

c. **Coordination. Requirement** - The release date for an employee transferring to another VA facility will be arranged by the responsible officials. Unless circumstances dictate otherwise or both the releasing and receiving facilities otherwise agree, travel time will be accomplished on the receiving facility's time.

d. **Nonmerit Factors. Requirement** - An employee who meets qualification and time-in-grade requirements will not be denied a position change based on difficulty in obtaining a replacement.

**9. KEEPING EMPLOYEES INFORMED**

a. **Opportunities for Advancement. Guidance** - Employees should be informed about the types of positions which may represent opportunities for reassignment and promotion, including those known to exist at other VA establishments. This may be accomplished by publicizing individual vacancies or by local open-continuous announcements, posting general notices of placement opportunities such as the [ ] Weekly Summary Bulletin, local and national [W]eb sites and career counseling. Care should be taken to ensure that all potentially qualified and interested employees have access to vacancy notices received from other facilities. Referral of vacancy notices from other facilities only to the corresponding local service or division may not be sufficient in some cases. Posting of positions in a centralized location is preferred, in addition to appropriate selective distribution.

b. **Employee Responsibilities. Guidance** - Employees should also be informed of their responsibility to tell supervisors about their job interests, individual needs and preferences, and qualifications and to submit updated qualification information for inclusion in personnel folders to the HRM office.

**10. ROTATION OF KEY PERSONNEL**

a. **Interchange of Employees. Requirement** - To the extent practical, the staffing needs of the Department and the career needs of employees will be met by movements and interchanges of line and staff officials and key supervisory employees, including tours of duty in Central Office. These placements will include, but are not limited to, positions for which employment matters are centralized to the Secretary, Administration Heads, Assistant Secretaries or Other Key Officials (e.g., General Counsel).

b. **Employee Mobility. Requirement** - Rotation will be used as necessary to ensure that key positions are filled by well-qualified candidates in a cost-effective manner. Employees selected by management for movement to key positions at other VA facilities will be expected to make themselves available. Any objections by the employee, however, should be given serious consideration.

**11. TRANSFERS WITHIN VA**

a. **Definitions.** For the purpose of this paragraph, a transfer within VA is a change in position while the employee is continuously serving VA and which involves a change in appointing officer.

b. **Selection of Transferee. Requirement** - Selection of an employee for transfer within VA is to be made in accordance with chapter 3 of this part.

c. **Requests for Transfer - Unsolicited Applications**

(1) **Acceptance of Voluntary Applications. Guidance** - Unsolicited applications from VA employees at other facilities may be accepted. It may be appropriate to: (a) accept such applications only when an appropriate vacancy is likely to occur within a reasonable period of time (e.g., 6 months); (b) establish open seasons (certain months) for acceptance; and/or (c) establish a standardized suspense date for return to the applicant.

(2) **Promotion. Requirement** - If voluntary applications for promotion are accepted, they may be considered in any area (limited, minimum, or extended) but must be considered along with other applicants for promotion when an extension of the area of promotion consideration includes the voluntary applicant's home facility (see chapter 3, par 7d(4)).

d. **Off-Station Applications Resulting From Extension of the Area of Consideration**

(1) **Requirements** - Employees applying for vacancies at other facilities must submit a current employment application and/or any other information specified in the announcement to each facility having vacancies in which the employee is interested.

**NOTE:** *See paragraph 13, this chapter, concerning relocation expenses and merit promotion transfers.*

(2) **Requirement** - It is the employee's responsibility to secure appropriate supervisory evaluations of performance and annual performance appraisals and forward them, along with a completed employment application, in accordance with the due date specified in the announcement. The receiving facility will be informed by the applicant when its request for additional information requires extra time and the anticipated date of receipt. The local HRM staff will, when requested, provide information to applicants concerning the proper completion of the employment application and/or other forms or requests for information.

(3) **Requirement** - Referral of personnel folders to the facility having the vacancy will not be made routinely. Under unusual circumstances, however, when proper evaluation and ranking cannot be made based on the available information, requests for personnel folders by other facilities will be honored. Facilities receiving folders will ensure that all required actions are completed and the folders are released to the appropriate facility within 5 workdays after receipt.

## 12. USE OF VA FORM 3918, INTRA-AGENCY TRANSFER REQUEST

a. **General. Requirement** - VA Form 3918, Intra-Agency Transfer Request, will be completed for each VA employee who is selected for transfer. After the transfer has been effected, the VA Form 3918 will be filed on the left side of the employee's personnel folder for at least 1 year.

b. **Action by the Receiving HRM Office**

(1) **Guidance** - When an employee is selected for transfer, the receiving HRM office will normally initiate the VA Form 3918 by completing Part I of the form and sending it to the releasing HRM office.

(2) **Requirement** - If the proposed transfer is to a position in a different wage schedule or locality pay area, the pay rates of the grade will be indicated in item 9 on the form. This will enable the releasing facility to inform the employee of the rate of pay for the new position.

(3) **Requirement** - The criteria for determining whether relocation expenses may be authorized at Government expense are contained in MP-1, part II, chapter 2 and paragraph 13 of this chapter. Item 15 of VA Form 3918 will indicate whether or not relocation expenses will be authorized. If relocation expenses are not authorized by the appropriate approving official, the employee statement and signature cited in paragraph [14d], this chapter, are required and will be entered in item 34 on the reverse side of the VA Form 3918.

(4) **Guidance** - When time is short, it may be more practical for the releasing facility to initiate the VA Form 3918. **Requirement** - In these cases, the receiving facility must let the releasing facility know if travel and transportation costs are to be paid by VA so the employee can complete the appropriate sections of the form.

c. **Action by the Releasing HRM Office**

(1) **Requirement** - Upon receipt of the VA Form 3918, the releasing HRM office will have the employee complete the appropriate portions of Part II. Employees for whom travel and transportation

costs have been authorized will be referred to the servicing A&MM Office for assistance in completing item 29 on VA Form 3918 and for guidance related to procedures for shipment of household goods.

(2) **Requirement** - If payment of travel and transportation is authorized, the releasing HRM office will give the employee the latest copy of VA Central Office Finance Service Handbook H-047-3, "Guide on Permanent Change of Station." A statement that the employee has received a copy of this publication will be entered in item 34, the remarks section, of VA Form 3918. The releasing facility will also have the employee sign the agreement on the reverse side of the VA Form 3918 to remain in Government service for 12 months or to repay the Government for costs it incurs for travel and transportation.

(3) **Requirement** - The releasing HRM office will complete Part III of the VA Form 3918 in accordance with instructions contained in MP-6, part V, supplement No. 1.5, on processing inter-facility transfers.

d. **Enroute Time or Delays in Reporting. Requirement** - Any time required for travel, or a delay in route, will follow the effective date of transfer and be accomplished on the receiving facility's time, unless other arrangements are mutually agreeable to both facilities concerned.

**13. DETAILS (5 CFR, PART 300 and 5 USC 3341)**

a. **General.** Details of employees will be made [when it is determined that such details will clearly be in the best interest of VA], and will be limited to the shortest period of time needed within the limits permitted by 5 USC 3341 and 5 CFR, part 300. Under these requirements, VA employees [ ] may be detailed to other positions at their facility, to other VA facilities, or to other agencies. Employees detailed will be given appropriate credit towards meeting the qualification requirements of the position in any subsequent personnel action. [ ] (For restrictions on details to higher graded positions, see 5 CFR, part 335 and paragraph 15 of chapter 3, this part.)

b. **Types and Criteria for Details**

(1) **Informal Detail.** A detail within VA of less than 30 days. Prior approval of the individual's supervisor is required.

(2) **Formal Detail.** A detail within VA of 30 days or longer. Prior approval at the service/division chief level or higher is required. Details within VA must conform to the requirements of 5 USC 3341 and 5 CFR, part 300. Additionally, to the extent practicable, selection for details must be consistent with policies and requirements for other placement actions (see 5 CFR, part 335).

(3) **Interagency Detail.** A detail between VA and another Federal agency in which the detailing agency is reimbursed for the cost of salary and other expenses as agreed upon prior to the detail. (See 7 Comp. Gen. 709 and 13 Comp. Gen. 234.) Interagency details will be made only where there is an emergency need or some unusual situation where the employee can better serve in the interest of the Government service. Such details will not be based on the employee's request unless it can be clearly shown that the experience and knowledge gained will benefit the agency.

(4) **Interagency Loan.** A detail between VA and another Federal agency in which the detailing agency is not reimbursed for the cost of the employee's salary but other expenses are usually borne by the agency to which detailed. (Reimbursable details are contrasted with loans in 13 Comp. Gen. 234 and 15 Comp. Gen. 32.) Loans are appropriate only in those unusual situations where VA has a duty to share responsibilities with other Government agencies or where it is in the interest or to the advantage of VA and there is no violation of Appropriation Act requirements.

(5) **Detail of [Excepted Service Employees Serving Under a Schedule A, Schedule B, orVeterans Recruitment Appointment to a Position in the Competitive Service].** A detail within VA of an employee serving in the excepted service under a Schedule A[, Schedule B, or Veterans Recruitment Appointment] to a competitive service position. Central Office approval is required (administration/staff office head as appropriate) for details of Schedule A or B employees to centralized positions. This authority is to be used judiciously to meet bona fide management needs and generally should not result in extended details which give the appearance of circumventing merit system principles.

(6) **Details of Excepted Service Employees Appointed Under Schedule C or Other Title 5 Appointment Excepted by Statute to Competitive Service Positions (VA/OPM Master Delegation Agreement).** A detail within VA of an employee serving under a Schedule C excepted appointment or an appointment excepted by statute to a competitive service position. Prior approval of the Secretary is required for such details. Individual circumstances are to be carefully considered before such details are authorized. Details of these employees to competitive positions may be made only under the following conditions:

(a) Pending the filling of a vacant competitive service position or during the temporary absence of the incumbent;

(b) Temporary coverage pending abolishment of the position;

(c) Short-term relief due to workload, organizational and/or mission changes;

(d) Participation in time-limited projects or studies; or

(e) Coverage in a position targeted for early placement in the excepted service.

Requests for prior approval, with justification, must be submitted, over the signature of the facility/staff official or Administration Head (as applicable), through channels, to the Deputy Assistant Secretary for Human Resources Management [ ] (05). Initial approvals are limited to a maximum of 120 days. Extensions beyond 120 days must be approved by the Secretary prior to the 120th day of the initial action. Complete justification must be submitted for extension in the same manner as required for initial approval. Such details must meet all requirements of 5 CFR, part 300, including the use of competitive promotion procedures for details exceeding 120 days to higher grades or to positions with known promotion potential.

c. **Procedures for Detailing Employees**

(1) **Within VA.** Informal details will be arranged by the officials concerned and the employee. Formal details will be initiated by an SF 52, Request for Personnel Action, and forwarded to the Human Resources Management office for action. Another SF 52 will be necessary to extend or to terminate the detail. An SF 50-B, Notification of Personnel Action, is required for certain details. The documentation requirements for details, extensions and terminations of details are contained in OPM's Guide to Processing Personnel Actions. If the formal detail is from a classified position to an unclassified position, a brief explanation of the duties will be entered in the "Remarks" space of VA Form SF52 in lieu of the position identification in the "TO" column.

(2) **Extension of Details Beyond 120 days.** Employees may be detailed, in 120-day increments, to the same or lower grade positions for up to 1 year. Details to higher grade positions, may be made for up to 1 year during periods of major reorganization (as determined by the appropriate administration/staff office head in VA Central Office). Details of 120 days to higher graded positions in the absence of a major reorganization may be extended for an additional 120 days (maximum period of 240 days). If a detail of more than 120 days is made to a higher graded position, or to a position with known promotion potential, it must be made under competitive promotion procedures. Whenever possible, temporary promotions should be considered for employees serving in higher grade positions for other than brief periods (e.g., in lieu of details exceeding 120 days; or for Assistant Chiefs acting for their Chiefs, in lieu of details exceeding 240 days).

(3) **Between Agencies.** Reimbursable details between VA and other Federal agencies will be agreed upon in writing. Letters for this purpose will have the concurrence of the Fiscal and HRM Officers to ensure compliance with technical requirements. Such agreements must be clear as to the dates, employees, and agencies involved and describe the basis for reimbursement. A copy of the letter will be filed in the employee's personnel folder with a copy given to the employee. The approval of interagency details and loans will be made by facility heads for noncentralized positions under their control, by the administration or staff office heads for centralized positions in the field under their control or by the Secretary, for field positions centralized to the Secretary. For all actions involving centralized and noncentralized employees in Central Office, approval must be obtained from the Secretary in advance and the request must be routed through the Deputy Assistant Secretary for Human Resources Management [and Labor Relations] (05).

## 14. RELOCATION EXPENSES AND MERIT PROMOTION TRANSFERS

**NOTE:** *The term "relocation expenses" is used herein as a shorthand reference to all transfer expenses authorized under 5 U.S.C., sections 5724 and 5724a.*

a. **Guidance** - Generally, when an employee is selected pursuant to a merit promotion plan for transfer to a position at a higher grade level or to a position with known promotion potential, the transfer is considered to be for the benefit of the Government for the purpose of paying relocation expenses allowed under 5 U.S.C., sections 5724 and 5724a. However, all of the factors surrounding any particular merit promotion recruitment action may lead the approving official to the determination that any resulting transfer is not primarily in the interest of the Government for the purpose of paying relocation expenses. (Note that the Comptroller General in the David C. Goodyear decision, 56 Comp. Gen. 709 (1977), ruled

that budget constraints alone cannot form the basis for denying relocation expenses, if the transfer is otherwise in the Government's interest.)

b. **Requirement** - The approving official (see MP-1 pt. II, ch. 2, app. A) must determine if a merit promotion transfer is primarily for the benefit of the Government or if it is primarily for the convenience or benefit of the employee for the purpose of paying relocation expenses. This determination must be made for each vacancy announced under the provisions of a merit promotion plan. The determination must be based on consideration of all the pertinent factors in each action, including FEORP requirements that an applicant pool be representative of candidates from any underrepresented group. The criteria specified in MP-1, part II, chapter 2 and the factors and conditions cited below will be considered in making such determination in any particular merit promotion transfer. A decision that relocation expenses will or will not be paid in connection with filling a position under a merit promotion plan must be clearly communicated in advance to all prospective applicants by a statement on the vacancy announcement. (See Eugene R. Platt, 59 Comp. Gen. 699 (1980); Reconsideration of Platt, 61 Comp. Gen. 156 (1981); and Bruce E. Stewart, Unpublished Comp. Gen. B-201860, August 27, 1982.)

c. **General**

(1) **Requirement** - Conditions and factors which may warrant a determination that a transfer pursuant to a merit promotion plan action is not primarily for the benefit of the Government will include but are not limited to the following situations:

(a) The local labor market and recruiting area includes a sufficient supply of qualified individuals with appropriate skills;

(b) Generally, it is not cost effective to transfer employees at GS-6 and below or equivalent for wage grade employees at Government expenses; (movement of employees in VA-wide trainee programs under mobility agreements, however, will generally be at Government expense);

(c) A current executive, legislative, or agency imposed freeze on employment of outside candidates necessitates internal solicitation to the exclusion of other sources; or

(d) Voluntary applications for promotion are on file from employees outside the commuting area which were not submitted in response to a specific vacancy announcement but were considered as a result of an extension of an area of consideration.

(2) **Requirement** - Payment of relocation expenses is not generally considered appropriate in the following situations, unless there is a specific determination by the duly designated official that such a transfer is primarily in the best interest of the Government:

(a) Reassignment or demotion transfer (not under a merit promotion procedure) even when the applicant is responding to a promotion announcement;

(b) Transfer eligibles from outside the agency even though applications are rated and ranked under agency promotion procedures, since the VA promotion program applies to VA employees only; or

(c) Employee primarily motivated to transfer in order to accompany a spouse being transferred to the area.

(3) **Requirement** - Where a change of official duty station is directed by a duly designated VA official, relocation expenses will be paid.

d. **Records**

(1) **Requirement** - A decision that relocation expenses will not be paid in connection with a particular merit promotion transfer must be documented and fully supported by the totality of circumstances in the case.

(2) **Requirement** - When an approving official decides that relocation expenses will not be paid, the following statement along with the employee's signature must be entered on the reverse side of the VA Form 3918 in item 34, “Remarks of Releasing Station”:

"I am fully aware of and understand the decision that my transfer is primarily for my convenience or benefit or at my request and is not in the interest of the Government (VA). I further understand and agree that all travel, transportation and other expenses incident to this move will be at my own personal expense."

(3) **Requirement** - A record of the basis for a decision not to pay relocation expenses will be maintained in the applicable merit promotion folder file.

# CHAPTER 3. PROMOTION (TITLE 5)

**1. SCOPE.** Contains categories of employees to be considered for promotion while absent from official duty.

a. **All VA Employees.** The following categories of VA employees within the area of consideration must be given consideration for promotion as though they were present for duty.

(1) Employees on Intergovernmental Personnel Act agreements;

(2) Employees on leave;

(3) Employees attending training courses;

(4) Employees on detail, either internally or to other Federal agencies;

(5) Employees serving in public international organizations, either through a transfer or detail;

(6) Employees separated for military service with restoration rights;

(7) Employees absent because of compensable injury (see 5 CFR, part 353, subpart C); and

(8) A Veteran serving on a Veterans Recruitment Appointment (VRA) appointment.

b. **Concurrent Consideration of Certain Excepted Service Employees Under Competitive Merit Promotion Procedures.** Generally, employees serving under excepted appointments (except Veterans [Recruitment] Appointments) are precluded from competing under competitive promotion procedures with competitive service employees. However, certain excepted service employees, e.g., title 38 and hybrid title 38 employees covered by VA/OPM Interchange Agreements (see appendix III-C), or, [persons with intellectual disabilities, severe physical disabilities, and psychiatric disabilities] appointed under Schedule A [ ] shall be included within the minimum area of consideration. Therefore, the same rating and ranking criteria will be used in evaluating employees in these groups and each group will be referred for promotion [ ]. Such an approach may significantly improve upward progression opportunities for [persons with intellectual disabilities, severe physical disabilities, and psychiatric disabilities]. See Appendix III-C.

c. **Veterans Employment Opportunities Act (VEOA).** When facilities are accepting applications from outside VA, individuals who are eligible for consideration under the VEOA may apply. (See part II, chapter 2, section B, paragraph 2c of this handbook.)

## 2. RESPONSIBILITIES

a. **Office of Human Resources Management [and Labor Relations].** The Deputy Assistant Secretary for Human Resources Management [and Labor Relations] is responsible for:

(1) Developing VA policies and guidelines for the implementation of the Federal merit promotion policy, including development of selection or evaluation procedures, their application, administration and security, and personnel measurement program review;

(2) Providing technical guidance and staff advice in the administration of promotion plans for positions centralized to the Secretary and for plans established by other key officials or administrative heads for field positions centralized to them;

(3) Administering promotion plans for Central Office positions; and

(4) Providing technical guidance and advice to field facilities in the administration of their plans.

b. **Administrations and Other Key Offices.** Each administration and key office head is responsible for establishing and directing the administration of promotion plans for positions centralized to the administration or key office level, including the proper use of personnel measurement procedures and adherence to merit system principles.

c. **Field Facilities.** Each facility head is responsible for establishing and directing the administration of promotion plans for noncentralized positions for which appointing authority has been delegated, including the proper use of personnel measurement procedures and adherence to merit system principles.

d. **Human Resources Management Officers.** Each HRM Officer will:

(1) Participate with line officials in carrying out the Federal merit promotion policy and the requirements of this chapter;

(2) Determine applicants' eligibility for promotion; and

(3) Participate with line officials in establishing and applying evaluation methods in a manner consistent with proper personnel measurement procedures and merit system principles. These responsibilities include development or selection of evaluation procedures, their application, administration and security, and personnel measurement program review in the organization served.

e. **Operating Officials and Supervisors.** Operating officials and supervisors are responsible for assisting in the development of plans and for explaining the merit promotion program and applicable plans to employees. They participate in the evaluation process and select from among the best qualified persons available. As selecting officials they must familiarize themselves with the techniques and procedures used to identify and select the best qualified candidates. Both as a high public trust and a fundamental management responsibility, careful and objective judgment, consistent with merit principles, policy requirements and selection procedure requirements is required in each selection.

f. **Employees.** All employees have primary responsibility for furnishing accurate information to update their qualification records and making application for promotion opportunities in accordance with prescribed procedures in a timely manner.

## 3. GENERAL MERIT PROMOTION REQUIREMENTS

a. The policies in this handbook are fully applicable and binding. Statements will be included in every promotion plan to reflect the requirements in this handbook.

b. **5 CFR, Part 335 Requirements.** The following five basic merit promotion requirements of 5 CFR 335.103(b) are fully applicable and binding:

**Requirement 1.** Each agency must establish procedures for promoting employees which are based on merit and are available in writing to candidates. Agencies must list appropriate exceptions, including those required by law or regulation, as specified in 5 CFR 335.103(c). Actions under a promotion plan, whether identification, qualification, evaluation, or selection of candidates, shall be made without regard to political, religious, or labor organization affiliation or nonaffiliation, marital status, race, color, sex, national origin, nondisqualifying disability, or age, and shall be based solely on job-related criteria.

**Requirement 2.** Areas of consideration must be sufficiently broad to ensure the availability of high quality candidates, taking into account the nature and level of the positions covered. Agencies must also ensure that employees within the area of consideration who are absent for legitimate reasons, e.g., on detail, on leave, at training courses, in the military service, or serving in public international organizations or on Intergovernmental Personnel Act assignments, receive appropriate consideration for promotion.

**Requirement 3.** To be eligible for promotion or placement, candidates must meet the minimum qualification standards, to include any physical/mental requirements, prescribed by the Office of Personnel Management (OPM) or VA, as appropriate. Methods of evaluation for promotion and placement, and selection for training which leads to promotion, must be consistent with instructions in 5 CFR, part 300 subpart A. Due weight shall be given to performance appraisals and incentive awards.

**Requirement 4.** Selection procedures will provide for management's right to select or not select from among a group of best qualified candidates. They will also provide for management's right to select from other appropriate sources, such as reemployment priority lists, reinstatement, transfer, disabled or Veterans [Recruitment] Act eligibles, or those within reach on an appropriate OPM certificate. In deciding which source or sources to use, agencies have an obligation to determine which is most likely to best meet the agency mission objectives, contribute fresh ideas and new viewpoints, and meet the agency's affirmative action goals.

**NOTE:** *For Career Transition Assistance Program (CTAP) and Interagency Career Transition Assistance Program (ICTAP) requirements, see part IV, section I, paragraph 5 of this handbook.*

**Requirement 5.** Administration of the promotion system will include recordkeeping and the provision of providing necessary information to employees and the public, ensuring that individuals' rights to privacy are protected. Each agency must maintain a temporary record of each promotion

sufficient to allow reconstruction of the promotion action, including documentation on how candidates were rated and ranked. These records may be destroyed after 2 years or after the program has been formally evaluated by the OPM (whichever comes first), if the time limit for grievance has lapsed before the anniversary date.

c. **Promotion Plan. Requirements** - Promotion plans will be in writing and will contain a statement identifying the positions covered, exceptions to competitive promotion procedures, the areas of consideration, the methods of locating candidates, the qualification standards to be used, the evaluation procedures and rating/ranking and selection procedures. Each promotion plan must contain a provision which will allow facilities to experiment with alternative selection procedures as part of the Department's efforts to increase the validity of selection procedures. All proposed experiments outside the provisions of the applicable promotion plan must be forwarded through channels to the Director, Recruitment and Placement Policy Service (059) for approval. **Guidance** - Subject to proper coordination and/or negotiation, referrals for consideration may be those best qualified candidates identified in accordance with the provisions of the applicable promotion plan, those identified under the experimental alternative procedure or those identified in both. **Requirement** - If, however, the experimental procedure results in greater validity or less adverse impact, requirements to reevaluate the existing selection procedure in light of the findings must be imposed. **Guidance** – All candidates must be screened to determine which candidates are to be placed in the best qualified category. **This process must take place regardless of the number of candidates, using an evaluation procedure that is job-related and applied fairly and consistently.** This does not mean that best qualified determinations must be made prior to issuing a certificate when there are fewer than 10 candidates. [ ] An assessment tool (e.g., position description, crediting plan or structured interview process, etc.) should be used to assist the evaluator(s) in distinguishing between candidates. Selecting officials should uniformly consider each of the best qualified candidates and document on the certificate the basis for his/her selection. All processes used in making the selection determination must be job-related, appropriate to the position being filled, and consistent with merit principles.

d. **Guidance.** When considering candidates for promotion, all application materials should be evaluated on an equal basis. In particular, when references to outstanding performance or performance awards are included, these references should be given due consideration. As mentioned in 5 CFR 335.103(b)(3), evaluation materials should include acknowledgement of outstanding performance or performance awards. This may be accomplished by incorporating language in the crediting plan that gives credit for consistently outstanding performance and/or awards which are directly related to the work of the position to be filled.

**NOTE:** *The merit promotion plan for competitive positions centralized to the Secretary may be found in appendix III-E.*

**4. COVERED PERSONNEL ACTIONS. Requirements** - Competitive promotion procedures apply to all promotions under 5 CFR 335.102 and to the following actions:

a. Reassignment or demotion to a position with greater known promotion potential than a position previously held on a permanent basis in the competitive service (except as permitted by reduction-in-force (RIF) regulations) (5 CFR 335.103(c)(iv));

b. Selection for training which is given primarily to prepare an employee for advancement and is required by the qualification standard for promotion (i.e., when qualification standard minimum eligibility for promotion depends on whether an employee has completed training) (5 CFR 335.103(c)(iii));

c. Transfer of an employee from another Federal agency to a VA position at a higher grade or with more promotion potential than a position previously held on a permanent basis in the competitive service (5 CFR 335.103(c)(v));

d. Reinstatement, including those made from reemployment priority lists, to a permanent or temporary position at a higher grade or with more promotion potential than a position previously held on a permanent basis in the competitive service (5 CFR 335.103(c)(vi));

e. Selection for details for more than 120 days to a higher grade position or a position with higher known promotion potential in accordance with 5 CFR 335.103(c)(ii);

f. Temporary promotion under 5 CFR 335.102(f)(1) for more than 120 days (all prior service by detail to higher grade and temporary promotion during the preceding 12 months is to be counted toward the 120-day time limit) (5 CFR 335.103(c)(i)).

**5. EXCEPTIONS TO COMPETITIVE PROMOTION PROCEDURES. Requirements** - The following actions are exceptions to competitive promotion procedures and must be included in all VA promotion plans:

a. **Upgrading Without Significant Change in Duties and Responsibilities.** When the issuance of a new or revised classification standard or the correction of an earlier classification error results in the upgrading of a position, the incumbent must be promoted if minimum qualification standard requirements and regulatory requirements are met, unless the incumbent properly vacates the position.

b. **Promotion During Reduction in Force.** Position changes during reduction in force which are technically promotions because of pay fixing policies are to be made without competition. This does not mean that RIF sets aside other competitive promotion requirements, e.g., GS-7 to GS-8.

c. **Promotion After Failure to Receive Proper Consideration.** When it has been determined that an employee has failed to receive proper consideration in a promotion action and the original selectee is retained in the position, the employee who lost proper consideration must be given priority consideration for the next appropriate vacancy. This is a referral for selection consideration ahead of all others not entitled to a higher requirement for consideration. All employees due equal consideration and qualified for the vacancy are referred together, in competition with each other, for the priority consideration. A selection resulting from a priority referral is excepted from competitive promotion procedures. Although priority consideration is guaranteed, promotion is not guaranteed. An employee is to receive priority consideration only one time for each proper consideration lost.

**NOTE:** *Close adherence to the applicable promotion plan's requirements and procedures, laws, rules, regulations, and policies will greatly reduce the necessity for priority consideration. The importance of a full understanding of, and adherence to, the promotion plan's requirements by all concerned cannot be overemphasized.*

d. **Repromotion to Grades from Which Demoted Without Personal Cause.** Repromotion up to a grade previously held on a permanent basis from which an employee was demoted without personal cause. **Guidance** - Such repromotions may occur under the provisions of the VA Priority Placement Program, among others. See Appendix III-F.

**6. DISCRETIONARY EXCEPTIONS TO COMPETITIVE PROMOTION PROCEDURES.**
**Guidance** - Promotion plans may or may not require competition for:

a. Temporary promotions for 120 days or less;

b. Details to higher grades or to positions with higher known promotion potential for 120 days or less;

c. Selections for training which may significantly enhance chances for future promotion but which is not required for promotion;

d. Promotion resulting from an employee's position being reclassified to a higher grade because of additional duties and responsibilities (see paragraph 12d of this chapter, referencing prohibited personnel practices);

e. Competition for promotion to the next higher grade in a career ladder when the number of satisfactory employees at a grade level equals or exceeds the number of opportunities available at the next higher grade.

f. Noncompetitive advancement to a higher grade of an employee who was selected at an earlier stage under competitive procedures (e.g., from a civil service register, under direct hire, or under an agency merit promotion program).

g. Reassignment requested by employee from a position having known promotion potential to a position having no higher known potential.

**7. AREAS OF PROMOTION CONSIDERATION**

a. **Requirement** - Areas of consideration, which are descriptions of the geographic or organizational areas from which high-quality VA employees are sought in actions requiring competitive procedures, must be clearly defined in promotion plans and must be broad enough to ensure the availability of high-quality candidates, taking into account the nature and level of the positions covered. Their establishment must be consistent with policy related to prohibited practices in this handbook.

b. **Use of Other Recruitment Sources.** [It is required that] the terms "area of consideration" and "minimum area of consideration," and references to limitation and extensions thereof, apply only to the use of competitive promotion procedures for VA employees. The organizational or geographic boundaries associated with area of promotion consideration do not apply to other methods of recruitment such as appointment, transfer, reinstatement, reassignment, etc. An area of promotion consideration does not restrict the use of alternative recruitment methods, a management right, or the geographic area from which applicants from other recruitment sources are considered.

c. **Minimum Area of Promotion Consideration**

(1) Usually, the minimum area of consideration should be at least facilitywide [and must include title 38 and hybrid title 38 employees covered by VA/OPM Interchange Agreements]. Not only does this provide for possible advancement opportunities for all facility employees, it also precludes overlooking well-qualified employees whose previous experience or education is directly related to a vacancy even though their present job is in an unrelated field.

(2) There are, however, circumstances when a minimum area less than facilitywide may be appropriate if the applicable promotion plan provides for its use. Promotion plans should specify procedures to be used to establish such areas. If such an area is used, the circumstances involved should be carefully documented to support the action, particularly in relation to prohibited practice policies and as a means to explain the necessity and logic to other employees. Some examples of lesser minimum areas which may be appropriate are:

(a) New equipment or machinery, technological changes, or additional workloads or responsibilities may require additional higher level duties, raising the grade of a position or establishing a new position in lieu of another position in a service or division which has no ceiling for an additional position. Announcement of the opportunity facilitywide would increase expectations of employees outside the service or division when, in fact, their selection is unlikely because of the ceiling restrictions.

(b) Restriction of the minimum area to a service or division may also be appropriate when VACO assigns additional program responsibility without a corresponding increase in ceiling, resulting in the need for a higher grade position in a division or service at full ceiling.

(c) When a reorganization occurs within a service or division at full ceiling and, as a result, an additional supervisory position is necessary, it may be appropriate to restrict the area of promotion consideration for the newly created supervisory position to that service or division.

(d) Over a period of time, higher grade duties may gradually accrue to an identical-additional (IA) position. It becomes evident that, in the interest of effective management, the additional duties should be consolidated in one position or a few positions rather than fragmented throughout all the IA positions. If there is no additional ceiling available to the service or division, it may be appropriate to restrict the area of promotion consideration to those employees on the IA position description.

(e) Field facilities with two divisions, or a main facility with one or more satellite facilities, may find it in the best interest of employees and management efficiency to establish separate minimum areas of promotion consideration for each. Careful consideration should be given to the effect such an action would have on upward mobility opportunities, the availability of high quality candidates for positions

common to one or more of the organizational elements, and the need for interchange of new concepts and/or methods between organizational elements.

(f) It may be appropriate to restrict consideration to a service or division for competitive temporary promotions and/or competitive details. In many cases employees who are familiar with the day-to-day functions of a division or service are likely to fulfill the temporary need most effectively. In addition, the selection of an employee from another division or service may result in a disruption of that organization during the selectee's absence.

(3) **Centralized Positions. Requirement** - For positions centralized to the Secretary, Administration Heads, Assistant Secretaries or Other Key Officials, the applicable merit promotion plan will specify the area of promotion consideration.

d. **Extensions of the Area of Promotion Consideration**

(1) **Requirement** - An extension of the area of promotion consideration is defined as the search for additional high quality VA employees in actions requiring competitive promotion procedures. Recruitment for appointment, reinstatement, transfer, reassignment, demotion or reemployment candidates which does not require merit promotion competition will not be considered as an extension of an area of promotion consideration.

(2) **Guidance** - Promotion plans should provide for extensions of the minimum area of promotion consideration to the extent necessary to locate a sufficient number of high quality candidates. Either of the methods in subparagraphs (a) and (b) below may be used.

(a) **Requirement** - The promotion panel, after initial rating and ranking reveals an inadequate number of best qualified candidates, may determine that the area of promotion consideration is to be extended before any candidates are certified under the plan; or

(b) **Requirement** - The selecting official, after receipt of the certificate and a review of the records reveals an inadequate number of best qualified candidates and in coordination with human resources officials concerning the likelihood of locating additional promotion candidates, may decide (or recommend to the official who retains the authority to decide) to extend the area of promotion consideration.

(c) **Requirement** - To preclude misunderstandings, misinterpretations, and employee dissatisfaction, and to ensure that all employees are adequately informed, each area of promotion consideration which may be used must be properly defined or explained in the plan, including the commuting area if it is used. The plan must clearly explain when and how different areas of promotion consideration are to be used.

(3) **Guidance** - A commuting area may vary from facility to facility. The geographic distance may vary one direction to another depending on the location of the facility in relation to residential districts. One determinant may be the distance several employees commute daily to the facility. An excessive distance which only one employee commutes daily is not necessarily the normal commuting area.

(4) **Voluntary Applications. Requirement** - If unsolicited applications for promotion from VA employees at other facilities are accepted, they may be considered in any area of consideration (limited, minimum and extended) but they must be considered when the candidate's home facility is included within an extended area of promotion consideration. These candidates must indicate the specific type(s) and grade level(s) of positions for which they wish consideration. An indication of the title of the position (formal or informal) and grade level is sufficient.

(5) **Filling a Position Occupied by an Employee on Leave**

(a) If a replacement is required while the incumbent is on extended leave, an interim position may be established. Generally, interim positions will be terminated within 1 year or less, and may be extended only under extenuating circumstances. (See 5 CFR 335.103, and this part for information on temporary promotions.) Where an employee has occupied an interim position under a temporary promotion for more than 2 years, any action taken to place him in another position must observe adverse action procedures where applicable (5 CFR 752.301, and this part).

(b) When an interim position is filled by the reassignment or temporary promotion of an employee, the personnel action filling the position will normally be limited to the period covered by the absence of the regular incumbent. The employee selected to fill an interim position must be fully informed about the action. To make sure the employee understands, a signed statement such as the following may be entered on the reverse of the request for personnel action:

"I voluntarily accept (reassignment or temporary promotion) to the interim position of (title, grade, series, salary). I understand that this position will be canceled upon return of the incumbent. I also understand that at that time I will be returned to my position of (title, grade, series, salary), or, with my concurrence, placed without time limit in a different position in a grade no lower than my position of (title, grade, series, salary). The salary I will receive will be based on regulations in effect at that time and will not be less than what I would have earned had I remained in my position of (title, grade, series, salary)."

(c) If an interim position is filled from outside VA, the appointment will be limited to the period of time the interim position will be required unless it can be expected that another position of like status, grade, and pay will be available for the appointee when the interim position ends.

(6) **Central Office Referrals. Requirements** - Central Office referrals for noncentralized positions must be accepted and considered in limited, minimum and extended areas and ranked in accordance with the provisions of the applicable promotion plan. Program officials responsible for such referrals must assure they are made in accordance with merit principles.

e. **Limiting Extension of the Area of Promotion Consideration.** When and how far to extend the area of promotion consideration may be affected by several factors. There may be circumstances when an extended search for additional high quality promotion candidates would not be appropriate, such as:

(1) **Guidance** - Several recent extensions for the same type and grade position have not produced additional high quality candidates;

(2) **Guidance** - The position is located in Alaska, Hawaii, Puerto Rico or the Philippines; and it would not be practical to search for promotion candidates beyond the particular geographic area;

(3) **Guidance** - Funds to cover moving and travel expenses may not be available, or limited funds may dictate such payments only for higher priority positions. Under these circumstances, limitation to such geographic boundaries as the commuting area, facility groupings, statewide, or regionwide, may be appropriate;

(4) **Guidance** - It may not be practical to extend the area of consideration for temporary promotions and details, although the option to extend should be retained in case unique circumstances develop in the future;

(5) **Guidance** - In over-ceiling situations or at-ceiling situations, it may be appropriate to limit the area of consideration;

(6) **Requirement** - If it is determined not to extend the area of promotion consideration for the reasons listed above, or a similarly valid reason, and the promotion plan calls for the extension but permits exceptions, the basis for the decision must be documented in the facility promotion file. The documentation may be brief but it must be clear.

(7) **Guidance** - When circumstances indicate an extension of the area of promotion consideration is inappropriate, and promotion continues to be a recruitment source, promotion consideration should be given only to high quality promotion candidates from the lesser area. In the interest of maximum efficiency and proper utilization of public funds, well-qualified candidates from other recruitment sources should be considered.

**8. LOCATING CANDIDATES. Guidance** - Several methods may be used to locate eligible candidates. Different methods or combinations of methods may be appropriate for different occupations or grades. Posting vacancy announcements for individual vacancies, open-continuous announcements for entry-level jobs, posting general notices of placement opportunities such as the [ ] Weekly Summary Bulletin, sending electronic notices to other VA facilities, Central Office referrals, and use of skills files are several methods. **Requirement** - To provide proper information to employees, each promotion plan must state which method or methods are used.

a. **Vacancy Announcements**

(1) **Guidance** - Vacancies may be announced by posting notices on bulletin boards, through electronic transmission, and/or by circulating special notices to employees.

(2) **Requirement** - Vacancy announcements must receive sufficient publicity and be open long enough so all eligible employees within the area of consideration have the opportunity to learn of the vacancy and apply. They must be clear and tell employees: the area of consideration; if the position is part-time, the number of hours per week; the pay range; the location of the position; summarized duties of the job; the summarized minimum qualifications, including selective placement factors (if appropriate); where the qualification standard requirements are available for review; a list of the rating factors or job elements; application procedures; the closing date; whether the position has known promotion potential; and that VA

policies on equal employment opportunity are fully applicable, including the reasonable accommodation statement. The announcement should state that preference eligibles or veterans who have been separated under honorable conditions from the armed forces after 3 or more years of continuous active service may compete for vacancies under merit promotion when an agency accepts applications from individuals outside its own workforce (VEOA).

(3) **Requirement** - Open-continuous announcements must be clear and tell employees: the area of consideration; target grade level; that VA policies on equal employment opportunity are fully applicable, including the reasonable accommodation statement; and what has to be done to apply. The other information in subparagraph (2) above must be available on request.

(4) **Requirement** - When a vacancy announcement does not yield a sufficient number of best qualified candidates and the area of consideration is extended, the original announcement closing date must also be extended to coincide with the closing date for candidates in the extended area. This new area of consideration and the new closing date must be conveyed to local employees in an appropriate manner.

(5) **Requirement** - When the target grade level is known, it (and any intervening grade levels) must be stated in the vacancy announcement. When there is potential but the anticipated grade has not yet been determined, the estimated grade level must be indicated. In such cases, it is extremely important that all possible applicants are fully aware that an estimated potential grade may or may not materialize.
**Guidance** - Occasionally, a position may be announced at multiple grade levels. The announcement should clearly indicate when selection for any of the lower grades indicated carries with it the potential for the highest grade indicated. When this is not the case, the announcement should provide proper information to applicants.

(6) **Requirement** - All vacancy announcements of positions with identified target grade level must inform all potential applicants that:

(a) Selection does not guarantee promotion to the target grade (or any intervening grade, if appropriate);

(b) All legal and regulatory requirements for promotion to the next higher grade must be met; and

(c) Subsequent promotion to the next higher grade is dependent on the selectee's demonstration of the ability to perform the duties of that grade to the satisfaction of the supervisor and the availability of enough work at the next higher grade to support the target position.

(7) **Requirement** - When vacancy announcements are used to recruit for standing registers to fill the same type and grade position over an extended period (e.g., 90 days), the announcement must provide this information to potential candidates. Employees who apply for consideration during the life of the standing register must be provided information concerning how their applications will be treated and under what circumstances they will be considered (i.e., (a) applications will be accepted and consideration extended for the next vacancy filled from the register; (b) applications will be accepted and retained for consideration when a new register is established; or (c) applications will be accepted only when a new register is being established). When standing registers are used, all selective factors and all rating factors (or job elements for wage grade) for all positions covered must be listed in the vacancy announcement.

Typically, the rating factors (job elements for wage grade) for all the positions covered by the standing register should be similar. They do not, however, have to be identical.

b. **Vacancy Announcements to Other VA Facilities. Requirement** - When used, vacancy announcements to other VA facilities must identify the position and grade being offered, reference the appropriate OPM or VA qualification standard, vacancy announcement number, target grade level, the closing date, and specify any forms which should be submitted with the application. Vacancy announcements of extension of the area of promotion consideration must be made available to all potential applicants at the receiving facility(ies). Posting in a centralized location accessible to all employees is adequate. Referral only to the corresponding service or division at the receiving facility may not be satisfactory in some cases because qualified employees may be located in other services or divisions.

**NOTE:** *See chapter 2, paragraph 11d of this part, for processing applications resulting from extension of the area of promotion consideration.*

c. **Skills Files. Guidance** - Skills files, including sufficient information on all eligible employees in an area of consideration to rate them fairly, may be used to locate candidates for vacancies. All eligible employees are considered under this method. Extreme care should be exercised to ensure that information on each employee is accurate and up to date and that the system can be used economically and efficiently.

d. **Central Office Referrals. Requirement** - Central Office referrals to facilities for positions which are covered by the local promotion plan must be evaluated and ranked in accordance with the local plan along with other qualified applicants.

## 9. JOB ANALYSIS AND EVALUATION CRITERIA

a. **Requirement** - Job analysis and evaluation criteria must satisfy the requirements of 5 CFR, part 335, Handbook X-118C, and this chapter (see appendix III-G and III-H). Specific procedures to be used for crediting plan development must be established in writing. It should be noted that annual performance appraisals and awards must be considered to the extent that they are related to the job to be filled (see paragraph 3b, Requirement 3, of this chapter). Individuals and/or organizations involved in the development of selection procedures are responsible for compliance with OPM and VA policy requirements and the procedures' impact on applicants.

b. **Requirement** - Credit based on length of experience or length of service may not be granted unless it can be shown through a proper job analysis and accompanying documentation to be a valid, job-related factor for the position being filled.

c. **Requirement** - Selection procedures not approved for inservice use must be submitted through channels to the Director, [Recruitment and Placement Policy] Service (05[9]) with the required documentation to support acceptability. Field facilities will not deal directly with OPM in requesting selection procedure approval.

d. **Guidance** - Development of knowledges, skills, abilities and other characteristics (KSAOs) evaluation procedures for General Schedule positions which are not identical to those in this handbook is permissible as long as they are consistent with requirements of the Uniform Guidelines on Employee

Selection Procedures. The evaluation process should not include provisions for deducting points or for negative ranking credit for adverse information concerning a candidate (e.g., adverse and disciplinary actions). Information of this nature should be considered in the annual performance appraisal, the supervisory KSAO assessment, and/or the supervisory appraisal of performance for promotion. Deducting points for inservice placement purposes would constitute a double penalty.

e. **Requirement**. In the interest of fairness and equity to all candidates, crediting plans for GS positions are to be kept secure. Since they are the basis by which point credit is to be granted, they may not be reviewed by potential candidates prior to the announcement of a vacancy or prior to rating and ranking. To do so may give a candidate unfair advantage. This does not preclude:

(1) A review of the crediting plan by the employee and/or a properly designated representative during the informal grievance stage or in conjunction with EEO investigations;

(2) Review and release to authorized officials who have a need to know for the performance of their official duties;

(3) Release for inclusion in EEO or grievance files; or,

[(4) Addition of assessment questionnaires (without scoring criteria) in announcements developed for USA Staffing use.]

## 10. PROMOTION PANELS

a. **Guidance**. Either human resources staff members or promotion panels may evaluate candidates against the criteria contained in the crediting plan/assessment questionnaire for the position(s). Separate panels may be used for each position or panels may be established for specific categories of positions. Use of promotion panels is strongly encouraged because it provides a base for the justification of the rating and ranking in accordance with the Uniform Guidelines on Employee Selection Procedures. [In USA Staffing, subject matter experts (SMEs) are involved in the development of the assessment questionnaire; this ensures compliance with the Uniform Guidelines. Further review by a panel for rating and ranking is not required. However, labor agreement provisions must be followed. Also, for Federal Wage System vacancies, whenever possible agency employees with a thorough knowledge of the trade should be called upon either as raters or as consultants to provide technical advice to raters. As with other merit promotion recruitments, HR Staff may request additional SME assistance during the quality review process in USA Staffing.]

b. **Requirement**. Handbook X-118C requires a panel of one or more raters who know or can quickly learn about both the job and the employees' qualifications (Subject Matter Experts) and a reviewer (usually a HRM Specialist) for trades and labor promotion opportunities. (See subparagraphs c and d below.)

c. **Requirement**. If promotion panels are used to evaluate and rank candidates, the panel members (except the HRM representative) must be subject matter experts (see paragraph 1e of chapter 2, this part), one of which must be at least equal in grade to the job to be filled. All must have a clear understanding of the functions of promotion panel members and clearly understand the crediting plan, the selection procedure being used, and basic human resources management concepts related to qualification and rating

and ranking, preferably at the journeyman level. In performing their functions, panel members are official representatives of management. The selecting official will not serve as a panel member unless there are no other qualified SMEs available. Selecting officials who serve as panel members must understand clearly the difference between the two functions and carefully observe merit principles.

d. **Requirement**. If promotion panels are used, panel members, as part of their official responsibilities, must review certain personal information concerning candidates. Other employees who may be present as observers during the deliberations of the panel are not permitted access to such documents and written information concerning any candidate without the written consent of the subject of the record. All persons present at promotion panel meetings are precluded from revealing information of a confidential or personal

nature about any candidate which may be gained during the deliberation process and may be disciplined if they do so.

## 11. REFERRAL AND SELECTION

a. **Referral of Internal Candidates. Requirement -** The best qualified group referred to the selecting official for promotion or promotion potential consideration will consist [ ] of [ ] promotion candidates as well as reassignment and/or demotion candidates who are competing for a position with higher potential[. In keeping with the goal of selecting from best qualified candidates, a group of best qualified candidates for selection consideration does not have to be limited to promotion candidates (see paragraph 11b below). Identification of best qualified candidates may be made through assessment questionnaires, determinations of selecting officials, or other assessment methods, so long as the method to be used and the resulting best qualified group is determined prior to selection and is documented in the recruitment record.]

b. **Referral of External Non-VA Candidates**

(1) **Requirement** - If transfer, reinstatement, and VEOA eligibles are being considered for a higher-graded position than previously held, they must be evaluated and ranked along with competing VA employees to determine the cut-point. Once that has been established, all best qualified candidates will be referred [ ]. VEOA eligibles will be identified on the [ ] certificate by [annotating VEOA] after their names. In such cases, an inadequate number of best qualified VA promotion candidates is justification for extending the area of promotion consideration to other VA employees.

**NOTE:** *Normally, the selection official determines if there is an adequate number of best qualified VA promotion candidates. An extension of the area of promotion consideration resulting in additional VA candidates for promotion under these circumstances may cause the cut-point to change and necessitate a redetermination of best qualified candidates for each recruitment source.*

(2) If the competitive service position provides promotion or placement in a position with higher promotion potential, qualified excepted service employees covered by the interchange agreements will be rated and ranked, when a panel is required, to determine which applicants are best qualified for referral. When there are fewer than 10 applicants, no panel is required. However, screening to determine the best qualified applicants must take place before a selection is made. [ ] Excepted service and competitive service employees [may] be referred on [the same certificate.] (See part III, chapter 3.)

(3) **Requirement** - When a position is announced at multiple grade levels, a best qualified group for each grade level, if available, will be referred for consideration on separate certificates.

[c. **Referral Criteria**

(1)] **Guidance** - A best qualified group consists of[:] candidates who are competing for promotion and/or for a position with higher promotion potential [(these individuals must be rated an ranked to be placed in the best qualified group);] VA employees who are candidates for reassignment [or] demotion to a position with no higher potential [or who have previously held the full performance level of the position[; t]ransfer applicants from other agencies[;] and reinstatement eligibles for positions equal in grade to their current or former nontemporary, competitive service positions[.]

[(2)] **Guidance** - The number of [ ] candidates to be referred will vary depending on the cut-point (see Appendix III-G, paragraph 7c), the number of candidates being considered and other circumstances which prevail. [T]he selecting official should receive an adequate number of [ ] candidates, if available, for consideration. Although rating and ranking is permitted when there are 10 or fewer qualified promotion candidates, referral of all candidates for consideration without rating and ranking is permissible (see Appendix III-G, par 7b(1). Before making a selection, however, the best qualified candidates must be identified. Best qualified candidates may be referred by [ ] 1-2-3 rank order or in alphabetical order.

[(3)] **Guidance** - When the point credit difference between candidates is so small that a bona fide difference in predicted capability is not apparent, it may be desirable to obtain additional information from such candidates to determine whether there are, in fact, meaningful distinctions among them. The selecting official should not, however, be burdened with so many candidates that considering all candidates unduly delays the selection process; and an administrative limit may be necessary. Generally, 10 promotion candidates are considered sufficient.

[(4)] **Ties. Guidance** - All candidates with tied scores at the cut-point may be referred, if the plan so provides. If ties in total scores of candidates will result in a referral of more [ ] candidates than the selecting official can reasonably consider and additional information cannot be collected or results in no meaningful distinction, provisions may be made to break the ties to arrive at an appropriate number of referrals (see Appendix III-I).

[d]. **Selection**

(1) **Requirement** - The responsibility for selection must be vested in one official. Promotion panels will not make final selections or recommendations.

(2) **Requirement** - A selecting official has the right, which will not be negotiated, to select or non-select candidates from a properly constructed [ ] certificate. This includes the right to non-select all of the candidates and return the [ ] certificate unused. Additionally, when a [ ] certificate is issued to provide consideration for more than one vacancy and the selecting official selects for one vacancy, this action does not carry with it an obligation to select others from the [ ] certificate for the remaining vacancies or preclude the consideration and selection of an applicant from any other appropriate recruitment source.

(3) **Requirement** - Once a final, properly constructed [ ] certificate resulting from the original announcement has been issued, another merit [staffing] certificate for the same vacancy will not be issued for 6 months. Selection must be made from the properly constructed [ ] certificate resulting from the original announcement if the position is filled by competitive promotion during that 6-month period. **Guidance** - The cancellation of an announcement and the resulting certificate after a best qualified group has been determined, for the purpose of improving or injuring the chances of any person, is in direct conflict with law. (See VA Directive 5005.) Such actions intended to alter the best qualified group because a particular employee is not included in it (such as providing time to meet basic qualification requirements, to meet other legal and regulatory requirements, to change supervisory appraisals to increase or decrease any employee's chances, etc.) are inconsistent with merit principles and law. The preceding requirement does not preclude the following actions:

(a) Adding high quality candidates if available from the rating and ranking process to replace best qualified candidates who decline consideration after the original [ ] certificate has been issued; or

(b) The addition of high quality candidates who rank above the cut-point located as a result of an extension of the area of [ ] consideration when an interim referral was made using a smaller area of [ ] consideration.

(4) **Guidance** - Selecting officials should act promptly when considering candidates referred on a [ ] certificate. It is not only in the interest of good management, but also of major concern to employees, that decisions concerning promotion opportunities be made expeditiously. Excessive delay often causes undue frustration on the part of candidates which may result in an erosion of trust and confidence. For these reasons, when there is excessive delay, it is entirely proper to require written justification from a selecting official to the HRM office. While some circumstances may require more time than usual, selecting officials normally should be able to make a decision within 5 workdays after receipt of a [ ] certificate consisting of best qualified local candidates and within 10 workdays after receipt of a [ ] certificate with best qualified candidates from an extended area of [ ] consideration.

(5) A placement follow-up will be used to evaluate the employee's progress and adjustment following placement in a position.

## 12. CAREER PROMOTIONS

a. **General.** A career promotion is one without current competition when:

(1) An employee was appointed, or selected through the use of competitive promotion procedures, for an assignment intended to prepare the person for the position being filled (career ladder); or

(2) The employee's position is reclassified to a higher grade because of accretion of additional duties and responsibilities.

b. **Requirement** - All promotion plans must provide for career promotions, including career-ladder promotions in movements between VA facilities.

c. **Career-Ladder Promotions**

(1) **Requirement** - Career ladder promotions without current competition may be made only when the intent was a matter of record prior to the initial selection and all potential applicants were so informed. Career ladders must be documented and be available to employees. Career-ladder positions are those with known promotion potential; therefore, an announcement under competitive promotion procedures must inform possible applicants of the potential available to the selectee.

(2) **Guidance** - Career-ladders may consist of potential to the next higher grade or through several intermediate grades to a target several grades higher than the initial grade level. **Requirement** - Selection for the initial position provides only the opportunity for subsequent career-ladder promotion. Promotion to

the next higher grade is not guaranteed and depends on: (a) the selectee's demonstration of the ability to perform the duties of the next higher grade to the satisfaction of the supervisor; and (b) the availability of enough work at the next higher grade. Meeting the minimum qualification requirements and time-in-grade requirements for a higher grade in a career ladder is, of itself, only an indicator of eligibility, not an absolute guarantee for such a promotion.

(3) **Apprentice Position. Requirement** - When an employee has been properly selected for the initial grade level as described above, a career-ladder promotion of an apprentice in a trade or craft may be made through intermediate grades (if appropriate) to the target grade level.

(4) **Trainee Position. Requirement** - A properly selected trainee may receive career-ladder promotions through intermediate grades as each phase of training is satisfactorily completed and to the target grade level when the entire training program is satisfactorily completed.

(5) **Understudy Position. Requirement** - Occasionally, an understudy position is established to train a person for a position which is to be vacated at a future date. When properly selected for an understudy position, the selectee may receive a career-ladder promotion without additional competition to the target position when it is vacated. **Guidance** - Normally, the understudy position is established within 1 year or less of the anticipated vacancy.

(6) **Position Filled at a Grade Below the Established or Anticipated Grade. Requirement** - A career-ladder promotion may be made of an employee in a position which was properly filled at a grade below the established or anticipated grade.

(7) **Training or Executive Development Agreements. Requirement** - An employee, properly selected through competition as described previously, may receive a career-ladder promotion upon satisfactory completion of an approved training agreement or executive development agreement which specifically provides for the promotion.

(8) **Details for Training or Evaluation. Requirement** - An employee properly selected for a training or evaluation detail to a higher grade position or to one with known promotion potential may receive a career-ladder promotion if the fact that the detail could lead to promotion was made known to all potential candidates for the initial detail.

(9) **Veterans Recruitment Appointee.** (5 CFR 307.103) **Requirement** - When a Veterans Recruitment Appointment is made to a position with known promotion potential, subsequent career-ladder promotions may be made through intermediate grades (if appropriate) to the target grade level.

(10) **Others. Requirement** - When employees serving under the following types of appointments have satisfied the specified criteria of the appointment authority and are properly converted to career or career-conditional appointment in the competitive service in positions with known promotion potential, career-ladder promotions may be made through intermediate grades (if applicable) to the target grade level:

(a) [Pathways Programs which includes the Internship Program, Recent Graduates Program and Presidential Management Fellows Program (5 CFR 213.3402 (a), (b), and (c));

(b) Service disabled Veterans (5 CFR 315.604);

(c) Service disabled Veterans (30 percent or more) (5 CFR 315.707); [and]

(d) Employees with intellectual disabilities, severe physical disabilities, and psychiatric disabilities (5 CFR 315.709);

[ ]

d. **Career Promotion of an Employee Whose Position Is Reconstituted to a Higher Grade**.

(1) **Requirement** - An employee whose position is reconstituted to a higher grade because of the accretion of additional duties and responsibilities may receive a career promotion.

**NOTE:** *The basic function of the original position must continue to be a part of the new one.*

(2) **Guidance** - Employees serving on identical-additional position descriptions are supposed to perform identical duties. It is the supervisor's responsibility to ensure that subordinates perform described duties. To single out one of several such employees for this type of career promotion may, therefore, be interpreted by others to be an act of personal favoritism. Any action of this nature should occur only after careful consideration and sufficient justification.

(3) **Guidance** - There may be times when circumstances require the assignment of additional duties and responsibilities to a position which will result in a promotion and competition is not practical. Some examples are:

(a) A higher-level management decision results in a change in workload, technology, procedures or organization and provides for no increase in ceiling. The decision results in a need for a higher grade job to accomplish the assigned tasks. Only one of the employees in the affected unit, which is at ceiling, can qualify for the job;

(b) An increase in technology results in the purchase of new equipment for a line of work requiring an increase in the level of duties and responsibilities for those who will operate it. The employees will continue to perform the same basic function but at a higher level required by the new equipment;

(c) Additional personnel are assigned to an organization which results in a supervisor's position being upgraded;

(d) Additional responsibilities are imposed by law, rule, regulation or policy. To carry out the mandate, new duties must be added to a position in a unit and only one position provides the knowledges, skills or abilities necessary for satisfactory performance in the new job; or

(e) An employee performs a job in such an exemplary manner that other key employees outside the unit gradually come to rely on that person to such an extent, and involving such complicated issues, that eventually the employee is performing duties which are properly classified at a higher grade.

(4) **Requirement** - The prohibited personnel practices contained in law (5 U.S.C. 2302(f)) preclude the granting of preference or advantage, not authorized by law, rule or regulation, to improve or injure the prospects of any person. Managers, supervisors, human resources officials and selecting officials are responsible for ensuring that actions resulting in a promotion because of additional duties and responsibilities are not the result of a prohibited practice.

**13. PROHIBITED PRACTICES.** The following provisions of law are fully applicable and binding:

a. **The Civil Service Reform Act of 1978 (5 U.S.C. 2302).** Employees who have authority to take, direct others to take, recommend or approve any personnel action are prohibited from:

(1) Discrimination for or against any employee or applicant for employment;

(2) Soliciting or considering any recommendation or statement, oral or written, about a person who requests or is being considered for a personnel action, unless the recommendation or statement is based on personal knowledge or records of the person furnishing it and consists of an evaluation of the person's work performance, ability, aptitude, general qualifications, character, loyalty, or suitability;

(3) Using official authority to coerce political activity, including political contribution or service, or to retaliate against any employee or applicant for refusal to engage in such political activity;

(4) Deceiving or willfully obstructing a person with respect to the right to compete for Federal employment;

(5) Influencing anyone to withdraw from competition to injure or improve employment prospects for any other person;

(6) Granting preference or advantage not authorized by law, rule, or regulation (including defining the scope or manner of competition or the requirements for any position) to any employee or applicant to improve or injure the prospects of any person;

(7) Appointing, employing, promoting, advancing, or advocating for appointment, employment, promotion, or advancement, any relative (5 U.S.C. 3110a(3)) to or for any position in the VA;

(8) Taking or failing to take a personnel action concerning an employee or applicant as a reprisal for:

(a) Disclosure of information reasonably believed by the employee or applicant to evidence:

1. a violation of any law, rule or regulation or

2. mismanagement, gross waste of funds, abuse of authority, or substantial and specific danger to public health or safety, unless the disclosure is specifically prohibited by law or required by Executive order to be kept secret in the interest of national defense or the conduct of foreign affairs;

(b) Disclosure to the Special Counsel of the Merit Systems Protection Board, or to the Inspector General, of information reasonably believed to evidence any of the preceding items;

(9) Taking or failing to take a personnel action against any person as a reprisal for exercising an appeal right granted by law, rule, or regulation;

(10) Discriminating for or against a person on the basis of conduct which does not adversely affect that person's performance or the performance of others (convictions for crimes may be taken into account in fitness and suitability determinations); and,

(11) Taking or failing to take any personnel action if taking or failing to take that action violates law, rule, or regulation implementing or concerning merit system principles.

b. **Competitive Service; Recommendations of Senators and Representatives (5 U.S.C. 3303).** Individuals concerned with examination or appointment of applicants in the competitive service may not receive or consider a recommendation by a Senator or Representative, except as to character or residence.

c. **Acceptance or Solicitation To Obtain Appointive Office (18 U.S.C. 211).** No person may solicit or receive, either as a political contribution or for personal gain, any money or thing of value in consideration of the promise of support or influence in obtaining any appointive office.

d. **Interference with Civil Service Examinations (18 U.S.C. 1917).** No individual in the public service shall:

(1) Defeat, deceive or obstruct the right to examination for the competitive service;

(2) Falsely mark, grade, estimate or report on an examination or proper standing;

(3) Make false representation concerning a mark, grade, estimate, or report on the examination or proper standing, or concerning the person being examined; or

(4) Furnish any special or secret information to improve or injure prospects or chances of a person examined, to be examined, being appointed, employed or promoted.

## 14. SUPERVISORY POSITIONS

a. **Requirement** - The qualification standard for supervisory positions in OPM's Operating Manual – Qualification Standards for General Schedule Positions will be used along with the specific qualification standard for that position for basic qualification determinations for supervisory positions. For wage grade jobs, the job-element system required for supervisory trades and labor jobs in Handbook X-118C will be used. Since supervisory positions require certain knowledges, skills, abilities and other characteristics related to the supervisory function, KSAOs for GS supervisory positions must be reflected in the crediting plan.

b. **Training for First-Level Supervisors. Requirement** - Suitable initial supervisory training will be provided for all newly selected first-level supervisors, either before they assume their new duties, or as soon after as possible. **Guidance** – VA Handbook 5015, Employee Development, and 5 CFR, part 410, contain policy related to this training, including time limits.

c. It is essential that these first-time supervisors/managers receive training, including Equal Employment Opportunity (EEO) training, which will equip them with those skills needed to help the organization accomplish its mission and allow them to discharge their individual responsibilities satisfactorily.

d. The general requirement is that an employee must serve a 1-year probationary period upon initial assignment to a supervisory and/or managerial position. Requirements for completion of the probationary period, exceptions and what to do if a supervisor and/or manager fail to successfully complete the period, are listed in detail in appendix III-A.

## 15. TEMPORARY PROMOTIONS

a. **Requirements** - Competitive promotion procedures must be used when a temporary promotion will exceed 120 days. When a temporary promotion of 120 days or less is made as an exception to competitive procedures, an extension beyond 120 days must comply with these procedures. Candidates for a temporary promotion must be informed in advance of the temporary nature of the action, including the expected length, and assured of return to a position for which qualified at the former grade level upon termination of the temporary services in the higher grade, whether or not the expected period is completed. An initial competitive temporary promotion may be made for a specified period of not more than 5 years in accordance with 5 CFR 335.102(f). In some instances after review of the circumstances and a determination that a temporary situation remains, extension may be justified. The initial promotion and such extension(s) will not exceed 5 years. If all potential candidates are properly informed in advance, a temporary promotion may be made permanent. Requests to OPM for extension beyond 5 years in accordance with 5 CFR 335.102(f) must be submitted via the [Recruitment and Placement Policy] Service (05[9]).

b. **Guidance** - Upward mobility opportunities, which result in the selectee being placed in a higher grade for training, should be processed as temporary promotions which may be made permanent. Upward mobility candidates who are unsuccessful must be returned to their former grade. (See VA Handbook 5015, Employee Development.) If a permanent promotion is utilized, and the selectee fails to meet the requirements expected, adverse action procedures would be required when the employee is returned to the previous position held.

## 16. EMPLOYEE AND LABOR RELATIONS

a. **Guidance** - While it is obvious that a monetary benefit accrues from promotion, the overall effect may involve many psychological and social aspects such as: peer group, community or social standing; satisfaction of personal needs; improved chances for further advancement; opening up a new career path; a feeling of success; a sense of equality; etc. For these reasons, true adherence to merit principles is of prime importance. Employee trust, understanding, participation and support are essential for an effective promotion program.

b. **Requirement** - Within the appropriate provisions of title 5, United States Code (e.g., sec. 7103(a)14, 7106 (a) and (b), 7117(a) and 7135), facilities must meet with exclusively recognized labor organizations representing employees covered by this chapter to consult and, as appropriate, negotiate concerning the development or modification of promotion plans under this chapter's provisions, including the procedures for its implementation and its impact on affected employees of the unit.

c. **Keeping Employees Informed**

(1) **Requirements** - The written promotion plan must be available to employees subject to its provisions. In addition, any employee who has an interest in, and inquires about, a specific promotion action will be given the following information by the HRM office or the selecting official:

(a) Whether the employee was considered for promotion and, if so, whether determined basically eligible in accordance with the applicable qualification standard;

(b) Whether the employee was in the best qualified group referred for selection consideration;

(c) Who was selected for promotion; and

(d) In what areas, if any, the employee should improve to increase future chances for promotion.

(2) **Requirement** - Employees must be permitted, upon request, to review or obtain, or both, copies of any record of production or supervisory appraisal which was used or may be used in considering them for promotion. **Guidance** - If the employee requests it, he or she should be permitted to have another person present when the record is reviewed.

(3) **Requirement** - Employees may see appraisal and records containing personal information about other employees only when dictated by their official responsibilities. Otherwise, employees are not permitted to see such information without the signed written consent of the subject of the record, unless the record has been properly sanitized for the protection of privacy.

(4) **Guidance** - Employees should be advised periodically of the various methods available for filling vacancies and the merit principle of selecting from among the best qualified candidates available. Information concerning recruitment and selection from various recruitment sources, exceptions to competitive promotion procedures, career promotions, selection by inservice placement actions other than promotion, selection by transfer from other agencies, appointments, etc., should be provided periodically.

## 17. GRIEVANCES

a. **Requirement** - Failure to be selected for promotion from a properly constructed promotion certificate (nonselection from a group of properly certified candidates) is not a basis for formal complaint.

b. **Requirement** - Dissatisfaction concerning the number of positions to be filled, or the grade level at which positions are advertised or filled, is not a basis for formal complaint.

c. **Requirement** - A grievance will be processed under a negotiated grievance procedure where applicable, or otherwise, under the provisions of the VA grievance procedure contained in VA Handbook 5021, Employee/Management Relations.

d. **Guidance.** In many instances, thorough and complete initial efforts to resolve dissatisfactions are successful. The time and effort involved at the beginning is to the benefit of both employees and management; increasing trust and understanding; providing for early, mutually satisfactory resolution; and reducing expenditure of time, effort and money. Comprehensive, good faith initial efforts cannot be overemphasized.

## 18. PROMOTION RECORDS

a. **Requirement.** A temporary record of each promotion action sufficient to allow reconstruction of the action, including documentation of how each candidate was rated and ranked, must be maintained for 2 years or until the local promotion program has been formally evaluated by OPM, whichever comes first. If the time limit for grievances or EEO complaints has not lapsed at the time the program is evaluated by OPM, the record must be maintained until it has lapsed. [For USA Staffing recruitment, system records are sufficient to meet the requirement for documentation. In addition, all job analysis records can be imported into USA Staffing to ensure a complete recruitment file is kept within the USA Staffing system.]

b. **Guidance.** To provide for reconstruction the following should be kept in a promotion file:

(1) A copy of the vacancy announcement;

(2) A copy of the crediting plan used;

(3) A copy of each employee's application for consideration;

(4) A record of each qualification determination, clearly indicating the reasons for any disqualifications;

(5) A copy of each basically qualified candidate's annual performance evaluation;

(6) A copy of each basically qualified candidate's supervisory appraisal for promotion;

(7) Supplemental qualification statements for each basically qualified applicant, if used;

(8) The identification of the selection procedures used;

(9) A work sheet for each basically qualified candidate documenting:

(a) The basis of basic qualification determination, including what was used to satisfy general experience, specialized experience, and quality level of experience requirements (if applicable);

(b) The education which was substituted for experience in determining basic qualification;

(c) The basis for determining quality level and the corresponding point credit for that level;

(d) Identification of awards, training or self-development which contributed to credit;

(e) The total point credit awarded the candidates (if applicable);

(f) A notation of whether the candidate is in the best qualified group; and,

(g) The signatures of any HRM staff member involved with determining best qualified or basic qualifications and those of promotion panel members (if applicable);

(10) The completed [ ] certificate showing the names certified for promotion, the decision, the selecting official's signature and date;

(11) A copy of the notices to applicants concerning the outcome of the action; and

(12) An explanation of any circumstances peculiar to the action which is needed for clarification.

## 19. SELECTION PROCEDURE DOCUMENTATION

a. **Requirements** - The following requirements are prescribed by the Uniform Guidelines on Employee Selection Procedures for documentation of a selection procedure supported by content validity. Good documentation provides a basis of support for the procedure should its validity be challenged. Lack of documentation increases the possibility of a finding of adverse impact and, therefore, discrimination, or may preclude establishing adequate job relatedness.

(1) **Identifying Information.** The names, titles and other identifying information of all personnel involved in developing the selection procedure;

(2) **Dates of Events.** Documents concerning each step of the selection procedure development, from the job analysis through the crediting plan, forms developed, supplemental experience statements etc., must contain the date;

(3) **Job Analysis Information.** All notes and decisions related to the job analysis and subject matter expert panel decisions (including the list of tasks; the relationships of the KSAOs to the tasks; the determination of the important KSAOs; the quality level statements related to each KSAO or rating factor; supplemental experience statements; supervisory KSAO assessment if developed; the specialized supervisory appraisal, if developed; the crediting plan; etc.).

b. **Requirement** - The selection procedure documentation file must be maintained as long as it is used and for at least 2 years after the procedure has been discontinued.

c. **Guidance** - For wage grade jobs, the job elements have, in many instances, been provided. **Requirement** - Documentation for the crediting plan development must, however, be maintained. A record of the review of the individual position and the adequacy of Handbook X-118C job elements; documentation related to alterations, deletions, and additions of job elements; the crediting plan, including quality level statements; supplemental qualification statements; supervisory KSAO assessments; etc., are necessary for support of the procedure.

d. **Guidance** - The documentation for a procedure used for one job may be kept in the merit promotion file for that action. If, however, a procedure is used frequently for a number of actions, the documentation for the procedure should be maintained in a separate file.

**NOTE:** *It is important, in such cases, that the merit promotion file for each action identify the selection procedure used, the documentation file for that procedure, and its location.*

**20. PERIODIC REVIEW**

a. **Requirement** - Management at each organizational level responsible for the administration of a promotion plan will make a comprehensive review of their promotion plan periodically. **Guidance** – Service and division chiefs, supervisors, employees, and labor organizations should participate in such reviews which should occur at least once every 3 years.

b. **Requirement** - Periodically, the Deputy Assistant Secretary for Human Resources Management [and Labor Relations] (05) will review:

(1) The overall operation of field facility, staff office and administration programs to determine the extent of conformance with requirements; and

(2) The VA-wide merit promotion program to ensure that policy requirements are realistic and practical and to recommend improvement when needed.

**21. CORRECTIVE ACTIONS. Requirement** - Corrective action may be required by VA Central Office officials and other officials responsible for the establishment and administration of promotion plans, or by officials of the Office of Personnel Management, the Merit Systems Protection Board, or the Equal Employment Opportunity Commission. Corrective action may include appropriate disciplinary action when warranted.

# CHAPTER 4. TITLE 38 AND HYBRID TITLE 38 PROMOTIONS AND INTERNAL PLACEMENTS

## SECTION A. PROMOTION OR CHANGE IN ASSIGNMENT AND INTERNAL PLACEMENT OF TITLE 38 EMPLOYEES

### 1. GENERAL

a. This section contains instructions and procedures governing the advancement of podiatrists, optometrists, chiropractors, registered nurses (RNs), nurse anesthetists, physician assistants (PAs) and expanded-function dental auxiliaries (EFDAs) appointed under authority of 38 U.S.C. 7401(1) or 7405(a)(1)(A); and medical and dental residents appointed under authority of 38 U.S.C. 7406.

NOTE 1: Residents serving under a disbursement agreement are excluded from coverage under the provisions of this section.

NOTE 2: VHA physicians and dentists are excluded from coverage for promotion procedures as described in this section. See VA Handbook 5007, Pay Administration, Part IX, for guidance for pay regulations and procedures.

NOTE 3: [Promotions for occupations covered under 38 U.S.C. 7401(3) can be found in, Section B of this part.]

b. The promotion system shall provide advancement opportunities for employees, predicated upon the recognition of the quality of service rendered, additional experience and professional attainment as determined by a thorough review of the employee's individual record.

c. To meet the criteria for promotion, the individual must meet the criteria for the next higher-grade level in the applicable VA qualification standard. A review of the individual's total record must show evidence that the contribution to VA medical service is of sufficient value to warrant promotion. Potential for continuously greater contribution is also a prerequisite. Reviews and recommendations of professional standards boards [for occupations under 38 U.S.C. 7401(1) and Human Resources for occupations under 38 U.S.C. 7401(3), whichever is applicable,] will be sufficient to ensure that promotion is fully merited and not recommended based on meeting administrative requirements alone. The individual's total record and professional stature will be carefully evaluated and supported by documentary evidence as necessary.

d. Promotion actions will be taken without regard to age, race, color, religion, sex, national origin, lawful partisan political affiliation, marital status, physical or mental disability (when the employee is qualified to do the work), or membership or non-membership in a labor organization, or any other non-merit factor.

e. Promotion actions will conform to the restrictions governing the employment of relatives. (See VA Handbook 5025, Legal.)

f. Promotion and advancement opportunities shall include:

(1) **Promotion**

(a) Promotion to a higher grade in recognition of substantially greater service to the patient and VA.

(b) Promotion to Grade IV or Grade V of the Nurse Schedule, for assignment to positions of nurse anesthetist, Nurse Executive, or other key nursing positions. Key nursing positions refer to registered nurses (other than Nurse Executives) at Nurse IV and above whose grade is based on both their personal qualifications and responsibilities of their assignment. The grades of Nurse Executives are based on the assignment of the individuals. Advancement of other registered nurses and nurse anesthetists to these grades will be based on the VA Qualification Standards for Nurses and Nurse Anesthetists and promotion criteria which cover the complexity and responsibility involved in the specific assignment.

**(2) Advancement**

(a) Advancement of Nurses in Grade I to Level 2 or Level 3.

(b) Special Advancements for Achievement and Performance. (See VA Handbook 5017, Employee Recognition and Awards.)

(c) Change in assignments for physicians and dentists. (See VA Handbook 5007, Part IX, paragraph 15).

## 2. PERSONS AUTHORIZED TO ACT ON RECOMMENDATIONS OF BOARDS FOR PROMOTIONS, OR ADVANCEMENTS OR CHANGE IN ASSIGNMENTS

a. The Secretary shall approve all assignments of physicians and dentists to tier 4 assignments Director grade on the recommendation of the Under Secretary for Health or designee.

b. Officials authorized to approve promotions, or advancements or change in assignments other than those described in paragraph 2a are set forth in appendix K, this part.

## 3. PROFESSIONAL STANDARDS BOARDS

See part II, chapter 3, section C, this handbook. [ ]

## 4. PROMOTION - GENERAL

a. **Consideration.** Full-time, part-time, and intermittent employees, having attained eligibility for initial appointment on the basis of appropriate qualification standards, shall be considered periodically for promotion in their current occupation. Eligibility for such promotion considerations shall be based upon fully meeting prescribed administrative requirements.

b. **Promotion to a Higher Grade.** Promotion shall be based on the qualifications (experience, education, and competencies) of the employee and on the nature and complexity of the higher-level position. In addition, when an employee enters a special program where the grade of the employee is restricted by the program, appropriate grade adjustments may be made upon completion of the required period for the special program. The employee may be promoted to the grade and step for which qualified for appointment, provided the administrative requirements for promotion consideration have been met.

c. **Effective Date.** The effective date of a promotion or an advancement to a higher level within a grade is the 1st day of the pay period following approval by the approving official, but not earlier than the date on which all administrative requirements are met.

d. **Notification of Eligibility.** Human Resources Management Officers are responsible for assuring that appropriate officials are notified approximately 60 days in advance of the date employees meet the administrative requirements for promotion, except that for podiatrists, optometrists, and chiropractors in Associate or Full grade, physician assistants in Associate grade; and expanded-function dental auxiliaries in Junior grade, notification of consideration for promotion will be made approximately 60 days in advance of the anniversary date of grade. The employee shall also be notified. If the employee is not promoted, these notifications shall continue to be made annually approximately 60 days prior to the anniversary date of grade until a change in grade occurs. A longer period between promotion consideration, not to exceed 3 years, may be established by the approving official when a nurse or expanded-function dental auxiliary does not meet the education or experience requirements.

e. **Administrative Requirements for Consideration**

(1) A current proficiency rating of Satisfactory or higher, or Executive Career Field Performance appraisal of Fully Successful or higher.

(2) The experience and education requirements in the appropriate VA Qualification Standards.

[ ]

## 5. PROMOTION OF PODIATRISTS, OPTOMETRISTS, CHIROPRACTORS, PHYSICIAN ASSISTANTS, AND EXPANDED-FUNCTION DENTAL AUXILIARIES

a. **Requirements for Podiatrists, Optometrists, Chiropractors, Physician Assistants, and Expanded Function Dental Auxiliaries.** Before they can be considered for promotion, employees in the above occupations must have a current proficiency rating of Satisfactory or higher. These employees must meet the same grade requirements, including the specified demonstrated accomplishments, as for appointment. Any deviation or exception to these requirements will be limited to those specified in the appropriate qualification standard. (See part II, appendix G.)

b. **Processing Procedures** (See appendix M, this part.)

(1) **Notification of Eligibility**

(a) Approximately 60 days prior to the date the employee meets the experience requirement for consideration for promotion, the health care facility will receive from the Austin Automation Center (AAC) VA Form 97, Notice of Pending Personnel Action, in duplicate, identifying the employee and stating that the employee meets the time requirements for promotion as of the date specified. In addition, VA Form 97 will indicate if there is a satisfactory or higher proficiency on record and the amount of

leave without pay (LWOP) since the beginning of the waiting period to the date VA Form 97 is issued. (VA Form 97 will be received approximately 60 days prior to the anniversary date of grade for podiatrists, optometrists, and chiropractors in Associate or Full grade, physician assistants in Associate grade, and for expanded-function dental auxiliaries in Junior grade.) The employee shall also be notified.

(b) If the employee is not promoted, the AAC will continue to send the VA Form 97 annually until a change in grade occurs. The VA Form 97 will be forwarded to the appropriate supervisory official. An employee who is not promoted will be reconsidered on the next anniversary date of grade. A longer period between considerations, not to exceed 3 years, may be established by the approving official when an expanded-function dental auxiliary does not meet the qualification standard education or experience requirements for the next grade. In these cases, the Human Resources Management Office will tab the service control file and will destroy the VA Form 97 for the year(s) when the employee is not to receive consideration.

## 6. PROMOTION [TO A HIGHER GRADE] AND ADVANCMENT TO A HIGHER LEVEL WITHIN THE GRADE OF REGISTERED NURSES AND NURSE ANESTHETISTS

a. **Administrative Requirements.** Before they can be considered for promotion [to a higher grade level] or advancement to a higher level within the grade, registered nurses and nurse anesthetists must have a current proficiency rating of Satisfactory or higher and meet the experience requirements specified in the qualification standards. Registered nurses and nurse anesthetists considered for promotion [to a higher grade] or for advancement to a higher level within the grade based on possession of additional qualifications and/or placement in an enhanced assignment must meet the requirements in the applicable qualification standard. Any deviation or exception to these requirements will be limited to those specified in the qualification standard.

b. **Criteria for Consideration of Registered Nurses.** Registered nurses who meet the above administrative requirements become eligible for consideration for promotion [ ] to a higher [ ] grade and must meet the following criteria:

(1) Have improved the effectiveness of patient care through the use of more complex skills and application of scholarly knowledge to practice.

(2) Have assumed greater responsibility for the improvement of patient care.

(3) Have made steady progress toward professional goals for the improvement of patient care.

(4) Have demonstrated the ability to perform at the level of professional nursing practice as required in the qualification standard for appointment to the grade to which the registered nurse is being considered for promotion [to a higher grade level] or advancement to a higher level within the grade.

c. **Criteria for Positions Other Than Nurse Executive Which May Warrant [Promotion] of a Registered Nurse to Nurse IV or Nurse V**

(1) Assignments such as Associate or Assistant Chief, Nursing Service; Associate Chief Nursing Service for Research; Associate Chief Nursing Service for Education; Supervisor, Nursing Home Care

Unit; assignments in the Employee Education System; or Central Office nursing positions are examples of positions that may be appropriate] for these grades. Assignments are typically located in organizational settings where there is a high degree of activity, where there is a broad program mission involving a great variety of specialty/subspecialty care in a more complex settings, and other special programs. These assignments are usually found at medical centers where complex patient care is provided, and at VISN offices or Central Office. Assignments of the scope and complexity contemplated for these grade levels may occur, on a limited basis, at other medical facilities.

(2) In considering the scope and complexity of the assignment, reviewers should look at those factors which specifically relate to the administrative, clinical, educational or research functions of the position:

(a) **Administrative Assignments.** The individual's responsibility for managing and supervising the total nursing program; planning, organizing, directing, controlling and evaluating programs and follow-up actions required by internal and external review organizations and/or accrediting bodies; giving daily attention to complex personnel management problems; participating in executive and decision making deliberations; and performing a full range of administrative duties.

(b) **Educational Assignments.** The individual's responsibility for developing broad educational and training programs involving a variety of nurse specialties in widely diversified nursing activities; providing nursing personnel with the vital link between nursing education and nursing practice; coordinating and maintaining close relationships with affiliated schools of nursing, professional organizations, certifying bodies, and program directors of students of other disciplines who rotate through the medical facility; and serving on Education and Training Committees, and nursing advisory groups, and special task force teams concerned with managing education and career development activities.

(c) **Research Assignments.** The individual's responsibility for (1) conducting merit-reviewed, approved research projects relative to nursing care and related specialty areas**,** performing independent research or serving as a primary contributing member of a research team, formulating the research proposal and protocol submission to Central Office for merit review, and publishing in appropriate nursing and related professional journals or speaking to peer groups; or (2) serving as a highly competent and productive researcher on problems of major scope, directing independent research of considerable interest and value to the nursing or related fields, where the research contributions can be reviewed as being highly productive and of such quality and originality as to have marked the nurse scientist as a significant contributor to advances in the practice of nursing.

(d) **Nursing Home Care Supervisor Assignments.** The individual's responsibility for supervising a large Nursing Home Care Unit (NHCU) characterized by a high degree of interdisciplinary involvement, significant involvement in rehabilitation and outplacement efforts, and nursing home care program planning, organizing, directing, controlling, and evaluating activities. The assignment includes significant human resources responsibilities along with a full range of administrative duties.

(e) **Other Comparable Assignments.** The individual's responsibility for assignments comparable to any one or combination of those described in subparagraphs (2)(a) through (2)(d).

d. **Criteria for Consideration of Nurse Anesthetists.** Nurse anesthetists who meet the administrative requirements in subparagraph 6a become eligible for promotion [to a higher grade level] and must meet the following criteria:

(1) Supervisory evaluations clearly illustrate the significant contribution the candidate's accomplishments have made directly or indirectly to services to the patient.

(2) The candidate has demonstrated consistent and progressive professional and/or administrative growth.

(3) The candidate has demonstrated increasing professional responsibility for patient welfare.

(4) The candidate has has displayed the ability to communicate and work effectively with others.

(5) The candidate has demonstrated the potential for further development and professional attainment.

(6) The candidate has demonstrated increasingly significant contributions to the service.

e. **Processing Promotions [to a Higher Grade Level] and Advancements to a Higher Level Within the Grade for Nurse Anesthetists.** Promotions [to a higher grade level] and advancements to a higher level within the grade for nurse anesthetists will be processed [according to instructions in appendix M, this part]. [ ] When possible, the physician chief of anesthesiology, physician consultant in anesthesiology or Chief, Surgical Service, shall be a member of the Physician Professional Standards Board in examining nurse anesthetists for promotion to [a] higher grade.

f. **Processing Promotions [to a Higher Grade Level] and Advancements to a Higher Level Within the Grade for Registered Nurses.** See appendix M, this part.

(1) **General.** Approximately 60 days prior to the date the registered nurse meets the experience requirement for consideration for promotion or [to a higher grade level] advancement to a higher level within the grade, the facility will receive from the AAC, VA Form 5-97, Notice of Pending Personnel Action, in duplicate, identifying the employee and stating that the employee meets the experience requirement for promotion [to a higher grade level] or advancement to a higher level within the grade as of the date specified. In addition, VA Form 5-97 will indicate if there is a Satisfactory or higher proficiency rating on record and the amount of LWOP since the beginning of the waiting period to the date VA Form 5-97 is issued.

(2) **Promotions for Facility Nurse Executives, VISN Nurses and Nurses in Central Office**

(a) The recommending official forwards the proposed functional description, employee's curriculum vitae and the latest two proficiency reports (or their equivalent) to the appropriate Nurse Professional Standards Board (NPSB) for review. VHA Central Office NPSB is appropriate for VHA Central Office and VISN staff. All other promotions and advancements are to be reviewed by the NPSB designated for the VISN. (See appendix H5, part II of this handbook.)

(b) The NPSB reviews the employee's qualifications and the scope of the position to determine whether the proposed grade is warranted and makes a recommendation regarding the employee's promotion to the approving official (facility Director or designee for nurse executives, the Under Secretary for Health or designee for VISN and Central Office staff).

(c) The approving official approves or disapproves the promotion.

(d) **Notification of VISN and VA Central Office.** When a selection is made for one of these positions, approving officials will notify the appropriate Network Director and the Office of Nursing Services (108) in VA Central Office.

(3) **Promotions to Nurse IV and Nurse V for Registered Nurses Other Than Those Cited in Subparagraph 6f(2).**

(a) Procedures for advancement are the same as in subparagraph 6f(2), except subparagraph 6f(2)(d) does not apply to those covered by this paragraph.

(b) Approximately 120 days before the anniversary date of the registered nurse's assignment to Nurse III or IV, the AAC will send to the facility a VA Form 5-97, Notice of Pending Personnel Action, in duplicate. The servicing Human Resources Management Office will retain the duplicate as a suspense copy and forward the original to the Nurse Executive. The Nurse Executive will review the registered nurse's assignment and compare it with the criteria in the VA Nurse Qualification Standard for the grade for which the registered nurse is being considered and the criteria in paragraph 6c [ ]. If the Nurse Executive recommends advancement, the front of the VA Form 10-2543, Board Action, will be completed, and a special Proficiency Report shall be prepared if the most recent Proficiency Report does not accurately reflect the employee's current performance. The recommendation, the Board Action, the registered nurse's personnel folder, and a description of the assignment's responsibilities will be forwarded to the facility Director. If the Director concurs, the Director will send the documents, along with the recommendations, to the appropriate NPSB. If the Nurse Executive does not recommend advancement, the facility Director does not concur, or the facility Director disapproves the advancement after review by the NPSB, the recommending, concurring, or approving official is to take the actions prescribed in subparagraph 6f3(d).

(c) Recommendations will address the individual's personal qualifications as specified in the VA Nurse Qualification Standard and the scope and complexity of the assignment. To recommend an action covered by this paragraph, the NPSB must find that the individual meets the qualifications for the position and that the scope and complexity of the assignment are comparable to the corresponding Nurse Executive assignment. The corresponding Nurse Executive assignment means that:

1. A Nurse IV assignment must be comparable to a Nurse Executive assignment at a moderately complex facility; and,

2. A Nurse V assignment must be comparable to a Nurse Executive at a very complex facility.

(d) If advancement is not recommended, the facility Director does not concur, or the action is disapproved, a Board Action is to be completed and approved by the recommending, concurring, or

approving official. The Board Action is to be filed in the personnel folder, and the nurse will be informed of the decision.

(e) Once appropriate officials have determined that the scope and complexity level of the assignment do not warrant promotion to a higher grade, a review of the registered nurse's qualifications and performance is required only when there has been a significant change in the nature of assignment or a reassignment.

(f) Registered nurses who are not recommended or approved for assignment to these grades are not entitled to higher level review, including promotion reconsideration.

(g) Grade assignments to Nurse IV or above are limited to the registered nurse's current position. Registered nurses who are reassigned will not retain Nurse IV or above unless a determination is made by the appropriate NPSB that the duties of the new position meet the scope and complexity criteria for the contemplated grade. Also, the position vacated will not be filled at the Nurse IV level or above without prior review of the qualifications of the individual registered nurse to be assigned to the position. Such recommendations will be forwarded to the appropriate NPSB.

(4) **Promotion Consideration to Nurse III and Below for the Positions of Associate Chief, Nursing Service for Education; Supervisor, Nursing Home Care Unit; Assistant Chief, Nursing Service; Associate Chief, Nursing Service; and Associate Chief, Nursing Service for Research**

(a) Upon receipt of VA Form 5-97, the Human Resources Management office will retain the duplicate copy of the form as a suspense copy and forward the original to the Nurse Executive. This individual will complete the front of VA Form 10-2543, Board Action. If the most recent proficiency report on file was prepared more than 6 months before the date of promotion consideration, narrative performance evaluations will be prepared by the Nurse Executive and by the Chief of Staff. These evaluations may be in the form of a supplement to the latest proficiency report. The registered nurse's file, including the personnel folder, will then be forwarded, through the facility Director, to the appropriate NPSB for consideration, after the Human Resources Management Officer has made an administrative review of the file.

(b) Following consideration by the appropriate Board, the file will be returned to the facility Director for approval or disapproval.

(5) **Promotions and Advancements to a Higher Level Within the Grade to Nurse III and Below Other Than for Positions Identified in Subparagraph 6f(4).** (Also see appendix M, this part, for processing instructions.)

(a) In considering a registered nurse for promotion or advancement to a higher level within the grade, the local NPSB determines whether or not the individual meets the VA Nurse Qualification Standard requirements. If the board determines that requirements are met, the registered nurse is eligible for promotion or advancement consideration. Following consideration by the board, the file will be referred to the facility Director for appropriate action.

(b) If the employee is not promoted, the AAC will continue to send the VA Form 5-97 annually until a change in grade occurs. The VA Form 5-97 will be forwarded to the appropriate supervisory official. An employee at Nurse II and below who is not promoted or advanced to a higher level within the grade will be considered for promotion or advancement to a higher level within the grade on the next anniversary date of grade. [A] a longer period between considerations, not to exceed 3 years, may be established by the NPSB when a registered nurse at Nurse II and below does not meet the qualification standard's education or experience requirements. In these cases, the Human Resources Management Office will tab the service control file and will destroy the VA Form 5-97 for the year(s) when the employee is not to receive consideration.

[ ]

(6) **Waiver of Experience and /or Degree Requirements.** The appointing official may authorize a waiver of experience and/or the degree requirements for individuals whose professional accomplishments, performance, and qualifications warrant such consideration based on demonstrated ability to meet the requirements for promotion to the next higher grade or advancement to a higher level within the grade. (See the VA Nurse Qualification Standard, appendix G6, Part II, this Handbook.) In considering a registered nurse for promotion to Nurse III or below, the appropriate NPSB will determine whether or not the individual should be recommended for promotion or advancement to a higher level within the grade with a waiver of the experience and/or degree requirements.

(7) **Recommendations of Nurse Professional Standards Boards.** If consideration of a registered nurse promotion or advancement to a higher level within the grade by the Under Secretary for Health or designee is requested, the Human Resources Management Officer will take necessary steps to ensure that the Nurse Executive [is] aware of the case and of the recommendation(s) of the appropriate Nurse Professional Standards Boards.

## 7. TIER DETERMINATION OR PROMOTION RECONSIDERATION AND REVIEW

a. **Coverage.** This paragraph applies to podiatrists, optometrists, chiropractors, registered nurses, nurse anesthetists, physician assistants, and expanded-function dental auxiliaries appointed under 38 U.S.C. 7401(1) or 7405(a)(1)(A). **NOTE:** VHA physicians and dentists appointed under 38 U.S.C. 7401(1) or 7405(a)(1)(A) can request reconsideration of tier determination. (See VA Handbook 5007, Part IX, paragraph 11).

b. **Notice of Decision.** Supervisors must advise employees of any decision not to promote them, of the reason(s) for the decision, and of their right to request reconsideration. The right to reconsideration does not extend to promotions to Nurse IV and Nurse V, which are based on complexity of assignment, nor does it extend to temporary promotions.

c. **Informal Discussion.** The employee must discuss his or her dissatisfaction with their immediate supervisor prior to submitting a request for reconsideration under subparagraph 7d.

d. **Submission of Reconsideration Request or Request for Central Office Review**

(1) **Reconsideration Request.**

(a) If the employee does not believe the supervisor's explanation is satisfactory, the employee may submit a written request for reconsideration through the supervisor to the appropriate Professional Standards Board for review within [30] calendar days of the non-promotion decision. (See subparagraph 7e.) The approving official or designee may extend the [30]-day period at the written request of the employee if the employee is unable to submit the information for reasons beyond the employee's control. The employee's written request for reconsideration is to indicate when the informal discussion was held with the immediate supervisor and cite the specific reason(s) why the employee believes the decision was not proper. Supervisors are to review and comment on the employee's request in writing, and provide copies of those comments to the employee.

(2) If on reconsideration the approving official disapproves the promotion under paragraph 7f(3), the employee may request Central Office review by submitting a written request through the supervisor to the approving official within [30] calendar days of receiving notice of the reconsideration decision. The approving official or designee may extend the [30]-day period at the written request of an employee if the employee is unable to submit the information timely for reasons beyond the employee's control.

e. **Professional Standards Board Review.** The appropriate Professional Standards Board at the facility will review the information submitted by the employee and make a recommendation to the approving official. If the employee's request does not include the information specified in paragraph 7d(1)(a), the technical representative to the Professional Standards Board is to return the request to the employee for completion. The additional information is to be returned to the Professional Standards Board within [30] calendar days; however, the appropriate management official may extend the [30]-day period if the employee is unable to submit the information for reasons beyond the employee's control. Upon completing its review, the Board must forward its recommendation to the approving official for action under paragraph f.

f. **Action by Approving Authority.** Upon review of the reconsideration file, the approving official shall take one of the following actions:

(1) Request any additional information needed to make a decision. This includes, but is not limited to, meeting with representatives of the Professional Standards Board, the employee, or the employee's supervisor prior to making a decision under paragraph f(2) or f(3).

(2) Approve the adjustment of the employee's grade or level in accordance with paragraph 8a.

(3) Disapprove the promotion and notify the employee of the decision in writing. If the employee requests VA Central Office review under paragraph 7d(2), the approving official shall forward the reconsideration file [ ] and any comments to the appropriate VA Central Office Professional Standards Board for review.

g. **Request for Central Office Review.**

(1) **Review by the Central Office Professional Standards Board.** When a request for Central Office review is submitted to the appropriate VA Central Office Professional Standards Board under paragraph f(3), the Under Secretary for Health or a designee becomes the promotion approving authority. The appropriate Board is to review the information submitted by the facility and make a recommendation to the approving official. If necessary, the Central Office Board may request additional information. Upon competing its review, the Central Office Board is to forward its recommendation to the approving official for action under paragraph h.

(2) Employees may withdraw requests for reconsideration or for Central office review at any time.

h. **Action by Under Secretary for Health or Designee.** Upon receipt of the recommendation from the appropriate VA Central Office Professional Standards Board, the approving official or designee may:

(1) Authorize the adjustment in the employee's grade or level in accordance with paragraph 8a.
(2) Request any additional information needed.

(3) Disapprove the promotion and advise the employee of the determination in writing. Such determinations are final.

i. **Exclusion from Coverage as Employee Grievance.** Requests for promotion reconsideration are excluded from the Agency Grievance Procedure. See VA Handbook 5021, Part IV, Chapter 3, paragraph 16. Promotion reconsideration is also excluded from negotiated grievance procedures under the provisions of 38 U.S.C. 7422(b).

## 8. EFFECTING ADVANCEMENT, AND PROMOTION ACTIONS AND CHANGE IN ASSIGNMENT

a. **Effective Date**

(1) [An approved advancement resulting from an anniversary review will always be made effective by the Human Resources Management Officer at the beginning of the first full pay period after the employee's anniversary date of grade. This includes actions approved by a reconsideration request. All other advancement and promotion actions will be made effective at the beginning of the first full pay period commencing after approval].

(2) If an employee becomes eligible for advancement or promotion while on LWOP for educational or other purposes, no action will be taken until the employee returns to duty. If the employee upon return to duty meets all other requirements for promotion, an appropriate recommendation will be made. However, if advanced or promoted, the advancement or promotion will not be effected retroactively.

**NOTE:** *See chapter 6, this part, for effecting of promotion actions upon return from military service.*

b. **Disposition of Forms.** On completion of [an advancement,] the promotion action [or change in assignment], or disapproval of [an advancement,] promotion [or change in assignment] the original VA Form 10-2543, Board Action, and any accompanying documents will be filed in a separate envelope in the employee's personnel folder. [The Compensation Panel Action form, VA form 10-0432a, will be used for physicians and dentists to document compensation determinations. These forms will be filed with the Board Action form on the right side of the employee's personnel folder.]

**9. [CHANGE IN ASSIGNMENT OR] ADJUSTMENT OF PROMOTIONS [TO A HIGHER GRADE] OR ADVANCEMENTS TO A HIGHER LEVEL WITHIN THE GRADE.** Appointing officials may adjust an employee's [change in assignment,] promotion [to a higher grade] or advancement to a higher level within the grade if it is determined that such action is consistent with applicable qualification requirements. Such decisions shall consider the recommendation of the appropriate Standards Board [or Compensation Panel]. Actions taken under this paragraph will be effected at the beginning of the next pay period following approval.

**10. ADVANCEMENT OF RESIDENTS.** Residents appointed under authority of 38 U.S.C. 7406 will be advanced in salary upon successful completion of each year of training provided the House Staff Review Committee recommends the increase and continuation of training. If the committee recommends the advancement, the effective date of promotion will be the first day following completion of each year of training. The required training may have been obtained in part from sources outside VA. (See M-8, pt. II, ch. 1.)

**11. TEMPORARY CHIEF OF STAFF ASSIGNMENTS [(CHANGE IN ASSIGNMENTS)]**

a. **General.** When the position of Chief of Staff is vacant, the facility Director may request the temporary [change in assignment] of a physician as Chief of Staff. [Change in assignments] will be for a period not to exceed 1 year, and may be terminated prior to the expiration date.

b. **Submission of Requests.** Facility officials will continue to forward chief of staff nominations to the Management Support Office (10A2B). The chief of staff program staff in the Management Support Office will provide a technical review of the nomination[;] arrange for appropriate approvals and/or reviews [by] VHA Central Office officials as necessary[;] and forward the completed nomination to the Network Director for approval. Requests for temporary [change in assignments] to chief of staff in [a Chief of Staff Assignment tier are] renewable [for] periods not to exceed 1 year require approval of the appropriate Network Director. Normally, [change in assignments] these reassignments will be approved only after an employee has served in an acting capacity for at least 90 days. In exceptional circumstances, the appropriate Network Director may approve a temporary [change in assignment] when an employee has served less than 90 days in an acting capacity.

c. **Temporary [Change in Assignment].** An employee who is temporarily [changed in assignment] to a Chief of Staff position will be advanced to [a Chief of Staff Assignment tier] for the duration of the assignment. On expiration or termination of the assignment, the [tier] and salary of the employee will be adjusted in accordance with the provisions of VA Handbook 5007, Pay Administration[, Part IX]. In applying the provisions of this handbook, the salary will be adjusted to the salary held previously [ ]. On assignment, the following statement will be placed in the "Remarks" item of the SF 50-B, Notification of Personnel Action: "Employee informed of conditions of temporary [tier] assignment." [ ]

## 12. DETAILS, TEMPORARY REASSIGNMENTS, AND TEMPORARY PROMOTIONS FOR TITLE 38 EMPLOYEES APPOINTED UNDER 38 U.S.C. 7401(1), 38 U.S.C. 7401(3), AND 38 U.S.C. 7405

a. Appointments under 38 U.S.C. 7401(1), 38 U.S.C. 7401(3), and 38 U.S.C. 7405 other than Registered Nurses and Nurse Anesthetists.

(1) **Details.** When a title 38 or hybrid title 38 position is vacant, the facility Director may detail another title 38 or hybrid title 38 employee to the position. Generally, details will not exceed [1 year], and may be terminated prior to the expiration date. The facility Director may approve extensions of the detail [ ] when circumstances warrant.

**NOTE**: *In accordance with VA Handbook 5005, Part III, Appendix N, the utilization of title 38 employees in competitive civil service positions is prohibited.*

b. Registered Nurses and Nurse Anesthetists

(1) **Details.** When the position of Nurse Executive or a Nurse Anesthetist position at Nurse IV or Nurse V is vacant, the facility Director may detail another title 38 employee to the position. Generally, details will not exceed 90 days, and may be terminated prior to the expiration date. The facility Director may approve extensions of the detail when circumstances warrant.

(2) **Temporary Reassignments.** When a position at Nurse IV or V is vacant, the facility Director may approve the temporary reassignment of an individual into the position. Generally, temporary reassignments will be for a period not to exceed 1 year, and may be terminated prior to the expiration date. The facility Director may approve the extension of a temporary reassignment not to exceed 1 additional year when circumstances warrant. Normally, such temporary reassignments will be approved only after a registered nurse or nurse anesthetist has acted in the position for at least 90 days. When circumstances warrant, the approving official may approve a temporary reassignment when an employee has served less than 90 days in an acting capacity (e.g., when the position is expected to vacant for an extended period). On approval of the temporary reassignment, the following statement will be placed in the "Remarks" section of the SF 50-B: "Employee informed of conditions of temporary assignment."

(3) **Temporary Promotions.** If a registered nurse is temporarily reassigned to a higher grade assignment under subparagraph 8b, the facility Director may temporarily promote the individual. Such action will be taken only after the facility Director considers the recommendation of the appropriate NPSB. The facility Director may similarly temporarily promote a nurse anesthetist to Nurse IV or V after considering the recommendation of the facility PSB for nurse anesthetists. On expiration or termination of the temporary promotion, the grade and salary of the employee will be adjusted in accordance with the provisions of VA Handbook 5007, Pay Administration. The employee will be advised in writing of the conditions of the temporary promotion or assignment. In applying the provisions of this handbook, the salary will be adjusted to the salary held previously, unless a higher step is warranted by reason of a periodic step increase, special advancement, or under the highest previous rate rule.

## 13. OTHER GRADE CHANGES OR CHANGE IN ASSIGNMENT

a. **Change to Lower Grade or Changes in Assignment**

(1) **General.** As provided by 38 U.S.C. 7403, where an employee's grade or tier level and salary are based on both the nature of the assignment and the employee's personal qualifications, and the assignment is subsequently changed, the grade and salary may be adjusted as appropriate.

(2) **Key Nursing Personnel (Registered Nurses Other Than Nurse Executives) and Nurse Anesthetists in Nurse IV and Above Whose Grade is Based on Both Their Personal Qualifications and Responsibilities of Their Assignment.**

(a) **Placement in a Lower Grade for the Good of VA.** Employees placed in a lower grade for reasons other than cause or at the employee's request will have their pay set at the lowest step of the lower grade which equals or exceeds their existing rate of basic pay. If there is no such step, employees are entitled to pay retention.

(b) **Voluntary Changes to a Lower Grade.** Employees who take a voluntary change to a lower grade may have their pay set at any step of the grade that does not exceed their highest previous rate. However, the employee is not eligible for pay retention, and, if the employee changes facilities, the pay rates of the gaining facility shall be applicable. The employee must submit a written request, through channels, for the employment change. The employee's signed request is to be filed on the right side of the employee's personnel folder.

b. **Review of Assignments of Key Nursing Personnel (Registered Nurses Other Than Nurse Executives) and Nurse Anesthetists in Nurse IV and Above Whose Grade is Based on Both Their Personal Qualifications and Responsibilities of Their Assignment.**

(1) Facility [D]irectors or officials in Central Office may request review of an assignment if they believe it no longer warrants the current grade; the assignment cannot be restructured within the requesting official's scope of responsibilities; and the employee will not voluntarily accept a change to a lower grade. [The responsible program official will initiate such a review] if there has been a significant change in the assignment or an accretion or erosion of responsibilities [suggests that] the assignment [would be more appropriately placed in] a different grade

(2) Recommendations related to nurse assignments will be sent to the Central Office NPSB and the [Office of Nursing Services] (059/1[0]8). Those related to nurse anesthetist assignments will be sent to the Central Office Nurse Anesthetist PSB and the Office of Patient Care Services (059/11). If it is determined that the grade is inappropriate, the correct grade will be identified[,] and the following action will be taken:

(a) Any promotion or advancement will be effected on the first day of the first pay period following the approving official's determination.

(b) If the Central Office program official determines that the current grade is no longer warranted:

1. The facility's request is forwarded to the Assistant Deputy Under Secretary for Health (10N). This office will attempt voluntary or involuntary placement of the employee in a more appropriate assignment. If no placement opportunities are available, the request will be returned to the facility.

2. The requesting official shall reduce the employee to the appropriate grade. Such employees are eligible for pay retention.

**NOTE:** *Directed transfers or reductions in grade approved under this paragraph will not be considered adverse actions under 38 U.S.C. 7461, provided they are not based on charges related to conduct or performance. The actions are, however, grievable under the provisions of VA Handbook 5021[,] Employee/Management Relations[ ].*

[**NOTE:** *Paragraph 9 of proposed Section B, Other Grade Changes, Chapter 4, Part III, of VA Handbook 5005, follows. Section B's paragraphs 1-8 are subject to the labor organization collaboration process and these are not included at this time.*]

## SECTION B. PROMOTION AND INTERNAL PLACEMENT OF HYBRID TITLE 38 EMPLOYEES

**[1. GENERAL.** This section contains instructions and procedures governing promotions of those occupations under sections 7401(3) and 7405 (a)(1)(B) of title 38, United States Code. Promotion is advancement to a higher-grade level and recognizes that an employee is providing a higher level of service to VA.

2. **POLICY.**

a. Promotion actions will be taken without regard to race, color, religion, sex, national origin, disability, age, sexual orientation, or status as a parent, or any other non-merit factor, and shall be based solely on job-related criteria.

b. Promotion actions will conform to the restrictions governing the employment of relatives. (See VA Handbook 5025, Legal.)

c. All hiring actions will adhere to Veterans Preference requirements as prescribed in Part I, Chapter 4, *Preference to Veterans in Making Hybrid Title 38 Appointments* .

d. Nothing in this handbook shall be interpreted to diminish hybrid title 38 grievance rights negotiated under any collective bargaining agreement.

**3. RESPONSIBILITIES.**

a. Human Resources is responsible for:

(1) Before recruitment is initiated, Human Resources will work in collaboration with the supervisor to determine the eligibility and qualifications requirements that pertain to the assignment and grade level for the position to be filled in accordance with the qualification standards found in VA Handbook 5005, Part II Appendices found in appendix “G”. If the supervisor is not a subject matter expert in the profession, the supervisor must consult with the subject matter expert throughout the recruitment and onboarding process for the vacant position.

(2) Determining eligibility and qualifications in accordance with standards found in VA Handbook 5005, Part II found in Appendix “G” and recommend the appropriate grade to the selecting official for appointments, promotions, reassignments and change to lower grades.

(3) Documentation qualification determinations for each applicant by completing a separate VHA qualification form for each of the applicants.

(4) Consulting with the profession subject matter expert during the development of the assignment, recruitment and onboarding of the selected candidate.

(5) Human Resources will notify candidates who fail to meet the requirements and fail to qualify for appointment.

(6) Processing requests for reassignments/change to lower grades in compliance with VA Handbook 5005, Part III, Chapter 4 Section B.

b. The supervisor at the appropriate level is responsible for:

(1) Obtaining an approval to fill a vacant position in accordance with local procedures. Once approval is obtained the service will initiate recruitment action and contact the servicing Human Resources Office (HRO).

(2) The Supervisor will review applications referred for selections. Supervisors who are not subject matter experts must consult subject matter experts when evaluating applications. This may take the form of a panel, or consultation with the subject matter expert for the profession.

(3) Once a selection is made the Supervisor will consult with Human Resources and the profession subject matter expert (if applicable), and submit supporting documentation for utilization of pay setting flexibilities (if applicable) found in VA Handbook 5007, Part II, Chapters 2, 3 and 4, pertaining to hybrid title 38.

(4) Review requests or recommendations for promotions and make recommendations consistent with 5, 6 and 7 below.

c. The Medical Center Director/Network Director will (for personnel under their jurisdiction) review and serve as the deciding official on requests for additional steps above the minimum on appointments.

## 4. **PROMOTION ]**

a. This section contains instructions and procedures governing the promotion of employees who are appointed under sections 7401(3) and 7405 (a)(1)(B) of title 38, United States Code. Promotion is an advancement to a higher-grade level and recognizes that an employee is providing a higher level of service to VA.

b. The promotion system shall provide advancement opportunities for employees, predicated upon the recognition of the quality of service rendered, additional experience and professional attainment as determined by an examination of the employee's individual record.

c. To meet the criteria for promotion, the individual must meet the criteria for the next higher-grade level in the qualification standard. Examination of the individual's total record must reveal evidence that the contribution to VA medical service is of sufficient value to warrant promotion. Potential for continuously greater contribution is also a prerequisite. Reviews and recommendations of supervisors and Human Resources will be sufficient to ensure that promotion is fully merited and not recommended based on meeting administrative requirements alone.

## [5.] PROMOTION – GENERAL

### a. Administrative Requirements for Consideration

(1) A current performance rating of "Satisfactory" or higher.

(2) The experience, education, and performance requirements set forth in the qualification standard. Employees must meet the same grade requirements, including the specified

demonstrated accomplishments, as for appointment. Any deviation or exception to these requirements will be limited to those specified in the qualification standard.

b. **Promotions Based on Additional Experience and/or Education**. Promotions based solely on additional experience acquired by the employee shall be limited to advancements of one grade or grade interval at a time. If an employee has attained a higher level of education that, when combined with their additional experience, is qualifying for a grade higher than the next grade or grade interval, the employee may be promoted to whatever grade in the qualification standard the additional education warrants.

c. **Processing Procedures** (See appendix III-M, this part)

## [6]. PROMOTION CONSIDERATION

a. [**Eligibility.]** Full-time, part-time, and intermittent employees shall be considered periodically, consistent with 7-b and 7-c below, for promotion in their current occupation. Eligibility for such promotion considerations shall be based upon fully meeting prescribed administrative requirements.

[(1)] Approximately 60 days prior to the date the employee meets the required period for promotion consideration, Human Resources Management Officers will notify the appropriate supervisory officials that the employee is eligible for promotion consideration to the next higher-grade level. The supervisor will notify the employee no later than 30 days prior to the employee's anniversary date. The employee shall then be given 30 days to submit to their supervisor a self-assessment of their qualifications for promotion consideration. Employees may also notify their supervisor in writing that they are declining to submit a self-assessment during this 30-day period. If this is done, the supervisor will proceed with a recommendation. If a self-assessment or declination is not submitted the supervisor will proceed with the recommendation at the end of the 30-day period.

[(2) The supervisory official will review the duties of the position. If the supervisor is not an occupational subject matter expert, the supervisor must consult with a subject matter expert when considering promotion eligibility. The supervisory official must determine whether the duties being performed meet the definition of a higher-level assignment with the qualification standard. The supervisory official must also take into consideration the information provided in the employee's self-assessment, if provided. Supervisors are to apply position management and make sound management decisions. If the supervisor determines the additional duties were higher level duties that are above the full performance level, the supervisor must determine whether s/he gave other employees in the same position an opportunity to perform the additional duties. The supervisory official is responsible for requesting and obtaining an approval to establish and fill the position in accordance with local procedures. The process and actions taken is to be documented using VHA Form "Request for HT38 Promotion Up to Full Performance Level" or "Request for HT38 Promotion Above Full Performance Level" whichever is applicable.]

[b.] **Promotion to Grades at or Below Full Performance Level.**

(1) Promotions to grades at or below the full performance level (see Appendix III-O, this part) will be based on the recommendation of the immediate supervisor, recommendation of approval by the second level supervisor and personnel action approved by Human Resources Officer. Upon receipt of the employee's self-assessment or written declination or expiration of the 30-day time period, the immediate supervisor will make a recommendation on promotion to the second level supervisor. The immediate supervisor's recommendation] is to be acted upon by the second level supervisor within 30 days of the submission of the self-assessment or written declination by the employee or expiration of the 30-day time whichever comes first.

(2) Employees who have demonstrated the capability to successfully perform at the next higher-grade level will be recommended for promotion. Promotions will become effective on the first day of the first full pay period following approval by the second level supervisor. In no case will the promotion be effected later than the employee's anniversary date unless a future date set by the approving authority and at the election of the employee when doing so would benefit the employee (i.e. an employee is due a within grade increase), and that does not violate law or negotiated agreement.]

(3) Employees who have not demonstrated such capability will be informed in writing by the immediate supervisor that they are not being recommended for promotion. The written notice will state the reason(s) why the employee does not meet the criteria for promotion. The immediate supervisor may recommend the employee for promotion at a later date if it is determined that the employee has met the appropriate criteria. If not promoted during the intervening period, the employee is entitled to promotion consideration on the next anniversary date of grade. Employees who are not promoted may request promotion reconsideration under paragraph 7 below.

[c.] **Promotion to Grades above the Full Performance Level**.

(1) Employees who are eligible for promotion consideration to a grade that requires a combination of personal qualifications and assignment characteristics are to be considered for promotion to such grades on the first anniversary date of their last promotion, provided they meet the administrative requirements. This automatic consideration only occurs on the first anniversary for each grade level. In addition, employees who are selected for supervisory or managerial assignments that warrant consideration for a higher grade and for assignments based on complexity will be considered for promotion on a date other than the anniversary date of last promotion.

(2) If after reviewing the employee's self-assessment, if submitted, and other relevant material, the appropriate management official (e.g., service chief) determines that the assignment does not meet the qualification standard for a higher grade, that official shall document the reasons for this determination in writing and provide a copy of the determination to the employee. Employees who do not agree with the determination may request promotion reconsideration under paragraph 7 below.

(3) If the appropriate management official believes the assignment meets the qualification standard requirements for promotion, a request for personnel action is to be prepared and submitted, along with all relevant information to Human Resources for consideration within 30 days. If applicable, the employee will be given a copy of the supervisor's comments relating to the self-assessment. Human Resources Staffing Specialist will review and forward its recommendation on qualifications to the Human Resources Officer, for approval

of personnel action. Human Resources will have no more than 30 days to complete their review. Promotions will become effective on the first day of the first full pay period following approval by the approving official. In no case, will the promotion be effected later than the first day of the first full pay period commencing 60 days after the employee's anniversary date.

(4) If, under paragraph (2) or (3) above, the appropriate management official or Human Resources Officer does not recommend the employee's promotion, the employee will no longer receive an automatic annual promotion consideration. The appropriate management official may recommend such employee for promotion at any time in the future provided the employee's duties and responsibilities change to the point that the criteria for promotion to the next grade may be warranted. Employees may request promotion consideration by the appropriate management official on subsequent anniversary dates if their duties have changed since they were last considered and the employee believes that these changes meet the criteria in the qualification standard for a higher grade. For the reconsideration process for a denial, see paragraph 7 below.

## [7.] PROMOTION RECONSIDERATION AND REVIEW

a. **Coverage.** This paragraph applies to individuals appointed under 38 U.S.C. 7401(3) or 7405(a)(1)(B)**.**

b. **Notice of Decision.** Employees are to be advised by their supervisors in writing of any decision not to promote them, of the reason(s) for the decision, of their right to request reconsideration, and that reconsideration must be preceded by an informal discussion with their supervisor.

c. **Informal Discussion.** Employees and their supervisor must meet to discuss the recommendation not to promote prior to the employee submitting a request for reconsideration under paragraph d below.

**d. Reconsideration Requests**

(1) **To Grades at or Below the Full Performance Level**

(a) If promotion to a grade at or below the full performance level (see Appendix III-O, this part) is involved, the employee may, within 30 days of being notified of the decision, submit a written request through the immediate supervisor to the second level supervisor for reconsideration. The employee's written request for reconsideration must indicate when the informal discussion was held with the immediate supervisor and cite the specific reason(s) why the employee believes the decision was not proper. The Medical Center Director, Network Director, or appropriate higher-level designee (whichever is applicable) may extend the 30-day period at the written request of the employee if the employee is unable to submit the information for reasons beyond the employee's control.

(b) Second level supervisors are to review the employee's request within 30 days and determine whether to promote the employee. If the second level supervisor determines that a promotion is not warranted, that supervisor will provide the reasons for this decision to the employee in writing.

(c) If the employee is not satisfied with the explanation of the determination to not promote, the employee can request within 30 days to have the determination reviewed and recommendation made by the next higher-level manager. The employee's request for reconsideration and the supervisor's explanation will be forwarded to the next higher-level manager within 30 days.

(d) The next higher-level manager will make a recommendation within 30 days and submit through the servicing Human Resources Office to the Medical Center Director, Network Director, or appropriate higher level designee (whichever is applicable), who will make a final decision within 30 days.

(e) If the promotion is approved, the employee is to be promoted on the first day of the first pay period following a decision by the approving official. In no case, will the promotion be effected later than the first day of the first full pay period commencing 60 days after the employee submits a written request for reconsideration, unless the employee requested an extension to the 30-day period to submit a written request for reconsideration. In such cases, the number of additional days taken by the employee to submit a request will be added to the 60-day time limit. If the promotion is denied, the employee will be provided with a copy of the decision.

(2) **For Promotions to Grades above the Full Performance Level**

(a) Within 30 days of the non-promotion decision, an employee may submit a written request for reconsideration to their immediate supervisor. This 30-day period may be extended at the written request of the employee if the employee is unable to submit the information for reasons beyond the employee's control.

i. The employee's written request for reconsideration must indicate when the informal discussion (see Paragraph 7 c above) was held with the immediate supervisor and cite the specific reason(s) why the employee believes the decision was not proper.

ii. Immediate supervisors are to review and comment on the employee's request in writing and provide copies of those comments to the employee within 15 days.

iii. The immediate supervisor will submit the written reconsideration request and any supervisory comments to the next higher-level supervisor.

(b) The next higher-level supervisor will review the information submitted by the employee, along with the immediate supervisor's comments, and make a recommendation to Medical Center Director, Network Director, or appropriate higher level designee (whichever is applicable) through Human Resources within 15 days.

i. If Human Resources determines that the employee's request does not include when the informal discussion was held or the specific reasons why the employee believes the decision was not proper, Human Resources will return the request to the employee for completion.

ii. The employee has 30 days from the date of receipt of the returned request to obtain the additional information and return it to Human Resources. The Medical Center Director, Network Director, or appropriate higher-level designee (whichever is applicable) may extend the 30-day period if the employee is unable to submit the information for good cause shown.

iii. The Medical Center Director, Network Director, or appropriate higher-level designee (whichever is applicable) has 15 days to make decision. This 15-day period may be extended up to the number of days it took the employee to provide the appropriate management official with the proper information.

iv. Upon making the decision, the Medical Center Director, Network Director, or appropriate management official (as the approving official) will forward the decision to the Human Resources for action under paragraph e. below.

e. **Action by Human Resources.** Upon receipt of the reconsideration file, Human Resources shall take one of the following actions within 15 days:

(1) If approved, promotions will be made effective on the first day of the first full pay period following approval. In no case, will the promotion be effected later than the first day of the first full pay period commencing 60 days after the employee submits a written request for reconsideration, unless the employee requested an extension of the 30-day period to submit a written request for reconsideration. In such cases the number of additional days taken by the employee to submit a request will be added to the 60-day time limit.

(2) If disapproved, Human Resources will notify the employee of the decision in writing.

**[8.] COVERAGE AS EMPLOYEE GRIEVANCE.** Requests for promotion reconsideration are excluded from the Agency Grievance Procedure. See VA Handbook 5021, Part IV, Chapter 3, paragraph 16. Promotion reconsideration decisions are excluded from the negotiated grievance procedure pursuant to 38 U.S.C. 7403(f)(1)(B). The decision of whether or not to promote a bargaining unit employee is not subject to the negotiated grievance procedure but a failure on the part of the agency to follow the promotion/reconsideration procedure in this policy may be.

## [9.] EFFECTING ADVANCEMENT AND PROMOTION ACTIONS

a. **Effective Date**

(1) The promotion will be made effective by the Human Resources Management Officer on the first day of the pay period following the date of approval of the promotion by the approving official, but in no case earlier than the date on which all administrative requirements are met. A promotion may also be made effective at a future date set by the approving authority and at the election of the employee, that does not violate law or negotiated agreement when doing so would benefit the employee (i.e. an employee is due a within grade increase). Promotion recommendations and actions that are administratively delayed beyond the time limits specified in paragraphs 6 and 7 above will be made retroactive.

(2) If an employee becomes eligible for promotion while on LWOP for purposes for which they have a statutory entitlement to receive promotion consideration (e.g., military service, OWCP), no action will be taken until the employee returns to duty. If the employee on return to duty meets all the requirements for promotion consideration, he or she will be considered for promotion as if he or she had been continuously employed in the position.

**NOTE:** See chapter 6, this part, for effecting promotion actions upon return from military service.

## [10.] TEMPORARY PROMOTIONS

a. An employee may be temporarily promoted to a higher graded position where the grade of the position is based on the complexity of the assignment. The employee must meet the administrative and qualification requirements for promotion and such promotions are to be processed using the procedures in paragraphs 5, 6 and 7 above.

b. On expiration or termination of the assignment, the grade and salary of the employee will be adjusted in accordance with the provisions of VA Handbook 5007, Pay Administration. In applying the provisions of this handbook, the salary will be adjusted to the salary held previously, unless a higher rate is warranted by reason of periodic step increases. On assignment, the following statement will be placed in the "Remarks" item of the SF 50-B, Notification of Personnel Action: "Employee informed of conditions of temporary grade assignment."

c. This temporary promotion no longer requires a professional standards board action and will occur without recourse to such board action. The absence of a board action shall not bar an employee from grieving a failure to temporarily promote pursuant to this section under the negotiated grievance procedure or agency grievance procedure as appropriate.

## [11.] OTHER GRADE CHANGES

### a. Change to Lower Grade

(1) **General.** As provided by 38 U.S.C. 7403, where an employee's grade level and salary are based on both the nature of the assignment and the employee's personal qualifications, and the assignment is subsequently changed, the grade and salary may be adjusted as appropriate. Such action may be taken by the Under Secretary for Health or designee for Hybrid Title 38 employees in centralized positions and for all Hybrid Title 38 employees in assignments at GS-13 and above; and by the facility Director for all Hybrid Title 38 employees in noncentralized assignments below GS-13. The facility Director may delegate the authority to the Chief of Staff, Associate Director, Nurse Executive, Pharmacy Chief for occupations under their respective purview.

**(2) Hybrid Title 38 employees.** Employees appointed under authority of 38 U.S.C. 7401(3) and permanent part-time employees appointed under 38 U.S.C. 7405 (a)(1)(B) are entitled to the following grade and pay retention provisions.

(a) **Erroneously Graded Assignments.** If an employee's grade is based on both the nature of assignment and personal qualifications and the assignment does not meet the requirements for the employee's grade, the employee shall be eligible for grade and pay retention if the employee has been in grade for at least 1 year. If the employee has been in grade for less than 1 year, the employee shall be eligible for pay retention, and pay shall be set in accordance with 5 CFR, part 536.

(b) **Change in Assignment.** If the duties and responsibilities of an employee's assignment change sufficiently, either through gradual erosion or planned management action, so that it no longer warrants the grade level of the incumbent, the incumbent shall be eligible for grade and pay retention provided the incumbent has been in grade for at least 52 weeks. If the employee has been in grade for less than 52 weeks, the employee shall be eligible for pay retention, and pay shall be set in accordance with 5 CFR, part 536.

(c) **Assignment Change.** If an employee is voluntarily placed in a different assignment which does not warrant the employee's current grade level, the employee will not be eligible for grade retention. The employee's entitlement to pay retention will be determined in accordance with VA Handbook 5007, Pay Administration.

(d) **Assignment Change for Cause or at the Employee's Request.** If an employee is changed to an assignment which does not warrant the employee's current grade level for cause or at the employee's request, the employee is not eligible for grade or pay retention**.**

**NOTE:** Directed transfers or reductions in grade approved under this paragraph will not be considered adverse actions under 38 U.S.C. 7461, provided they are not based on charges related to conduct or performance. The actions are, however, grievable under the provisions of VA Handbook 5021, (Employee/Management Relations).

## CHAPTER 5. CONVERSIONS OR CHANGE IN ASSIGNMENTS (TITLE 38)

1. **DEFINITION.** Change in assignment for physicians and dentists will be processed by a Compensation Panel. (See VA Handbook 5007, Part IX.) All personnel actions changing an employee from one type of appointment to another under authority of 38 U.S.C., chapter 73 or 74 and not involving a break in service will be processed as conversions except changes from or to fee-basis appointments under authority of 38 U.S.C. 7405(a)(2) and lump-sum fee-basis appointments of consultants and attending's under authority of 38 U.S.C. 7405(a)(2), and without compensation appointments under 38 U.S.C. 7405(a)(1). These actions will be processed as new appointments. Changes in grades or levels for employees on time limited appointments under 38 U.S.C. 7405(a)(1) will be processed as conversions.

**NOTE:** Conversion or change in assignment to another appointment giving the employee fewer rights and benefits will not be made until the employee has been advised in writing of the conditions of employment under the new appointment, and the employee has submitted a written resignation or other written evidence clearly indicating voluntary separation from the previous employment.

**2. UTILIZATION ON A FEE BASIS**

a. Individuals who render service to VA on a fee basis, such as employees paid according to a schedule of fees or consultants or attending's used by letter of appointment (see part II, section G, this handbook) may not be converted to appointments under the provisions of sections 7306, 7401(1), 7401(3), and 7405(a)(1). Fee-basis employees will be terminated prior to appointment under these authorities.

b. Full-time, part-time or intermittent employees appointed under sections 7306, 7401(1), 7401(3), or 7405(a)(1), may not be converted to utilization on a fee basis. An employee must resign, or the appointment must be terminated prior to rendering service on a fee basis except for instances in which dual appointment has been approved. (See part II, chapter 3, section A).

3. **ACTION BY PROFESSIONAL STANDARDS BOARD OR COMPENSATION PANEL**

a. A PSB will be responsible for making recommendations to the approving authority concerning any conversion action to a probationary appointment under 38 U.S.C. 7401(1) [or Human Resources for those under 38 U.S.C. 7401(3), whichever is applicable], as well as registered nurses appointed part-time or intermittent under 38 U.S.C. 7405(a)(1), and on any conversion involving a change in grade and/or step rate within the grade.

b. No action by a PSB will be required on conversion from an appointment under 38 U.S.C. 7401(1) or 7401(3) as well as 38 U.S.C. 7405(a)(1) for individuals appointed as part time or intermittent registered nurses, provided the employee has previously acquired permanent status under 38 U.S.C. 7401(1) or 7401(3), or completed a probationary period under 38 U.S.C. 7405(a)(1) for individuals appointed as part time or intermittent registered

nurses, as appropriate, and has had continuous service under 38 U.S.C., chapter 73 or 74 since acquiring such status.

c. The Board will determine that the employee's past and expected future performance and physical, mental and emotional ability warrants the change in employment status. VA Form 10-2543, Board Action, will be used to document the Board's recommendation to the approving authority official.

d. The Compensation Panel will document any change in assignment on VA Form 10-0432a, Compensation Panel Action, along with a recommendation to the approving official.

4. **APPROVAL AUTHORITY.** All conversion actions or change in assignments may be approved by the facility Director except those involving a change in grade or step rate or tier level for which the approving authority is vested in Central Office or where Central Office approval is specifically required.

**5. PROCESSING REQUIREMENTS**

a. Personnel actions necessary to effect conversions to appointments or change in assignments under 38 U.S.C., chapter 73 or 74 generally will be effective the first day of the pay period following approval of the conversion or change in assignment except where otherwise specified. When necessary, in order to prevent a break in service caused by the expiration of an appointment prior to the first day of the next pay period, the action may be made effective the first day following the expiration of such appointment.

b. The nature of action will indicate conversion or change in assignment to an appropriate excepted appointment under the authority of 38 U.S.C., chapter 73 or 74. For individuals converted to an appointment under 38 U.S.C. 7401(1), as well as individuals converted to an appointment as a part time or intermittent registered nurse under 38 U.S.C. 7405(a)(1), the "Remarks" section of the SF 50-B will, when appropriate, state "Appointment subject to probationary period of 2 years." When appropriate, it will also show the amount of any prior service which is creditable toward completion of the required probationary period or a remark that the probationary period was completed

c. A new application is not required for conversions or change in assignments when one is already on file and VA Form 10-2850, 10-2850a, or 10-2850c is not specifically required.

6. **CONVERSION OR CHANGE IN ASSIGNMENTS TO APPOINTMENT UNDER SECTION 7401(1) FROM APPOINTMENT UNDER SECTION 7306.** Employees serving under section 7306 appointments will notify the Under Secretary for Health (10) if they desire full-time appointments under 7401(1). (See part II, chapter 3, section A, this handbook.) A Central Office Professional Standards Board will recommend to the Under Secretary for Health the grade and rate of pay and type of assignment which should be made on conversion. The Central Office Compensation Panel for physicians and dentists will recommend a tier determination to the Under Secretary for Health on changes in

assignment. On approval of the Board's or panel's recommendation by the Under Secretary for Health, personnel action will be taken to affect the conversion or change in assignment.

**CONVERSION TO RESIDENCY APPOINTMENTS UNDER SECTION 7406.** An employee who requests conversion to a residency appointment will apply using VA Form 10-2850b, Application for Residency. The application will be processed in accordance with provisions of M-8, part II, chapte**SECTION B. PROMOTION AND INTERNAL PLACEMENT OF HYBRID TITLE 38 EMPLOYEES**

**[1. GENERAL.** This section contains instructions and procedures governing promotions of those occupations under sections 7401(3) and 7405 (a)(1)(B) of title 38, United States Code. Promotion is advancement to a higher-grade level and recognizes that an employee is providing a higher level of service to VA.

3. **POLICY.**

a. Promotion actions will be taken without regard to race, color, religion, sex, national origin, disability, age, sexual orientation, or status as a parent, or any other non-merit factor, and shall be based solely on job-related criteria.

b. Promotion actions will conform to the restrictions governing the employment of relatives. (See VA Handbook 5025, Legal.)

c. All hiring actions will adhere to Veterans Preference requirements as prescribed in Part I, Chapter 4, *Preference to Veterans in Making Hybrid Title 38 Appointments* .

e. Nothing in this handbook shall be interpreted to diminish hybrid title 38 grievance rights negotiated under any collective bargaining agreement.

**5. RESPONSIBILITIES.**

a. Human Resources is responsible for:

(7) Before recruitment is initiated, Human Resources will work in collaboration with the supervisor to determine the eligibility and qualifications requirements that pertain to the assignment and grade level for the position to be filled in accordance with the qualification standards found in VA Handbook 5005, Part II Appendices found in appendix "G". If the supervisor is not a subject matter expert in the profession, the supervisor must consult with the subject matter expert throughout the recruitment and onboarding process for the vacant position.

(8) Determining eligibility and qualifications in accordance with standards found in VA Handbook 5005, Part II found in Appendix "G" and recommend the appropriate grade to the selecting official for appointments, promotions, reassignments and change to lower grades.

(9) Documentation qualification determinations for each applicant by completing a separate VHA qualification form for each of the applicants.

(10) Consulting with the profession subject matter expert during the development of the assignment, recruitment and onboarding of the selected candidate.

(11) Human Resources will notify candidates who fail to meet the requirements and fail to qualify for appointment.

(12) Processing requests for reassignments/change to lower grades in compliance with VA Handbook 5005, Part III, Chapter 4 Section B.

b. The supervisor at the appropriate level is responsible for:

(5) Obtaining an approval to fill a vacant position in accordance with local procedures. Once approval is obtained the service will initiate recruitment action and contact the servicing Human Resources Office (HRO).

(6) The Supervisor will review applications referred for selections. Supervisors who are not subject matter experts must consult subject matter experts when evaluating applications. This may take the form of a panel, or consultation with the subject matter expert for the profession.

(7) Once a selection is made the Supervisor will consult with Human Resources and the profession subject matter expert (if applicable), and submit supporting documentation for utilization of pay setting flexibilities (if applicable) found in VA Handbook 5007, Part II, Chapters 2, 3 and 4, pertaining to hybrid title 38.

(8) Review requests or recommendations for promotions and make recommendations consistent with 5, 6 and 7 below.

c. The Medical Center Director/Network Director will (for personnel under their jurisdiction) review and serve as the deciding official on requests for additional steps above the minimum on appointments.

## 6. **PROMOTION ]**

a. This section contains instructions and procedures governing the promotion of employees who are appointed under sections 7401(3) and 7405 (a)(1)(B) of title 38, United States Code. Promotion is an advancement to a higher-grade level and recognizes that an employee is providing a higher level of service to VA.

b. The promotion system shall provide advancement opportunities for employees, predicated upon the recognition of the quality of service rendered, additional experience and professional attainment as determined by an examination of the employee's individual record.

c. To meet the criteria for promotion, the individual must meet the criteria for the next higher-grade level in the qualification standard. Examination of the individual's total record must reveal evidence that the contribution to VA medical service is of sufficient value to warrant promotion. Potential for continuously greater contribution is also a prerequisite. Reviews and recommendations of supervisors and Human Resources will be sufficient to ensure that promotion is fully merited and not recommended based on meeting administrative requirements alone.

## [5.] PROMOTION – GENERAL

**a. Administrative Requirements for Consideration**

(3) A current performance rating of "Satisfactory" or higher.

(4) The experience, education, and performance requirements set forth in the qualification standard. Employees must meet the same grade requirements, including the specified demonstrated accomplishments, as for appointment. Any deviation or exception to these requirements will be limited to those specified in the qualification standard.

b. **Promotions Based on Additional Experience and/or Education**. Promotions based solely on additional experience acquired by the employee shall be limited to advancements of one grade or grade interval at a time. If an employee has attained a higher level of education that, when combined with their additional experience, is qualifying for a grade higher than the next grade or grade interval, the employee may be promoted to whatever grade in the qualification standard the additional education warrants.

d. **Processing Procedures** (See appendix III-M, this part)

## [6]. PROMOTION CONSIDERATION

a. [**Eligibility.]** Full-time, part-time, and intermittent employees shall be considered periodically, consistent with 7-b and 7-c below, for promotion in their current occupation. Eligibility for such promotion considerations shall be based upon fully meeting prescribed administrative requirements.

[(1)] Approximately 60 days prior to the date the employee meets the required period for promotion consideration, Human Resources Management Officers will notify the appropriate supervisory officials that the employee is eligible for promotion consideration to the next higher-grade level. The supervisor will notify the employee no later than 30 days prior to the employee's anniversary date. The employee shall then be given 30 days to submit to their supervisor a self-assessment of their qualifications for promotion consideration. Employees may also notify their supervisor in writing that they are declining to submit a self-assessment during this 30-day period. If this is done, the supervisor will proceed with a recommendation. If a self-assessment or declination is not submitted the supervisor will proceed with the recommendation at the end of the 30-day period.

[(2) The supervisory official will review the duties of the position. If the supervisor is not an occupational subject matter expert, the supervisor must consult with a subject matter expert when considering promotion eligibility. The supervisory official must determine whether the duties being performed meet the definition of a higher-level assignment with the qualification standard. The supervisory official must also take into consideration the information provided in the employee's self-assessment, if provided. Supervisors are to apply position management and make sound management decisions. If the supervisor determines the additional duties were higher level duties that are above the full performance level, the supervisor must determine whether s/he gave other employees in the same position an opportunity to

perform the additional duties. The supervisory official is responsible for requesting and obtaining an approval to establish and fill the position in accordance with local procedures. The process and actions taken is to be documented using VHA Form "Request for HT38 Promotion Up to Full Performance Level" or "Request for HT38 Promotion Above Full Performance Level" whichever is applicable.]

[b.] **Promotion to Grades at or Below Full Performance Level.**

(4) Promotions to grades at or below the full performance level (see Appendix III-O, this part) will be based on the recommendation of the immediate supervisor, recommendation of approval by the second level supervisor and personnel action approved by Human Resources Officer. Upon receipt of the employee's self-assessment or written declination or expiration of the 30-day time period, the immediate supervisor will make a recommendation on promotion to the second level supervisor. The immediate supervisor's recommendation] is to be acted upon by the second level supervisor within 30 days of the submission of the self-assessment or written declination by the employee or expiration of the 30-day time whichever comes first.

(5) Employees who have demonstrated the capability to successfully perform at the next higher-grade level will be recommended for promotion. Promotions will become effective on the first day of the first full pay period following approval by the second level supervisor. In no case will the promotion be effected later than the employee's anniversary date unless a future date set by the approving authority and at the election of the employee when doing so would benefit the employee (i.e. an employee is due a within grade increase), and that does not violate law or negotiated agreement.]

(6) Employees who have not demonstrated such capability will be informed in writing by the immediate supervisor that they are not being recommended for promotion. The written notice will state the reason(s) why the employee does not meet the criteria for promotion. The immediate supervisor may recommend the employee for promotion at a later date if it is determined that the employee has met the appropriate criteria. If not promoted during the intervening period, the employee is entitled to promotion consideration on the next anniversary date of grade. Employees who are not promoted may request promotion reconsideration under paragraph 7 below.

[c.] **Promotion to Grades above the Full Performance Level**.

(5) Employees who are eligible for promotion consideration to a grade that requires a combination of personal qualifications and assignment characteristics are to be considered for promotion to such grades on the first anniversary date of their last promotion, provided they meet the administrative requirements. This automatic consideration only occurs on the first anniversary for each grade level. In addition, employees who are selected for supervisory or managerial assignments that warrant consideration for a higher grade and for assignments based on complexity will be considered for promotion on a date other than the anniversary date of last promotion.

(6) If after reviewing the employee's self-assessment, if submitted, and other relevant material, the appropriate management official (e.g., service chief) determines that the assignment does not meet the qualification standard for a higher grade, that official shall document the reasons for this determination in writing and provide a copy of the determination to the

employee. Employees who do not agree with the determination may request promotion reconsideration under paragraph 7 below.

(7) If the appropriate management official believes the assignment meets the qualification standard requirements for promotion, a request for personnel action is to be prepared and submitted, along with all relevant information to Human Resources for consideration within 30 days. If applicable, the employee will be given a copy of the supervisor's comments relating to the self-assessment. Human Resources Staffing Specialist will review and forward its recommendation on qualifications to the Human Resources Officer, for approval of personnel action. Human Resources will have no more than 30 days to complete their review. Promotions will become effective on the first day of the first full pay period following approval by the approving official. In no case, will the promotion be effected later than the first day of the first full pay period commencing 60 days after the employee's anniversary date.

(8) If, under paragraph (2) or (3) above, the appropriate management official or Human Resources Officer does not recommend the employee's promotion, the employee will no longer receive an automatic annual promotion consideration. The appropriate management official may recommend such employee for promotion at any time in the future provided the employee's duties and responsibilities change to the point that the criteria for promotion to the next grade may be warranted. Employees may request promotion consideration by the appropriate management official on subsequent anniversary dates if their duties have changed since they were last considered and the employee believes that these changes meet the criteria in the qualification standard for a higher grade. For the reconsideration process for a denial, see paragraph 7 below.

## [7.] PROMOTION RECONSIDERATION AND REVIEW

a. **Coverage.** This paragraph applies to individuals appointed under 38 U.S.C. 7401(3) or 7405(a)(1)(B)**.**

b. **Notice of Decision.** Employees are to be advised by their supervisors in writing of any decision not to promote them, of the reason(s) for the decision, of their right to request reconsideration, and that reconsideration must be preceded by an informal discussion with their supervisor.

c. **Informal Discussion.** Employees and their supervisor must meet to discuss the recommendation not to promote prior to the employee submitting a request for reconsideration under paragraph d below.

**f. Reconsideration Requests**

(3) **To Grades at or Below the Full Performance Level**

(a) If promotion to a grade at or below the full performance level (see Appendix III-O, this part) is involved, the employee may, within 30 days of being notified of the decision, submit a written request through the immediate supervisor to the second level supervisor for reconsideration. The employee's written request for reconsideration must indicate when the informal discussion was held with the immediate supervisor and cite the specific reason(s) why the employee believes the decision was not proper. The Medical Center Director, Network Director, or appropriate higher-level designee (whichever is

applicable) may extend the 30-day period at the written request of the employee if the employee is unable to submit the information for reasons beyond the employee's control.

(b) Second level supervisors are to review the employee's request within 30 days and determine whether to promote the employee. If the second level supervisor determines that a promotion is not warranted, that supervisor will provide the reasons for this decision to the employee in writing.

(c) If the employee is not satisfied with the explanation of the determination to not promote, the employee can request within 30 days to have the determination reviewed and recommendation made by the next higher-level manager. The employee's request for reconsideration and the supervisor's explanation will be forwarded to the next higher-level manager within 30 days.

(d) The next higher-level manager will make a recommendation within 30 days and submit through the servicing Human Resources Office to the Medical Center Director, Network Director, or appropriate higher level designee (whichever is applicable), who will make a final decision within 30 days.

(e) If the promotion is approved, the employee is to be promoted on the first day of the first pay period following a decision by the approving official. In no case, will the promotion be effected later than the first day of the first full pay period commencing 60 days after the employee submits a written request for reconsideration, unless the employee requested an extension to the 30-day period to submit a written request for reconsideration. In such cases, the number of additional days taken by the employee to submit a request will be added to the 60-day time limit. If the promotion is denied, the employee will be provided with a copy of the decision.

(4) **For Promotions to Grades above the Full Performance Level**

(c) Within 30 days of the non-promotion decision, an employee may submit a written request for reconsideration to their immediate supervisor. This 30-day period may be extended at the written request of the employee if the employee is unable to submit the information for reasons beyond the employee's control.

i. The employee's written request for reconsideration must indicate when the informal discussion (see Paragraph 7 c above) was held with the immediate supervisor and cite the specific reason(s) why the employee believes the decision was not proper.

ii. Immediate supervisors are to review and comment on the employee's request in writing and provide copies of those comments to the employee within 15 days.

iii. The immediate supervisor will submit the written reconsideration request and any supervisory comments to the next higher-level supervisor.

(d) The next higher-level supervisor will review the information submitted by the employee, along with the immediate supervisor's comments, and make a recommendation to Medical Center Director, Network Director, or appropriate higher level designee (whichever is applicable) through Human Resources within 15 days.

v. If Human Resources determines that the employee's request does not include when the informal discussion was held or the specific reasons why the employee believes

the decision was not proper, Human Resources will return the request to the employee for completion.

vi. The employee has 30 days from the date of receipt of the returned request to obtain the additional information and return it to Human Resources. The Medical Center Director, Network Director, or appropriate higher-level designee (whichever is applicable) may extend the 30-day period if the employee is unable to submit the information for good cause shown.

vii. The Medical Center Director, Network Director, or appropriate higher-level designee (whichever is applicable) has 15 days to make decision. This 15-day period may be extended up to the number of days it took the employee to provide the appropriate management official with the proper information.

viii. Upon making the decision, the Medical Center Director, Network Director, or appropriate management official (as the approving official) will forward the decision to the Human Resources for action under paragraph e. below.

g. **Action by Human Resources.** Upon receipt of the reconsideration file, Human Resources shall take one of the following actions within 15 days:

(1) If approved, promotions will be made effective on the first day of the first full pay period following approval. In no case, will the promotion be effected later than the first day of the first full pay period commencing 60 days after the employee submits a written request for reconsideration, unless the employee requested an extension of the 30-day period to submit a written request for reconsideration. In such cases the number of additional days taken by the employee to submit a request will be added to the 60-day time limit.

(2) If disapproved, Human Resources will notify the employee of the decision in writing.

## [8.] COVERAGE AS EMPLOYEE GRIEVANCE.

Requests for promotion reconsideration are excluded from the Agency Grievance Procedure. See VA Handbook 5021, Part IV, Chapter 3, paragraph 16. Promotion reconsideration decisions are excluded from the negotiated grievance procedure pursuant to 38 U.S.C. 7403(f)(1)(B). The decision of whether or not to promote a bargaining unit employee is not subject to the negotiated grievance procedure but a failure on the part of the agency to follow the promotion/reconsideration procedure in this policy may be.

## [9.] EFFECTING ADVANCEMENT AND PROMOTION ACTIONS

a. **Effective Date**

(3) The promotion will be made effective by the Human Resources Management Officer on the first day of the pay period following the date of approval of the promotion by the approving official, but in no case earlier than the date on which all administrative requirements are met. A promotion may also be made effective at a future date set by the approving authority and at the election of the employee, that does not violate law or negotiated agreement when doing so would benefit the employee (i.e. an employee is due a within grade increase). Promotion recommendations and actions that are administratively delayed beyond the time limits specified in paragraphs 6 and 7 above will be made retroactive.

(4) If an employee becomes eligible for promotion while on LWOP for purposes for which they have a statutory entitlement to receive promotion consideration (e.g., military service, OWCP), no action will be taken until the employee returns to duty. If the employee on return to duty meets all the requirements for promotion consideration, he or she will be considered for promotion as if he or she had been continuously employed in the position.

**NOTE:** See chapter 6, this part, for effecting promotion actions upon return from military service.

## [10.] TEMPORARY PROMOTIONS

a. An employee may be temporarily promoted to a higher graded position where the grade of the position is based on the complexity of the assignment. The employee must meet the administrative and qualification requirements for promotion and such promotions are to be processed using the procedures in paragraphs 5, 6 and 7 above.

b. On expiration or termination of the assignment, the grade and salary of the employee will be adjusted in accordance with the provisions of VA Handbook 5007, Pay Administration. In applying the provisions of this handbook, the salary will be adjusted to the salary held previously, unless a higher rate is warranted by reason of periodic step increases. On assignment, the following statement will be placed in the "Remarks" item of the SF 50-B, Notification of Personnel Action: "Employee informed of conditions of temporary grade assignment."

c. This temporary promotion no longer requires a professional standards board action and will occur without recourse to such board action. The absence of a board action shall not bar an employee from grieving a failure to temporarily promote pursuant to this section under the negotiated grievance procedure or agency grievance procedure as appropriate.

## [11.] OTHER GRADE CHANGES

### a. Change to Lower Grade

(3) **General.** As provided by 38 U.S.C. 7403, where an employee's grade level and salary are based on both the nature of the assignment and the employee's personal qualifications, and the assignment is subsequently changed, the grade and salary may be adjusted as appropriate. Such action may be taken by the Under Secretary for Health or designee for Hybrid Title 38 employees in centralized positions and for all Hybrid Title 38 employees in assignments at GS-13 and above; and by the facility Director for all Hybrid Title 38 employees in noncentralized assignments below GS-13. The facility Director may delegate the authority to the Chief of Staff, Associate Director, Nurse Executive, Pharmacy Chief for occupations under their respective purview.

**(4) Hybrid Title 38 employees.** Employees appointed under authority of 38 U.S.C. 7401(3) and permanent part-time employees appointed under 38 U.S.C. 7405 (a)(1)(B) are entitled to the following grade and pay retention provisions.

(e) **Erroneously Graded Assignments.** If an employee's grade is based on both the nature of assignment and personal qualifications and the assignment does not meet the requirements for the employee's grade, the employee shall be eligible for grade and pay retention if the employee has been in grade for at least 1 year. If the employee has

been in grade for less than 1 year, the employee shall be eligible for pay retention, and pay shall be set in accordance with 5 CFR, part 536.

(f) **Change in Assignment.** If the duties and responsibilities of an employee's assignment change sufficiently, either through gradual erosion or planned management action, so that it no longer warrants the grade level of the incumbent, the incumbent shall be eligible for grade and pay retention provided the incumbent has been in grade for at least 52 weeks. If the employee has been in grade for less than 52 weeks, the employee shall be eligible for pay retention, and pay shall be set in accordance with 5 CFR, part 536.

(g) **Assignment Change.** If an employee is voluntarily placed in a different assignment which does not warrant the employee's current grade level, the employee will not be eligible for grade retention. The employee's entitlement to pay retention will be determined in accordance with VA Handbook 5007, Pay Administration.

(h) **Assignment Change for Cause or at the Employee's Request.** If an employee is changed to an assignment which does not warrant the employee's current grade level for cause or at the employee's request, the employee is not eligible for grade or pay retention**.**

**NOTE:** Directed transfers or reductions in grade approved under this paragraph will not be considered adverse actions under 38 U.S.C. 7461, provided they are not based on charges related to conduct or performance. The actions are, however, grievable under the provisions of VA Handbook 5021, (Employee/Management Relations).

## CHAPTER 5. CONVERSIONS OR CHANGE IN ASSIGNMENTS (TITLE 38)

1. **DEFINITION.** Change in assignment for physicians and dentists will be processed by a Compensation Panel. (See VA Handbook 5007, Part IX.) All personnel actions changing an employee from one type of appointment to another under authority of 38 U.S.C., chapter 73 or 74 and not involving a break in service will be processed as conversions except changes from or to fee-basis appointments under authority of 38 U.S.C. 7405(a)(2) and lump-sum fee-basis appointments of consultants and attending's under authority of 38 U.S.C. 7405(a)(2), and without compensation appointments under 38 U.S.C. 7405(a)(1). These actions will be processed as new appointments. Changes in grades or levels for employees on time limited appointments under 38 U.S.C. 7405(a)(1) will be processed as conversions.

**NOTE:** Conversion or change in assignment to another appointment giving the employee fewer rights and benefits will not be made until the employee has been advised in writing of the conditions of employment under the new appointment, and the employee has submitted a written resignation or other written evidence clearly indicating voluntary separation from the previous employment.

**2. UTILIZATION ON A FEE BASIS**

a. Individuals who render service to VA on a fee basis, such as employees paid according to a schedule of fees or consultants or attending's used by letter of appointment (see part II, section G, this handbook) may not be converted to appointments under the provisions of sections 7306, 7401(1), 7401(3), and 7405(a)(1). Fee-basis employees will be terminated prior to appointment under these authorities.

b. Full-time, part-time or intermittent employees appointed under sections 7306, 7401(1), 7401(3), or 7405(a)(1), may not be converted to utilization on a fee basis. An employee must resign, or the appointment must be terminated prior to rendering service on a fee basis except for instances in which dual appointment has been approved. (See part II, chapter 3, section A).

4. **ACTION BY PROFESSIONAL STANDARDS BOARD OR COMPENSATION PANEL**

a. A PSB will be responsible for making recommendations to the approving authority concerning any conversion action to a probationary appointment under 38 U.S.C. 7401(1) [or Human Resources for those under 38 U.S.C. 7401(3), whichever is applicable], as well as registered nurses appointed part-time or intermittent under 38 U.S.C. 7405(a)(1), and on any conversion involving a change in grade and/or step rate within the grade.

b. No action by a PSB will be required on conversion from an appointment under 38 U.S.C. 7401(1) or 7401(3) as well as 38 U.S.C. 7405(a)(1) for individuals appointed as part time or intermittent registered nurses, provided the employee has previously acquired permanent status under 38 U.S.C. 7401(1) or 7401(3), or completed a probationary period under 38 U.S.C. 7405(a)(1) for individuals appointed as part time or intermittent registered

nurses, as appropriate, and has had continuous service under 38 U.S.C., chapter 73 or 74 since acquiring such status.

c. The Board will determine that the employee's past and expected future performance and physical, mental and emotional ability warrants the change in employment status. VA Form 10-2543, Board Action, will be used to document the Board's recommendation to the approving authority official.

d. The Compensation Panel will document any change in assignment on VA Form 10-0432a, Compensation Panel Action, along with a recommendation to the approving official.

7. **APPROVAL AUTHORITY.** All conversion actions or change in assignments may be approved by the facility Director except those involving a change in grade or step rate or tier level for which the approving authority is vested in Central Office or where Central Office approval is specifically required.

**8. PROCESSING REQUIREMENTS**

a. Personnel actions necessary to effect conversions to appointments or change in assignments under 38 U.S.C., chapter 73 or 74 generally will be effective the first day of the pay period following approval of the conversion or change in assignment except where otherwise specified. When necessary, in order to prevent a break in service caused by the expiration of an appointment prior to the first day of the next pay period, the action may be made effective the first day following the expiration of such appointment.

b. The nature of action will indicate conversion or change in assignment to an appropriate excepted appointment under the authority of 38 U.S.C., chapter 73 or 74. For individuals converted to an appointment under 38 U.S.C. 7401(1), as well as individuals converted to an appointment as a part time or intermittent registered nurse under 38 U.S.C. 7405(a)(1), the "Remarks" section of the SF 50-B will, when appropriate, state "Appointment subject to probationary period of 2 years." When appropriate, it will also show the amount of any prior service which is creditable toward completion of the required probationary period or a remark that the probationary period was completed

c. A new application is not required for conversions or change in assignments when one is already on file and VA Form 10-2850, 10-2850a, or 10-2850c is not specifically required.

9. **CONVERSION OR CHANGE IN ASSIGNMENTS TO APPOINTMENT UNDER SECTION 7401(1) FROM APPOINTMENT UNDER SECTION 7306.** Employees serving under section 7306 appointments will notify the Under Secretary for Health (10) if they desire full-time appointments under 7401(1). (See part II, chapter 3, section A, this handbook.) A Central Office Professional Standards Board will recommend to the Under Secretary for Health the grade and rate of pay and type of assignment which should be made on conversion. The Central Office Compensation Panel for physicians and dentists will recommend a tier determination to the Under Secretary for Health

on changes in assignment. On approval of the Board's or panel's recommendation by the Under Secretary for Health, personnel action will be taken to affect the conversion or change in assignment.

**CONVERSION TO RESIDENCY APPOINTMENTS UNDER SECTION 7406.** An employee who requests conversion to a residency appointment will apply using VA Form 10-2850b, Application for Residency. The application will be processed in accordance with provisions of M-8, part II, chapter 1.

# [CHAPTER 6. REEMPLOYMENT PROCEDURES UNDER THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA) OF 1994

**1. PURPOSE.** USERRA is a Federal statute that protects Servicemembers' and Veterans' civilian employment rights. Under certain conditions, USERRA requires employers to put individuals back to work in their civilian jobs after military service. USERRA also protects Servicemembers from discrimination in the workplace based on their military service. This chapter explains reemployment procedures, rights and benefits of Service members, and identifies employee, manager/supervisor, and human resources responsibilities under USERRA law.

**2. COVERAGE.** The provisions in this chapter cover VA employees who are former, current or future members of the uniformed services. Employees on time-limited appointments are covered and entitled to reemployment rights until their appointment expires. Facilities must reemploy employees for the period necessary to finish the unexpired portion of their appointment upon their return to duty.

**3. DEFINITIONS**

a. **Benefit**, **Benefit of Employment, or Rights and Benefits.** Any advantage, profit, privilege, gain, status, account, or interest (including wages or salary for work performed) that accrues by reason of an employment contract or agreement or an employer policy, plan, or practice which is consistent with provisions in 38 U.S.C. 4303, that apply to Federal employees.

b. **Escalator Principle**. The reemployment of returning Servicemembers in positions for which they qualify and would have otherwise attained had they remained continuously employed.

c. **Injury.** A compensable injury sustained under the provisions of 5 U.S.C. chapter 81, subchapter 1, and includes, in addition to accidental injury, a disease most likely caused by the employment.

d. **Military Leave.** Paid leave provided to reservists and members of the National Guard under 5 U.S.C. 6323.

e. **Notice.** Any written or verbal notification of an obligation or intention to perform service in the uniformed services provided to an employer by the employee who will perform such service or by the uniformed service in which such service is to be performed.

f. **Physically Disqualified.** The employee is unable to perform the duties of the position formerly held or an equivalent position due to medical reasons; there is a medical reason to restrict the individual from some or all essential duties because of possible incapacitation (for example, a seizure) or because of risk of health impairment (such as further exposure to a toxic substance for an individual who has already shown the effects of such exposure); or the health condition is considered permanent with little likelihood for improvement or recovery.

g. **Qualified.** Having the ability to perform the essential tasks of the position.

h. **Reasonable Efforts.** Actions for a person returning from the uniformed service, including training required or provided by the Department, that does not place an undue hardship on the Department.

i. **Seniority.** Longevity in employment together with any benefits of employment that accrues with or is determined by longevity in employment.

j. **Service in the Uniformed Services.** Performance of duty on a voluntary or involuntary basis in a uniformed service under competent authority and includes active duty, active duty for training, initial active duty for training, inactive duty training, full-time National Guard, and a period for which a person is absent from employment for the purpose of examination to determine fitness for employment.

k. **Status.** The particular attributes of a specific position, which may include rank, responsibility, duties, working conditions, pay, tenure, and seniority.

l. **Undue Hardship.** Actions taken by an agency/department requiring significant difficulty or expense, when considered in light of the nature and cost of actions needed under 5 CFR, part 353, the overall financial resources of the facility involved in taking the action, the number of persons employed at the facility, the effect on expenses and resources, or the impact otherwise of the action on the operation of the facility, and the overall size of the department with respect to the number of employees, the number, type, and location of facilities and type of operations, including composition, structure, and functions of its workforce.

m. **Uniformed Services.** The Armed Forces, Army National Guard, and Air National Guard when engaged in active duty for training, inactive duty training, or full-time National Guard duty, approved training to prepare for such service, the commissioned corps of the Public Health Service, and any other category of persons designated by the President in time of war or national emergency.

## 4. RESPONSIBILITIES

### a. Employee/Servicemember Responsibilities

(1) Give advanced oral or written notice of upcoming service unless doing so is impossible or precluded by circumstances beyond the employee's control;

(2) Provide the supervisor and HR office an updated resume and a list of title 5 positions of interest or request consideration for hybrid/title 38 promotion opportunities, whichever is applicable, to ensure employees receive proper consideration if/when such positions are announced during their uniformed service-related absences;

(3) Update official personnel folder;

(4) As a courtesy, provide supervisor and servicing HR office an advanced copy of orders (if available), the military unit address, phone number, a point of contact, and a current mailing address;

**NOTE:** *USERRA only requires that employees provide a copy of orders upon their return to duty to establish timeliness of reemployment, and length and character of service when absent more than 30 days, hospitalized, or convalescing from an injury aggravated or incurred during a uniformed service-related absence. USERRA does not prohibit an employer from requesting a courtesy copy of orders for record before the employee leaves. Employees may choose to provide a courtesy copy of orders at the facility's request. However, a facility may not require such documentation from employees prior to reemployment.*

(5) Meet eligibility requirements identified in 38 U.S.C. 4312; and

(6) Apply for reemployment and return to duty in accordance with time limits in 5 CFR 353.205.

b. **Manager/Supervisor Responsibilities**

(1) Notify employees of their USERRA rights and responsibilities;

(2) Request that employees provide an advanced schedule of military drills/assignments as early as possible or when notified of upcoming military service obligations.

(3) Request a courtesy copy of orders (if available), the military unit address, phone number, a point of contact, and an alternate mailing address. If orders are not available, employees absent more than 30 days must provide orders when reemployed;

(4) Determine if employees wish to receive consideration for positions or promotion opportunities during uniformed service-related absences. If so, request employees provide an updated resume and a list of such positions or written acknowledgement of interest in hybrid/title 38 promotion opportunities, whichever is applicable (see paragraphs 8b and c, this part);

(5) Notify the servicing Human Resources (HR) office, provide a courtesy copy of the orders (if provided) along with the updated employee contact information, and submit request to place employee on LWOP or other authorized leave;

(6) Complete required USERRA training in accordance with PL 110-389, and related Office of Personnel Management (OPM) requirements; and

(7) If employee is absent 91 days or more, provide performance expectations within the first 30 days of the employees return to duty and provide training to reintegrate the employee if necessary after 90 days.

c. **HR Office Responsibilities**

(1) Notify employees of their USERRA rights and responsibilities, reemployment procedures, time limits for reemployment;

(2) Display the "Your Rights Under USERRA" poster in visible areas throughout the facility;

(3) Inform employees that they may apply for jobs via USAJobs during their absence;

(4) Request employees provide a courtesy copy of orders (if available), documentation of their requests for consideration, an updated resume and a list of positions for which they request consideration. Ensure that employees receive consideration if/when such positions are announced during a uniformed service-related absence;

(5) Determine employee's eligibility for reservist differential in accordance with 5 U.S.C. 5538, and take appropriate action.

(6) Advise employees regarding procedures for lump sum payment of annual leave in 5 CFR 550.1203(c) and VA Handbook 5007, part IV, chapter 3;

(7) Update employees' official personnel folders accordingly. Maintain active files for employees who are currently on leave in conjunction with military service, but will ~~to~~ return to duty. Transfer official personnel folders of separated employees to the National Personnel Records Center;

(8) Reemploy eligible employees with accrued seniority, status, and pay as soon as possible, but not later than 30 days after receiving their reemployment application;

(9) Provide Employee Assistance Program information in case the employee needs such services.

(10) Consider employees for any opportunity, incident or advantage of employment missed during periods of uniformed service in accordance with the provisions of 5 CFR 353.106. (See this part, paragraph 8, Promotion Consideration); and

(11) Complete required USERRA training in accordance with PL 110-389, and related OPM requirements.

**5. FIVE-YEAR CUMULATIVE SERVICE LIMIT.** Cumulative uniformed service-related absences must not exceed five years with each employer unless the excess service meets the criteria for exceptions in 5 CFR 353.203. Aside from these exceptions, individuals who exceed the five-year limit are not entitled to reemployment protection under USERRA. However, the five-year period starts over and USERRA protections resume each time an employee moves from one agency to another.

**6. STAFF COVERAGE**

a. **Scheduling Conflicts.** HR staff or supervisors may contact uniformed services authorities to request a scheduling adjustment if an employee's service obligations repeatedly impact the efficiency of service. Department of Defense regulation, 32 CFR 104.4(d) directs military authorities to consider such requests to minimize coverage issues. However, employees are not required to obtain the employer's permission to complete a uniformed service obligation if the unit official does not adjust the employee's schedule.

b. **Temporary Coverage.** When justified, facilities may temporarily fill positions encumbered by employees on extended military leave. In such cases, the provisions in 5 CFR, part 316, subpart D and, part III, chapter 2 of this handbook apply. Facilities may also maintain staff coverage with details. Details in VA must conform to both the requirements of 5 U.S.C. 3341, 5 CFR, part 300, and the restrictions on details to higher graded positions in 5 CFR, part 335, subpart C, and paragraph 15 of chapter 3 in this part.

## 7. REEMPLOYMENT

a. **Eligibility for Reemployment.** Employees must meet the following criteria to be eligible for reemployment:

(1) Leave position of employment to perform in the uniformed services;

(2) Give notice of uniformed service obligation unless prevented by justifiable circumstances;

(3) Be released from the uniformed services under honorable conditions;

(4) Not exceed the 5-year cumulative service limit, unless service is an exception to the limit; and

(5) Apply for reemployment within appropriate time limits based on length of service.

b. **Application for Reemployment.** Employees absent more than 30 days must apply for reemployment by notifying the facility either verbally or in writing of their intent to return to work. Facilities must reemploy individuals who fail to apply for reemployment within the timeframes below, but absent appropriate justification, employees may be subject to disciplinary action for failure to report to work in a timely manner.

(1) Employees absent 30 days or less or for a period necessary to complete a fitness for duty exam must report back to work on the first regularly scheduled work day after release from service, safe travel home, and 8 hours of rest;

(2) Employees absent 31 to 180 days must submit reemployment application no later than 14 days after completion of service;

(3) Employees absent more than 180 days must submit reemployment application no later than 90 days after completion of service;

(4) Employees who are hospitalized or recovering from illness or injury aggravated or incurred during military service, must report for duty at the end of a recovery period based on their length of service as described above consistent with 5 CFR 353.205.

**NOTE:** *When warranted, facilities may extend an injured/ill employee's (described under b (4)) report date by the minimum time necessary for his/her full recovery, not to exceed a maximum of 2 years.*

c. **Reemployment Position.** Facilities must reemploy returning Servicemembers/employees under the following circumstances consistent with the provisions in 5 CFR 353.207:

(1). If absent 90 days or less, reemploy employees in the position for which they qualify and would have attained if they remained continuously employed, (the position obtained as a result of applying the escalator principle), or in their former position, if employees are unqualified after putting forth reasonable efforts to help them become qualified.

**NOTE:** *Applying the escalator principle could have a positive or an adverse impact on an employee's reemployment position. Facilities will determine an individual's reemployment position on a case-by-case basis subject to circumstances specific to the employee's position of record. Examples of events that could affect an employee's position are workforce restructuring, classification decisions or other actions that impacted the employee's position of record and occurred during his/her military service-related absence.*

(2) If absent more than 90 days, USERRA permits placing returning employees in positions of like seniority, status, and pay. However, in VA, facility HR offices must make every effort to reemploy all returning employees in their former position, and put forth reasonable efforts to qualify them prior to placing them in positions of like seniority, status, and pay.

(3) In either case, if employees are not disabled, but are unqualified (for reasons other than service-connected disabilities) after exhaustive efforts to qualify them, reemploy them in any position for which they qualify that is of lesser status and pay, with full seniority.

(4) Exhaust efforts to provide reasonable accommodations for employees with service-connected disabilities. Otherwise, reemploy them in other positions for which they qualify that are of like seniority, status, and pay, or the nearest approximation thereof, unless reemployment would impose undue hardship.

d. **Compensably Injured or Physically Disqualified.** Employees who suffer compensable injuries and, become physically disqualified for their former position due to those injuries are subject to the reemployment provisions in CFR 353.301.

e. **Documentation Upon Return.** Employees who were absent more than 30 days must provide one of the following documents to validate length and character of service and timeliness of application for reemployment. Employees may be subject to termination if they are ineligible for reemployment.

(1) Military orders, or a letter from unit official that provides the dates of service;

(2) DD Form 214 displaying dates and character of service (honorable service required);

(3) Certificate of completion from the military training school; or

(4) Copy of payroll documents that display periods of service.

## 8. SENIORITY BENEFITS AND PROMOTION CONSIDERATION

a. **Seniority Benefits.** USERRA requires that agencies/departments reemploy returning employees in the job they would have attained had they remained continuously employed, with the same seniority, status and pay. These employees must automatically receive credit for seniority-based benefits such as within grade increases, career tenure, probation, leave accrual rate and severance pay.

b. **Promotion Consideration.** USERRA requires that agencies/departments consider returning employees for any incident or advantage of employment missed during a uniformed service-related absence. Facilities may consider and promote during a service-related absence, a title 5 employee who meets the qualifications for promotion. However, consistent with part III, chapter 4 of this handbook,

facilities must consider eligible hybrid/title 38 employees for promotion or advancements within grade and, take appropriate action upon their return to duty. When considering employees for missed promotion opportunities, the following provisions apply:

(1) 5 CFR, 300, subpart F;

(2) 5 CFR, 335;

(3) VA Handbook 5005 – Part III, Chapters 2, 3, and 4; and

(4) Applicable OPM or VA Occupational Qualification Standard.

c. **Promotion and Retroactive Pay.** A promotion effective during a uniformed service-related absence does not infer an entitlement to retroactive pay. If promoted during or after a uniform service-related absence, the employee's date of grade for time in grade purposes is the date the promotion would have occurred had he/she never left. Pay at the new grade is effective the date the employee returns to duty.

## 9. RESIGNATION IN LIEU OF SEPARATION-MILITARY

a. **Voluntary Resignation.** Facilities must advise employees of their reemployment rights immediately when notified of their intent to resign to serve in the uniformed services. Employees are entitled to reemployment upon completion of service and need not resign for this purpose. However, employees who wish to resign are entitled to do so. Facilities must take the following actions prior to separating employees that wish to serve in the uniformed services:

(1) Request employees provide a resignation letter, a copy of orders (if available), the military unit address, phone number, a point of contact, and an alternate mailing address;

**NOTE***: Employees who resign to serve in the uniformed services remain entitled to reemployment upon completion of service. However, separation affects seniority benefits. (5 CFR 353.106)*

(2) Advise employees regarding procedures for lump sum payment of annual leave in 5 CFR 550.1203(c) and VA Handbook 5007, part IV, chapter 3; and

(3) Advise employees of their responsibility to notify the servicing HR office of any change in circumstances as soon as possible.

b. **Unqualified for Military Service.** Employees who resign to serve in the uniformed services, but are deemed unqualified due to their failure to pass the fitness for duty entrance exam are entitled to reemployment in accordance with 5 CFR 353, parts 205 and 207.

**10. DISPLACED EMPLOYEES**

a. **Transfer of Function.** The HR office at the gaining facility or agency/department must place in a position of like seniority, status and pay, any returning employee who encumbers a position in which the function transferred during a uniformed service-related absence or a period of recovery from a compensable injury, unless that employee would not have otherwise transferred with the function.

b. **Position Abolished.** The HR office at the losing facility must place in a position of like seniority, status, and pay, any returning employee who encumbers a position that it abolished during a uniformed service-related absence or period of recovery from a compensable injury. If the employee is willing to relocate, the losing facility may place the individual at another VA facility. Consistent with provisions in 5 U.S.C. 5724, employees transferred in the interest of the Government from one official station to another station or agency, may receive paid travel expenses with discretionary approval.

c. **Option to Request Voluntary Early Retirement Authority (VERA) and Voluntary Separation Incentive Payment (VSIP).** An employee, who met eligibility criteria for VERA, VSIP, or both, may request these incentives within 30 days of returning to duty if he/she was eligible, but unable to do so during a uniformed service-related absence. An employee may not otherwise request VERA or VSIP after expiration of the OPM-approved period for each authority.

d. **Reduction in Force.** An employee who encumbers a position abolished during a uniformed service-related absence (in excess of 30 days) is not subject to a reduction in force (RIF) while in service. However, if a RIF occurs after the employee returns to duty, he/she may be subject to RIF after the applicable period of protection from separation under 5 CFR 353.209 (6 months if period of service was 31 to 180 days or 1 year if period of service was 181 days or more). USERRA does not establish a period of protection from separation for uniformed service-related absences less than 30 days. In accordance with 5 CFR 353.302, an injured employee is not entitled to retention protection in a RIF and has no restoration rights if separated by RIF or for cause while on compensation.

e. **OPM Placement Assistance**. Upon request, OPM will assist with placement of VA employees under circumstances consistent with those described in 5 CFR 353.110. The servicing HR office must submit placement requests through appropriate channels to the Recruitment and Placement Policy Service (RPPS/059), Office of Human Resources Management. HR offices must exhaust placement options prior to submitting such requests to RPPS. RPPS will process formal requests for OPM approval, when warranted.

**11. TRAINING.** Public Law 110-389 requires that agencies and departments train their human resources personnel on the provisions of USERRA in consultation with OPM. Consistent with this requirement, OPM has developed USERRA training and requires HR personnel to complete it or other approved USERRA training on an annual basis. The term human resources personnel is defined as HR specialists, HR assistants, individuals with HR liaison responsibilities, and supervisory/management officials, as well as those delegated to act on their behalf. VA Talent Management System (TMS) currently documents this mandatory training in the learning plans of all designated VA staff.

**12. EMPLOYER SUPPORT OF THE GUARD AND RESERVE (ESGR) ASSISTANCE.** ESGR is a Department of Defense agency, which provides education, outreach, and mediation services to Servicemembers and their non-military employers. This agency acts as a neutral liaison between employees, their employers, and the Department of Labor (DOL). Employees may contact the ESGR for assistance with resolving USERRA issues as an alternative to filing a formal complaint with DOL, or seek direct DOL assistance.

**13. USERRA ENFORCEMENT.** Employees who feel that their USERRA rights have been violated may file a complaint with DOL's local Veterans Employment and Training Service (VETS) Office. Employees also have the option of appealing directly to the Merit Systems Protection Board (MSPB) should they choose not to file with DOL.

**14. RELATED GUIDANCE**. Facility HR Offices may contact Work Life and Benefits Service to obtain specific guidance on military leave, Compensation and Classification Service regarding reservist differential pay, and Employee Relations and Performance Management Service for information pertaining to the employment termination process.

**15. REFERENCES**

a. 5 CFR, part 300, subparts C and F,

b. 5 CFR, part 316, subpart D

c. 5 CFR 335

d. 5 CFR, part 351

e. 5 CFR, part 353

f. 5 CFR 550.1203(c)

g. 5 CFR 831.114(j)

h. 32 CFR 104.4(d)

i. 5 U.S.C. 3341

j. 38 U.S.C. 4301-4335

k. VA Handbook 5005, Part III, Chapters 3, and 4

l. VA Handbook 5007, Part IV, Chapter 3]

# APPENDIX A. PROBATIONARY PERIOD FOR FIRST-TIME SUPERVISORS/MANAGERS

## 1. SCOPE

a. This appendix contains policies and procedures pertaining to the probationary period required of all first-time supervisors and managers in the competitive service.

b. It does not apply to excepted service employment in the Veterans Health Administration under 38 U.S.C., chapter 73, 74 or 78 authorities. Also excluded are those positions excepted when filled by a particular group of persons such as those [with intellectual disabilities, severe physical disabilities, or psychiatric disabilities], and those positions excepted under 5 CFR 302.101(c).

**2. POLICY.** The success or failure of VA's mission of providing high quality health care and benefits programs for veterans is dependent, to a large extent, on the caliber of our supervisors and managers. Incumbents of these positions must possess unique skills and abilities [that] cannot readily be taught or developed in other kinds of positions. A probationary period provides the opportunity for assessing the new supervisor's or manager's performance on the job, and includes procedures for the return of such employees to nonsupervisory or nonmanagerial positions in instances where they fail to successfully complete the required probationary period. Generally, this probationary period is required for all those individuals whose initial assignment to a supervisory/managerial position occurred on or after August 11, 1979.

**3. AUTHORITY.** This requirement is established by section 5 U.S.C. 3321 and 5 CFR, part 315, subpart I.

## 4. DEFINITIONS

a. "Supervisory" and "managerial" positions have the meaning given them in OPM's General Schedule Supervisory Guide.

b. For wage system positions, "supervisory positions" have the meaning given them in the OPM's Federal Wage System Job Grading Standard for Supervisors.

c. A supervisory/managerial probationary period under 5 U.S.C. 3321 and 5 CFR, part 315, subpart I means: The first year of service as a newly appointed supervisor or manager in the competitive service.

d. A probationary period under 5 CFR, part 315, subpart H, and Civil Service Rule 2.4 means: The first year of service following appointment of an employee who has been given a career-conditional (or career, if applicable) appointment in the competitive service before competitive status is acquired.

## 5. BASIC REQUIREMENTS AND LENGTH OF PROBATIONARY PERIOD

a. The general requirement is that an employee must serve a 1-year probationary period upon initial assignment to a supervisory and/or managerial position. Exemptions and exceptions to this requirement are as follows:

(1) Employees who, as of August 11, 1979, were serving or had served in Federal civilian supervisory or managerial positions are exempt from this requirement. This means that a present or former supervisor is not subject to a probationary period for supervisors, and a present or former manager is not subject to a probationary period for either managers or supervisors. However, a present or former supervisor who is assigned to a managerial position on or after August 11, 1979, is subject to a probationary period for managers unless an exception is made under the following provisions.

(2) The exemption from serving a probationary period in a supervisory or managerial position also applies to employees who, prior to August 11, 1979, served on a temporary assignment in a supervisory or managerial position, provided (a) they were officially assigned to the position (service while on a detail does not count) and (b) the temporary assignment was in excess of 120 days. Such individuals who served as supervisors, however, will be required to serve a probationary period upon initial assignment to a managerial position unless an exception is made under the following provisions.

(3) Supervisors who have fulfilled a subpart I (5 CFR, part 315) probationary period requirement and are later placed in managerial positions without interruption of the period may be excepted from serving a probationary period of managers when justified on the basis of demonstrated performance and experience. When the subpart I requirement has not been completed at the time a supervisor is placed in a managerial position without a break in service, the employee must serve a full probationary period in the managerial position, unless service as a supervisor is credited, as an exception, towards completion of the managerial probationary period. A recommendation for an exception from the appropriate immediate higher level supervisor will be forwarded to the next higher managerial official for approval. The managerial candidate's composite qualifications must indicate possession of the necessary knowledges, skills, and abilities and that the employee has received supervisory and other appropriate training which will enable the employee to perform the duties successfully.

**NOTE:** *Where a supervisor has not completed the subpart I supervisory probationary period at the time of placement in a managerial position without interruption of the period, the time spent in the supervisory probationary period may be credited towards completion of the managerial probationary period requirements under the criteria and procedures for exceptions described above.*

(4) Requests for such exceptions will be approved by the facility Director for decentralized positions. Exceptions for occupants of centralized positions and noncentralized positions in VA Central Office will be approved by the appropriate Administration or Staff Office Head or designee, based on recommendations and certifications by appropriate program officials.

(5) Where an administration/staff office head directly supervises subordinate managers, the administration/staff office head may approve such exceptions without higher level concurrence.

b. An employee whose initial appointment is to a position which is both supervisory and managerial is required to complete a single probationary period for a supervisor or manager.

c. If, upon appointment, a supervisory or managerial employee is required to serve concurrent probationary periods under subpart H and I, 5 CFR, part 315, of the regulations, then the subpart H probationary period takes precedence and the satisfactory completion of this probationary period fulfills the requirements.

d. An employee serving a probationary period under subpart H and subsequently assigned as a supervisor or manager must complete the remaining part of the subpart H probationary period as well as the full 1-year probationary period established under the provisions of subpart I for supervisors and managers.

e. An employee serving a managerial or supervisory probationary period under subpart I who is reassigned to another managerial or supervisory position before the completion of the probationary period will have the time spent in the prior position credited toward meeting the 1-year probationary period requirement.

f. An employee who has completed a managerial probationary period and is later assigned to a supervisory position is not required to complete a new probationary period (5 CFR 315.904). However, when an employee serving in a managerial probationary period is assigned to a supervisory position before completing the managerial probationary period, the time spent in a managerial probationary period is creditable towards completion of the probationary period in the new supervisory position.

g. The following types of service are applicable towards meeting the probationary period requirements:

(1) Service by an employee on a temporary appointment, promotion or reassignment to a supervisory/managerial position on or after August 11, 1979 (except where exempt under the provisions in paragraph d(1)(b) above), whose assignment later becomes permanent is creditable towards completion of the required probationary period in that position, provided:

(a) The temporary service is immediately prior to the permanent assignment and there is no break in service, and

(b) The individual was officially assigned to the position (time spent on detail to a position is not creditable).

(2) Absence in a nonpay status while on the rolls (other than absence because of compensable injury or military duty) is creditable up to a total of 22 workdays. Any nonpay time in excess of the total 22 workdays extends the probationary period by an equal amount.

(3) Absence (whether on or off the rolls) due to compensable injury or military duty from which the employee is entitled to restoration rights or priority consideration under 5 CFR , part 353 is creditable in full.

(4) A probationary period which is interrupted by intervening service in a nonmanagerial or nonsupervisory position or a break in service is not creditable toward completion of that or any subsequent probationary period. Following such an interruption or break in service, the individual must serve a completely new probationary period.

h. Completion of the probationary period is documented in the employee's personnel folder. VA Form 4645a, Request for Review of a Supervisory/Managerial Employee's Probationary Period, will be used for obtaining the supervisor's certification.

i. PAID reporting procedures for the supervisory/managerial probationary period are contained in VA Manual, MP-6, part V, supplement No. 1.5.

**6. EVALUATION DURING PROBATIONARY PERIOD**

a. Performance of first-time supervisors/managers will be evaluated against written performance standards in effect at the time of entry into a position. These requirements will be developed using the principle of critical elements in conjunction with the performance appraisal system contained in VA Directive and Handbook 5013, Performance Management Systems, and will include specific performance expected relating to equal employment opportunity responsibility. Written critical element identification and performance standards must be developed within 60 days following the assignment. After the employee has completed at least 4 months but not more than 6 months in the assignment, a placement follow-up will be conducted. In order to assess the employee's performance and adjustment in the job, the facility HRM office will ensure that a placement follow-up is conducted. Where significant deficiencies are noted, the employee will be counseled and appropriate courses of action leading to desired improvement considered. The follow-up form, VA Form 5-97, Notice of Pending Personnel Action, normally will be annotated to show that the follow-up was made, and only significant results will be recorded. Employees will be kept informed by their immediate supervisors on a regular basis about their performance, their strengths, and areas in which improvement is needed or is a realistic goal for both the employee and the organization.

b. The immediate supervisor of first-level supervisors/managers must forward through channels to the appropriate higher level supervisor (i.e., service/division chief, Director, administration or staff office head), normally no later than the end of the 10th month, a signed statement certifying that the performance of supervisory or managerial responsibilities of the individual has been found to be either satisfactory or unsatisfactory. Each certification must contain a recommendation as to whether the individual should be retained in the position beyond the probationary period. The appropriate higher level supervisor will either approve or disapprove the immediate supervisor's recommendation. Where disapproval is indicated, the basis for the decision must also be stated.

c. If it is determined that the employee should not be retained in the position beyond the probationary period, the determination must indicate the specific performance standards not met which make the person unsuited for continued employment in the supervisory or managerial position. (See VA Handbook 5013, Performance Management Systems.)

d. Satisfactory certifications will be filed on the left side of the employee's personnel folder.

# APPENDIX B. TIME-IN-GRADE RESTRICTIONS (TITLE 5 – 5 CFR, PART 300, SUBPART F)

**1. PURPOSE.** This appendix contains current VA policy on time-in-grade (TIG) restrictions for promotions to General Schedule positions in both the competitive and excepted service.

**2. APPLICABILITY OF TIME-IN-GRADE RESTRICTIONS**. The provisions of the TIG restrictions as set forth in 5 CFR, part 300, subpart F, govern advancement to General Schedule positions in the competitive service only. In VA, however, these regulations have been extended to advancement to excepted service positions that are subject to the General Schedule. Although the TIG restrictions are not applicable to positions outside the General Schedule (e.g., wage system jobs); noncompetitive actions in wage system jobs or between wage system jobs and General Schedule positions must be consistent with competitive merit principles even in the absence of specific controls or restrictions on excessively rapid promotions. 5 CFR 330.501 provides instructions on the Office of Personnel Management's separate but related time-after-competitive appointment requirement.

**3. GENERAL RESTRICTIONS**. The application of the general restrictions will be as outlined in 5 CFR 300.602 and 300.604.

**4. VA EXCEPTIONS TO TIME-IN-GRADE RESTRICTIONS**. In addition to TIG exceptions listed in 5 CFR 300.603, the following conditions are applied in VA:

a. **Persons Within Reach on a Register.** The TIG restrictions do not apply to persons who are within reach on an appropriate register maintained by a VA Excepted Board of Examiners for an excepted service position provided that all other statutory and regulatory requirements are met.

b. **Promotions in Accordance With a Training Agreement**. Employees who are being promoted under the terms of a training agreement which provides for an exception to normal TIG restrictions because of an accelerated rate of training are not subject to the TIG restrictions. Such agreements will be approved by the Administration or Staff Office Head subject to concurrence by the Office of Human Resources Management and Labor Relations, Recruitment and Placement Policy Service (059). However, an employee may not be promoted more than two grades in 1 year solely on the basis of a training agreement or a series of training agreements.

c. [**Pathways Programs**. Employees serving in Pathways Programs appointments are not subject to normal TIG restrictions, as permitted by 5 CFR 362.204. Promotions must be made using the procedures of VA Handbook 5005, Part II, Appendix N.]

**5. AUTHORITY TO WAIVE TIME-IN-GRADE RESTRICTIONS**. The Secretary may waive TIG restrictions for competitive and excepted service positions for advancements of not more than three grades during any 1 service year to avoid undue hardship or inequity in an individual case of a meritorious nature. Requests for such waivers should be submitted as outlined in paragraph 6[.]

**6. SUBMITTING REQUESTS**

a. Requests for waivers of TIG restrictions must be submitted over the signature of a field facility director, or Administration Head, as appropriate. Such requests must contain documentation fully supporting the request and will be forwarded through channels to the Office of Human Resources Management and Labor Relations, Recruitment and Placement Policy Service (059) for technical review, recommendations, processing and maintenance of records. Before forwarding requests to VA Central Office for consideration, signatory officials will carefully review them to ensure that all other requirements for promotion, including quality and length of experience requirements contained in the appropriate qualification standard, are met.

b. The following minimum records will be maintained by the Recruitment and Placement Policy Service (059), Office of Human Resources Management and Labor Relations, for each action taken under this authority: (1) type of action taken; (2) processing time for taking the action; (3) name of person authorizing the final action; (4) date of the decision on the action; and (5) a brief statement of the rationale for the decision. These records will be kept and available for audit by OPM for at least 2 years. Additionally, the monitoring process may require information concerning problems and/or benefits which may result from use of this authority.

**7. INAPPROPRIATE USE OF TIG WAIVER.** A TIG waiver is not to be used to provide early promotions in recognition of an employee's outstanding performance of official duties. Outstanding performance should be recognized through such measures as quality step increases, superior performance awards or other appropriate special achievement awards. A justification citing high level performance, dedication and/or demonstrated potential to work at a higher grade will not normally support a TIG waiver.

**8. CLARIFICATION OF APPLICABLE TERMS.** In applying TIG restrictions, the following principles will be used in VA for both competitive and excepted service employees:

a. **Excessively Rapid Promotion.** The basic intent of the TIG restrictions is to prevent "excessively rapid promotion." Excessive in these instances refers to any proposed advancement which outstrips reasonable expectations of growth in job demands or employee competence. For example, any promotion of more than two grades or any request involving a second TIG waiver for the same person would normally be considered excessive.

b. **Hardship or Inequity.** In interpreting these terms, hardship basically refers to the effect on the Department's mission while inequity refers to a burden on the employee.

c. **Undue Hardship or Inequity.** The excessiveness or unreasonableness of the hardship to the agency and/or inequity to the employee must be fully documented. Typically, an undue hardship or inequity must be one that is unusual or extraordinary and not one which other employees in the same or similar situation and/or grade level are normally required or expected to undergo on a regular basis. Such an undue hardship or inequity must be both unavoidable and uncorrectable through valid actions other than a TIG waiver. If the situation the facility wishes to have redressed resulted from planned management action or from failure to exercise proper position management, or if it can be corrected by job restructuring or redistribution of work, consistent with classification requirements, then no undue hardship or inequity exists. Moreover, undue hardship or inequity normally occurs only when all other requirements for promotion other than TIG have been met.

d. **Individual Case of Meritorious Nature.** Each request for a waiver is considered on its own merits. Although waiver requests resulting from a reclassification or a reorganization may cover a number of employees whose situation is identical, approval of such requests covers only the employees specified and does not confer blanket authorization to grant exceptions to other employees in similar positions. In the case of a promotion action, an approved waiver applies only to the specific promotion action for which it is authorized and may not be used to cover subsequent promotion of another employee to the same position. Approval for a particular position or situation does not set a precedent for approval of requests involving similar positions or situations.

# APPENDIX C. INTERCHANGE AGREEMENTS

**1. PURPOSE.** This appendix outlines changes resulting from [two] interchange agreements between VA and Office of Personnel Management (OPM) negotiated under provisions contained in Executive Orders 9830 and 10577, Civil Service Rule 6.7. Two agreements allow for movement of personnel employed under 38 U.S.C. 7401(1) and 7401(3) in Veterans Health Administration (VHA) and the competitive civil service. [ ] Employees must have at least 1 year of continuous service in order to be covered by the terms of these agreements.

**2. INSTRUCTIONS.** Following are implementing instructions regarding program areas affected by the agreements:

a. **Coverage**

(1) Appointments under 38 U.S.C. 7401(1) are limited to physicians, dentists, nurses, nurse anesthetists, podiatrists, optometrists, chiropractors, physician assistants and expanded-function dental auxiliaries employed on a full-time basis. Appointments under 38 U.S.C. 7401(3) are limited to those occupations specifically listed under Section 7401(3) or approved for hybrid status by the Assistant Secretary for Human Resources and Administration in accordance with the provisions of part II, chapter 3, section A, paragraph 2 of this handbook. [ ]

(2) Employees involuntarily separated without cause from qualifying positions (described in subparagraph a(1) above) may be appointed non-competitively within 1 year of the separation period.

b. **Consideration for Conversion to a Competitive Service Appointment.** Title 38 and Hybrid Title 38 employees who are eligible for conversion to competitive service positions under VA interchange agreements and are in the area of consideration for posted vacancies shall be allowed to apply. The following procedures will be used:

(1) If the competitive service position does not provide promotion or placement in a position with promotion potential, qualified excepted service employees covered by the interchange agreements may be selected and converted to the competitive service position without competition. If an increase in pay will result, it is considered a promotion and competition under the appropriate merit promotion plan for competitive service positions will take place as described in the next paragraph.

(2) If the competitive service position provides promotion or placement in a position with higher promotion potential, qualified excepted service employees covered by the interchange agreements will be rated and ranked along with competitive service employees. Excepted service and competitive service employees will be referred on [the same] certificate. [ ] (See chapter 3 of this part.)

**NOTE:** *For VHA policy regarding the utilization of title 38 employees (appointment/assignment to non-clinical duties), see appendix III-N.*

c. **Appointment to Positions Under 38 U.S.C. 7401(1) 7401(3) and 7802**

(1) Civil Service Rule 6.7 allows OPM and any Federal agency having an independent merit system (e.g., title 38, United States Code), to enter into an agreement providing for the movement of persons between the competitive civil service and the independent system. Under provisions of the agreements between VA and OPM, personnel employed under 38 U.S.C. 7401(1) and 7401(3) and in the Canteen Management program may apply for competitive service positions. However, the "interchange" agreements also include procedures which competitive service employees should follow in applying for positions in the independent merit system (in this case, positions in the Canteen Management program and those filled under 38 U.S.C. 7401(1) and 7401(3)).

(2) Competitive service employees applying for positions filled under 38 U.S.C. 7401(1) or 7401(3) will be appointed in accordance with the provisions of chapter 4 of this part. Employees will be appointed at the grade and step for which they qualify based on the recommendation of a Professional Standards Board for 7401(1) appointees or 7401(3) appointees, and approval by the appropriate authority. Competitive service employees must have completed the 1-year probationary period required in connection with their career-conditional or career appointment before they may be appointed to title 38, United States Code positions under the authority of these interchange agreements. However, the agreements do not preclude the appointment under 38 U.S.C. 7401(1) or 7401(3) of qualified competitive service employees at any time, outside the terms of these agreements, using appropriate procedures specified in part II, chapter 3, this handbook.

[ ]

d. **PAID Instructions.** SF 52, Request for Personnel Action, for conversions under the interchange agreements, will be prepared in accordance with instructions in VA Manual MP-6, part V, supplement No. 1.5.

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# APPENDIX E. MERIT PROMOTION PLAN FOR COMPETITIVE POSITIONS CENTRALIZED TO THE SECRETARY

## 1. SCOPE

a. This section contains the merit promotion plan for all competitive service positions centralized to the Secretary except for those positions in the Secretary's office below grade GS-15 which are covered by Central Office promotion plans. This section also includes those positions specifically designed to train or develop employees for placement into such positions. There may be instances, when simultaneous consideration for promotion or for assignment to positions with higher known promotion potential of certain excepted service employees (e.g., Schedule A, title 38, etc.) is desirable. When such concurrent consideration occurs, the same rating and ranking criteria will apply to both types of appointees[ ]. (For Senior Executive Service positions, refer to VA Directive and Handbook 5027.)

b. The procedures of this plan apply to the following actions:

(1) Promotion;

(2) Reassignment or change-to-lower grade to a position with greater known promotion potential than the current position (except as permitted by reduction-in-force regulations);

(3) Selection for training which is part of an authorized training program or required before an employee may be considered for a promotion;

(4) Transfer of an employee from another Federal agency to a higher grade VA position, or to a VA position with higher known promotion potential than his/her current position;

(5) Reinstatement, including those made from reemployment priority lists, to a permanent or temporary position at a higher grade than the last grade held in a non-temporary position in the competitive service, or to a position with higher known promotion potential than the last non-temporary competitive service position held;

(6) Selection for details of more than 120 days to a higher grade position or a position with higher known promotion potential (5 CFR 335.103(c)(ii), and chapter 3 of this part);

(7) Temporary promotion for more than 120 days (all prior service by detail to higher grade and by temporary promotion, whether competitive or noncompetitive, during the preceding 12 months is to be counted toward the 120-day time limit);

(8) Promotion resulting from a position being upgraded due to the addition of duties and responsibilities; when a career promotion is determined not to be appropriate. (See paragraph 11 of this appendix for a discussion of career promotions under these circumstances.)

c. This merit promotion plan applies to the actions specified in subparagraph b above. Management retains the right to fill positions by any appropriate recruitment method, such as reassignment, appointment, promotion, transfer, reemployment, reinstatement or change-to-lower grade. The decision as to which method(s) to use (singly, in any sequence, or concurrently in any combination, or to change at any time from one method to another) will be made by management for each vacancy. Management also retains the right to determine the number of positions to be filled and the grade levels at which positions will be announced or filled.

**2. REFERENCES**

a. VA Handbook 5005

b. Central Office Operating Instructions, OI-1, part V, chapter 6.

**3. POLICY**

a. Selections under the competitive procedures of this plan will be made from among the best qualified candidates available.

b. All actions under this plan will be based on job-related selection criteria and will be made without discrimination for such reasons as race, color, religion, national origin, sex, lawful political affiliation, marital status, non-disqualifying physical or mental handicap, age, or membership or non-membership in a labor organization.

c. It is the policy of the Secretary to identify, develop and advance employees who demonstrate the potential to assume positions of increased responsibility. However, the Secretary recognizes the need to assimilate high quality talent which may become available from other sources and the need to meet the goals of the Federal Equal Opportunity Recruitment Program. Thus, persons outside VA may be considered and selected for positions covered by this plan when a determination is made that the best interests of VA will be served.

d. Officials at any level who are involved in the promotion process will not commit acts of personal favoritism, nepotism, unlawful reprisal, or any other practice which violates merit system principles as described in VA Directive 5005. Actions taken under this plan will conform to requirements governing employment of relatives (5 CFR, part 310 and VA Directive and Handbook 5025, Legal).

e. Employees will not be denied a position change covered by this plan by reason of difficulty in replacing them.

**4. RESPONSIBILITIES**

a. All staff and line officials who participate in the identification, evaluation, ranking, referral, and selection of candidates will become familiar with the provisions of this section, and will strive not only to comply with its literal provisions but also to achieve its objectives.

b. The Secretary retains the authority to make final selections for positions under this plan.

c. Appropriate Central Office officials are responsible for ensuring the completion of the job analyses for positions covered by this plan in a timely manner.

d. Management officials are responsible for nominating candidates for the approval of the Secretary in accordance with the provisions of this plan and the procedures for submitting nominations of candidates for the Secretary's approval contained in Central Office Operating Instructions, OI-1 part V, chapter 6.

e. Top management officials at facility and Central Office levels are responsible for providing guidance and counseling to employees about development and career advancement. This is an important responsibility and challenge for all line and staff officials.

f. Employees who expect to advance their careers must apply themselves diligently, produce qualitative results, and recognize that preparation for more responsible assignments is to a large degree a matter of self-development. Employees who desire consideration for specific announcements are responsible for furnishing accurate information reflecting their pertinent qualifications.

g. Employees on official absence for an extended period who desire consideration for centralized vacancies advertised in their absence are responsible for: (1) identifying such positions by titles (organizational/classification), series, grade and geographic location on a written request submitted directly by employees, or given to their supervisor if they wish their names to be submitted for them; and (2) timely submission to the appropriate office of their application and/or other background information required for consideration. Official absence includes detail, leave, training, military service with restoration rights, absence due to compensable injury, Intergovernmental Personal Act assignments, etc. (See chapter 3 of this part.)

h. Supervisors are responsible for the timely submission of the names of employees from whom they have received written requests in accordance with subparagraph g above.

## 5. AREA OF PROMOTION CONSIDERATION

a. Normally, the area of promotion consideration for the positions covered by this plan will be VA-wide.

b. If determined necessary by the appropriate Administration Head, Assistant Secretary or Other Key Official (e.g., General Counsel) for substantive reasons comparable to those cited in chapter 3, paragraph 7c of this part, the area of promotion consideration for individual centralized vacancies may be smaller than VA-wide. Reasons for restricting the area of consideration will be documented and submitted with the nomination records for approval by the Secretary.

## 6. QUALIFICATION AND ELIGIBILITY REQUIREMENTS

a. To be promoted, candidates must meet the minimum qualification requirements established for the position by VA or the Office of Personnel Management (OPM's Operating Manual – Qualification Standards for General Schedule Positions), including any selective placement factors (see paragraph 6b

below), as well as any applicable statutory and regulatory requirements such as those covering time-in-grade.

b. When there are special placement factors which are not adequately covered by the minimum qualification standard and which were identified by a job analysis as essential to successful performance in the position to be filled, they become selective placement factors and, as such, constitute a part of the minimum requirements for the particular position. Licensure, registration, certification or organization membership which is not required by the appropriate qualification standard will not be used as selective placement factors.

c. Written tests will not be used in evaluating the qualifications of any applicant unless required by the OPM or approved for use by the Director, [Recruitment and Placement Policy] Service (05[9]).

**7. LOCATING CANDIDATES.** Specific information for candidates on application procedures will be contained in VA-wide publicity. Candidates may be located by several different methods. Normally, vacancies will be publicized individually by announcements issued in the Weekly Summary Bulletin. Other sources of candidates may include reinstatement eligibles and employees from other agencies. Information regarding other methods for locating candidates, when used, will be communicated through appropriate channels.

**8. EVALUATION AND RANKING PROCEDURES**

a. Evaluation procedures will meet the requirements of 5 CFR, part 335. See chapter 3 of this part and appendix III-G and III-I. Evaluation criteria used to rate candidates will be expressed in a crediting plan[/assessment questionnaire] resulting from a job analysis of the position, or class of positions, to be filled.

b. When there are 10 or fewer qualified promotion candidates, they may be referred to the selecting official for final consideration without rating or ranking. Before making a selection, however, the best qualified candidates must be identified. The provisions of chapter 3, paragraph 11 of this part must be adhered to.

c. An HRM Office representative will conduct the job analysis using available informational material on the position(s), normally with the assistance of a panel, which will usually consist of at least two subject matter experts (SMEs). [(**NOTE**: *The panel of experts may meet electronically or respond individually with comments and suggestions.*)] In those few instances in which appropriate SME participation cannot be obtained, the circumstances will be documented as part of the background records for the crediting plan[/assessment questionnaire]. SMEs are persons with direct knowledge of what is done in the job, what KSAOs are required to perform the job, and the general background of persons who are able to do the job successfully. This may include those currently doing the job, recent incumbents, those who supervise or have recently supervised others doing the job, and other acknowledged job experts. SMEs must be (or have been) at least equal in grade to the position being analyzed, or equal to the highest grade if a class of positions is being analyzed. Assignment of SMEs for positions within their organization will be determined by the appropriate Administration Head, Assistant Secretary or Other Key Official.

d. The crediting plan/assessment questionnaire will consist of several rating factors on which applicants are evaluated to distinguish superior or high quality candidates from acceptable ones. The rating factors will consist of knowledge, skills, abilities, and other characteristics (KSAOs) which: (1) are relevant to successful performance upon entry into the job; (2) are measurable; and (3) are observable.

**NOTE:** *See paragraph 8k(2) below for guidance on the term "high quality."*

e. Unless dictated otherwise by the results of the job analysis, the rating factors will be supported by three quality level descriptions. These quality levels will further define the rating factor by giving concrete examples of various proficiency levels in terms of observable behaviors, past experiences, quality of performance, pertinent education and training, etc. Point credit for each rating factor will be awarded as follows:

| | |
|---|---|
| Level A (Superior) | 5 Points |
| Level B (Average) | 3 Points |
| Level C (Acceptable) | 1 Point |

However, the above [5-3-1]crediting system does not preclude the weighting of certain rating factors when justified by the job analysis (or other pertinent job-related information), or crediting four (4) points or two (2) points when the promotion panel determines that a candidate falls between two (2) levels on a particular rating factor. [**NOTE:** *In the assessment questionnaire in USA Staffing, levels of expertise are identified for KSA criteria, ranging in points from the lowest rating to points for the highest rating. Other scales may be used for qualifications, eligibility, and screen-out factors.]*

f. Rating factors or quality level descriptions will not prescribe point credit based on a certain number of points or a certain percentage of points for each source of information, such as supervisory appraisal, experience, education, training, awards, etc. Rating factors or quality level descriptions will not refer to length of service, length of education, licensure, registration, certification or organization membership, unless the job analysis and accompanying documentation show the item to be a valid, job-related factor which enhances a candidate's ability to perform the duties of the job to be filled.

g. Crediting plans[/assessment questionnaires] will be periodically reviewed for both (1) currency of the tasks and KSAOs and (2) effectiveness in distinguishing superior or high quality candidates from acceptable ones for the subject positions. If necessary, based on such job-related review and any needed supplemental SME information, officials of the Central Office Human Resources Service (035) and the appropriate Administration Head, Assistant Secretary or Other Key Official may revise the crediting plans/assessment questionnaires accordingly for future application to better achieve the above two objectives.

h. [Provisions of Part III, Chapter 3, paragraph 10 will be followed when rating and ranking applicants for referral.]

i. A member of the Central Office Human Resources Service will be available to provide technical guidance and assistance to each promotion panel or may participate in the rating process.

j. All present at promotion panel meetings are prohibited from revealing information of a confidential or personal nature about any candidate which may be gained during the deliberation process, and may be subject to disciplinary action if such information is improperly divulged.

k. Candidates will be evaluated on the extent to which their experience, education, appraisals, training, awards, and outside activities taken as a whole show possession of the KSAOs in the rating factors used. Ratings will be based on all relevant information which a candidate has submitted, and when appropriate, such other tools as job-related interviews, reference checks, and work samples. This combined information will be evaluated against the quality level descriptions for each of the rating factors used. Each candidate's total point credit will be the sum of points awarded for each of the rating factors. Since the number of rating factors used for different jobs may vary, the maximum possible points which may be credited may vary from job to job.

(l) After all candidates have been assigned points under the crediting plan, they will be listed in descending order of their point scores. The promotion panel will establish a "cut-score" in accordance with the following paragraphs to identify the best qualified candidates for referral to the selecting official for final consideration. The cut-score will not be set arbitrarily at a particular point score or at a particular percentage of the total possible points. An overall objective of applying the crediting plan and establishing the cut-score is to enable high quality candidates to be identified and referred for selection consideration. Technical guidance will be provided by a representative of the Central Office Human Resources Service.

(2) For the purposes of this plan, high quality candidates are those who in the promotion panel's judgment possess a total background which reflects the capability to perform the position being filled in a highly competent and effective manner. A pre-set numerical score to uniformly indicate high quality candidates is not proper as this does not allow for the relevant differences among positions and available candidates. Nonetheless, it is generally anticipated that high quality candidates will possess the KSAOs required for positions sufficiently to warrant a middle range of total possible points, or higher, under an appropriate crediting plan.

(3) When a natural gap among the high quality candidates is present, those above the gap will normally be considered best qualified. However, an adequate number of promotion candidates, if available, should be referred for consideration.

(4) When there is no natural gap or when the number of candidates above the natural gap is so large as to cause an undue administrative burden, the promotion panel will decide the number of high quality candidates to be referred as best qualified. Generally, a referral of 10 candidates will be considered sufficient; for each additional vacancy an additional candidate may be referred.

(5) In the absence of any high quality candidates, candidates ranked as qualified may be referred as best qualified in accordance with the principles in paragraphs (3) or (4) above.

**9. REFERRAL AND SELECTION PROCEDURES**

a. Following completion of the rating and ranking process, or as vacancies occur, a [ ] certificate containing the names of the best qualified VA candidates (listed in alphabetical order) will be prepared.

(1) If transfer and/or reinstatement eligibles and/or certain excepted service employees are being considered for higher grade positions, or for positions with higher known potential, they will be evaluated and ranked along with competing competitive service VA employees to determine the cut-score. After the cut-score has been established, those who rank at or above the cut-score will be referred on [the same certificate].

(2) If a position is announced at multiple grade levels, separate certificates will be referred for each grade level.

b. The signed certificates will be forwarded to the nominating official. [(In USA Staffing recruitment actions, referrals are transmitted electronically and final selections are made electronically via the USA Staffing document viewer.)] This official will recommend a selection to the Secretary in accordance with procedures in Central Office Operating Instructions, OI-1, part V, chapter 6. When nominating a candidate who must relocate to accept an assignment, information should be provided regarding cost considerations. Additionally, if the candidate has been in his or her current VA assignment less than 36 months, a justification of the move will be included.

c. Until selections for positions centralized to the Secretary have been approved by the Secretary, candidates nominated for these positions should not be informed of their nominations, and no personnel action will be taken.

d. The Secretary has the right to select or non-select from a [ ] certificate or from any other appropriate source of candidates. This includes the right to non-select all the [ ] candidates and return the [ ] certificate unused. Where multiple vacancies or multiple grade levels are involved, this includes the right to select for one or more vacancies at the same or other grade levels (if applicable) and to return the certificates without selecting for remaining vacancies.

e. The Secretary's final approval will be communicated by the appropriate Administration Head, Assistant Secretary or Other Key Official.

**10. EFFECTIVE DATES.** Employees will be released to their new assignments within a reasonable length of time.

a. Normally, the effective date of a position change at the same facility will be the first day of the next pay period after the date of administrative approval. Where unusual circumstances justify a period longer than 2 weeks prior to release, either (1) the employee should be informed in writing over the signature of the official responsible for the delay of the reasons for the delay and the expected release date, or (2) the position change action should be effected and the employee detailed back to the former position.

b. The release date for an employee transferring to another VA facility will be arranged by the responsible officials. Unless circumstances dictate otherwise or both the releasing and receiving facilities otherwise agree, travel time will be accomplished on the receiving facility's time.

**11. EXCEPTIONS TO COMPETITIVE PROMOTION PROCEDURES.** The following actions are exceptions to the competitive promotion procedures of this plan:

a. Career promotions (see paragraph 12 below);

b. Promotion after failure to receive proper consideration;

c. Position change from a position having known promotion potential to a position having no higher known potential (see paragraph 12d, below);

d. Position changes in reduction-in-force situations: (1) which are technically promotions due to pay fixing policies, or (2) which result in placement in positions having higher known promotion potential due to exercise of RIF assignment rights;

e. Selection of a Federal employee who is within reach on an OPM register for a higher graded position;

f. Repromotion to grades from which demoted without personal cause;

g. Repromotion to grades held prior to initial entry by demotion into supervisory or managerial positions when return to the former grade is required because of failure to complete the supervisory/managerial probationary period;

h. Temporary promotions for 120 days or less;

i. Details to higher grades or positions with higher known promotion potential for 120 days or less;

j. Selections for training which may significantly enhance chances for future promotion but which is not required for promotion.

**12. CAREER PROMOTIONS**

a. Career promotions are those made without current competition when the employee was previously appointed to, or selected through earlier competitive promotion procedures for an assignment which was intended to prepare the person for progression to the target grade level (career-ladder), or the position is reclassified at a higher grade level because of additional duties and responsibilities. Career promotions under this plan include career-ladder promotions involving movements between VA facilities.

b. Career-ladder promotions may be made only when the intent has been made a matter of record prior to the initial selection and all potential candidates informed. Career-ladder promotions, such as the following, are included among covered career promotion opportunities:

(1) Trainee or developmental positions;

(2) Understudy positions;

(3) Positions filled at a grade below the established or anticipated grade;

(4) Positions filled under a training agreement which provides for career-ladder promotions;

(5) Positions filled after employees were detailed to them, provided initial selection for detail was under a competitive action which provided for future promotion;

(6) Positions filled by permanent promotion of employees who were temporarily promoted to them, provided initial selection for temporary promotion was under a competitive action which provided for permanent promotion.

c. Where employees appointed under special appointment authorities have been properly converted to career-conditional (or career, if applicable) appointments to positions covered by this plan which have known promotion potential, career-ladder promotions may be made to the target grade level of the position.

d. Upgrading without significant change in duties and responsibilities due to the issuance of a new or revised classification standard or the correction of an earlier classification error is a career promotion.

e. Employees whose positions are reclassified at a higher grade because of additional duties and responsibilities where the basic function of the original position continues to be a part of the new one, may be promoted without competition, but are subject to the following considerations:

(1) The prohibited personnel practices contained in law preclude the granting of preference or advantage, not authorized by law, rule or regulation, to improve or injure the prospects of any person. Managers, supervisors, selecting officials and Human Resources Management officials are responsible for ensuring that actions resulting in a promotion because of additional duties and responsibilities are not the result of a prohibited practice.

(2) In making decisions regarding the appropriateness of such a career promotion, managers, supervisors, selecting officials and Human Resources Management officials should be guided by the examples of circumstances which would warrant such a promotion discussed in chapter 3, paragraph 12d(3) of this part.

**13. ALTERNATIVE RATING AND RANKING PROCEDURES.** When approved by the Director, [Recruitment and Placement Policy] Service (05[9]), alternative rating and ranking procedures may be developed on an experimental basis and utilized to determine the appropriateness of the basic procedure required under this plan.

## 14. KEEPING EMPLOYEES INFORMED

a. While movement among the several specific career fields is possible, a typical career path closely follows a particular career field. Career counseling is available to employees and may be sought at any time. (See paragraph 4e of this merit promotion plan.)

b. Copies of this plan will be posted at each VA facility. In addition, a copy of this plan will be made available on an employee's request.

c. Each candidate who individually applies to indicate interest in and availability for a particular position will be subsequently notified of the action taken by the Central Office Human Resources Service.

d. Selections made under this plan will be publicized at least quarterly by the Central Office Human Resources Service.

e. Employees who apply for and inquire about the results of a specific promotion action will be given the following information:

(1) By the Central Office Human Resources Service:

(a) Whether they met the minimum qualification requirements;

(b) Whether they were in the group from which selection was made;

(c) Who was selected; and

(2) By the appropriate Administration Head, Assistant Secretary or Other Key Official or their designee, upon request, in what areas, if any, they should improve to increase their chances for future promotion.

f. Upon request, employees will be shown any record of production, or any supervisory appraisal of past performance which has been used in considering them for promotion. An employee is not entitled to see the records of another employee unless they are the selecting official, a member of the promotion panel, or otherwise performing official duties which involve reviewing records of that specific promotion file, or he/she has the written consent of the subject of the record.

## 15. GRIEVANCES / DISCRIMINATION / COMPLAINTS

a. Failure to be selected for promotion from a properly constructed [ ] certificate (nonselection from a group of properly certified candidates) is not a basis for formal grievance, nor is dissatisfaction concerning the number of positions to be filled, or the grade level at which positions are advertised or filled. Grievances will be processed under the provisions of the VA grievance procedure contained in VA Handbook 5021, Employee/Management Relations.

b. Any complaints that action(s) taken under this plan were based on the non-merit factors of race, color, religion, sex, national origin, age or disability, will be processed under the provisions of 29 CFR § 1614.

# APPENDIX F. PRIORITY PLACEMENT PROGRAM FOR EMPLOYEES IN RETAINED GRADE OR PAY STATUS

**1. PURPOSE.** Revises and updates the Priority Placement Program for VA employees entitled to grade or pay retention benefits. The program anticipates positive action by management to place employees in properly classified positions and provides a system for first consideration of these employees for General Schedule or Federal Wage System positions equal to their retained grade or pay, or any intervening grade, in an area of sufficient size to ensure reasonable opportunity for placement of most affected employees.

**2. SCOPE.** The following provisions apply to employees under or moving into positions under the General Schedule and the Federal Wage System, including Nonappropriated Fund employees in the Veterans Canteen Service (VCS) who are subject to the Federal Wage System.

**3. EXCLUSIONS**

a. Veterans Health Administration employees appointed or compensated under 38 U.S.C. ch. 73 or 74.

b. Employees compensated under the Executive Schedule (5 U.S.C. ch. 53).

c. Employees in the Senior Executive Service (5 U.S.C. ch. 21).

d. Nonappropriated Fund VCS employees appointed under 38 U.S.C. 7802(5), except those employed in a recognized trade or craft, as indicated in paragraph 2 above.

**NOTE:** *All Nonappropriated Fund VCS employees moving into positions covered by paragraph 2 are covered provided they meet the criteria for grade and pay retention benefits contained in 5 CFR, part 536.*

e. Purchase and hire employees appointed under Schedule A, section 213.3127(a)(1).

f. Employees whose appointments have a definite time limitation or are designated as temporary or term.

**4. REFERENCES**

a. 5 U.S.C., chapter 53, subchapter VI, Grade and Pay Retention.

b. 5 CFR, part 536.

**5. POLICY.** Every effort will be made to place employees receiving grade or pay retention benefits in positions or grade levels equal to their retained grade or pay, as appropriate. Participation in the Priority Placement Program is voluntary for those employees whose eligibility for grade retention is based on a reclassification or as the result of a reduction in force (5 CFR 536.103(a)). Participation in the program is mandatory for those employees whose eligibility for grade retention is based on actions other than reclassification and reduction in force pursuant to 5 CFR 536.103(b). In applying the provisions of this program, effort will be made to assure to the maximum extent possible that affirmative action goals are

not adversely affected. Each VA facility will adopt local procedures which will assure that the Priority Placement Program is carried out in a timely and systematic manner.

**6. RESPONSIBILITIES**

a. Administration and staff office heads or their designees shall apply the provisions of this appendix to centralized positions and to employees within their immediate jurisdiction.

b. Facility directors and HRM Officers shall apply the provisions of this appendix to positions and employees at their installations. Directors are also to assure that the Priority Placement Program procedures at the local level are reviewed annually.

c. Supervisors and others responsible for assigning duties and responsibilities to positions are directly responsible for application of the Priority Placement Program within their immediate jurisdiction.

**7. EVALUATION.** Records concerning the implementation and application of the Priority Placement Program will be maintained and are subject to review by VA and Office of Personnel Management (OPM) officials conducting personnel management evaluations, as well as other VA Central Office officials visiting field facilities. Necessary corrective actions may be directed by VA Central Office or OPM.

**8. ELIGIBILITY.** The following employees in retained grade or pay status are eligible for consideration under the provisions of this Priority Placement Program:

a. Those who are in such status as a result of a reduction-in-force action and those who are in pay retention status as a result of a demotion in lieu of a reduction in force.

b. Those who are in such status as a result of a reclassification action.

c. Those who are in such status because of a declination to transfer with their function, provided the provisions of 5 CFR 536.103 are fully met.

d. Those who are in such status because of acceptance of a position with grade retention in lieu of transferring with their function, provided the provisions of 5 CFR 536.103 are fully met.

**9. PRIORITY PLACEMENT PROGRAM**

a. Subject to the exceptions listed in paragraph 11 below, eligible employees will receive first consideration for vacancies in the manner described in this paragraph. Employees must meet all qualification standards and legal and regulatory requirements for positions for which they are considered. Qualifications for eligible employees will be evaluated in accordance with 5 CFR 337.102.

**NOTE:** *For the remainder of this appendix, "eligible employee(s)" and "employee(s)" refer to employees whose eligibility for grade retention is based on 5 CFR 536.103(a) and who wish to take part in this program and employees whose eligibility for grade retention is based on 5 CFR 536.103(b).*

b. First consideration means that eligible employees must be referred (certified separately) and fully considered for an appropriate vacancy before recruitment action is initiated to fill the vacancy by any other method. If there are qualified persons on a reemployment priority list, a selection may be made either from among qualified employees eligible under the Priority Placement Program or from among qualified persons on the reemployment priority list. Employees eligible for first consideration under the Priority Placement Program will be referred prior to individuals eligible for placement in lieu of disability retirement.

c. Written notice of eligibility for grade and/or pay retention which includes the requirements of the Priority Placement Program is to be issued to affected individuals at least ten workdays prior to the effective date of a proposed action which would entitle the individual to grade or pay retention benefits. Employees whose eligibility for grade retention is *not* based on a reclassification or as the result of a reduction in force (i.e., their eligibility for grade retention is based on 5 CFR 536.103(b)) will be informed that failure to enroll in or comply with the requirements of the Priority Placement Program will result in loss of eligibility for grade retention. The employee may appeal such termination of benefits through the VA grievance procedure or through the negotiated grievance procedure, as appropriate. All eligible employees will designate five position categories (broken down by classification title and series) for which they qualify. Employees who do not qualify for five position categories will designate the position categories for which they do qualify.

d. Eligible employees in retained grade status (including those in Alaska, Hawaii, Puerto Rico and Manila) who occupy noncentralized positions will receive first consideration for vacancies in their designated position categories, equal to their retained grade or any intervening grade between the retained grade and the grade to which reduced, on the following basis:

(1) All eligible employees will receive first consideration for all appropriate positions (including centralized positions) at their current duty station.

(2) Eligible employees whose retained grade or whose grade from which demoted is GS-11 or above will receive first consideration for all appropriate positions (including centralized positions) at any VA facility, within the 48 contiguous States, for which they request referral. No employee, however, is entitled to first consideration at a facility in Alaska, Hawaii, Puerto Rico or Manila unless presently an employee at one of these facilities.

(3) All eligible Federal Wage System employees and all eligible employees whose retained grade or grade from which demoted is below GS-11 will receive first consideration for all appropriate positions (including centralized positions) at all VA facilities within the commuting area of their current duty facility. In cases where the number of VA facilities within the commuting area is below five, employees may request referral to the VA facilities closest to their current duty station. The total number of VA facilities, other than the current duty facility, to which an employee receives referral is limited to five (including facilities within and outside the commuting area, if applicable). For this purpose, facilities serviced by the same HRM office will count as one facility. (See subparagraphs h and i below for referral requirements.)

e. Eligible employees who are in retained grade status as a result of an action taken while occupying a centralized position will receive first consideration for vacancies in their designated position categories equal to their retained grade or any intervening grade between the retained grade and the grade to which reduced, on the following basis:

(1) All eligible centralized employees will receive first consideration for all appropriate centralized positions in their designated position categories on a department-wide basis, if centralized to the Secretary, or on a staff office or administration-wide basis, if centralized to a staff office or Administration Head.

(2) All eligible centralized employees will receive first consideration for all appropriate noncentralized positions in their designated position categories at their current duty station and at all facilities for which they request referral through their HRM office.

**NOTE:** *See chapter 2 of this part; 5 CFR 335.102; VA Handbook 5021; and Comberiate v. The United States, 203 Ct. C1.285, (1973), for guidance in applying these requirements to eligible employees who are in retained grade status as a result of an action taken while occupying a centralized position.*

f. Eligible centralized and noncentralized employees in retained pay status will receive first consideration for repromotion to all vacant positions, equal in grade to the position from which they were demoted, or to any intervening grade, on the same basis (as outlined in subparagraphs d and e above) as employees in retained grade status. Employees repromoted to their retained grade will be placed in the step to which they would have been entitled had they remained in that grade and not been demoted. The step rate for employees on retained pay, who are repromoted to an intervening grade or their former grade, shall be set in accordance with VA Handbook 5007, Pay Administration.

g. After 2 years of eligibility under the provisions of the Priority Placement Program, noncentralized employees will be eligible for first consideration only at their current duty station; centralized employees will continue to be eligible for first consideration on an agency, administration or staff office basis as long as they are on retained pay status.

h. Position category designations must be made in writing by the employee and be received by the HRM Officer or designee at the employee's current duty station no later than the effective date of the proposed action entitling the employee to priority placement. In situations where it is determined that an employee cannot make the required designations by the effective date of the proposed action (e.g., in cases of hospitalization, military reserve or National Guard training, etc.) facility directors or designees (in Central Office, the second-line supervisor) may authorize an extension to this time limit. The HRM Officer or designee will make an initial qualification determination within 15 workdays of receipt of position designations from the employee. An employee who is found not eligible for a chosen position category may choose another category as a substitute. Once the position categories for which the employee is eligible have been designated, these are the only position categories for which the employee may be considered at any facility under the Priority Placement Program. HRM Officers will forward the choices of position categories for centralized employees through channels to the appropriate Central Office administration or staff office head.

i. Eligible noncentralized employees who want to be considered for appropriate positions (both centralized and noncentralized) at other VA facilities, and centralized employees who want to be considered for appropriate noncentralized positions at other VA facilities, must apply through the HRM office at their current duty station. Employees will not apply directly to another facility on their own. HRM Officers will be responsible for maintaining a record of the facilities for which each employee has applied and for forwarding applications to the facilities the employee selects or to the facilities where the employee is to receive consideration, as applicable. When forwarding applications, the HRM Officer will identify the applicant as an employee who is eligible for consideration under the Priority Placement Program. Facilities which receive these applications will consider them, along with local priority placement eligibles, in accordance with the provisions of this program. No employee is entitled to receive consideration, under the provisions of this program, for vacancies for which recruitment action has already been initiated at the time the HRM office (or appropriate official, in the case of Central Office) at the recruiting facility is notified of the employee's enrollment in the Priority Placement Program. A local log should be maintained which identifies employees eligible for priority placement consideration. The log will help assure priority placement consideration of eligible employees, assist in recovering information concerning priority placement actions and facilitate the evaluation of the Priority Placement Program by Central Office officials.

j. As indicated in subparagraph d above, noncentralized employees may receive first consideration for appropriate centralized positions at their current duty station, at other VA facilities within the commuting area, and at other VA facilities for which they request referral in accordance with the provisions contained in subparagraph d above, as applicable. In such cases, the HRM office at the receiving facility will not notify appropriate Central Office officials of the employee's interest until such time as an appropriate centralized vacancy occurs. When such a vacancy occurs, the HRM office will notify the appropriate staff office or Administration Head of the employee's interest and eligibility at the same time Central Office recruitment action is requested, and will forward a copy of the employee's application to the appropriate Central Office official.

k. Generally, an employee will not receive first consideration for vacant positions at the same grade level to which demoted (e.g., an employee demoted from GS-11 to a GS-9 continuing position is not entitled to first consideration for another GS-9 position). However, if a vacancy occurs at the same grade as that to which the employee is demoted and this vacancy has promotion potential back to the retained grade or the grade from which a retained pay employee was demoted or to an intervening grade level, the employee is entitled to first consideration for such a position. An employee is not entitled to first consideration for vacant positions which have promotion potential to a grade that is higher than an employee's retained grade or the grade from which a retained pay employee was demoted. An employee must compete under regular merit promotion procedures for these positions.

l. Once an employee accepts or declines an offer to an intervening grade, the employee is no longer entitled to first consideration for positions at the same or lower grade level (e.g., an employee demoted from GS-11 to a GS-9 position accepts or declines an offer to a GS-10 position. The employee is no longer entitled to first consideration for any position at or below the GS-10 level). However, the employee does continue to receive consideration for positions at higher grade levels for which eligible under this program. As outlined in subparagraph k above, the employee will also receive first consideration for positions with promotion potential back to the retained grade or to an intervening grade.

m. Travel, transportation and other moving expenses will be paid for all employees selected under this program in accordance with the provisions of MP-1, part II, chapter 2. In the case of employees moving to centralized positions, expenses will be paid by the receiving facility. In the case of employees moving to noncentralized positions, expenses will be paid by the losing facility.

n. When an eligible employee receives first consideration under any of the circumstances described in this paragraph and is not selected, the reasons for the nonselection must be justified and documented. Such documentation must be approved by the Secretary or administration or staff office head, as appropriate, for employees considered for centralized positions or by the field facility Director (in Central Office, the second-line supervisor) for employees considered for noncentralized positions. In the Veterans Health Administration, such documentation must be approved by the Assistant Deputy Under Secretary for Health for those positions for which the Veterans Integrated Service Network (VISN) Directors have selecting authority.

o. All eligible employees will be referred in situations where more than one eligible employee is available for consideration for a vacancy. Local employees entitled to first consideration may be considered for noncentralized positions before those from other facilities.

p. If facility directors (in Central Office, second-line supervisors) determine that placement opportunities for a noncentralized employee under their jurisdiction are nonexistent or very limited, they should authorize special training or a developmental assignment which will help the employee qualify for other positions. The Secretary or Administration or Staff Office Head, as appropriate, should make such determinations and authorizations for centralized employees.

## 10. TERMINATION OF ELIGIBILITY

a. An employee is no longer eligible for consideration under this Priority Placement Program when:

(1) The employee's position is reclassified at or above the retained grade or the grade from which the employee was demoted.

(2) The employee is reassigned or promoted to a position equal to or higher than the employee's retained grade or the grade from which a retained pay employee was demoted. If such a placement is in a different pay schedule, a comparison of representative rates will be made to determine if the employee has been placed in an equal or higher grade.

(3) The employee's grade and/or pay retention benefits are terminated for any reason.

(4) The employee declines a reasonable offer to a continuing position made in accordance with the provisions of the Priority Placement Program.

b. For the purpose of this program, a position offer must fulfill the following conditions in order to be considered a reasonable offer:

(1) The offer must be in writing, and must include an official position description of the offered position;

(2) The offer must inform the employee that an entitlement to grade or pay retention will be terminated if the offer is declined and that the employee may appeal the reasonableness of the offer as provided in 5 CFR 536.302;

(3) The offered position must be equal in grade to the employee's retained grade or the grade from which the employee was demoted;

(4) The offered position must be of tenure equal to or greater than that of the position creating the grade or pay retention entitlement;

(5) The offered position must be full time, unless the employee's position immediately before the change creating entitlement to grade or pay retention was less than full time, in which case the offered position must have a work schedule of no less time than that of the position held before the change. (The work schedule of the offered position for part-time employees need not exactly match the work schedule previously held by the employee.) The offered position cannot have less hours scheduled than that of the position held before the change and the offered position cannot have a full-time schedule. (See part II, chapter 2 for hour limitations on part-time schedules.);

(6) In the case of employees in centralized positions, the offered position must be a centralized position unless the employee has requested concurrent consideration for noncentralized positions in accordance with paragraph 9e and f above. Declination of a placement offer to a centralized position or a designated noncentralized position, whichever is offered first, will result in the employee losing eligibility for consideration in the Priority Placement Program;

(7) In the case of employees in noncentralized positions, the offered position (including an offer of a centralized position if the employee requests consideration for centralized positions) must be in the same commuting area as the employee's current position. If an employee declines an offer from a facility outside the commuting area of his or her current duty station to which he or she has requested referral for first consideration, the employee will be removed from consideration under this program at all facilities other than those within the commuting area of his or her own facility; and

(8) An employee who declines an offer of a position outside his or her designated position categories has not received a "reasonable offer" for purposes of the Priority Placement Program.

c. Entitlement of priority placement consideration will be established as the effective date of the action which entitles the employee to grade or pay retention benefits. (For effect of subsequent wage increases on representative rates, see 5 CFR, part 536).

**11. EXCEPTIONS.** The following personnel actions are excepted from the requirements of this program:

a. Actions required to comply with regulatory or statutory provisions such as those covering reemployment rights;

b. Career promotions and promotions which are exceptions to competitive promotion procedures;

c. Consideration of candidates not given proper consideration in a competitive promotion action;

d. Consideration of employees previously demoted without personal cause and not at their own request (special consideration);

e. Filling of vacancies as a result of a decision in a discrimination complaint case or of any other legal or procedural ruling; or

f. Filling of vacancies which a facility may wish to fill in order to minimize the impact of a reduction in force.

# APPENDIX G. DEVELOPMENT OF RATING AND RANKING PROCEDURES

**1. PURPOSE.** This appendix is designed to provide assistance in developing merit promotion rating and ranking procedures which meet the criteria established by the Office of Personnel Management, the Uniform Guidelines on Employee Selection Procedures, and the courts. This appendix is not intended to provide complete information on validity studies and the development of valid selection procedures. It should be supplemented by formal training and by reading current professional human resources literature.

## 2. PRINCIPLES OF CONTENT VALIDITY

a. Three types of validity studies for demonstrating the job-relatedness of a selection procedure have been defined by Federal equal employment opportunity enforcement agencies, professional organizations, and the courts. They are criterion-related, content, and construct validity studies. These types of validity studies are described in the Uniform Guidelines on Employee Selection Procedures. Because the content validity approach is the most practical option currently open to most employers, all VA selection procedures must meet content validity standards.

b. Basically, the degree of content validity depends on how well and how consistently the selection procedure measures each applicant's ability to do the job. This means each applicant must be evaluated on the knowledges, skills, abilities and other characteristics (KSAOs) which are required by the important duties or responsibilities of the job being filled. The steps required in the development of a content valid selection procedure are briefly outlined here and discussed in greater detail later in this appendix.

**Step 1** - Conduct a job analysis. This is the important first step in developing a content valid selection procedure. The job must be thoroughly studied and analyzed to identify its important duties and tasks and to identify the KSAOs necessary for successful performance of those duties and tasks.

**Step 2** - Decide which KSAOs will be used in predicting job success. For example, the importance of each KSAO, whether it can be measured, and whether it distinguishes between superior and barely acceptable applicants must be determined.

**NOTE:** *A KSAO which can be learned during the first few months on the job usually should not be used as a factor in the selection procedures.*

**Step 3** - Develop a crediting plan which will measure the degree to which applicants possess the KSAOs identified in step 2. The sources and types of information which will be used in evaluating applicants on the KSAOs must be determined. Quality level examples must be established which define levels of competency in each KSAO in terms of observable tasks, activities and behaviors available in the sources and types of information to be used. A point crediting system based on these quality levels must be developed.

**Step 4** - Review the adequacy of the final crediting plan. Are there any additional KSAOs which should be measured? Will the best qualified applicants be identified? Are only important KSAOs being measured? Can each KSAO be measured?

**Step 5** - Measure each qualified applicant's capabilities against the crediting plan[/assessment questionnaire].

c. Content validity can only be used when selection procedures measure directly observable KSAOs. When KSAOs are stated in terms of unobservable characteristics or personality traits, such as dependability or leadership ability, the selection procedure cannot be validated by means of a content validity study. Characteristics and personality traits, however, may often be broken down into directly observable behaviors which may be measured using a content valid selection procedure. For example, dependability might be demonstrated by the ability to complete work assignments within a specified timeframe, or leadership ability might be shown by the ability to delegate work assignments to subordinates. Content validity can then be used to demonstrate the job-relatedness of the selection procedures.

d. OPM requires that promotion procedures meet formal validation requirements. In the past, typically, separate point credit has been given for each of the various sources of information about applicants, such as experience (based on the application, personnel folder, etc.), supervisory evaluation, training, education, and awards. To have valid merit promotion selection procedures, rating and ranking methods which combine the information gathered from these various sources must be used to rate applicants on each KSAO which a job analysis has shown to be important to the job. Figure 1 provides a graphic comparison of past rating and ranking procedures and those procedures which should be used to meet requirements for validity and merit selection. [For USA Staffing, VA Forms 0938a, 0938b, and 0938c should be used to document input from subject matter experts that the crediting plan/assessment questionnaire content is valid.]

e. The following paragraphs of this appendix discuss in detail the steps which must be followed for devising proper content valid merit promotion crediting plans[/assessment questionnaires]. These procedures will require training of human resources staff, supervisors, subject matter experts and selecting officials. (See Figure 1[ below.])

## 3. DEFINITIONS

a. **KSAO.** An acronym standing for the words, "knowledge, skill, ability and other characteristic."

(1) **Knowledge.** A body of learned information used directly on the job.

(2) **Skill.** A present competence to perform a learned psychomotor act. A skill, unlike an ability, typically involves observable, quantifiable, and measurable performance parameters, (e.g., typing, pipefitting, etc.)

(3) **Ability.** The competence to perform an activity at the present time.

**NOTE:** *Ability should not be confused with aptitude, which implies a likelihood of being able to learn to perform an activity.*

(4) **Other Characteristics.** Other competencies required of individuals doing the job. Remember that for content validity purposes, personality traits or aptitudes must be directly observable and measurable. This may require further definition of the trait in terms of its directly observable manifestations (see paragraph 2c).

**NOTE:** *While knowledges, skills, abilities and other characteristics are separately defined, they often overlap and can be combined into one evaluation factor. Many of these factors may contain elements of all four.*

**FIGURE 1. RATING AND RANKING SYSTEM**

| | | EVALUATION FACTORS | | | | | Points Assigned (Old Method)<br>_____a<br>_____a<br>_____a<br>_____a<br>_____a |
|---|---|---|---|---|---|---|---|
| | | KSAO 1 | KSAO 2 | KSAO 3 | KSAO 4 | KSAO 5 | |
| SOURCES OF INFORMATION ON APPLICANTS | Experience (Application) | | | | | | |
| | Supervisory Evaluation | | | | | | |
| | Education | | | | | | |
| | Training | | | | | | |
| | □<br>□ | | | | | | |
| | Other | | | | | | |
| Points Assigned (New Method) | _____b _____b _____b _____b _____b | | | | | | |

Under the old method, each source of information was considered individually, and points – the lines labeled "a" -- were assigned. For example, in this type of system, 30 points may have been assigned to the supervisory evaluation, 25 points to experience, etc. In theory, the points assigned to each source of information were awarded based on an applicant's capabilities to do the job (i.e., the KSAOs) as indicated by that source. Unfortunately, the theory was not always true in practice. Often irrelevant KSAOs were considered, a single KSAO strength would be credited several times, or an important job requirement not

evaluated. Under the new method the evaluation is based on the applicant's capabilities on each KSAO required in the job. All available sources of information, in combination, are used to arrive at a score – the lines labeled "b" – on each KSAO, not by awarding points for each separate source and then totaling those points. The individual KSAO scores are then added to arrive at an estimation of an applicant's capability to do the whole job.

b. **Rating Factors.** The KSAOs or groups of KSAOs identified in the job analysis and selected for use in the crediting plan (see paragraph 4e, this appendix).

c. **Quality Levels.** Examples of elements in the background of individuals which demonstrate the level of possession of a particular KSAO or rating factor. Many crediting plans show three quality levels for each rating factor. [In USA Staffing, each KSA is typically associated with task statements, and each task statement is measured using quality levels.]

d. **Selection Procedure.** Any measure or combination of measures used as a basis for an employment decision (e.g., hiring, promotion, demotion, selection for training if the training leads to an employment decision, etc.). Selection procedures include the full range of assessment methods such as written tests, qualification standards, scored and unscored application forms, crediting plans[/assessment questionnaires], and formal and informal interviews.

e. **Selective Factors.** A KSAO or group of KSAOs identified in the job analysis as being critical to the job. Selective factors are used in addition to the appropriate qualification standard requirements to determine the basic qualifications of applicants. The minimum level of proficiency required to do the job must be described for each selective factor and applied in basic qualification determinations. The use of a KSAO as a selective factor does not preclude its use as a rating factor when it meets the criteria in paragraph 4e, this appendix.

f. **Subject Matter Experts (SMEs).** Person with direct knowledge of what is done in the job and what [ ] KSAOs are required to do the job successfully. Included may be recent incumbents who supervise others doing the job. For job analysis/crediting plan[/assessment questionnaire] development panels, one SME must be at least equal in grade to the job to be filled. Since the selecting official often has the most knowledge about the job, that person should ordinarily be included on the SME job analysis/crediting plan[/assessment questionnaire] development panel.

## 4. JOB ANALYSIS

a. **General.** The first step in developing a content valid selection procedure is the job analysis. The purpose of a job analysis for selection procedure development is to find out what is required of the person who does the job. The duties of the job and the capabilities an individual must have in order to do it are both objectives. In job analysis terminology, identify the tasks performed in the job and the KSAOs (knowledges, skills, abilities and other characteristics) a person must possess to do those tasks.

b. **Approaches to Job Analysis.** There are several approaches to analyzing jobs for the purpose of developing selection procedures: an entire class of positions which are common to a number of VA installations and which do not vary much from location to location can be analyzed; the analysis can focus on a group; or the analysis can zero in on a single job. In the group or class study, emphasis is on

gathering a broad base of job information from which KSAOs required in all the jobs in the group or class are derived. In the single job study, emphasis is on determining the KSAOs required in the specific position with less effort devoted to obtaining background information.

(1) **Class Analysis.** A class of positions, such as Veterans [Claims Examiner] or [Nursing Assistant] which is common to a large number of VA installations can be centrally analyzed on a grade-by-grade basis and the results shared among VA users. Such class analyses will be done only under the direction of the Deputy Assistant Secretary for Human Resources Management and Labor Relations (059). Since no two jobs are exactly alike, there is a need to identify many more tasks and many more KSAOs than are likely to appear in any one position. As part of the class analysis, quality level examples are prepared for each KSAO. When an individual position is to be filled, responsible officials will decide which of the KSAOs identified in the class study are applicable to that particular job and whether there are any unidentified KSAOs unique to it. Using the predefined KSAOs and their corresponding quality levels (plus locally defined quality levels for KSAOs unique to that particular job, if any), a local rating and ranking procedure may be developed.

**NOTE:** *The local job must be closely surveyed and the KSAOs carefully selected to ensure job relatedness. If an important KSAO required in the local job has not been identified in the class study, it must be defined, documented and developed locally, including quality level descriptions, inclusion in supplemental experience statements, specialized appraisals, etc.*

(2) **Local Analysis of a Group of Jobs.** Often several jobs at an installation are enough alike in tasks performed and level of responsibility and difficulty to be grouped and analyzed together. Usually, those jobs will have the same grade and title. For example, there are a number of tasks which are performed by all GS-4 Nursing Assistants in a medical center even though they may be assigned to medical, surgical or psychiatric units. By using appropriate sources of information and input from a panel of SMEs representing each of the areas where GS-4 Nursing Assistants work, a list of tasks, KSAOs and quality level examples for the whole job group can be developed. When an individual job is being filled, the KSAOs required in that job are selected from the pool of GS-4 Nursing Assistant KSAOs and used to rate and rank applicants.

**NOTE:** *Care must be taken to ensure that all the KSAOs which are needed to identify the best qualified applicants for the individual job have been included in the rating and ranking procedure.*

(3) **Single Job Analysis.** Many jobs may not lend themselves to a group or class job analysis, or such an analysis may not yet be available. These jobs may be few-of-a-kind jobs or those which, even though they share a common title and grade, have duties and responsibilities which require different KSAOs. The procedures followed in a single position study are similar but not identical to those followed in a group or class study. In the single job study the sources of job analysis data do not have to be as wide and varied as those used in a larger study; however, the input from the SMEs must be more specific, and the KSAOs must relate directly to the individual job.

c. **Common Elements in Any Job Analysis.** While the job analysis approaches discussed above vary in their focus and scope, there are a number of elements which must be included in any job analysis.

(1) The review of job information material may include position descriptions, position evaluation reports, classification and qualification standards, organization manuals, organization charts, functional statements, previous job analyses, professional literature and any other relevant source of information about the job. The judgments and conclusions influenced by these materials directly affect all other aspects of a selection procedure. It is, therefore, of prime importance that their accuracy, currency, appropriateness, etc., be verified at the outset.

(2) Direct input from SMEs.

(3) Determination of the functions, duties and tasks of the position(s).

(4) Identification of the KSAOs an individual needs to do the tasks.

(5) Determination of which KSAOs to measure.

(6) Definition of the various quality levels of individual capabilities on a KSAO that describe superior, above average, average, etc., possession. These quality level definitions must be based on observable behaviors and are dealt with in paragraph 5c, this appendix.

d. **Who Conducts the Job Analysis.** The HRM Officer or a designated HRM specialist performing at least at the first full performance level (usually GS-9) is responsible for conducting the job analysis. The assistance of a position classification specialist in determining major functions and duties of properly described and classified positions is usually beneficial. The HRM representative should first review available sources of information on the job such as those mentioned in subparagraph c(1) above. After becoming more familiar with the job, the HRM representative should convene a panel of SMEs (See paragraph 3f, this appendix) who will give direct input on the tasks and KSAOs involved in the job. The size of the SME panel may vary depending on the scope of the analysis. The panel should be large enough to ensure that input is received on all important aspects of the job or class of jobs and small enough to allow for free and easy discussion. If a single position is being analyzed, three or four SMEs should be sufficient.

e. **Steps in a Job Analysis.** The steps in the job analysis must be carefully documented. This documentation must be retained as part of the validity evidence required by the Uniform Guidelines (See paragraph 9, chapter 3 of this part).

**Step 1** - Identify the major functions or tasks performed on the job. HRM Officers or Specialists conducting a job analysis may find the following questions useful in obtaining information from SMEs. What duties or tasks does an incumbent of the position perform? What duties or tasks take most of a worker's time? What do the *best* workers do? What do the *just acceptable* workers do? What is the most important/critical duty of the job?

**Step 2** - Identify the KSAOs needed to do the tasks identified in Step 1. Questions which might be asked of SMEs to obtain a list of KSAOs are: What KSAOs should a good employee possess? What KSAOs does the *superior* worker have that the average worker doesn't? Think of the best employees - what makes them the best? Some people didn't work out in the job - why didn't they?

**Step 3** - Relate each KSAO to a task or duty.

**Step 4** - Study each KSAO and decide if it is critical to successful performance of the job. If an applicant is not competent in this KSAO, can that person do the job? If not, the KSAO is critical and is used as a selective factor when making minimum qualification determinations. The minimum level of proficiency required to do the job must be described for each selective factor.

**Step 5** - Decide which KSAOs will distinguish superior applicants from the acceptable. Is there a difference in individual levels of competency in the KSAO? Will someone with a higher level of competency do a better job? KSAOs that differentiate between applicants may be used as rating factors.

**Step 6** - Decide which KSAOs are measurable. Can information be collected on each applicant which will make it possible to determine the individual's level of competency on the KSAO? If the information can be collected, what is the most practical and cost effective way to do so? Sources of information on applicants are discussed in detail in paragraph 6 below.

**Step 7** - Decide which KSAOs will be used in rating and ranking applicants. Five is generally considered the ideal number of rating and ranking KSAOs. This number will usually obtain meaningful distinctions among applicants and will allow for rating and ranking within a reasonable period of time. If there are more than five KSAOs which differentiate among applicants and can be measured, it may be possible to combine two or more of them. To be combined, KSAOs need not be identical; but the sources of information used to determine the appropriate quality level on each of the combined KSAOs should be the same or similar. Also an applicant's level of ability on each of the combined KSAOs should be about the same.

**Step 8** - Describe the quality levels for each KSAO to be used. This step is defined in more detail in the following paragraph on crediting plans.

## 5. CREDITING PLAN

a. **General.** When the job analysis has been completed, a crediting plan must be developed which can be used to rate and rank applicants for the position. To provide continuity, the crediting plan should be developed, under the general direction of the responsible HRM Specialist, by the same SMEs who analyzed the job. If this is not possible, it may be developed by another group of SMEs or by the HRM Specialist. Just as the job analysis may be conducted on an individual job or on a class of jobs, the crediting plan can be developed for a single job or a group or class of jobs. In all cases, before a crediting plan is used to rate applicants for a particular job, it should be reviewed by the selecting official. If the plan is developed by the HRM Specialist, it should also be reviewed by the job analysis SMEs, or at least one SME, to ensure that the job analysis information has been correctly translated into the crediting plan. Before the crediting plan can be used, it should be approved and signed by the HRM Officer or other appropriate official who is responsible for its application.

b. **Rating Factors.** The final crediting plan should consist of four to eight KSAOs or rating factors which satisfy the criteria in paragraph 4e above. Remember that rating factors may be combinations of KSAOs.

c. **Quality Levels**

(1) Each rating factor must be defined in terms of observable behaviors, past experiences, quality of performance, pertinent education and training, etc., which describe several levels of proficiency for the factor. These descriptive quality levels further define the rating factor by giving concrete examples of performance at various proficiency levels.

(2) For critical KSAOs used as selective factors in basic qualification determinations, the minimum level of acceptable competency must be defined as discussed in paragraphs 3e and 4e, above. Quality levels above the minimum level are also developed for a critical KSAO when it is also used for rating and ranking.

(3) Three quality levels should be described for each rating factor, whether critical or important, which is used to distinguish superior applicants. Three is not an absolute requirement but is generally the easiest number to work with. It is important to distinguish between levels of ability that are required as soon as a person begins working in the job (these may be used in the crediting plan) and those which can be acquired after a reasonable time on the job (these generally should not be used). [In USA Staffing, quality levels are used for each task statement.]

(4) Developing quality level descriptions becomes easier as persons become more familiar with it. Valuable information on quality level improvement can be obtained from the promotion panel members who have used the crediting plan. Their observations and suggestions may also help in developing quality levels for similar positions.

[d. **Task Statements**

(1) In the crediting plans/assessment questionnaires used for USA Staffing, task statements are used to describe each KSAO. The task statements reflect specific assignments and performance of work.

(2) Subject Matter Experts are used to develop, devise, and/or review task statements. Their participation is documented in USA Staffing and in VA Forms 0938a, 0938b, and 0938c.

e.] **Point Assignment.** There are a number of ways in which points can be assigned to rating factors and quality levels. One simple method is to give each rating factor a maximum value of five points. Assuming that three quality levels have been defined, assign values of 1, 3 and 5 points to the quality levels. Applicants whose background is judged to equate to the top quality level would receive 5 points, those rated in the middle would get 3 points, and those rated at the lowest quality level would get 1 point. The 1-3-5 pattern allows raters to assign 2 or 4 points to applicants whose background is judged to fall between two quality levels. There are also other acceptable methods and procedures. [In USA Staffing, points are assigned to a level of proficiency in performing the task.

f.] **Review of Crediting Plan[/Assessment Questionnaire].** The final crediting plan[/assessment questionnaire] should be reviewed by the SMEs and HRM specialist along with information gathered in the job analysis to ensure that all the critical and important KSAOs are covered by the rating factors. Quality levels should be reviewed to make sure they are as definitive as possible and describe elements of employee background and performance which are reflected in available sources of information on applicants.

[g.] **Approval of Crediting Plan[/Assessment Questionnaire].** The completed crediting plan should be signed by each member of the crediting plan[/assessment questionnaire] development panel and by the HRM Specialist before being forwarded for final approval. If the selecting official was not a member of the crediting panel, he or she should also review the plan.

## 6. SOURCES OF INFORMATION

a. **General.** Applicants are evaluated by comparing the total information on each applicant's capabilities against the quality levels for each rating factor or KSAO in the crediting plan[/assessment questionnaire]. This information can be obtained from a number of sources, discussed in detail in the following paragraphs. The best way to obtain information on the applicants must be determined for each vacancy. The consideration of what sources of information are available and will be used is important at each stage in the development of the selection procedure. In the job analysis stage, it is important in determining which KSAOs can be measured and will become rating factors. In the development of crediting plan[/assessment questionnaire], it is important in determining how the quality level examples are defined. In the evaluation process, the sources of information are the tools used by the promotion panel to arrive at scores for applicants.

**NOTE**: *Annual performance appraisals and awards must be considered to the extent they are related to the job to be filled. (See paragraph 3d, chapter 3 of this part.)*

b. **Supervisory Appraisals.** This can be a very valuable source of information since it allows someone with firsthand experience in supervising the applicant to give an assessment of the person's capabilities. However, remember that for rating and ranking purposes, the supervisory appraisal is only valuable to the extent that it gives information related to the applicant's capabilities on the KSAOs needed in the job being filled. There are several different styles and forms of supervisory appraisals. They may be designed for a specific job, or they may be more general in nature and used in evaluating applicants for a variety of jobs. They may simply require a supervisor to check a statement which most nearly defines an employee's capabilities. Several styles and forms can be combined in a variety of ways depending on how the appraisal is to be used.

(1) **Forms of Appraisals**

(a) **Standard Appraisal.** If other sources of information will yield enough information on applicants to enable raters to arrive at an appropriate rating, a general or standard appraisal which can be used for a number of jobs may be sufficient. In this case, only the items on the standard form which relate directly to the [KSAOs] of the job in question [ ] would be used. If the standard appraisal does not give direct information on a particular rating factor, then it cannot be used in evaluating an applicant on that factor.

Major advantages of the standard appraisal are that it does not have to be individually developed by the HRM Specialist, and it requires little time for the supervisor to complete. The major disadvantage is that it gives little specific information on an applicant's capabilities relative to the requirements of the job being filled; consequently, its value as an evaluation tool is diminished.

(b) **Specialized Appraisal.** A specialized appraisal is developed specifically to evaluate applicants for a particular job or group of jobs. It is keyed to the KSAOs or rating factors established in the job analysis and used in the crediting plan. This form allows the supervisor to address each of the [ ] KSAOs directly and increases the value of the information that the supervisor provides the promotion panel. Its principal disadvantages are the time required for its development and the additional time required for the supervisor to complete a separate appraisal for each job for which an employee applies.

(2) **Appraisal Styles**

(a) **Category Rating.** This style consists of a description of the KSAO to be appraised (e.g., ability to present ideas orally), followed by either adjective descriptions (outstanding, average, etc.) or descriptions of performance levels, and provides for relatively easy comparison of appraisals for several applicants. The supervisor simply selects the category which best describes the employee's capabilities. The pitfall is

that supervisors may have varying ideas about what constitutes a high rating, a low rating, etc. An applicant's rating is dependent on the supervisor's individual concepts.

(b) **Narrative Rating.** This style of rating requires supervisors to write about the applicant's capabilities and, therefore, depends to some degree on the supervisor's writing skills. The narrative often discourages supervisors from rating very high or very low because they must explain their rating in terms of what the employee has actually done. It may, however, be used beneficially with the category rating by requiring supervisors to support their choice of category by citing specific examples of employee performance. Because of its weaknesses, this style may not be appropriate for some jobs, particularly when used alone.

(3) **VA Forms 4667 and 4668.** VA Form 4667, Appraisal of Employee for Promotion to Non-supervisory or First Level Supervisory Position, and VA Form 4668, Appraisal of Employee for Promotion to Supervisory Position Above First Level, are examples of standard appraisals in the category style. These forms may continue to be used for merit promotion purposes. Their use, however, is no longer required.

**NOTE:** *Any form or combination of forms of supervisory appraisals may be used (see paragraph 6c, this appendix, and paragraph 2b, chapter 3 of this part). It is recommended that merit promotion plans not be restrictive as to the type appraisal which will be used. This should vary depending on the job being filled.*

c. **Annual Performance Appraisal.** Annual performance appraisals, which must be considered to the extent they are relevant to the position to be filled (see paragraph 3b, chapter 3 of this part) are based on performance in the current position. This appraisal is useful in rating and ranking to the extent that elements evaluated in it correspond to the requirements of the job being filled. The annual performance appraisal can be a useful tool for promotion panels, particularly when it is combined with a specially developed supervisory appraisal for promotion. This would allow the panel to get the greatest amount of relevant information from the supervisor. Because the supervisor only has to complete the performance appraisal once a year and it is not necessarily involved with selection and placement at that time, it may be more reliable than a supervisory appraisal required in a particular selection action. The annual performance appraisal, however, very often does not contain the information needed to evaluate an individual's anticipated performance in a new position; and there is the possibility that the employee's performance has changed during the time between the date of the annual performance appraisal and the date of the promotion opportunity.

d. **Federal Employment Application.** A Federal employment application may be used as the primary source of information about an individual's education, experience, training, etc. For some types of information, e.g., outside activities, a Federal employment application may not be a good tool. Use of a Federal employment application is not required in merit promotion actions if it is possible to get the same or better information from other sources.

e. **Supplemental Qualifications Statement.** This form is specially designed for use in filling a particular job. It solicits the same type of information as a Federal employment application but requires applicants to give more detailed information on education, experience, training, awards, etc., as they relate to the KSAOs or rating factors being used.

f. **Education.** Educational attainments often provide very useful information about capabilities. Education may be used as one element in combination with others to make determinations of applicants' capabilities. When considering education, the specific courses taken, as opposed to an academic degree, should be evaluated. For example, if someone has a degree in a particular field of study but did not work very long in that field, the degree may be less relevant than several courses taken in a field in which the person has stayed active.

g. **Awards.** Awards, which must be given consideration (see paragraph 3d, chapter 3 of this part) should only be used as indicators of an individual's capabilities to the extent that they indicate high interest, incentive, or performance in one or more of the rating factors (KSAOs) being evaluated.

h. **Training.** While training is frequently distinguished from education on formal vs. informal grounds, relevant training should be evaluated just as any other educational experience.

i. **Outside Activities.** Unpaid experience may be just as relevant as any other experience and should be evaluated in the same manner as paid experience.

j. **Other Tools.** There are many other ways to collect information concerning an applicant's capabilities. Some of these are:

(1) a performance-based interview, either by a rating panel or the selecting official (both must deal only with job-related information);

(2) an assessment center in which a model of the job activities is used;

(3) written test or demonstration;

(4) work samples;

(5) reference checks;

(6) background investigations; etc.

## 7. EVALUATION OF APPLICANTS

a. **General.** Once the crediting plan is developed, it must be applied equally to all applicants. Using the sources of information available, candidates must be evaluated against the crediting plan and a list of the best qualified applicants developed. Generally, the same sources of information should be used for all applicants. If there is information available on some applicants that is impossible to obtain on others, that information should be used in evaluating the applicants for whom it is available.

b. **Evaluation of Qualified Applicants**

(1) When there is no rating and ranking of applicants (see chapter 3, paragraph 11a(5) of this part), the selecting official is the key element in the entire process. All applicants must be screened to determine which applicants are to be distinguished as best qualified. This does not mean that best qualified

determinations need to be made prior to issuance of the certificate. The selecting official should decide by whom and when the best qualified determinations should be made.

(2) Applicants are usually evaluated by promotion panels which are discussed in chapter 3, paragraph 10, of this part. Promotion panel members should note any problems arising from the use of the crediting plan and report them, with recommendations for correction, to the HRM Officer. This information can be extremely beneficial in crediting plan or procedure refinement and in development of crediting plans for other positions. The HRM Officer should coordinate with crediting plan development panel SMEs and the selecting official when a re-analysis is appropriate.

(3) Using an evaluation worksheet for each applicant, promotion panel members should first rate each applicant without consulting one another. They should review all of the sources of information (Federal employment application, supervisory appraisals, awards, etc.) on an applicant and determine for each rating factor (KSAO) the quality level which best matches the applicant's total background for that factor. Panel members should be cautioned that the quality level descriptions are only examples of background patterns which can be credited at each level. There may be information from sources not explicitly described in the quality level, or other configurations of an individual's experience, training, etc., which indicate the level of performance anticipated in the quality level. (See paragraph 5d, this appendix, concerning suggested point credit.)

(4) After each panel member has rated all the applicants and ranked them to determine a best qualified group (see subparagraph c below), the panel should meet to compare ratings. When their ratings differ to the point that an applicant appears to be in the best qualified group according to one rater but not another, the panel should discuss the relevant information available on the applicant and come to a consensus. The raters who change their ratings should document the reasons for the change on the evaluation worksheet for that applicant. If no consensus can be reached, this should also be documented. When no consensus can be reached, as an alternative, final total scores can be obtained by adding together the scores awarded to each applicant by each panel member. These aggregate scores would then be used to determine which applicants to refer to the selecting official.

**NOTE:** *The evaluation worksheets of the panel must be signed and kept as part of the promotion file.*

c. **Cut-Scores**

(1) After a score for each applicant has been determined, a "cut-score" must be established to determine which applicants to refer to the selecting official for final consideration. Like all other components of the selection process, the cut-score must be based on valid concerns and be justifiable. Cut-scores, in many instances, will reflect a natural break between assigned points. Cut-scores will not be set arbitrarily at a particular point score or at a particular percentage of the total possible points. Applicant scores are placed in numerical order and the point determined at which a meaningful distinction can be made between those applicants who will probably perform the job with substantially equal success and those likely to perform with a lesser degree of success.

(2) The following questions should be considered in establishing the cut-score:

(a) Is there a natural gap?

(b) Is the lowest ranking individual who will receive further consideration clearly superior to the highest ranking person receiving no further consideration?

(c) Is it possible for the lowest ranking person receiving further consideration to be equally successful as all others in the group referred?

(3) The following examples illustrate where cut-scores might be set:

**EXAMPLE A**

| | Score | Number of applicants at this score |
|---|---|---|
| In this case the | 20 | 3 |
| natural break is | 19 | 2 |
| 19 and those scoring | 18 | 0 |
| 19 and above would be | 17 | 0 |
| referred. | 16 | 5 |

**EXAMPLE B**

| | | |
|---|---|---|
| Even though there were | 20 | 5 |
| five applicants who | 19 | 2 |
| received 20 points, the | 18 | 0 |
| two who received 19 are | 17 | 0 |
| so close that not | 16 | 2 |
| referring them would be | | |
| difficult to justify. | | |
| The cut-score would be 19. | | |

(4) In some cases there will not be a natural break or other readily justifiable point at which to set the cut-score. If possible, additional information should be collected on applicants which will further distinguish among them and allow a meaningful distinction to be made. Unfortunately, this may not always be possible or practical and other procedures for setting cut-scores will have to be used. Each merit promotion plan should describe what procedure will be used if it is not possible to set a meaningful cut-score. When there are several applicants who have the same score and additional information which would allow for a meaningful distinction is not available, it may be necessary to use a tie-breaking procedure such as that described in Appendix III-I.

# APPENDIX H. JOB-ELEMENT APPROACH FOR WAGE GRADE JOBS

**1. GENERAL.** The job-element qualification system and evaluation and ranking procedures for in-service placement for trades and labor occupations are mandatory for use in VA. An in-depth discussion of this procedure is located in Office of Personnel Management Handbook X-118C. In addition, the information in Appendix III-G of this Handbook should be carefully reviewed since it provides valuable information concerning job analyses, crediting plans, sources of information, etc., which should be considered in the job-element approach.

**2. PURPOSE.** This appendix is intended to provide an overview of the system and focus attention on certain procedures in Handbook X-118C which are critical to successful implementation.

**3. BACKGROUND**

a. **Job Elements.** Job elements in Handbook X-118C were developed through an analysis of wage grade job families which yielded job elements (abilities) directly related to successful performance. The approved job elements for specific wage grade job families are located in appendix A of Handbook X-118C. Under certain circumstances, explained in the Handbook, additional job elements may be developed for a specific position, some of the predetermined job elements may be combined, or some may be deleted. The screen out element, however, may not be deleted.

b **Crediting Plans**[**/Assessment Questionnaires**]**.** The job-element procedure requires development of a crediting plan[/assessment questionnaire] which is used to determine the relevancy of applicants' background to the job being filled. These crediting plans must be developed and used, both for basic qualification determinations and for rating and ranking purposes. .

**NOTE:** *Chapter V of the Handbook X-118C stipulates that crediting plans are not made available to employees since the guides contain information that might give them unfair advantage in applying for the job.* [*Crediting plans*] *may, however, be reviewed and/or released for grievance and EEO complaint purposes as discussed in paragraph 9e, chapter 3 of this part.* [*In USA Staffing recruitment, assessment questionnaires request information from the applicant and must be made available to all applicants through the merit promotion announcement. Scoring criteria for that assessment are not disclosed.*]

c. **Supplemental Experience Statements.** VA Form 4676, Supplemental Experience Statement for Inservice Placement, and the continuation sheet, VA Form 4676a, are available for securing information from applicants concerning their qualifications for each job element. Statements used on the VA Form 4676 to generate employee responses are extremely important and must be carefully constructed to ensure they are clear, request relevant information and provide for determining the level of experience the employee possesses. Development and use of supplemental experience statements are discussed in the

OPM Handbook of Wage Grade Supplemental Forms, February 1971. It should be closely observed when developing the VA Form 4676 for employee responses. [In USA Staffing, these forms are replaced by OPM Form 1203-FX.]

d. **Other Sources of Information.** Paragraph 6, Sources of Informtation, of appendix III-G in this part should be reviewed. Its provisions are applicable concerning supervisory appraisals and options for their use. This includes the option, no longer a requirement, to use current, standardized VA supervisory appraisal forms with a proper rating pattern for the position to be filled. Other information, geared to the KSAO approach for General Schedule positions, is equally valuable for filling wage grade jobs.

e. **Rating Sheet.** VA Form 4677, Job Element Rating Sheet for Inservice Placement, is available for documenting basic qualification determinations and rating and ranking point credit determinations for applicants for trades and labor occupations. A crediting plan must be used in conjunction with this form. [In USA Staffing, use of this form is not required. If a panel wants to use this form to document their findings, they can, but if the panel doesn't want to, or if there is no panel, the form does not have to be used.]

## 4. RATING AND RANKING CANDIDATES FOR PROMOTION

a. **Supervisor's Appraisal of Performance for Promotion.** To rate and rank basically eligible candidates for promotion, a supervisory appraisal of performance for promotion based on the requirements of the specific job being filled may be useful in addition to those factors in paragraph 3 above. Various supervisory appraisals like those described in appendix III-G, paragraph 6, for the KSAO approach are, however, acceptable.

b. **Annual Performance Evaluation.** Each candidate's annual performance evaluation must also be taken into consideration in the rating and ranking process. (See paragraph 3d, chapter 3 of this part.)

c. **Awards, Training, Self-Development and Outside Activities.** Information concerning these items, which may be secured from the employee responses on VA Form 4676 and/or from the employee's personnel folder, Federal employment application, or other appropriate source, must also be available for consideration in the point crediting process.

d. **Basis for Awarding Points for Promotion.** When rating and ranking for promotion, the panel, which must include a subject matter expert for the job, reviews each piece of relevant information required by the applicable promotion plan (i.e., the employee's supplemental experience statement, the annual performance evaluation, the supervisor's appraisal of performance for promotion and information related to awards, training, self-development and outside activities). Judgment is used to determine how closely the candidate's total background (as indicated by the combination of all the sources of information required by the applicable plan) matches a quality level for each job element. This process is repeated for each separate job element and points awarded accordingly. The result will not only provide for a basic qualification determination but will also yield the relative rank of candidates for promotion.

e. **Documentation**

(1) **Promotion File.** It is essential that thorough documentation of the panel's decisions include the evidence and rationale used to place the candidate in a certain quality level for each job element. The documentation must be such that a reviewer may easily determine the rationale and judgment used in point credit determinations from the information in the promotion file (see paragraph 18 of chapter 3, this part).

(2) **Selection Procedure.** The documentation requirements of the Uniform Guidelines on Employee Selection Procedures apply to procedures developed for wage grade jobs. Those documentation requirements of paragraph 19, chapter 3, this part, which are applicable to wage grade selection procedure development, must be observed.

**5. DETERMINING BASIC QUALIFICATION FOR REASSIGNMENT, DEMOTION, ETC.** Rating and ranking to determine a best qualified group are not necessary for certain actions such as reassignment or demotion to positions with no higher potential, or reinstatement to positions at the same grade with no greater promotion potential than previously held. When only basic qualification determination is necessary, use of the appropriate job elements, a crediting plan, a supplemental experience statement and VA Form 4677 is sufficient. Additional guidance concerning basic qualification determinations and point credit may be found in Handbook X-118C, chapter IV, and in the instructions on VA Form 4677. [In USA Staffing, a résumé, or equivalent documentation, and completion of the assessment questionnaire are normally sufficient.]

## APPENDIX I. PROCEDURES FOR BREAKING TIES

**1. GENERAL.** When ties occur, it is preferable to collect additional information on each of the tied candidates for further evaluation to determine whether a distinction among them can be made. Unfortunately, in some cases further differentiation is not possible. Facilities may elect to use Service Computation Dates (SCD), however, the following method may be preferable, since certain factors influencing the SCD may result in adverse impact against certain groups of employees.

**2. PROCEDURE.** This is a random procedure which does not contain factors which provide advantage or disadvantage to any particular group. The following example is based on vacancy announcements numbered in sequence during each calendar year such as: Announcement 01-1, Announcement 01-2, etc. This system may have to be altered to conform to local announcement numbering procedures.

| | | **LAST DIGIT IN SOCIAL SECURITY NUMBER** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| **LAST DIGIT IN VACANCY ANNOUNCE-MENT NUMBER** | 1 | 6 | 0 | 2 | 9 | 5 | 1 | 4 | 8 | 3 | 7 |
| | 2 | 8 | 3 | 9 | 7 | 6 | 0 | 2 | 4 | 5 | 1 |
| | 3 | 0 | 2 | 8 | 5 | 4 | 9 | 3 | 7 | 1 | 6 |
| | 4 | 5 | 8 | 1 | 6 | 2 | 4 | 0 | 3 | 7 | 9 |
| | 5 | 9 | 4 | 5 | 8 | 3 | 7 | 1 | 6 | 2 | 0 |
| | 6 | 2 | 1 | 3 | 0 | 7 | 8 | 6 | 9 | 4 | 5 |
| | 7 | 1 | 7 | 6 | 2 | 9 | 3 | 5 | 0 | 8 | 4 |
| | 8 | 3 | 5 | 7 | 4 | 0 | 6 | 8 | 1 | 9 | 2 |
| | 9 | 4 | 9 | 0 | 1 | 8 | 2 | 7 | 5 | 6 | 3 |
| | 0 | 7 | 6 | 4 | 3 | 1 | 5 | 9 | 2 | 0 | 8 |

a. The last digit of the vacancy announcement determines the row to use (e.g., for Announcement 01-47, use row 7 of the chart).

b. The last digit of each tied candidate's SSN (social security number) determines the column to use.

c. The number in the block at the intersection of the row and column is the tie-breaking order digit.

d. The tie-breaking digit "1" is certified first, "2" second and "0" last.

**EXAMPLE:** Vacancy Announcement 01-47

| Candidate | SSN | Tie-Breaking Digit |
|---|---|---|
| A | 123-45-6789 | 8 |
| B | 123-45-9876 | 3 |
| C | 123-45-8945 | 9 |

Candidate B would be certified before A or C.

e. If ties still exist after the first round, break secondary ties by repeating the steps using the next-to-last digit of the social security number.

# APPENDIX J. DOCUMENTATION OF ADVANCEMENTS ON SF 50-B, NOTIFICATION OF PERSONNEL ACTION

| Category of Employee | Appointment Authority | Nature of Action | Legal Authority | VA Required Remarks |
|---|---|---|---|---|
| [ ] Podiatrists, Optometrists, Chiropractors, Registered nurses, Physician Assistants, Expanded-Function dental Auxiliaries and nurse anesthetists | 38 U.S.C. 7401(1) | "Promotion"<br><br>"Pay Adjustment"<br><br>Promotion" or "Change to Lower Grade," as appropriate<br><br>"Change to Lower Grade"<br><br>"Pay Adjustment"<br><br>"[Pay Adjustment] | 38 U.S.C. 7403 | <br><br>"Special Advancement for Performance"<br><br>"Grade Adjustment. For consistency with (promotion requirements)." Will be shown for promotion grade adjustments.<br><br>"Grade Adjustment. For consistency with (duty assignment)." Will be shown when employee changed from level of assignment where grade is based on both nature of assignment and personal qualifications.<br><br>"Special Advancement for Achievement"<br><br>[Use when a Nurse I is advanced to a higher level within Nurse I grade.] |
| [P]odiatrists, optometrists, chiropractors, registered nurses, physician assistants expanded-function dental auxiliaries and nurse anesthetists | 38 U.S.C. 7405(a)(1)(A) | "Promotion"<br><br>"Pay Adjustment"<br><br>"Promotion" or "Change to Lower Grade," as appropriate<br><br>"Change to Lower Grade"<br><br>"Pay Adjustment"<br><br>"[Pay Adjustment]" | 38 U. S. C. 7405(b) | <br><br>"Special Advancement for Performance"<br><br>"Grade Adjustment. For consistency with (promotion requirements)." Will be shown for promotion grade adjustments.<br><br>"Grade Adjustment. For consistency with (duty assignment)." Will be shown when employee changed from level of assignment where grade is based on both nature of assignment and personal qualifications.<br><br>"Special Advancement for Achievement"<br><br>[Use when a Nurse I is advanced to a higher level within Nurse I grade. Applicable to part-time or intermittent appointments without time limitations.] |
| Medical and dental residents | 38 U.S.C. 7406 | "Promotion" | 38 U.S.C. 7406 | |
| Career Residents | 38 U.S.C. 7406 | "Promotion"<br><br>"Pay Adjustment" | 38 U. S. C. 7406 | <br><br>"Special Advancement for Performance" or "Special Advancement for Achievement" |

## DOCUMENTATION OF ADVANCEMENTS ON SF 50-B, NOTIFICATION OF PERSONNEL ACTION (CONTINUED)

| Category of Employee | Appointment Authority | Nature of Action | Legal Authority | VA Required Remarks |
|---|---|---|---|---|
| All Hybrid Occupations | 38 U.S.C. 7401(3) | "Promotion"<br><br>"Pay Adjustment"<br><br>"Promotion" or "Change to Lower Grade," as appropriate<br><br>"Change to Lower Grade"<br><br>"Pay Adjustment" | 38 U.S.C. 7403 | <br><br>"Special Advancement for Performance"<br><br>"Grade Adjustment. For consistency with (promotion requirements)." Will be shown for promotion grade adjustments.<br><br>"Grade Adjustment. For consistency with (duty assignment)." Will be shown when employee changed from level of assignment where grade is based on both nature of assignment and personal qualifications.<br><br>"Special Advancement for Achievement" |
| All Hybrid Occupations | 38 U.S.C. 7405(a)(1)(B) | "Promotion"<br><br>"Pay Adjustment"<br><br>"Promotion" or "Change to Lower Grade," as appropriate<br><br>"Change to Lower Grade"<br><br>"Pay Adjustment" | 38 U. S. C. 7405(b)(2) | <br><br>"Special Advancement for Performance"<br><br>"Grade Adjustment. For consistency with (promotion requirements)." Will be shown for promotion grade adjustments.<br><br>"Grade Adjustment. For consistency with (duty assignment)." Will be shown when employee changed from level of assignment where grade is based on both nature of assignment and personal qualifications.<br><br>"Special Advancement for Achievement" |

# APPENDIX K. PROMOTIONS, ADVANCEMENT TO A HIGHER LEVEL WITHIN THE GRADE, OR CHANGE IN ASSIGNMENTS APPROVED BY THE UNDER SECRETARY FOR HEALTH OR A DESIGNEE, NETWORK DIRECTORS AND FACILITY DIRECTORS

***NOTE: The term advancement in this appendix refers to advancement to a higher level within the grade for nurses, not special advancements for achievement or performance.***

## 1. Under Secretary for Health or designee

**NOTE:** *All actions affecting Directors of medical and regional office centers requiring approval of the Under Secretary for Health, or designee, will also require the concurrence of the Under Secretary for Benefits.*

a. Promotion of [of employees to positions centralized to the Under Secretary for Health as outlined in VA Handbook 5005, Appendix G15] Chiefs of Pharmacy Service to GS-15

b. Promotion of VHA Central Office employees

c. Promotion reconsideration requests from [ ] VHA Central Office employees.

[d. Promotion reconsideration requests from registered nurses will be processed in accordance with VA Handbook 5005, Part III, Chapter 4, Section A, paragraph 7d.

e. Promotion reconsideration for VISN employees.]

## 2. Network Directors

a. Promotion of VISN employees.

b. Reconsideration requests for promotion or change in assignment from employees at field facilities within the respective VISNs. This applies to all occupations except registered nurse.

c. Temporary change in assignments to Chief of Staff or comparable positions in tier 4 for renewable periods not to exceed 1 year.

## 3. Facility Directors

a. Promotion of [employees to grades GS-13 and below and to GS-14 grade levels as delegated by the Network Director].

b. Promotion of Pharmacists. Facility directors may delegate to the Chief of Pharmacy Service the promotion of pharmacists in noncentralized assignments below GS-13, Assistant Chiefs of Pharmacy Service at GS-13.

c. Promotion of all other hybrids, which may be delegated to the Chief of Staff, the Associate Director, or Nurse Executive, as appropriate

d. Promotion of Optometrists.

e. Promotion of Chiropractors.

f. Promotion of Podiatrists.

g. Change in assignment of Dentists (staff dentists, service chiefs and positions comparable to service chief).

h. Promotion of Expanded-Function Dental Auxiliaries.

i. Promotion of Physician Assistants.

j. Change in assignments of Physicians.

k. Promotion or advancement to a higher level within the grade of Nurse Anesthetists

l. Promotion of Registered Nurses at Nurse III and below, which may be delegated to the [Associate Director for Patient Care Services or] Nurse Executive.

m. Promotion of Registered Nurses at Nurse IV and Nurse V, which may not be delegated to the [Associate Director for Patient Care Services or] Nurse Executive.

[n. Reconsideration requests for promotion up to the full performance level from employees appointed under 38 U.S.C. 7401(3) or 38 U.S.C. 7405(a)(1)(B) at field facilities.

**NOTE:** *When an employee on a time limited appointment is advanced in grade or level within the grade (Nurse I), those actions must be processed as a conversion action after consideration by the appropriate professional standards board. Refer to VA Handbook 5005, Part III, Chapter 5, paragraph 5.*]

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## APPENDIX M. PROCESSING TITLE 38 PROMOTIONS AND ADVANCEMENTS

| HOW TO PROCESS A PROMOTION FOR PODIATRISTS, CHIROPRACTORS, NURSE ANESTHETISTS, PHYSICIAN ASSISTANTS, EXPANDED-FUNCTION DENTAL AUXILIARIES, AND TITLE 38 HYBRID OCCUPATIONS | | |
|---|---|---|
| | **A** | **B** |
| STEPS | If full-time, part-time or intermittent employee is in a | then take these steps for promotion up to the full performance level |
| 1 | title 38 hybrid occupation [ ] | Upon receipt of VA Form 5-97, Notice of Pending Personnel Action, the HRM Office will forward the original to employee's service chief. A duplicate copy will be retained in the HRM office as a suspense copy. |
| 2 | | The immediate supervisor will notify employee of eligibility for promotion, and employee will be given 30 days to submit self assessment. The immediate supervisor will make a formal promotion recommendation to the approving official based on an evaluation of employee's self assessment, performance, experience and/or education, as appropriate. Recommendation will meet criteria described in section B, chapter 4, this part. Employees who have demonstrated the capability to successfully perform at the next higher grade level will be recommended for promotion. |
| 3 | | Upon concurrence of the promotion recommendation by the approving official, the appropriate personnel action will be prepared and submitted along with supporting documentation to the HRM Office. [In no case will the promotion be effected later than the employee's anniversary date unless a future date, set by the approving authority and at the election of the employee when doing so, would benefit the employee (i.e. an employee is due a within grade increase), and that does not violate law or negotiated agreement.] |

| | | |
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| 4 | | If promotion is not recommended, the immediate supervisor will notify the employee in writing that they are not being recommended for promotion. The written notice will state the reason(s) why the employee does not meet the criteria for promotion, the right to reconsideration, and that requests for reconsideration must be preceded by an informal discussion with their supervisor. Reconsideration request procedures will follow criteria described in paragraph 7 of chapter 4, this part. |

| HOW TO PROCESS A PROMOTION FOR PODIATRISTS, CHIROPRACTORS, NURSE ANESTHETISTS, PHYSICIAN ASSISTANTS, EXPANDED-FUNCTION DENTAL AUXILIARIES, AND TITLE 38 HYBRID OCCUPATIONS | | |
|---|---|---|
| | **A** | **B** |
| S T E P S | If full-time, part-time or intermittent employee is in a | then take these steps for promotion **above the full performance level** |
| [1] | title 38 hybrid occupation [ ] | Upon receipt of VA Form 5-97, Notice of Pending Personnel Action, the HRM Office will forward the original to employee's service chief. A duplicate copy will be retained in the HRM office as a suspense copy. (Employees who are eligible for promotion consideration to a grade that requires a combination of personal qualifications and assignment characteristics are to be considered for promotion to such grades on the **first** anniversary date of their last promotion, provided administrative requirements have been met.) |
| [2] | | The immediate supervisor will notify employee of eligibility for promotion, and employee will be given 30 days to submit self-assessment. The immediate supervisor will make a recommendation for promotion to the appropriate management official (e.g. service chief) based on an evaluation of employee's self-assessment, performance, experience and/or education and assignment. Recommendation will meet criteria described in section B, chapter 4, this part. |

| | | |
|---|---|---|
| [3] | | If the appropriate management official determines the personal qualifications and assignment does not meet the qualification standard to warrant promotion above the full performance level, the employee will be notified in writing that they are not being recommended for promotion. The written notice will state the reason(s) why the employee does not meet the criteria for promotion, the right to reconsideration, and that requests for reconsideration must be preceded by an informal discussion with their supervisor. Reconsideration request procedures will follow criteria described in paragraph 7, chapter 4, this part.<br><br>If the appropriate management official determines the personal qualifications and assignment meets the qualification standard to warrant promotion above the full performance level, the appropriate recommendation will be submitted [to Human Resources for consideration within 30 days.] |
| [4] | | [Human Resources] will examine the personnel folder, supervisory evaluations and all other information furnished. Additional information may be obtained at the direction of [Human Resources. Human Resources will report their findings in a formal notification (memorandum). The Human Resources Officer will review, sign and date the form if compliant with policy.] |

| HOW TO PROCESS A PROMOTION FOR PODIATRISTS, CHIROPRACTORS, NURSE ANESTHETISTS, PHYSICIAN ASSISTANTS, EXPANDED-FUNCTION DENTAL AUXILIARIES, [AND TITLE 38 HYBRID OCCUPATIONS | | |
|---|---|---|
| | **A** | **B** |
| S T E P S | If full-time, part-time or intermittent employee meets the requirements specified and is a | then take these steps |
| 1 | podiatrist, chiropractor, nurse anesthetist, physician assistant, expanded function dental auxiliary | Upon receipt of VA Form 5-97, Notice of Pending Personnel Action, the HRM Office will forward the original to the employee's service chief. The duplicate copy will be retained in the HRM office as a suspense copy. |
| 2 | | The service will make appropriate recommendation to the Professional Standards Board or Standards Board (through the health care facility Director and Chief of Staff, when appropriate, such as for chiropractors and physician assistants, including concise evaluation based on the criteria in paragraphs 5 and 6 of chapter 4, this part (as appropriate). The Chief of Staff will make recommendations similarly for service chiefs. Significant changes in recent proficiency/performance ratings or unusually high or low elements will be evaluated in terms of promotion consideration. Each of these officials will indicate concurrence or non-concurrence, including specific reasons for such recommendation. |
| 3 | | The Professional Standards Board or Standards Board will examine supervisory evaluations, and all other information furnished. Additional information may be obtained at the direction of the board. The Board will report their findings and recommendations on VA Form 10-2543, Board Action. All members will sign and date the form (verified facsimile or electronic signatures are acceptable). The board action and all related papers will then be forwarded to the appropriate promotion approving authority listed in appendix III-K. Action by the approving authority is required even though a promotion is not recommended. |

| | | |
|---|---|---|
| 4 | | The approving authority will note the final decision on the Board's recommendation, sign VA Form 10-2543, and take appropriate action. |

| HOW TO PROCESS A PROMOTION FOR OPTOMETRIST | | |
|---|---|---|
| | **A** | **B** |
| STEPS | If full-time, part-time or intermittent employee is an | then take these steps |
| 1 | optometrist | Upon receipt of VA Form 5-97, Notice of Pending Personnel Action, the HRM Office will forward the original copy to the employee's service chief. The duplicate copy will be retained in the HRM office as a suspense copy. |
| 2 | | The service chief will make appropriate recommendation to the VA Central Office Optometry Professional Standards Board through the facility HRM office, including a concise evaluation based on the criteria in paragraph 5 of chapter 4, this part (as appropriate). The Chief of Staff will make recommendations similarly for service chiefs. Significant changes in recent proficiency/performance ratings or unusually high or low performance in any elements will be evaluated in terms of promotion consideration. Each of these officials will indicate concurrence or non-concurrence, including specific reasons for such recommendation. |
| 3 | | The VA Central Office Optometry Professional Standards Board will examine required documentation as specified in Note 2 and the Central Office Optometry Professional Standards Board checklist. Additional information may be obtained at the direction of the board. The Board will report their findings and recommendations on VA Form 10-2543, Board Action. All members will sign the form. The board action and all related papers will then be returned to the facility HRM office which will be responsible for forwarding to the appropriate promotion approving authority listed in appendix III-K. Action by the approving authority is required even though a promotion is not recommended. |

| | | |
|---|---|---|
| 4 | | The approving authority will note the final decision on the Board's recommendation, sign and date VA Form 10-2543, and return to the facility HRM office which will ensure completion of the promotion or other appropriate action. |

NOTE 1: The Director of Optometry Service and the VA Central Office Optometry Professional Standards Board may be contacted at and communications should be directed to:

# APPENDIX N. UTILIZATION OF TITLE 38 EMPLOYEES (APPOINTMENT/ASSIGNMENT TO NON-CLINICAL DUTIES)

**1. SCOPE.** This appendix contains VHA policy on the assignment of non-patient care duties to title 38 employees and when placement of title 38 employees in competitive civil service positions is required; it establishes procedures for ongoing review of these assignments; and it provides information on the conversion of title 38 employees to appointments under title 5 United States Code (U.S.C.). This appendix sets forth VHA policy that title 38 employees are to be appropriately utilized.

**2. POLICY.** It is VHA policy that responsible officials assign title 38 employees duties requiring clinical skills; that the utilization of title 38 employees in competitive civil service positions is prohibited; and that positions which do not require clinical skills be placed in the competitive civil service.

**3. ACTION**

a. Network directors, facility directors, and officials in VA Central Office are responsible for:

(1) Ensuring that positions that require clinical knowledge, skills, and abilities of an occupation covered by title 38 are not placed under title 5.

(2) Ensuring that positions that do not require the knowledge, skills and abilities of a health care professional are not removed from the competitive civil service by placing a title 38 employee in the position. **NOTE:** *Such actions are contrary to title 5 U.S.C.§ 3302 and title 5 Code of Federal Regulations (CFR), Part 1 (Civil Service Rule 1), and, in certain instances, are considered a prohibited personnel practice as defined by title 5 U.S.C. § 2302(b)(6).*

(3) Controlling the degree to which title 38 employees are assigned duties that do not require clinical skills. However, when such action is necessary, these officials must ensure that:

(a) Staffing is sufficient to provide patient care, continuous quality improvement, health care education, research, etc.

(b) The assignment of the non-clinical duties is consistent with good position management principles. The provision of administrative support services needs to be evaluated in a comprehensive manner at the organization and position levels. For example, would putting employees performing related non-clinical duties under the control of clinical managers result in improved services? Positions can also be reengineered so non-clinical responsibilities can be assigned to competitive service employees, making more clinical staff available for patient care services. Positions that involve a mixture of clinical and non-clinical duties are to be evaluated to determine if title 38 employees might be used on a part-time, consultative, collateral or rotational basis. Also, non-clinical duties assigned to title 38 employees are to be reduced to a minimum and assigned to title 5 employees.

(c) Staffing patterns are established so that title 38 employees are not routinely required to perform administrative or support functions that do not require the services of a health care professional. This includes title 38 employees assigned to evening, night, weekend, and holiday tours of duty.

(4) Working with the Chief of Staff, Nurse Executive, Chief of Human Resources, and other appropriate officials to apply the policies in this appendix consistently throughout the organization. This includes reviewing and bringing into conformance appointments or assignments inconsistent with this appendix.

(5) Converting positions that do not require clinical skills to the competitive civil service, and either reassigning the incumbent title 38 employee or offering the employee the opportunity to voluntarily convert to the competitive civil service using the Interchange Agreement in appendix III-C. However, such conversion actions must be based upon a Professional Standards Board finding that the position does not require the services of a health care professional. Employees requesting conversion must be advised, in writing, of the implications of the decision on their pay and benefits (e.g., differences in leave accrual rates and, since conversion is voluntary, these employees would not be eligible for pay retention). In addition, new, current, or converting title 5 employees who are licensed in a title 38 occupation (e.g., M.D., R.N.) are to be advised in writing that they are prohibited from engaging in professional practice in their VA position. Copies of these statements are to be placed on the left-hand side of the employee's Merged Records Personnel Folder. When employees are reassigned to patient care positions, management must ensure that the employee's competencies and credentials (e.g., license) are current. Reasonable measures must also be taken to reduce or eliminate potential adverse effects on employees being reassigned. There may be labor relations responsibilities to fulfill when an employee is involuntarily reassigned from one bargaining unit position to another. Managers are to consult with their labor relations advisor to determine whether an obligation exists. **NOTE:** *If the Professional Standards Board finds the position requires a title 38 employee, responsible officials are to evaluate the position to ensure it is consistent with the criteria in preceding subparagraphs a(1) and a(2).*

b. Network directors, facility directors, and officials in VHA Central Office **can not**:

(1) Assign title 5 employees, or former title 38 employees who have converted to title 5 positions, any clinical responsibilities associated with a title 38 occupation. Such responsibilities can only be assigned to employees appointed under title 38.

(2) Convert title 38 employees to title 5 positions to avoid pay limitations, required waivers of qualification standards, competitive civil service procedures, credentialing requirements, or to circumvent provider-patient ratios.

(3) Establish title 5 positions in the occupations listed in 38 U.S.C. 7401(1) or (3).

**4. FOLLOW-UP RESPONSIBILITY.** The Director, Management Support Office (10A2), is responsible for the contents of this appendix.

## APPENDIX O. FULL PERFORMANCE LEVELS FOR HYBRID TITLE 38 POSITIONS

1. **SCOPE.** This appendix contains the full performance levels for hybrid title 38 positions listed under section 7401(3) of title 38, United States Code, or approved for hybrid status under part II, chapter 3, section A, paragraph 2 of this handbook and applies to Veteran Health Administration employees appointed under 38 U.S.C. 7401(3) or 7405(a)(1)(B). This appendix is to be used in conjunction with the promotion procedures in section B of Chapter 4, this part.

2. **LIST OF POSITIONS AND FULL PERFORMANCE LEVELS**

[See the Office of the Chief Human Capital Officer, Recruitment, Placement and Policy Service website for a complete list of hybrid title 38 occupations and full performance levels.

## APPENDIX P. PROCEDURES FOR REPORTING QUESTIONABLE BEHAVIOR AND JUDGMENT EXHIBITED BY HYBRID TITLE 38 PROFESSIONAL STANDARDS BOARDS MEMBERS

**1. SCOPE.** This appendix covers the procedures to be followed when a hybrid Board member (Chair, Member, or Secretary) believes a hybrid Board co-member (Chair, Member, or Secretary) is exhibiting questionable behavior or judgment during deliberations or when determining recommendations for the approving official. Examples of questionable behavior and judgment that may be displayed include, but is not limited to:

a. Incorrectly interpreting qualification standards criteria, employee self-assessments, supervisory recommendations, or performance evaluations to the advantage or disadvantage of the PSB subject;

b. Failing to recuse themselves when it would be appropriate to do so or recusing themselves when there is no reason to;

c. Failing to respect the privacy of the Board subject;

d. Violating Board confidentiality; or

d. Displaying a lack of integrity

**2. PROCEDURES.** The member should raise their concern with the Chair of the next higher level hybrid Board using the following procedures:

a. Discuss the issue with the Chair of the next higher level Board, either in person or via telephone, within 15 days of the last Board at which the questionable behavior or judgment was displayed.

b. If the issue remains unresolved and the member wishes to pursue the matter further, the member must express her/his concerns to the Chair of the next higher level Board in writing or via email within 15 days of the discussion.

c. The Chair of the next higher level Board will conduct an inquiry within 30 days by whatever means the Chair deems appropriate. This may include, but is not limited to, discussions with members of the lower level Board, including the Chair and the subject of the Board, discussions with the HR technical advisor to the lower level Board, and discussions with the approving official for the lower level Board.

d. Within 30 days of completion of the inquiry, the Chair must discuss the issue and recommendations for resolution with the approving official for the higher level Board and must submit the recommendations in writing to the lower level Board's approving official. The recommendations may include, but are not limited to, additional training for the member or removal from the Board.

e. The approving official may take whatever action is deemed appropriate.]

# [APPENDIX Q. PROCEDURES FOR APPOINTING AND ADVANCING MEDICAL SUPPORT ASSISTANTS

**1. SCOPE.** This appendix contains the policy and requirements that apply to the employment of Medical Support Assistants (MSAs). This appendix also establishes the procedures for appointments (see VA Handbook 5005, Part II, Chapter 3, paragraph F1), promotions, and compensation of MSAs in Veterans Health Administration (VHA) appointed under sections 7401(3) and 7405 (a) (1) (B) of title 38, United States Code. This appendix is incorporated to Part III of Handbook 5005 through Chapter 4.

**2. POLICY.**

a. Promotion actions will be taken without regard to race, color, religion, sex, national origin, disability, age, sexual orientation, or status as a parent, or any other non-merit factor, and shall be based solely on job-related criteria.

b. Promotion actions will conform to the restrictions governing the employment of relatives. (See VA Handbook 5025, Legal.)

c. All hiring actions will adhere to Veterans Preference requirements in VA Handbook 5005, Part I, Chapter 4.

d. Employees may also be advanced in steps within a grade. (For Special Advancements for Achievement and Special Advancements for Performance see Handbook 5017, Employee Recognition and Awards and paragraph 3 of this appendix.)

e. Nothing in this Appendix shall be interpreted to diminish MSAs' grievance rights negotiated prior to the implementation of this Appendix under any collective bargaining agreement in affect during the implementation of this Appendix.

**3. RESPONSIBILITIES.**

a. Human Resource Offices are responsible for:

(1) Determining eligibility and qualifications in accordance with VA Handbook 5005, Part II, Appendix G45 and recommend the appropriate grade to the selecting official.

(2) Recommending appropriate pay to hiring official using pay setting flexibilities in VA Handbook 5007 pertaining to hybrid title 38.

(3) Determining eligibility, qualifications and recommend the appropriate grade for promotions.

(4) Process requests for reassignments/change to lower grades in compliance with VA Handbook 5005, Part III, Chapter 4, Section B, paragraph 9 and review and make recommendations to the Medical Center Director on Special Advancements for Achievements (SAAs).

b. The Supervisor at the appropriate level is responsible for:

(1) Obtaining an approval to fill a vacant position in accordance with local procedures. Once approval is obtained the service will initiate recruitment action and contact the servicing Human Resources Office (HRO).

(2) Review applications referred for selections.

(3) Submit supporting documentation for utilization of pay setting flexibilities found in VA Handbook 5007 pertaining to hybrid title 38.

(4) Review requests or recommendations for promotions and make recommendations consistent with 6b and 6c below.

(5) Submit recommendations and documentation for SAAs consistent with VA Handbook 5017, Part V, Paragraph 4e (local facilities are encouraged to develop criteria to ensure consistent application of SAAs).

c. Medical Center Director/Network Director will (for personnel under their jurisdiction): 1) review and serve as the deciding official on requests for additional steps above the minimum on appointments; 2) review and serve as the deciding official on reconsideration requests; and 3) review and serve as the deciding official on SAAs.

**4. PROMOTION.**

a. This section contains instructions and procedures governing the promotion of employees who are appointed under the occupational series GS-679 and titled Medical Support Assistant and appointed under sections 7401(3) and 7405 (a)(1)(B) of title 38, United States Code. Promotion is advancement to a higher grade level and recognizes that an employee is providing a higher level of service to VA.

b. The promotion system shall provide advancement opportunities for employees, predicated upon the recognition of the quality of service rendered, additional experience and professional attainment as determined by an examination of the employee's individual record.

c. To meet the criteria for promotion, the individual must meet the criteria for the next higher grade level in the MSA qualification standard. Examination of the individual's total record must reveal evidence that the contribution to VA medical service is of sufficient value to warrant promotion. Potential for continuously greater contribution is also a prerequisite. Reviews and recommendations of supervisors and Human Resources will be sufficient to ensure that promotion is fully merited and not recommended based on meeting administrative requirements alone.

## 5. PROMOTION – GENERAL

a. **Administrative Requirements for Consideration**

(1) A current performance rating of "Satisfactory" or higher.

(2) The experience, education, and performance requirements set forth in the MSA qualification standard. Employees must meet the same grade requirements, including the specified demonstrated accomplishments, as for appointment. Any deviation or exception to these requirements will be limited to those specified in the qualification standard. (See part II, appendix G45).

b. **Promotions Based on Additional Experience and/or Education**. Promotions based solely on additional experience acquired by the employee shall be limited to advancements of one grade or grade interval at a time. If an employee has attained a higher level of education that, when combined with their additional experience, is qualifying for a grade higher than the next grade or grade interval, the employee may be promoted to whatever grade in the qualification standard the additional education warrants.

c. **Processing Procedures** (See appendix III-M, this part)

## 6. PROMOTION CONSIDERATION

a. **Eligibility.** Full-time, part-time, and intermittent employees shall be considered periodically, consistent with 6b and 6c below, for promotion in their current occupation. Eligibility for such promotion considerations shall be based upon fully meeting prescribed administrative requirements. Approximately 60 days prior to the date the employee meets the required period for promotion consideration, Human Resources Management Officers will notify the appropriate supervisory officials that the employee is eligible for promotion consideration to the next higher grade level up to the full performance level. The supervisor will notify the employee, who shall then be given 30 days to submit to their supervisor a self-assessment of their qualifications for promotion consideration. Employees may also notify their supervisor in writing that they are declining to submit a self-assessment during this 30 day period. If this is done, the supervisor will proceed with a recommendation.

b. **Promotion to Grades at or Below Full Performance Level.**

(1) Promotions to grades at or below the full performance level (see Appendix III-O, this part) will be based on the recommendation of the immediate supervisor, recommendation of approval by the second level supervisor and personnel action approved by Human Resources Officer. Upon receipt of the employee's self-assessment or written declination, the immediate supervisor will make a recommendation on promotion that is to be acted upon by the second level supervisor within 30 days of the self-assessment being received.

(2) Employees who have demonstrated the capability to successfully perform at the next higher grade level will be recommended for promotion. Promotions will become effective on the first day of the first full pay period following approval by the second level supervisor. In no case will the promotion be effected later than the first day of the first full pay period commencing 60 days after the employee's anniversary date.

(3) Employees who have not demonstrated such capability will be informed in writing by the immediate supervisor that they are not being recommended for promotion. The written notice will state the reason(s) why the employee does not meet the criteria for promotion. The immediate supervisor may recommend the employee for promotion at a later date if it is determined that the employee has met the appropriate criteria. If not promoted during the intervening period, the employee is entitled to promotion consideration on the next anniversary date of grade. Employees who are not promoted may request promotion reconsideration under paragraph 7 below.

c. **Promotion to Grades above the Full Performance Level**.

(1)Employees who are eligible for promotion consideration to a grade that requires a combination of personal qualifications and assignment characteristics are to be considered for promotion to such grades on the first anniversary date of their last promotion, provided they meet the administrative requirements. This automatic consideration only occurs on the first anniversary for each grade level. In addition, employees who are selected for supervisory or managerial assignments that warrant consideration for a higher grade and for assignments based on complexity will be considered for promotion on a date other than the anniversary date of last promotion.

(2) If after reviewing the employee's self-assessment, if submitted, and other relevant material, the appropriate management official (e.g., service chief) determines that the assignment does not meet the qualification standard for a higher grade, that official shall document the reasons for this determination in writing and provide a copy of the determination to the employee. Employees who do not agree with the determination may request promotion reconsideration under paragraph 7 below.

(3) If the appropriate management official believes the assignment meets the qualification standard requirements for promotion, a request for personnel action is to be prepared and submitted, along with all relevant information to Human Resources for consideration within 30 days. If applicable, the employee will be given a copy of the supervisor's comments relating to the self-assessment. The Human Resources Staffing Specialist will review and forward its recommendation on qualifications to the Human Resources Officer, for approval of personnel action. Human Resources will have no more than 30 days to complete their review. Promotions will become effective on the first day of the first full pay period following approval by the approving official. In no case will the promotion be effected later than the first day of the first full pay period commencing 120 days after the employee's anniversary date.

(4) If, under paragraph (2) or (3) above, the appropriate management official or Human Resources Officer does not recommend the employee's promotion, the employee will no longer receive an automatic annual promotion consideration. The appropriate management official may recommend such employee for promotion at any time in the future provided the employee's duties and responsibilities change to the point that the criteria for promotion to the next grade may be warranted. Employees may request

promotion consideration by the appropriate management official on subsequent anniversary dates if their duties have changed since they were last considered and the employee believes that these changes meet the criteria in the qualification standard for a higher grade. For the reconsideration process for a denial, see paragraph 7 below.

## 7. PROMOTION RECONSIDERATION AND REVIEW

a. **Coverage.** This paragraph applies to MSAs appointed under 38 U.S.C. 7401(3) or 7405(a)(1)(B).

b. **Notice of Decision.** Employees are to be advised by their supervisors in writing of any decision not to promote them, of the reason(s) for the decision, of their right to request reconsideration, and that reconsideration must be preceded by an informal discussion with their supervisor.

c. **Informal Discussion.** Employees and their supervisor must meet to discuss the recommendation not to promote prior to the employee submitting a request for reconsideration under paragraph d below.

d. **Reconsideration Requests**

(1) **To Grades at or Below the Full Performance Level**

(a) If promotion to a grade at or below the full performance level (see Appendix III-O, this part) is involved, the employee may, within 30 days of being notified of the decision, submit a written request through the immediate supervisor to the second level supervisor for reconsideration. The employee's written request for reconsideration must indicate when the informal discussion was held with the immediate supervisor and cite the specific reason(s) why the employee believes the decision was not proper. The Medical Center Director, Network Director, or appropriate higher level designee (whichever is applicable) may extend the 30-day period at the written request of the employee if the employee is unable to submit the information for reasons beyond the employee's control.

(b) Second level supervisors are to review the employee's request within 30 days and determine whether to promote the employee. If the second level supervisor determines that a promotion is not warranted, that supervisor will provide the reasons for this decision to the employee in writing.

(c) If the employee is not satisfied with the explanation of the determination to not promote, the employee can request within 30 days to have the determination reviewed and recommendation made by the next higher level manager. The employee's request for reconsideration and the supervisor's explanation will be forwarded to the next higher level manager within 30 days.

(d) The next higher level manager will make a recommendation within 30 days and submit through the servicing Human Resources Office to the Medical Center Director, Network Director, or appropriate higher level designee (whichever is applicable), who will make a final decision within 30 days.

(e) If the promotion is approved, the employee is to be promoted on the first day of the first pay period following a decision by the approving official. In no case will the promotion be effected later than the first day of the first full pay period commencing 180 days after the employee submits a written request for reconsideration, unless the employee requested an extension to the 30-day period to submit a written request for reconsideration. In such cases, the number of additional days taken by the employee to submit a request will be added to the 180-day time limit. If the promotion is denied, the employee will be provided with a copy of the decision.

(2) **For Promotions to Grades above the Full Performance Level**

(a) Within 30 days of the non-promotion decision, an employee may submit a written request for reconsideration to their immediate supervisor. This 30 day period may be extended at the written request of the employee if the employee is unable to submit the information for reasons beyond the employee's control.

1. The employee's written request for reconsideration must indicate when the informal discussion (see Paragraph 7c above) was held with the immediate supervisor and cite the specific reason(s) why the employee believes the decision was not proper.

2. Immediate supervisors are to review and comment on the employee's request in writing, and provide copies of those comments to the employee within 30 days.

3. The immediate supervisor will submit the written reconsideration request and any supervisory comments to the next higher level supervisor.

(b) The next higher level supervisor will review the information submitted by the employee, along with the immediate supervisor's comments, and make a recommendation to Medical Center Director, Network Director, or appropriate higher level designee (whichever is applicable) through Human Resources within 30 days.

1. If Human Resources determines that the employee's request does not include when the informal discussion was held or the specific reasons why the employee believes the decision was not proper, Human Resources will return the request to the employee for completion.

2. The employee has 30 days from the date of receipt of the returned request to obtain the additional information and return it to Human Resources. The Medical Center Director, Network Director, or appropriate higher level designee (whichever is applicable) may extend the 30-day period if the employee is unable to submit the information for good cause shown.

3. The Medical Center Director, Network Director, or appropriate higher level designee (whichever is applicable) has 30 days to make decision. This 30 day period may be extended up to the number of days it took the employee to provide the appropriate management official with the proper information.

4. Upon making the decision, the Medical Center Director, Network Director, or appropriate management official (as the approving official) will forward the decision to the Human Resources for action under paragraph e. below.

e. **Action by Human Resources.** Upon receipt of the reconsideration file, Human Resources shall take one of the following actions within 30 days:

(1) If approved, promotions will be made effective on the first day of the first full pay period following approval. In no case will the promotion be effected later than the first day of the first full pay period commencing 120 days after the employee submits a written request for reconsideration, unless the employee requested an extension of the 30-day period to submit a written request for reconsideration. In such cases the number of additional days taken by the employee to submit a request will be added to the 120-day time limit.

(2) If disapproved, Human Resources will notify the employee of the decision in writing.

**8. COVERAGE AS EMPLOYEE GRIEVANCE.** Requests for promotion reconsideration are excluded from the Agency Grievance Procedure. See VA Handbook 5021, Part IV, Chapter 3, paragraph 16. Promotion reconsideration decisions are excluded from the negotiated grievance procedure pursuant to 38 U.S.C. 7403(f)(1)(B).

**9. EFFECTING ADVANCEMENT AND PROMOTION ACTIONS**

a. **Effective Date**

(1) The promotion will be made effective by the Human Resources Management Officer on the first day of the pay period following the date of approval of the promotion by the approving official, but in no case earlier than the date on which all administrative requirements are met. A promotion may also be made effective at a future date set by the approving authority that does not violate law or negotiated agreement when doing so would benefit the employee. Promotion recommendations and actions that are administratively delayed beyond the time limits specified in paragraph 6 above will be made retroactive.

(2) If an employee becomes eligible for promotion while on LWOP for purposes for which they have a statutory entitlement to receive promotion consideration (e.g., military service, OWCP), no action will be taken until the employee returns to duty. If the employee on return to duty meets all of the requirements for promotion consideration, he or she will be considered for promotion as if he or she had been continuously employed in the position.

**NOTE:** *See chapter 6, this part, for effecting promotion actions upon return from military service.*

## 10. TEMPORARY PROMOTIONS

a. An employee may be temporarily promoted to a higher graded position where the grade of the position is based on the complexity of the assignment. The employee must meet the administrative and qualification requirements for promotion and such promotions are to be processed using the procedures in paragraphs 4, 5, and 6 above.

b. On expiration or termination of the assignment, the grade and salary of the employee will be adjusted in accordance with the provisions of VA Handbook 5007, Pay Administration. In applying the provisions of this handbook, the salary will be adjusted to the salary held previously, unless a higher rate is warranted by reason of periodic step increases. On assignment, the following statement will be placed in the "Remarks" item of the SF 50-B, Notification of Personnel Action: "Employee informed of conditions of temporary grade assignment."

c. This temporary promotion no longer requires a professional standards board action and will occur without recourse to such board action. The absence of a board action shall not bar an employee from grieving a failure to temporarily promote pursuant to this section under the negotiated grievance procedure or agency grievance procedure as appropriate.]

STAFFING

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# PART IV. [STAFF] REDUCTIONS [ ]

**[(THIS PART IS TO BE USED IN CONJUNCTION WITH 5 CFR, PART 351 AND OFFICE OF PERSONNEL MANAGEMENT RESTRUCTURING INFORMATION HANDBOOK)]**

## CHAPTER 1. GENERAL

**1. SCOPE.** This part covers activities and actions at facilities associated with effecting employment reductions and changes based on such factors as change in mission, reorganization of work, changes in workload, a lack of funds and other matters that are unrelated to individual employee conduct and performance issues. Included in this part are [ ] title 5 reduction in force[, transfer of function, furlough, and] career transition [policies] and title 38 staff [reduction, assignment, reassignment, and furlough policies].

**2. RESPONSIBILITY.** Managers will ensure requirements associated with this part are met, and will otherwise attempt to minimize the adverse impact of necessary changes within their organizations by assisting employees [in understanding] the reasons for changes, assisting employees [with] career transitions, and treating employees in a fair and equitable manner.

**3. REPORTING STAFF REDUCTIONS TO THE OFFICE OF MANAGEMENT AND BUDGET.** VA will provide the Office of Management and Budget (OMB) with information concerning planned reductions in staff and furloughs. See the OHRM[ ] Web site for the requirements for submitting information to VA Central Office (VACO) prior to conducting [staff reductions] or furloughs.

**4. RECORDS.** Human Resources Managers are responsible for maintaining records that are used to determine an employee's [ ] retention standing and for ensuring that access to such records is consistent with 5 CFR 351.505 (b) and VA Handbook 5025. VA will make available for review by the Union and employees those records which they are permitted to inspect, and[, when requested,] will provide copies to the extent possible and reasonable. Records must be maintained for [6] years after completion of the staff reduction activity. Records must be maintained for a longer period if there are pending third-party actions (e.g., grievance, appeal, EEO, court).

[**5. DEFINITIONS.** The following terms are frequently used in the staff reduction process.

a. **Adjusted Service Computation Date.** An employee's service computation date plus credit for her/his three most recent annual performance ratings of record. The adjusted SCD is only used for reduction in force purposes.

b. **Assignment Right.** An employee's entitlement to displace another employee with lower retention standing.

c. **AutoRIF/RIFRunner.** Automated software programs that assist human resources specialists in conducting round 1 and round 2 of a reduction in force by tracking possible assignment rights.

d. **Best Offer.** The highest graded position that can be offered to an employee who has been displaced, but no higher than the employee's current grade.

e. **Bump.** The displacing of an employee in the same competitive area who is in a lower tenure group or subgroup. The bumping employee must be qualified for the position.

f. **Competing Employee.** An employee in tenure group I, II, or III in either the competitive or excepted service.

g. **Competitive Area.** The geographic and organizational boundaries within which employees compete for retention. The competitive area is usually made up of facilities within the commuting area AND under a single management authority.

h. **Competitive Level.** A group of positions with the same title, grade, occupational series, qualifications, duties, responsibilities and work schedule.

i. **Competitive Service.** Civil service positions in the executive branch except SES, positions filled by Senate confirmation, and those specifically excepted by statute.

j. **Criteria and Privilege Request Form.** Form used by employees to request privileges which are then recommended by the service chief, the Professional Standards Board, and the Executive Committee of the Medical Staff. The recommendations are then approved by the Chief of Staff. Approved privileges define the limits of the employee's ability to function independently based upon education, training, and experience.

k. **Days.** Calendar days unless otherwise noted.

l. **Discontinued Service Retirement.** Employees whose jobs are abolished and who face involuntary separation may retire if they meet early retirement eligibility requirements.

m. **Displace.** The moving of an employee from her/his position by bumping or retreating.

n. **Excepted Service.** Civil service positions not in the competitive service or SES.

o. **Functional Statement.** A description of the position that usually includes the title, a broad description of assignments, and a listing of the functions of the position, i.e., clinical, education, administrative/supervisory, program/management, and research.

p. **Furlough.** The placement of an employee in a temporary non-duty and non-pay status when the action is based on a reduction in force reason.

q. **Grade Retention.** When an employee is placed in a lower-graded position as a result of a reduction in force action, the employee remains at their current grade as if the demotion never occurred, for two years.

r. **Hybrid Title 38.** Employees appointed in the title 38 excepted service under 38 U.S.C. 7401(3) but covered by title 5 regulations for RIF and other purposes.

s. **Local Commuting Area.** A geographic area determined by the agency that includes any population center and the surrounding communities in which people may reasonably be expected to travel to and from work. There is no mileage standard.

t. **Mock RIF.** Rough approximations of RIF outcomes, usually performed before all data is verified. Mock RIFs are conducted to identify and correct problems.

u. **Notice.** A written communication to an employee stating that the employee will be reached for a RIF action

v. **Official Personnel Folder.** A file for each employee that documents the individual's federal employment history. The folder contains notifications of personnel actions, benefits elections, performance appraisals, awards, disciplinary actions, employment applications and other documents.

w. **Pay Retention.** Pay retention applies when an employee's previous rate of pay cannot be accommodated within the pay range of the new, lower pay grade. The employee keeps her/his salary, as long as it does not exceed 150% of the 10th step of the new grade. The employee receives only 50% of the annual comparability pay increases until the salary falls within the pay range of the new grade.

x. **Performance Appraisal System.** A means by which supervisors evaluate an employee's work performance.

y. **Rating of Record.** The performance rating prepared at the end of the period and the subsequent issuance of a summary rating level.

z. **Reduction in Force (RIF).** A process through which the federal government may involuntarily separate, demote, and reassign title 5, title 38, and hybrid title 38 employees.

aa. **Reorganization.** The planned elimination, addition, or redistribution of functions or duties.

bb. **Representative Rate.** The fourth step of the grade for GS positions and the second step of the grade for WG/WL/WS positions.

cc. **Retention Factors.** Tenure, veterans' preference, length of service and performance.

dd. **Retention Register.** A listing of employees in order of their "seniority" based on their four retention factors.

ee. **Retention Standing.** An employee's relative standing on a retention register.

ff. **Retreat.** The displacing of an employee in the same competitive area who has a lower service computation date within the same tenure group and subgroup. The position into which the employee is retreating must be the same, or an essentially identical, position as previously held in any federal agency on a permanent basis.

gg. **RIF Appeal.** An employee who believes her/his assignment rights were violated or that the process was not correctly followed may file a formal complaint with the Merit Systems Protection Board.

hh. **Round of Competition.** The different stages of competing for retention. In round one employees compete to stay in the competitive level. In round two bumping and retreating occurs and employees compete for assignment to positions in other competitive levels.

ii. **Scope of Practice.** Employees function autonomously within a defined scope of practice. The scope defines the nature of practice/patient population/setting, assessments and diagnoses authorized, recordkeeping methodology, and prescriptive privileges. The scope may also list routine duties, emergency duties, non-routine/non-emergency duties, and other duties.

jj. **Service Computation Date (SCD).** Generally the date an employee started their current period of federal employment plus any creditable military service and any creditable prior federal civilian service.

kk. **Severance Pay.** Biweekly payments made to an employee who is involuntarily separated and who is not eligible for an immediate retirement annuity. The amount of severance pay is based on the employee's salary, number of years of federal service and age.

ll. **Staff Adjustment.** A process formerly used to involuntarily separate or reassign title 38 employees.

mm. **Subgroup.** After employees are divided into appropriate tenure groups (I, II, or III), they are further divided into one of three subgroups: AD- veterans with a service-connected disability of 30% or more, A- other veterans, or B- non-veterans.

nn. **Surplus Employee.** A current employee serving under an appointment in the competitive service as well as an excepted service employee in Schedule A or B in tenure group I or II, and a title 38 employee serving on an appointment under 38 U.S.C. 7401(1) who has received a CES or other certification issued by the agency which identifies the employee as being in an excess organization or occupation.

oo. **Tenure.** An employee's status based on length of service and type of appointment. Tenure group I is employees designated as "career" based on at least three years of continuous, permanent federal civilian service. Tenure group II is employees designated as "career conditional" based on having less than three years of service or who are serving a probationary period. Tenure group III is employees who have temporary appointments of more than one year.

pp. **Title 5.** The law under which most federal employees are appointed and from which most federal personnel administration regulations derive.

qq. **Title 38.** The law under which many VA employees are appointed.

rr. **Transfer of Function.** The transfer of a continuing function from one competitive area to one or more other competitive areas where the function was not being performed, or the movement of the entire competitive area to another commuting area.

ss. **Undue Interruption.** A degree of interruption that would prevent the completion of required work by the employee 90 days after the employee has been placed in a different position in first or second round RIF competition. The 90 day standard should be considered within the allowable limits of time and quality, taking into account the pressures of priorities, deadlines, and other demands.

tt. **Veterans Preference Act.** The law from which veterans receive much of their preferred status and from which the RIF regulations derive.

uu. **Voluntary Early Retirement Authority (early out).** Employees may retire at age 50 with 20 years of service or at any age with 25 years of service.

vv. **Voluntary Separation Incentive Payment (buyout).** A lump sum cash payment offered to encourage employees to retire or resign.]

# CHAPTER 2. [STAFF REDUCTIONS], TRANSFER OF FUNCTION, FURLOUGH, AND TRANSITION ASSISTANCE

## SECTION A. GENERAL

**1. SCOPE.** This chapter contains Department of Veterans Affairs (VA) policies and procedures for RIF, transfers of function, furloughs, and career transition assistance. They apply to competing title 5 employees [and] to title 38 hybrid employees appointed under 38 U.S.C. 7401(3). These procedures [also apply to employees appointed under 38 U.S.C. 7401(1), except furloughs (for furloughs of employees appointed under 38 U.S.C. 7401(1), see Chapter 3, Section C of this part). These procedures] do not apply to employees serving in the Senior Executive Service or appointed under 38 U.S.C. 7306[ ]. This chapter, [5] CFR part 351, and OPM's Restructuring Information Handbook must be used together when planning and effecting covered actions. Prior to making a determination to initiate a RIF action, labor organizations should be given the opportunity to participate in pre-decisional discussions. If a decision is made to initiate a RIF, labor organizations will be notified before any affected bargaining unit employees are notified. Applicable master or locally negotiated agreement provisions also must be used in administering actions affecting bargaining unit employees.

**2. FILLING VACANCIES**

a. **Reduction-in-Force Planning**

(1) Although management is not obligated to fill vacancies prior to or during a RIF, to the extent possible, necessary and continuing vacancies will be used to provide placement opportunities for employees who will be adversely impacted by a RIF. When management chooses to offer vacancies using RIF procedures, qualifications may be waived in accordance with 5 CFR 351.703. [Qualifications may not be waived for title 38 and hybrid title 38 vacancies.] The Union will be given a written list of current vacancies prior to employees being informed of a reorganization.

(2) After a reorganization is announced in writing and prior to a RIF, eligible employees may be allowed to volunteer to accept lower-graded positions. Employees taking such positions will be granted grade and pay retention if eligible. (See Pay Administration Directive and Handbook 5007 and 5 CFR, part 536, for guidance on grade and pay retention eligibility.)

(3) Promotions or other placements into vacant title 5 positions prior to a RIF which have greater promotion potential than employees' current positions must be made under competitive merit promotion procedures.

b. **Offering Vacancies to Employees**

(1) During a RIF, to the extent possible, vacancies may be used to satisfy employees' assignment rights in accordance with 5 CFR 351.201.

(2) Employees without assignment rights who have received specific RIF separation notices may be offered vacant, lower-grade positions without regard to the three-grade level limit which applies to bump

and retreat. These offers may be made so long as the position would not constitute a better RIF offer to other competing employees. Eligible employees who voluntarily accept lower-graded positions will be entitled to grade and pay retention benefits.

[c. **Reassignments**

(1) To avoid displacing an employee during a RIF, management may reassign a surplus employee to a continuing position at the same grade as long as there is a legitimate need for the employee in the position. Such reassignments help avoid involuntary separations and demotions. An employee may be reassigned without regard to reduction in force regulations when the vacant position is at the same grade or rate of pay as the employee's present position.

(2) The position to which the employee is reassigned may be located in the same or a different competitive level, competitive area, or commuting area.

(3) An employee may not be reassigned to a position with greater promotion potential unless the position is filled following merit promotion procedures.

(4) Reassignment to a position in a different commuting area does not provide the employee with the right to compete for a position in his or her present competitive area under reduction in force regulations even if the employee declines the reassignment and is subsequently separated under adverse action procedures. (See VA Handbook 5021, Part VI, paragraph 13.)

(5) An employee separated for declining reassignment to a position in a different commuting area qualifies for most of the benefits available to an employee who is separated by reduction in force, including severance pay, discontinued service retirement, and the Interagency Career Transition Assistance Plan. The employee is not eligible to be placed on the reemployment priority list.]

## 3. DELEGATIONS OF AUTHORITY

a. The Secretary, or designee(s), will approve RIF actions involving positions centralized to the Secretary and all furloughs.

b. Under Secretaries, Assistant Secretaries, Other Key Officials, or their designee(s), with the advice and assistance of the Office of Human Resources Management [(OHRM), will authorize RIFs], within VACO elements under their jurisdiction, and within field facilities under their jurisdiction requiring VACO approval.

[**NOTE**: *Other Key Officials are defined as the General Counsel, Inspector General, Chairman Board of Veteran Appeals, etc. This does not include positions below Under Secretaries, Assistant Secretaries, or Staff Office Heads.*]

c. Field facility directors will [conduct] RIF actions within their respective jurisdictions . [when authorized and approve resulting actions, except for actions involving centralized positions and all furloughs].

## 4. REQUESTS TO TAKE ACTION

a. **Reduction in Force.** Field facility directors will submit a request, through channels and the Office of Human Resources Management, to the appropriate official listed in VA Directive 5005 before proceeding with RIFs that involve a centralized position or [when anticipating a RIF that would result in the separation of an employee]. This authority may be redelegated by officials listed in paragraph 3. The Under Secretary for Health has delegated RIF authority as specified in appendix IV-B. Information regarding submitting proposed RIFs is provided on the OHRM[ ] Web site. The request will include the following information.

(1) The reasons(s), among those in 5 CFR 351.201(a)(2), for the action;

(2) The titles, series, grades, and numbers of all involved positions;

(3) If the RIF occurs in a research project, the name of the project and principal investigator.

b. **Transfer of Function.** Field facility directors will submit a request, through channels and the Office of Human Resources Management, to the appropriate official listed in VA Directive 5005 before they separate or include in a concurrent RIF employees who decline to transfer with their functions. The request will include the information in subparagraph 4a(2).

c. **Furlough.** Under Secretaries, Assistant Secretaries, Other Key Officials, and field facility directors will submit a request, through channels and the Office of Human Resources Management, to the Secretary before proceeding with a furlough, whether under adverse action [procedures outlined in VA Handbook 5021] or RIF procedures. The request will include a description of the temporary conditions warranting a furlough, the information in paragraph 4a, the proposed length of the furlough, including the beginning and ending dates, and any alternatives to furloughs that were considered. Requests for adverse action furloughs also will identify the method used to select employees for furlough.

d. **Voluntary Early Retirement Authority (VERA).** The Deputy Assistant Secretary for Human Resources Management is authorized to request VERA from OPM . The request must meet the criteria and include the information required by OPM. Under Secretaries, Assistant Secretaries, and Other Key Officials will submit conforming plans, through channels, to the Office of Human Resources Management. Each facility [and VA staff office] authorized and utilizing VERA will establish and maintain a local VERA plan consistent with [overall VA plans and OPM requirements].

[ ]

## SECTION B. COMPETITIVE AREAS

### 1. STANDARD COMPETITIVE AREAS

a. **Field Positions**

(1) Normally, each VA facility under separate managerial authority, e.g., medical center, independent outpatient clinic, regional office, cemetery, and data processing center and its satellite positions and activities within the commuting area, constitutes a competitive area.

(2) Satellite positions and activities outside the commuting area of their parent facilities, e.g., Veteran Representatives on campus, satellite outpatient clinics, "vet centers," also constitute separate competitive areas for each commuting area.

(3) When two or more installations in the same administration or staff office in a local commuting area have a single organizational unit which provides "common service" functions, such as Human Resources, finance, or supply, the servicing office is included in the competitive area of the installation that has administrative authority over the servicing office.

(4) A field element of an administration or staff office which is located at and serviced by a VA facility, but under separate managerial and appointing authority, constitutes a separate competitive area. An example would be Regional Counsel offices at regional offices and medical centers.

(5) Positions in the field for which employment matters are centralized to VACO, such as associate directors and division chiefs, are included in the competitive area of the local facility.

(6) Different funding sources alone is no basis for establishing separate competitive areas.

b. **Central Office Positions**

(1) The Office of the Secretary and each office of an Under Secretary, Assistant Secretary, or Other Key Official, constitute separate competitive areas.

(2) VACO employees with a duty station outside of the Washington, DC, metropolitan area, such as information specialists in the Office of Public Affairs and resident engineers in the Office of Facilities, are in separate competitive areas for each administration or staff office and each commuting area. They are not included in the Washington, DC, competitive areas or in any other competitive areas in their commuting areas.

(3) Positions in the Office of Inspector General (OIG) may not be placed in the same competitive area as positions outside the OIG.

**2. AUTHORITY TO REDEFINE COMPETITIVE AREAS.** Under Secretaries, Assistant Secretaries, and Other Key Officials, with the advice and assistance of the Office of Human Resources Management [ ] may redefine competitive areas for organizations under their jurisdictions, provided such redefinitions are in accordance with 5 CFR, part 351, fully justified and documented to ensure that such action is clearly in the best interest of VA. The Under Secretary for Health has delegated authority to redefine competitive areas as specified in appendix IV-C.

## SECTION C. COMPETITIVE LEVELS AND RETENTION STANDING

**1. ESTABLISHMENT OF COMPETITIVE LEVELS.** Human Resources Management Officers (HRMOs) are responsible for assigning competitive levels[.]

[a. Within each competitive area, the HRMO, or designee, groups interchangeable positions into competitive levels. A competitive level includes positions with the same grade, series, qualification requirements, duties, and work schedule. Competitive [service positions (title 5)] and excepted service positions [(title 5, title 38, and hybrid title 38)] are placed on separate competitive levels. Separate competitive levels are also established for positions that are full-time, part-time, intermittent, seasonal, on-call, or filled as part of a formally designated trainee or developmental program. The competitive level is based on each employee's position description, [ ] functional statement[, privileges, and scope of practice]. Positions that are similar (for example, same grade, series, qualifications, and work schedule) but are not identical (for example, slightly different duties [and responsibilities]), may be placed in the same competitive level if the employee of one position could satisfactorily perform the critical tasks of the other position [without undue interruption within allowable limits of time and quality in patient care. Generally, the employee should to be able to successfully perform the critical tasks of the position within 90 days after entering the position (further guidance regarding the determination of appropriate time frames can be found in OPM's Restructuring Handbook). Positions should not be placed in the same competitive level if the privileges, scopes of practice, and clinical responsibilities are different. Guidance on establishing competitive levels for title 38 positions is located in Appendix IV-D]..

b. Competitive service employees with time-limited appointments of 1 year or less and temporary excepted service employees who have served 1 year or less [are not competing employees in a RIF and] are not listed in a competitive level. These employees are terminated before any employee covered by OPM retention regulations is reached for a RIF action. Temporary excepted service employees who are employed under a temporary appointment limited to 1 year or less, but who have completed 1 year of current continuous service under a [previous] temporary appointment with no break in service of 1 workday or more, [are competing employees in a RIF and] are placed in a competitive level.

**2. CREDIT FOR PERFORMANCE**

a. The annual summary performance [and proficiency] ratings of record are the official ratings used for crediting performance during a RIF. Guidance on processing annual performance [and proficiency] ratings of record used is contained in VA Directive and Handbook 5013, Performance Management Systems. Additional guidance on the annual performance rating crediting procedures to be used for retention service credit is contained in 5 CFR 351.504 and subparagraphs 2b through 2g of this section.

b. VA is required to treat all employees within a RIF competitive area in a uniform and consistent manner. Any competing employee receiving a Satisfactory or equivalent performance rating, [e.g., Fully Successful or Successful,] will receive 12 years of additional service credit; any competing employee receiving an Excellent [ ]or equivalent[ ] rating[, e.g., High Satisfactory or Highly Successful,] will receive 16 years of additional service credit; and any employee receiving an Outstanding [ ]or equivalent[ ] rating will receive 20 years of additional service credit. The same service credit is granted regardless of the agency or organization that issued the rating.

c. In crediting performance for RIF purposes, the "look-back" period of 4 years applies. The [most recent] three ratings [received within the last four years prior to the RIF] will be used to determine performance credit. [The performance credit assigned to each of the] three ratings of record will be added together [ ] and divided by 3 [(in the case of a fraction the number is rounded to the next higher whole number)] to determine additional service credit, which will then be added to the employee's service computation date.

d. Under provisions of 5 CFR 351.504(c)(2), an employee who has received only one or two ratings during the 4-year period shall receive credit for performance on the basis of the ratings of record received divided by 1 or 2. For example, when only two ratings of record are available to be credited, these two ratings will be added together and divided by 2 (and rounded in the case of a fraction to the next higher whole number) to determine additional service credit. If there is only one rating of record available, use the value assigned to that rating for service crediting purposes].

e. OPM has determined that an employee who has no rating of record during the 4-year period will receive the "modal" rating, i.e., the [summary rating level assigned most frequently within the competitive area and on record for the most recently completed appraisal period prior to the cutoff date specified (5 CFR 351.203 & 504(c)(1))]. However, in most instances, every employee in the competitive area [should] have at least one rating of record during the last 4 years. If at least one rating exists, a "modal" rating will not be required. [The modal rating for title 5 and hybrid employees will be determined separately from the modal rating for title 38 employees because of the differing performance systems.]

f. Some agencies and organizations within the Federal government are not covered by the performance appraisal provisions in the law and regulations. Employees who have received ratings from such Federal organizations will be granted additional retention service credit in a RIF only when it is determined that those performance ratings are equivalent ratings of record under the provisions of 5 CFR 430.201(c). The Human Resources Officer or the RIF Team Leader will make the final determination on applicability. If the performance evaluation qualifies as an equivalent rating of record, the employee will be granted the appropriate service credit for each applicable rating of record [accordance with subparagraphs c and d above].

g. [The cutoff date for performance ratings of record will be between 30 and 45 days prior to the date of the specific RIF notice. After the cutoff date, no new ratings will be put on record for RIF service credit purposes].

**3. ORDER OF RELEASE FROM COMPETITIVE LEVELS.** No competing employee will be released from a competitive level while retaining in that level an employee with a specifically limited temporary appointment, a specifically limited temporary or term promotion, or a written decision of a performance-based removal or demotion from the competitive level. Once such employees have been released, competing employees will be released in inverse order of retention standing except as provided in this section, paragraphs 4 and 5 of this section.

**4. TIES.** As permitted by 5 CFR 351.601(b), the [ ]official who would normally make the selection for the position [from which the employee is being released] will determine, on the basis of qualifications [and competencies] for the specific position, which employee(s) will be retained when two or more employees

on a retention register [have identical retention standing service dates. The tied employees who will be released from the competitive level] will be notified in writing of the tie and the decision that they will not be retained [in the competitive level].

## 5. EXCEPTIONS TO RETENTION ORDER

a. Holders of the Congressional Medal of Honor employed as Contact Representatives (Veterans Benefits Counselors) under authority of Executive Order 9628 are exempted from RIF.

b. An employee who is being assigned to a position which will not be vacated until after the end of the 60-day notice period may be retained in his/her current position until the position becomes available but not to exceed 60 additional calendar days.

c. As permitted in 5 CFR 351.608, employees who have been reached for a RIF (separation) will be retained as a temporary exception to the retention order under the following conditions:

(1) An employee whose disability retirement has been approved by OPM will be separated when the person's earned sick leave is exhausted or on the date OPM approval is received, whichever is later.

(2) An employee who applies for disability retirement (or for whom VA has made such application) will be granted sick leave provided the responsible VA official agrees, on the basis of acceptable medical evidence, that the employee is incapacitated for duty in his/her present position. If OPM disapproves the request for disability retirement, the employee will be separated on the day VA is notified of the disapproval or on the scheduled effective date of the RIF, whichever is later. If OPM has not approved or disapproved the application for disability retirement by the time the employee's earned sick leave has been exhausted, the employee will be separated at that time or on the scheduled effective date of the RIF, whichever is later.

d. Field facility directors may approve temporary exceptions in the normal retention order for employees under their jurisdiction in other cases involving sickness, disability, or other issues covered by 5 CFR 351.608, such as near-term retirement eligibility. The Secretary, Under Secretaries, Assistant Secretaries, Other Key Officials, or their designee(s), may approve such exceptions for VACO employees and for employees located at field facilities who are not under the managerial authority of a field facility Director.

e. These officials are also authorized to approve temporary exceptions in the normal retention order for 90 days or less to continue an activity without undue interruption as described in 5 CFR 351.203. "Undue interruption" does not mean mere inconvenience. Serious inconvenience and even severe interruption of the work program are often the unavoidable results of a RIF. A work program probably would not be unduly interrupted if an employee needed more than 90 days after the RIF to successfully perform the critical elements of a position. Lower priority programs might tolerate a longer interruption.

f. If an exception is approved in one case in a particular RIF, it must be applied to all other employees reached for separation in that RIF who meet the same criteria.

## SECTION D. ASSIGNMENT RIGHTS

**1. QUALIFICATIONS DETERMINATIONS.** Human Resources Management Officers determine whether employees are qualified for specific positions to which they can be assigned in a RIF. Qualification requirements may be waived to the extent permitted by 5 CFR 351.703, when filling a vacant [title 5] position during a RIF. [Basic qualification requirements may not be waived for title 38 and hybrid title 38 vacancies. Grade requirements for title 38 and hybrid title 38 vacancies may be waived only to the extent permitted in each occupations applicable qualification standard. Basic qualification standard] waivers are not permitted for RIF displacements.

**2. ADMINISTRATIVE ASSIGNMENTS.** The following administrative assignment rights are granted to affected VA employees consistent with 5 CFR 351.705:

a. **Other Competitive Areas.** Group III employees in other competitive areas in the local commuting area [(e.g., at stations where management has the same authority or jurisdiction at more than one campus or division)] will be displaced to provide assignment opportunities for VA employees who (1) are in Group I or Group II; (2) have received a notice of impending RIF separation or who have declined an offer to transfer with their current competitive area; and (3) meet the qualification standards and are available for positions held by Group III employees at grade levels not higher than the grade levels held at the time of receipt of RIF notices.

b. **Attorneys.** Attorneys appointed under Schedule A, 5 CFR 213.3102(d) who are reached for release from their competitive area are entitled to other positions in the same competitive area which are encumbered by Schedule A, 5 CFR 213.3102(d) appointees whom they can displace by "bump" or "retreat" as defined by 5 CFR 351.701.

c. [**Employees Appointed under 38 U.S.C. 7401(1).** Employees appointed under 38 U.S.C. 7401(1) who are reached for release from their competitive levels are not entitled to displace by bump or retreat other employees appointed under these authorities].

[d.] **Employees Appointed under 38 U.S.C. 7401(3)** [ ]**.** Employees appointed under 38 U.S.C. 7401(3) [ ] who are reached for release from their competitive levels are entitled to other positions in the same competitive area which are encumbered by 7401(3) appointees [ ], whom they can displace by "bump" or "retreat."

[e.] **Veterans Canteen Service Employees.** Employees of the Veterans Canteen Service appointed under 38 U.S.C. 7802 who are reached for release from their competitive levels are entitled to other positions in the same competitive area which are encumbered by 38 U.S.C. 7802 appointees whom they can displace by "bump" or "retreat."

## SECTION E. EMPLOYEE NOTICES

**1. GENERAL.** Employees will be given advance official [notification] information concerning decisions which may result in their being affected by a RIF. This [notification will be in writing] and will include: the reasons for the required adjustments, such as lack of work or funds, reorganization, or a realignment of functions; the competitive area; where the employee may inspect the pertinent regulations; and whom] to contact about assistance available for affected employees.

**2. SPECIFIC NOTICES.** Whether or not other notices are used, each affected employee must be given a specific notice of the [ ] action. [Notices must comply with applicable labor-management agreement notice provisions.] Notice periods and contents are described in 5 CFR, part 351.

## SECTION F. [TITLE 5 AND HYBRID TITLE 38] FURLOUGHS

**1. GENERAL.** [This section applies to title 5 employees and to title 38 hybrid employees appointed under 38 U.S.C. 7401(3). This section does not apply to full title 38 employees.] Furloughs are appropriate to address temporary conditions when it is intended to recall employees to duty. The determination as to which employees are furloughed will be based on an assessment of which assignments are critical to the continuing operation of the organization during the furlough. When feasible, furloughs will be spread out among employees in affected competitive levels to minimize the impact on each employee and the disruption of VA activities. All employees shall be accorded fair and equitable treatment consistent with this policy. [(For furloughs of employees appointed under 38 U.S.C. 7401(1), see Chapter 3, Section C of this part.)]

**2. USE OF ADVERSE ACTION PROCEDURES.** Furloughs of 30 days (22 workdays) or less are adverse actions and should be processed in accordance with VA Directive and Handbook 5021, Employee Management Relations. The guidance in this chapter on requests for furlough authority, appropriate uses of furlough, and identification of employees for furloughs will apply to these actions.

**3. USE OF RIF PROCEDURES.** RIF procedures must be followed to furlough an employee for more than 30 consecutive days [ ].

**4. WRITTEN NOTICE TO EMPLOYEES.** Ordinarily, employees will be given 30 or 60 calendar days advance written notice of a furlough depending on the length of furlough (whether the furlough is an adverse action or a RIF-based action). However, employees may be furloughed during emergencies [and other unforeseen situations, e.g. lapse of appropriations,] without the usual advance notice and opportunity to reply. Emergency situations are restricted to very narrow circumstances such as furloughs to avoid violating the Anti-deficiency Act, which prohibits using funds when appropriations have not been enacted. The written notice shall advise the employee of:

a. The reason(s) for the furlough;

b. The effective date(s) and expected duration of the furlough;

c. The process used - either adverse action or RIF (see requirements for RIF notices as well);

d. If applicable, the circumstances which warrant waiver of the notice period;

e. When only some of the employees in an organizational unit are to be furloughed, the basis for identifying the employees to be furloughed;

f. The place where the employee may inspect the applicable regulations and records;

g. The employee's right to reply in writing and time allowed for reply;

h. The employee's right to grieve or appeal, as appropriate; and

i. Any effects of the furlough on the employee's entitlement to retirement, life and health insurance, and other benefits.

**5. EMPLOYEE PREFERENCES.** For furloughs of 30 days or less, management will consider employee preference, e.g., to work a shorter prorated week or to be furloughed for a certain number of consecutive days, in scheduling the furlough.

**6. FURLOUGH DURATION LIMITATIONS.** Competing employees may not be furloughed for more than 1 year. If employees must be released for more than 1 year, RIF procedures must be used.

## SECTION G. TRANSFER[ ] OF FUNCTION

**1 GENERAL.** A transfer of function occurs when the function wholly leaves one competitive area and moves to another competitive area that does not already perform that same function. When the number of employees who are willing to transfer and who are in a competitive level within a transferring function exceeds the needs of the gaining competitive area and RIF procedures are used to relieve the surplus, these procedures will normally be applied at the gaining location. Any use of RIF procedures in the losing competitive area (except for actions unrelated to the transfer of function) will require the prior authorization of the appropriate Under Secretaries, Assistant Secretaries, and/or Other Key Officials.

**NOTE:** *For a more complete explanation of procedures and employee rights in transfer of function, see 5 CFR, part 351, subpart C and OPM Restructuring Information Handbook, Module 4.*

**2. PROCEDURES**

a. For planning purposes, employees occupying positions in a transferring function will be asked in writing if they are interested in transferring, and will be given one (1) full pay period to respond.

b. If a RIF is necessary at the gaining facility as a result of the transfer of function, employees occupying positions in the transferring function will be considered to be employees of the receiving organization and will be placed in appropriate consolidated competitive levels. They will not be physically moved to the new commuting area until a specific assignment is determined.

c. Appropriate notices will be issued by the losing facility and will include information on specific assignments, pay and grade retention, and payment for travel and transportation costs. If there is a RIF involved in the transfer of function, the gaining facility will issue the notices. Separation actions that may result will be processed by the losing facility.

d. Career or career-conditional employees who are separated are eligible for placement assistance under the programs described in 5 CFR, part 330, and this handbook. Also, those meeting the requirements will be entered on the reemployment priority lists in the commuting area of the office that issued the notice resulting in the separation.

## SECTION H. APPEALS AND GRIEVANCES

**1. NOTIFICATION TO EMPLOYEES.** Affected employees will be advised in writing of their grievance and appeal rights at the time specific actions are communicated, consistent with regulatory requirements.

**2. PETITIONS FOR REVIEW BY THE MERIT SYSTEMS PROTECTION BOARD.** [A title 5 title 38, or title 38 hybrid employee appointed under 38 U.S.C. 7401(3)] , the Department, or the Director of OPM may file a petition for review of an MSPB Regional Office decision with the MSPB. Department petitions for review will be coordinated through the [appropriate Regional Counsel Office with consultation from the] Office of General Counsel and [HRM as needed]. Field facilities will [ ] assure that Department petitions [for review], if appropriate, are submitted on a timely basis.

## SECTION I. PLACEMENT ASSISTANCE AND CAREER TRANSITION

**1. EMPLOYMENT RESTRICTIONS.** The Federal government has established a regulatory framework in 5 CFR 330, [sub]parts [Fand] G [ ], regarding both placement assistance and reemployment consideration of employees subject to RIFs and related activities. This section addresses Federal and VA policies on placement assistance and career transition.

[**NOTE:** *Where practicable, the provisions of this section are extended to include title 38 employees, as well as title 5 and hybrid title 38 employees.*]

a. Under Secretaries, Assistant Secretaries, and Other Key Officials will determine, with the advice and assistance of the Deputy Assistant Secretary for Human Resources Management, whether additional employment restrictions beyond those described herein should be imposed on other facilities or areas to provide placement opportunities for employees likely to be affected adversely by a RIF, transfer of function, or other reorganizations. If it is determined that employment restrictions across organizational lines are needed to provide sufficient placement assistance opportunities, the Under Secretaries, Assistant Secretaries, or Other Key Officials of the potentially affected facility or organization, or the Secretary, will approve the extension of employment restrictions.

b. Efforts should be made to identify the specific grades and series of positions for which affected employees qualify, and to apply employment restrictions only to those specific vacancies.

**2. OPERATIONAL REQUIREMENTS FOR CAREER TRANSITION ASSISTANCE**

a. The **facility Director** shall:

(1) Establish and implement [a] local **Career Transition Assistance Plan**[ ] **(CTAP**), [ensuring] local labor organizations [are met;] and

(2) Ensure that [ ] affected employees receive required and other appropriate and timely notification of the availability of local career transition assistance ([Refer to the guidance in] 5 CFR, parts 330 and 351[, and OPM's Reconstruction Information Handbook, Module 7, to supplement the guidance in this handbook.])

b. The **Human Resources Management Officer** shall:

(1) Ensure that all displaced and surplus employees in the local commuting area have the opportunity to apply for vacancies lasting 121 days or more;

(2) Where there is more than one [ ]HRMO[ ] in the local commuting area, these HRMOs will establish local procedures for exchange of pertinent information, including the existence of any VA displaced and surplus employees;

(3) Determine, in consultation with subject matter experts as appropriate, whether displaced and surplus applicants/employees are "well-qualified" for vacancies to which they have applied, and provide documented "qualification reviews" to such persons who are otherwise "eligible" but have been determined to be "not well-qualified";

(4) Ensure that eligible "well-qualified" VA displaced and surplus applicants/employees receive appropriate special selection priority when they are referred to selecting officials;

(5) [Maintain] the Reemployment Priority List (RPL) for eligible separated VA employees;

(6) Maintain records of VA CTAP and Interagency Career Transition Assistance Plan (ICTAP) activities; and

(7) Ensure that each impacted employee receives information on career transition.

**3. DEFINITIONS FOR CTAP**

a. **Agency.** An Executive department, a Government corporation, and an independent establishment as cited in 5 U.S.C., sections 101, 103 and 104.

b. **Bargaining Unit.** A group of employees recognized by the employer and designated by the Federal Labor Relations Authority as appropriate to be represented by a labor organization for purposes of collective bargaining.

c. **Certification of Expected Separation (CES).** A memorandum which identifies an employee as being in an excess organization or occupation and therefore subject to possible separation [through RIF procedures]. An employee in receipt of such a memorandum is considered a surplus employee. A CES would most appropriately be used in cases when entire units are expected to be abolished and can be issued up to 6 months prior to separation. This makes such employees eligible for the full range of VA CTAP services and assistance under this directive and handbook.

d. **Displaced Employee**

(1) **Under CTAP.** A current agency employee who has received a RIF separation notice or notice of proposed removal for declining a directed reassignment or transfer of function outside of the local commuting area, if serving *either* on an appointment in the competitive service in tenure group I or II, *or* on an appointment in the excepted service without time limit and who has been given statutory noncompetitive appointment eligibility and selection priority for competitive service positions.

(2) **Under the ICTAP**

(a) A current or former career or career-conditional competitive service employee, in tenure group I or II who has received a specific RIF separation notice [or a notice of proposed removal for declining a directed reassignment or transfer of function outside of the local commuting area];

(b) A former career or career-conditional employee who was separated because of a compensable injury, as provided under the provisions of subchapter I of chapter 81 of title 5, U.S.Code, whose compensation has been terminated and whose former agency is unable to place the individual as required by 5 CFR [353.110(b)];

(c) A former career or career-conditional competitive service employee, in tenure group I or II, who retired with a disability under sections 8337 or 8451 of title 5, U.S. Code, whose disability annuity has been or is being terminated;

(d) A former career or career-conditional competitive service employee in tenure group I or II, in receipt of a RIF separation notice who retired on the effective date of the RIF or under the discontinued service retirement option;

[ ]

**[**(e)] A former Military Reserve Technician or National Guard Technician who is receiving a special disability retirement annuity from OPM under section 8337(h) or 8456 of title 5, U.S. Code, as described in 5 CFR, part 330, subpart H;

[(f)] A current agency employee who is in receipt of a RIF separation notice or notice of proposed removal for declining a transfer of function or directed reassignment outside of the local commuting area, if serving on an appointment in the excepted service without time limit and has been given statutory noncompetitive appointment eligibility and selection priority for competitive service positions; and

[(g)] A former agency employee who has been separated through RIF or removed for declining a transfer of function or directed reassignment outside of the local commuting area, who served on an appointment in the excepted service without time limit and has been given statutory noncompetitive appointment eligibility and selection priority for competitive service positions.

e. **Eligible Employee.** To be eligible for special selection priority under these procedures, an individual must meet all of the following conditions:

(1) Is a surplus or displaced employee as defined in 5 CFR 330.604(c) or (i), or 5 CFR 330.703(b);

(2) Has a current performance rating of record of at least fully successful or equivalent;

(3) Applies for a vacancy that is at or below the grade level from which the employee may be or is being separated, that does not have a greater promotion potential than the position from which the employee may be or is being separated[. **NOTE:** *For hybrids and full title 38 employees in grades above the full performance level, their grades must be reviewed by an appropriate professional standards board. Their grades may be impacted by the level of responsibility and assignments in the new position. If an appropriate professional standards board determines that the new assignment is at or below the employee's current grade level, this eligibility requirement is met. This provision does not apply to physicians and dentists since they are in single grade positions.*];

(4) Occupies a position in the same local commuting area of the vacancy;

(5) Files an application for a specific vacancy within the established timeframe and provides proof of eligibility as required under 5 CFR 330.608(a)(2) or 330.708(a)(2)]; [and]

(6) Is determined by the [hiring] agency to be well-qualified for the specific vacancy.

f. **Facility.** A single medical center, regional office, automation center, other Department field establishment under the direction of local management officials or VACO. The facility includes any operation (e.g., a satellite) or complex of organizations that is under the control of the same facility Director.

g. **ICTAP.** The OPM program which provides special selection priority to other displaced Federal employees when filling vacancies from outside of VA.

h. **Labor Union.** An organization composed, in whole or in part, of employees in which these employees participate and pay dues, and which has as a purpose the dealing with an agency concerning grievances and conditions of employment.

i. **Local Commuting Area.** The geographic area that usually constitutes one area for employment purposes[, in accordance with Federal Travel Regulations on Permanent Change of Station (PCS) moves]. It includes any population center (or two or more neighboring ones) and the surrounding localities in which people live and can reasonably be expected to travel back and forth daily to their usual employment.

j. **Qualification Review.** The documented analysis by the responsible HRMO of the rationale for [determining if] an otherwise eligible [candidate is well-qualified or not well-qualified for the position being filled].

k. **Selecting Official.** Th[e] individual with the authority to choose from among candidates for a vacancy.

l. **Special Selection Priority.** The precedence over any other candidates that eligible employees have for being chosen for vacancies for which they apply. [Eligible surplus and displaced employees must be selected over any other candidate for vacancies in the local commuting area for which they apply and are found well-qualified.] **Exception** - No VA CTAP special selection priority can be made which would cause another VA employee to be separated by RIF. See Appendix IV-A of this handbook for those staffing actions not covered by the VA CTAP.

m. **Suitability.** Determinations based on an individual's character or conduct that may impact the efficiency of the service by jeopardizing an agency's accomplishments of its duties or responsibilities, or by interfering with or preventing effective service in the competitive, excepted, [or] SES position applied for or employed in, and determinations that there is a statutory or regulatory bar to employment.

n. **Surplus Employee.** A current employee serving under an appointment in the competitive service as well as [an] excepted [service] employee[ ] in [S]chedule[ ] A [or] B[ ] in tenure group I or II, [and a title 38 employee serving on an appointment under 38 U.S.C. 7401(1)] who has received a CES or other certification issued by the agency which identifies the employee as being in an excess organization or occupation.

o. **Vacancy.** A competitive service position lasting 121 days or more including extensions, which is being filled, regardless of whether a specific vacancy announcement is issued.

p. **Vacancy Announcement.** The [notification to] eligible displaced and surplus employees in the local commuting area [that a facility is accepting applications. The announcement must] convey[ ] what is required to be [rated] "well-qualified."

q. **Well-Qualified Employee.** An eligible applicant who:

(1) Meets the qualification standard and eligibility requirements for the position, including any medical qualifications, suitability, and minimum educational and experience requirements;

(2) Meets all selective factors, where applicable, and appropriate quality [rating] factor levels. Selective and quality ranking factors cannot be so restrictive that they run counter to the goal of placing displaced employees. In the absence of selective and quality ranking factors, HRMOs, with appropriate consultation, will document the job-related reason(s) the eligible employee is or is not considered to be well-qualified;

(3) Is physically qualified, with reasonable accommodation where necessary, to perform the essential duties of the position;

(4) Meets any special qualifying condition(s) that OPM has approved for the position, and;

(5) Is able to satisfactorily perform the duties of the vacancy upon entry.

**Note:** The qualification level required for placement under CTAP and ICTAP, well-qualified, is greater than the qualification level required for placement under reduction in force procedures, minimally qualified.

**4. CAREER TRANSITION ASSISTANCE SERVICES.** These services are to be provided to VA employees who either have been or are likely to be separated from Federal service due to downsizing. The goal of such services is to assist VA employees in taking charge of their own careers by providing them with the support they need to find other job opportunities, either with government or in the private sector. In VA, under these procedures, transition assistance services will be available to impacted permanent title 5 competitive and excepted service employees as well as [to permanent] title 38 hybrid [and full title 38] employees. [ ] Special selection priority, when filling competitive service vacancies, will be available to displaced and surplus competitive service employees. A key feature of the CTAP is that employees must exercise individual initiative in pursuing other employment, both within and outside of the Federal government. Therefore, managers and supervisors, in their administration of the VA CTAP, should be sensitive to the needs of impacted employees and should approve requests for reasonable excused absence to use career transition services.

**5. SPECIFIC VA CAREER TRANSITION ASSISTANCE SERVICES.** Such services will be offered by facilities to all permanent competitive and non-time limited excepted service and Senior Executive Service employees affected by downsizing. These resources will assist employees in pursuing employment [either] within or outside the Federal government and in managing the change process.

a. **Required Services.** The following must be offered to impacted employees:

(1) Resume writing;

(2) Interviewing skills/techniques;

(3) Training in preparing applications that address vacancy announcement rating factors;

(4) Skills assessment/counseling;

(5) Retirement counseling/training;

(6) Employee benefits counseling/training;

(7) Financial planning/training;

(8) Job search skills;

(9) Stress management;

(10) Basic library of job search materials;

(11) Access to the OPM's USAJOBS [and VA's vacancy databases];

(12) Training in the use of career transition services for employees, managers, supervisors and union representatives; and

(13) Basic computer training beyond that needed to facilitate use of transition services.

b. **Other Requirements**

(1) Employees will be allowed [a] reasonable [amount of] excused absence to use transition services and facilities.

(2) Separated employees will be allowed reasonable access and time to use transition services and facilities.

(3) Access to services will be provided to employees in field offices and remote sites and [to] those [employees] with disabilities.

(4) Facilities will make full use of Employee Assistance Programs.

(5) Facilities will provide employees with resource information on other forms of Federal, state, and local assistance which are available to support career transition[, including services] for employees with disabilities.

c. **Highly Desirable Services.** In addition to services which must be offered to affected employees are services which, although not required, [a facility may choose to offer to affected employees].

(1) "Survivor training,", and/or counseling, for those who will remain in the new organization to help them adjust to changes brought about by downsizing;

(2) Team building;

(3) Counseling for families of impacted employees;

(4) [Orientation to] the new organizational structure, and;

(5) Job retraining where time and resources permit. This [may be] appropriate in [reorganizations where the total number of employees has reduced but staff] in some occupations will be increasing.

d. **Methods of Providing Services.** Career transition assistance services may be delivered in a variety of ways. Facilities may, for example, wish to pool resources for particular services. Facilities should contact organizations, both government and private sector, to learn what techniques and options are effective in the local area.

## 6. SPECIAL SELECTION PRIORITY FOR VA EMPLOYEES

a. Special selection priority means that an eligible "well-qualified" applicant (one who applies and meets [the] criteria under the VA CTAP) must be selected. Since [ ] displaced and surplus [VA] employees must apply for specific vacancies, it is therefore necessary that vacancy announcements be distributed so that they have an opportunity to apply. The VA CTAP is designed to maximize employment opportunities for displaced and surplus VA employees who, through no fault of their own, are adversely affected by VA restructuring and downsizing.

b. Surplus and displaced VA employees who apply for VA vacancies in their local commuting area at their current grade or a lower grade with no higher promotion potential than their current grade, and who are [ ] well-qualified for such position, must be selected. These employees are the first selection priority for VA vacancies. (See Order of Selection and Consideration in appendix IV-A.) [**NOTE***: For hybrids and full title 38 employees in grades above the full performance level, their grades must be reviewed by an appropriate professional standards board. Their grades may be impacted by the level of responsibility and assignments in the new position. If an appropriate professional standards board determines that the new assignment is at or below the employee's current grade level, this eligibility requirement is met. This provision does not apply to physicians and dentists since they are in single grade positions.*]

(1) **Announcement of Vacancies.** The Plan depends on the announcement of vacancies in order that VA CTAP eligibles have the opportunity to apply. Vacancy announcements should be forwarded for appropriate distribution by HRMOs at other VA facilities in the local commuting area. In those instances where vacancies are not announced, e.g., in anticipation of a reassignment within the facility, if well-qualified eligibles apply in a timely manner, they must receive special selection priority. (See Appendix IV-A.)

(2) **Determining Well-Qualified.** The responsible HRMO, in consultation with subject matter experts, as required, will approve the determination of "well-qualified" for each eligible applicant under

this program, using the criteria defined in paragraph 3. This official will also notify eligibles of a determination of "not well-qualified," and maintain documentation [in the record justifying] this determination.

(3) **Notification Procedures.** Employees will receive notification of their eligibility for special selection priority under this program with their specific notice of RIF separation, or in their CES or other certification issued by the agency which identifies the employee as being in an excess organization or occupation.

**7. REEMPLOYMENT PRIORITY CONSIDERATION FOR SEPARATED VA EMPLOYEES.** VA employees who receive a specific RIF notice of separation will be notified that they may register for the **RPL.** Registrants receive reemployment priority consideration for positions in the local commuting area at the same grade or lower than the position held at the time of separation. Registrants do not have to re-apply for specific vacancies as [is] the case with current surplus and displaced employees. Neither must they meet the test of "well-qualified" [for reemployment]. Where there is more than one HRM office in the commuting area, the HRMOs will establish local procedures for [the] exchange of information and the maintenance of a consolidated RPL. All facilities in the commuting area are, consistent with 5 CFR, part 330, responsible for assuring RPL registrants receive reemployment priority consideration for all appropriate vacancies. If the selecting official tentatively nonselects appropriately referred RPL registrants, that official must obtain approval of the next higher level supervisor before considering candidates from outside the facility. [Title 5 r]egistrants who were [ ] career-conditional [employees at the time of separation, and title 38 and hybrid employees who had not completed their probationary period at the time of separation] have 1 year of eligibility [on] under the RPL[. Title 5 registrants] who were [ ] career [employees at the time of separation, and title 38 and hybrid employees who had completed their probationary period at the time of separation] have 2 years of eligibility [on the RPL].

**8. SPECIAL SELECTION PRIORITY FOR DISPLACED CURRENT OR FORMER EMPLOYEES FROM OTHER FEDERAL AGENCIES.** Displaced current or former employees from other Federal agencies are entitled to have special selection priority under the **ICTAP** when they apply through [ ] OPM USAJOBS for VA vacancies at their current or former grade level or with no higher potential, and [are] within the local commuting area. VA facilities must place vacancies lasting 121 days or more on [ ] USAJOBS whenever they decide to recruit outside VA. These employees or former employees who are determined to be well-qualified must be selected prior to the selection of reinstatement eligibles, transfer eligibles, [eligibles] from a civil service certificate [ ] or [eligibles] from other competitive sources. Such employees or former employees have eligibility for 1 year following separation under reduction-in-force procedures. They will be informed of the [ICTAP] procedures [ ] and their eligibility for [the program] when they receive their specific notices of separation.

**9. LABOR RELATIONS RESPONSIBILITY.** Career transition procedures have been developed in partnership with VA unions. These policies and procedures are not intended to affect existing collective bargaining agreements until such time as they are up for renegotiation. The parties to such agreements, however, are free to negotiate those provisions that may be affected. Local management shall meet its labor-management obligations at the local level prior to implementation of local CTAPs.

**10. EMPLOYEE RELATIONS RESPONSIBILITIES AND RIGHTS.** Employees must exercise individual initiative in pursuing other employment both within or outside the Federal government. In

order to exercise special selection priority, eligible individuals must apply for specific vacancies in which they are interested [and provide] proof of their eligibility. A determination of [“well-qualified” or] "not well-qualified" is subject to a qualification review by the responsible HRMO[, as follows:

a. Surplus and displaced employees who apply for specific vacancies within the local commuting area, through CTAP or ICTAP procedures, must be advised in writing whether or not they were found well-qualified. When a surplus or displaced employee applying for a specific position is not found well-qualified the responsible HRMO must ensure that a documented, independent second review is conducted. If the employee is still found to be not well qualified after the second review, the responsible HRMO must notify the employee and include information on the results of the independent, second review.

b. If an applicant is found well-qualified, and another well-qualified surplus or displaced employee is selected, the applicant must be so advised by the responsible HRMO.]

# CHAPTER 3. TITLE 38 ASSIGNMENTS, STAFF ADJUSTMENTS, AND FURLOUGHS

## SECTION A. GENERAL

### 1. SCOPE[ ]

a. [Except as provided in subparagraph 1b, this chapter establishes procedures on:]

[(1)] Assignments, reassignments, [details,] and furloughs of employees appointed under title 38, U.S.C. 7306 [and] 7401(1) [ ]; and

[(2)] Assignments of hybrid title 38 employees appointed under 38 U.S.C. 7401(3).

[b.] This chapter does not apply to:

(1) Transfers for performance or conduct under 38 U.S.C. 7461. (See VA Directive and Handbook 5021.)

(2) Separation of employees who fail to accept a properly directed transfer or reassignment based on disciplinary or performance reasons. (See VA Directive and Handbook 5021.)

(3) Furlough and RIF (including incident reassignments) of hybrid employees appointed under 38 U.S.C. 7401(3) [and RIFs of title 38 employees appointed under 7401(1)]. (See chapter 2, this part.)

[ ]

### 2. REFERENCES

a. "PAID Personnel Operating Instructions," VA Manual MP-6, Part V, Supplement 1.5.

b. Title 38 U.S.C., Chapters 73 and 74.

c. VA Directive 5005.

### 3. DEFINITIONS

a. **Assignment.** An assignment is a specified set of duties and responsibilities.

b. **Detail.** A detail is the temporary assignment of an employee to a different set of duties for a specified period of time. There is no formal position change; officially, employees continue to hold the position from which they were detailed and keep the same status and pay.

c. **Employee.** Unless otherwise specified, the term refers to employees covered by this handbook.

d. **Furlough.** Placement of an employee in a temporary status without duties or pay because of a lack of work, funds, or other nondisciplinary reasons. Furloughs may be consecutive or non[-] consecutive days.

e. **Reassignment.** Reassignment is the temporary or permanent change:

(1) From one assignment to another under the same facility management involving an official personnel action (the reassignment need not be in the same commuting area); or

(2) From one assignment to another for reasons other than performance or conduct and involving different facilities.

[f.] **Transfer.** The movement of an employee from one facility to another for performance or conduct reasons pursuant to 38 U.S.C. 7461.

[**NOTE:** *See Appendix IV-E for additional definitions.*]

**4. POLICY**

a. The authorities covered by this handbook are management tools which are to be used to assist in [providing] quality health care services in a cost efficient manner.

b. Efforts will be made to mitigate the adverse effects of [the] authorities covered by this handbook. However, primary consideration will be given to the efficient and effective accomplishment of the VA mission.

c. Approving officials will make maximum use of an employee's skills and capabilities[,] provide employees with opportunities for growth and development[,] and consider any personal problems of affected employees.

d. Employees will only be assigned duties and responsibilities for which they have appropriate credentials and there is a reasonable expectation that they will be able to perform satisfactorily.

e. Reassignments or changes of assignments requested by employees for their own convenience will normally be given favorable consideration when consistent with the needs of VHA.

f. Management officials are responsible for meeting [ ] their labor relations obligations [ ]. This includes, but is not limited to, [developing] and implementing [local policies and procedures]

## SECTION B. ASSIGNMENTS, REASSIGNMENTS AND DETAILS

**1. CHANGES OF ASSIGNMENTS OTHER THAN REASSIGNMENTS.** Bargaining unit employees dissatisfied with changes in assignments may grieve the assignment under the negotiated grievance procedure. [Title 38 employees are permitted to grieve the assignment only to the extent consistent with 38 U.S.C. 7422.] Other employees may grieve using the following procedures:

a. The employee may discuss the dissatisfaction with the official who approved the change.

b. If the employee feels that the explanation given is not satisfactory, the employee may discuss the change of duty assignment with the next level supervisor, or their designee.

c. After giving full consideration to the employee's reasons for dissatisfaction, the second level supervisor will advise the employee of the final decision.

[**NOTE:** *Bargaining unit and non-bargaining unit employees may not grieve changes in assignments under the agency grievance procedure. See VA Handbook 5021, Part IV, Chapter 3, Paragraph 16x which excludes from coverage "all matters for which review procedures are already established in VA policy."*]

**2. REASSIGNMENTS**

a. **Approval.** Officials are authorized to effect the reassignment of employees in positions over which they have personnel management approval authority. Reassignments are to be processed in accordance with VA Manual MP-6, Part V, Supplement No. 1.5.

b. **Reassignments [Related to Staff Reductions]**

(1) **Reassignments Within a Facility (and the Same Commuting Area).** Employees dissatisfied with reassignments within a facility (and the same commuting area), may express their dissatisfaction using the procedures in paragraph 1 above. If multiple labor agreements are involved, employees are to grieve under the procedures covering the position from which the employee is being reassigned.

(2) **Involuntary Reassignments Outside the Commuting Area or to Another VA Facility.** Employees shall be given a minimum of 30 days advance written notice. The notice should include:

(a) The reason for the reassignment.

(b) Information about the specific assignment, location and proposed effective date.

(c) A statement that employees may express their dissatisfaction through their negotiated grievance procedures or the grievance procedures in VA Directive and Handbook 5021. [Title 38 employees are permitted to grieve the reassignment only to the extent consistent with 38 U.S.C. 7422.]

**NOTE:** *If a grievance is filed, the approving official may delay the reassignment until the grievance is resolved.*

(d) Notice that employees have an opportunity to accept or decline the reassignment. This includes advising employees when and where their decision is to be submitted.

(e) Notice that a declination or failure to make an election may result in separation.

(3) **Declination of Reassignment or Failure to Make Election.** Separations for declination of reassignment or failure to make an election will be effected in accordance with the notice procedures in VA Directive and Handbook 5021.

**NOTE**: *The specific advance notice in this chapter meets the 30 day notice requirement in VA Directive and Handbook 5021. Employees are not entitled to another 30 days notice prior to separation.*

[ ]

**3. DETAILS**

a. Details will be limited to the shortest amount of time possible.

b. Employees may be detailed to other assignments at their facility and to other VA facilities.

c. If a temporary reassignment rather than detail could benefit an employee (e.g., re[-]computation of basic or [other] pay), consideration should be given to temporarily reassigning an employee to the position.

**NOTE:** *For instructions concerning interagency details and interagency loans and for temporary assignments under the Intergovernmental Personnel Act of 1970, see part III of this handbook.*

d. Any detail in excess of 30 days will be documented in accordance with the provisions of OPM's Processing Personnel Actions Handbook and MP-6, Part V, Supplement 1.5, [Chapter 3 and Appendix C].

e. Employees dissatisfied with a detail may express their dissatisfaction using the procedures outlined in paragraph 1 of this section.

## SECTION [C]. TITLE 38 FURLOUGHS

**1. FURLOUGHS OF 30 DAYS OR LESS.** Employees may be furloughed for 30 calendar days or less based on an assessment of which assignments will be most critical to the continuing operations of the organization during the period of furlough. [(For furloughs of 30 days or less for title 5 and hybrid title 38 employees see Chapter 2, Section F of this part.]

**2. FURLOUGHS OF MORE THAN 30 DAYS.** [Title 38 employees appointed under the authority of 38 U.S.C. 7401(1),] shall be identified for furloughs for more than 30 calendar days in accordance with the procedures for identifying employees for [reduction in force]. (See chapter 2, section F, paragraph 3 [this part]. [(For furloughs of more than 30 days for title 5 and hybrid title 38 employees see Chapter 2, Section F of this part.)]

**3. LENGTH OF NOTICE PERIOD**

a. Whenever possible, employees will be given 30 calendar days advance written notice.

b. This notice period may be shortened or waived only in the event of circumstances not controllable by Department officials, such as sudden emergencies requiring immediate curtailment of activities.

**4. CONTENTS OF NOTICE.** The written notice shall advise the employee of:

a. The reason(s) for the furlough.

b. The effective date(s) and expected duration of the furlough.

c. The basis for identifying the employees to be furloughed when only some of the employees in an organizational unit are to be furloughed.

d. The circumstances which warrant waiver of the 30 day notice requirement, if applicable.

e. The place where the employee may inspect the applicable regulations and records.

f. The employee's right to appeal. (See paragraph 5.)

g. Any effects of the furlough on the employee's entitlement to retirement, life and health insurance, or any other benefits.

**5. APPEALS[.]** Bargaining unit employees whose furloughs are approved by the Under Secretary for Health may express their dissatisfaction through applicable negotiated grievance procedures. [Title 38 employees are permitted to grieve the furlough only to the extent consistent with 38 U.S.C. 7422.] Employees not [in a bargaining unit] may express their dissatisfaction using the procedures [in VA Directive and Handbook 5021, except that employees appointed under 38 U.S.C. 7401(1) may request a hearing and the scope of the grievance shall be limited to application of the appropriate procedures].

[ ]

**6. RECORDS OF FURLOUGH ACTIONS.** All records of furlough actions shall be retained at least [6] years from the effective date or until any appeal has been resolved, whichever is later.

# APPENDIX A.
# TITLE 5 SELECTION REQUIREMENTS IMPOSED BY THE REEMPLOYMENT PRIORITY LIST, VA CAREER TRANSITION ASSISTANCE PLAN AND INTERAGENCY CAREER TRANSITION ASSISTANCE PLAN

**1. ORDER OF SELECTION AND CONSIDERATION**. The following is to be used when filling a competitive service vacancy under the [RPL, (5 CFR, part 330, subpart B), CTAP, (5 CFR, part 330, subpart F), and the ICTAP, (5 CFR, part 330, subpart G)].

a. Selection of a displaced or surplus VA employee in the local commuting area, who applies within the prescribed timeframe for a vacancy at the same or lower grade with the same promotion potential and is determined to be well-qualified, then;

b. Consideration of a qualified employee from within the facility under the Priority Placement Program (PPP) For Employees in Retained Grade or Pay Status (see appendix III-F of this handbook) and any facility-wide special placement programs, then;

c. Consideration of qualified RPL registrants in the local commuting area, then;

d. Selection of any qualified current VA employee from within or outside of the facility, then;

e. Selection of a current or former well-qualified displaced Federal employee from another agency in the local commuting area who applies within the prescribed timeframe under the ICTAP, then;

f. Selection of any other candidate from outside of the agency, including selection from a Federal certificate of eligibles, a reinstatement eligible, a transfer from another agency, a noncompetitive appointment,[ ]or any other routine competitive staffing action.

**2. SELECTION ACTIONS OF VA EMPLOYEES NOT RESTRICTED BY 5 CFR, PART 330, SUBPART F**.

a. Placement of an agency employee through reassignment, change to lower grade, or promotion when no employees eligible under 5 CFR, part 330, subpart F apply;

b. Reemployment of a former agency employee exercising regulatory or statutory reemployment rights;

c. Position changes resulting from disciplinary actions;

d. Temporary appointments of under 121 days (including extensions);

e. Exchange of positions between or among agency employees, when the actions involve no increase in grade or promotion potential.

f. Conversion of an employee on an excepted appointment which confers eligibility for noncompetitive conversion into the competitive service;

g. Placement activities under 5 CFR, part 351;

h. Placement of an employee into a new position as a result of a reorganization, when the former position ceases to exist, and no actual vacancy results;

i. Placements made under the Intergovernmental Personnel Act (IPA) as provided in 5 CFR, part 334, where they are for critical situations and where the failure to make the assignment would substantially harm Federal interests, such as providing training for State takeover of a Federal program;

j. The filling of a position through an excepted appointment;

k. Details;

l. Time-limited promotions of under [121] days;

m. Noncompetitive movement of surplus [or] displaced employees;

n. Movement of excepted service employees within an agency;

o. A placement under 5 U.S.C. 8337 or 8451 to allow continued employment of an employee who has become unable to provide useful and efficient service in his or her current position because of a medical condition;

p. A placement that is a "reasonable offer" as defined in 5 U.S.C. 8336(d) and 8414(b);

q. Career-ladder promotions; [ ]

r. Recall of seasonal employees from non[-]pay status[; and]

s. Other exclusions listed in 5 CFR 330.606(d).]

**3. SELECTION ACTIONS OF NON-VA APPLICANTS NOT RESTRICTED BY 5 CFR, PART 330, SUBPART G**

a. Selections from VA's CTAP or RPL as described in 5 CFR, part 330, subparts F and B,or any other internal movement of current VA employees;

b. Appointments of [10 point veteran preference eligibles (CP, CPS, and XP), if reached through an appropriate appointing authority];

c. Reemployment of former VA employees who have regulatory or statutory reemployment rights;

d. Temporary appointments of under [121] days;

e. An action taken under 5 CFR, part 351;

f. The filling of a position by an excepted appointment;

g. Conversions of employees on excepted appointments that confer eligibility for noncompetitive conversion into the competitive service;

h. Noncompetitive movement of displaced employees between agencies [ ] as a result of [interagency] reorganization[,] or transfer of function[, or mass transfer;]

i. Placement of injured workers receiving workers compensation benefits[; and

j. Other exclusions listed in 5 CFR 330.705(c).]

## APPENDIX B.
## VHA RIF DELEGATION OF AUTHORITY (RCN 10-96-1)

**1. BACKGROUND.** VHA is committed to maintaining a stable workforce through such measures as forecasting workload accurately, estimating turnover and attrition rates, and analyzing local labor markets. It remains VHA's goal to manage the size and composition of its workforce pro-actively, utilizing reduction-in-force (]RIF) procedures where alternative approaches do not reasonably appear to be able to achieve management goals or ensure effective use of scarce resources.

**2. DELEGATION.** In order to enable local management to utilize their human and financial resources most effectively, and to take advantage of opportunities to re-engineer and streamline work processes and organizational structures, the Under Secretary for Health has delegated to network directors and to facility directors the authority to conduct reduction-in-force RIF procedures and effect reassignment, change-to-lower grade, and separation actions for title 5 employees in non-centralized positions. Network and facility directors will exercise this delegation consistent with the procedures set forth in 5 CFR, part 351, and part IV of this handbook. RIF actions demoting, separating, or adversely affecting employees in centralized positions [and in title 38 and hybrid positions] will be approved in VHA.

**3. RESPONSIBILITIES**

a. **Labor-Management.** Directors should work with their [local labor organizations] in planning and executing RIF procedures.

b. **Procedures.** Facilities wishing to conduct a RIF should identify the universe of positions to be eliminated by position title, occupational series and grade level, together with a brief explanation of the basis for the action. This could include such bases as elimination of services, consolidation of services or functions between two or more facilities, re-allocation of workload, review of staffing or staffing mixes, etc. This listing should be forwarded to the Assistant Deputy Under Secretary for Health, [(ADUSH)] through the Network Director as early as possible, but not less than 14 days before specific notices are given to individual employees.

c. **Career Transition Assistance.** Facilities planning to effect downsizing or streamlining through the use of RIF procedures must establish career transition assistance services consistent with VA and Federal government policies, as soon as possible. An outline of the plans for such services should be forwarded to the [(ADUSH)] as they are developed.

d. **Title 38 Personnel.** The RIF procedures defined in this appendix [also] do not apply to the title 38 personnel appointed under sections 7401(1) [and to hybrid personnel appointed under 7401(3)]. If facility directors wish to implement [staff reductions] involving title 38 [and hybrid] employees appointed under [ ] these authorities, they may do so [only after consulting with the ADUSH before any actions are taken].

**4. REPORT.** OMB has required that VHA track several specific items related to the RIF process [ ] for future budget submissions. Facility directors must ensure that they develop systems which will identify, track, and report the information required on a one-time basis, within 90 days following completion of

RIF procedures. This information should be submitted through the Network office. It will be aggregated in VHA Central Office, and reported to OMB. Reports Control Number (RCN) 10-96-1 is assigned to this report. The categories required are:

(1) Full cost of implementation of the RIF including cost of:

(a) Grade and pay retention;

(b) Severance pay;

(c) Lump-sum terminal annual leave;

(d) Unemployment compensation;

(e) Out-placement services;

(f) Personnel processing; and

(g) Grievances and appeals.

(2) Projected costs associated with the changes to the mix of occupations and personnel, and actual costs based on average salary once RIFs have been fully implemented.

(3) Projected long-term savings associated with the final structure of the organizations affected by the RIF, including measures for efficiencies realized under the new structure.

## APPENDIX C. VHA DELEGATION OF AUTHORITY TO REDEFINE COMPETITIVE AREAS

**1. DELEGATION.** The Under Secretary for Health has delegated the authority to redefine competitive areas for organizations under their jurisdiction to network directors, with the advice and assistance of the office of the Deputy Assistant Secretary for Human Resources Management [ ] (059). Such redefinitions must be fully justified and documented to ensure that such action is clearly in the best interest of VA.

**2. RESTRICTIONS.** When management establishes or changes competitive areas:

a. Descriptions of the areas must be readily available for review by employees and OPM.

b. Such actions must be taken at least 90 days prior to [the effective date of the] RIF.

c. If such actions are contemplated within 90 days of [the effective date of the] RIF, OPM must approve.

**NOTE:** *Guidance concerning establishment of new competitive areas may be found* [*in Section B, Chapter 2, this part*].

**3. REDELEGATION.** This authority may not be re[-]delegated.

[**APPENDIX D.**

## ESTABLISHING COMPETITIVE LEVELS FOR POSITIONS FILLED UNDER 38 U.S.C. 7401(1)

**1. GENERAL.** The guidance in this appendix should be reviewed by the Human Resources (HR) staff and other appropriate subject-matter-experts (SME) when establishing competitive levels (CL) for physicians, dentists, expanded function dental auxiliaries, registered nurses, nurse anesthetists, podiatrists, optometrists, and chiropractors.

**2. FACILITY RESPONSIBILITY.** As with title 5 and hybrid title 38 positions, each facility shall establish competitive levels for title 38 positions following the basic criteria found in 5 CFR 351.403 and Chapter 2, Section C, paragraph 1, this part.

**3. COMPETITIVE LEVELS.** A competitive level will consist of all positions in a competitive area which are in the same grade and occupational series, and which are similar in duties, responsibilities, and working conditions so that the facility may reassign the incumbent of one position to any of the other positions in the CL without undue interruption.

**4. UNDUE INTERUPPTION.** Undue interruption is defined as a degree of interruption that would prevent the completion of required work by the employee, generally 90 days after the employee has been placed in a different position. However, the appropriateness of measuring undue interruption in a 90-day time frame should be considered in the context of the pressures, priorities, deadlines, and other demands made on individual health care provider positions in the provision of health care to Veteran patients, and the privileges, scopes of practice, competencies, skills, training, education, and experience required by the position to provide uncompromised health care to patients presenting with specific health care needs. Positions should not be placed in a competitive level on the basis of any employee's *personal* qualifications, conduct, or performance levels but rather on the requirements of the position.

**5. CONSULTING WITH SUBJECT MATTER EXPERTS.** In addition to reviewing the documents that describe the assignments, responsibilities, qualifications, and competencies required of the position, HR staff should consult with SMEs when establishing and describing competitive levels as well as before placing employees on the appropriate levels.

**6. ESTABLISHING COMPETITIVE LEVELS FOR TITLE 38 STAFF**

a. **Registered Nurses.** Competitive levels for Registered Nurses (RN) should be established considering the basic CL criteria, including RN pay levels: Nurse I, II, III, IV, and V. RNs have functional statements (FS) rather than more detailed position descriptions (PD). The position information included in the FS may or may not be sufficient to determine whether similarly titled and graded positions should be placed on the same or a different CL.

Example 1. A facility has two RNs, both Nurse III, working in Ambulatory Care. According to the functional statement, one RN, A, coordinates clinical projects; supports occupational health and employee health programs; supports clinical programs in an outpatient setting; assesses the physical and psychosocial health and illness status of individuals; and acts as a case manager. The FS of the other

RN, B, states that the RN is an Eye Clinic nurse who assists in evaluating and treating macular degeneration patients; makes appointments for medical clearance; performs intravenous injections; administers ophthalmic and general medications; and conducts diagnostic procedures such as basic visual screening, field measurement, and medical photography.

These two positions have the same title, occupational series, and grade, and are located in the same service. But the duties and the responsibilities of the positions appear different enough to warrant placement in different CLs. An argument could be made, however, that if Nurse A and B changed positions, one could learn the job of the other within 90 days and there would not be any undue interruption in patient care. Thus both positions would be on the same CL. It might also be possible that Nurse A could perform the duties of Nurse B within 90 days but Nurse B might not be able to perform the duties of Nurse A within 90 days. This scenario would require placement on different CLs. Communication with immediate supervisors, second level supervisors and/or the Ambulatory Care Chief is critical for the correct CL determination to be made.

Example 2. Two Nurse Managers both work in Patient Care Services. The FS for each position states that both RNs manage a nursing clinical area, demonstrate leadership through collaborative strategies with others, and evaluate the care delivered by nursing and other allied staff. However, RN A is a Nurse II and RN B is a Nurse III. Even though A and B have the same title, occupational series, and duties, they must be placed on different CLs because their pay grades are different.

Example 3. Two RNs, both Nurse II, are organizationally located in the surgical department and are assigned to the Surgical Intensive Care Unit. According to their FSs, they both care for patients who have had vascular, orthopedic, abdominal, or urological surgery. The geriatric patients may present with chronic medical conditions, changes in mental status, or functional decline. Given the identical titles, occupational series, pay levels, organizational location and work assignments as described in the functional statements, the two RNs should be placed on the same competitive level.

b. **Advanced Practice Nurses.** Nurse Practitioners and Clinical Nurse Specialists are Advanced Practice Nurses (APN) who are masters degree-prepared registered nurses who also possess advanced clinical certification. They function within a scope of practice (SOP), rather than a position description, commensurate with their training, experience, and licensure. An APN functions autonomously within her or his own defined SOP in a variety of settings, such as hospital inpatient, outpatient clinics, nursing home, domiciliary, or patient's home. Competitive levels should be established using the basic CL criteria, including APN pay levels: Nurse I, II, III, IV, and V.

Example 1. APNs A and B are assigned to the Primary Practice Group (PPG) clinics within Ambulatory Care, functioning as Adult Nurse Practitioners. Their scopes of practice indicate they perform identical assignments and have identical responsibilities. If they are both Nurse III, they should be placed on the same CL; if A is Nurse III and B is Nurse IV, they should be on separate CLs.

APN C is also an Adult Nurse Practitioner assigned to an outpatient clinic in Ambulatory Care. The SOP indicates that C's assignments and responsibilities are identical to A's and B's, with one exception: C is not responsible for drawing venous blood specimens for testing, as are A and B. Considering that C's 16 functions are identical to A's and B's, is the omission of drawing blood from C's scope an

oversight? If so, depending on C's pay level, C should be placed on the same CL as A and/or B. If the function of drawing blood in not an oversight from C's SOP, could C perform the function of drawing blood without undue interruption in patient care? If yes, C should be placed on the same CL as A or B. If no, C should be on a CL separate from A and B. The HR Specialist should discuss the performance of the function with C's first or second level supervisor or the chief of Ambulatory Care to assure C's placement on the proper CL.

Ambulatory Care has another APN, D, functioning as an Adult Nurse Practitioner. D is assigned to the Occupational Health Clinic and is responsible for providing care to facility employees. Although APN D's patients are employees rather than inpatients or outpatients, D's SOP lists assignments almost identical to A's, B's, and C's, with two exceptions. D also conducts pulmonary function tests and irrigates eyes to remove foreign bodies. To determine if D should be placed on the same CL as A or B or C, or on a different CL, information should be obtained from the supervisor or Ambulatory Care chief whose judgment is needed to determine if there would be undue interruption in patient care if A or B or C were placed on the same CL as D.

Example 2. The facility has three APNs: A, a Gerontology Nurse Practitioner assigned to Primary Care and Cardiology clinics in Medical Service; B, an Adult Nurse Practitioner assigned to a clinic in Radiation Oncology Service; and C, a Clinical Nurse Specialist assigned to the Adult Psychiatric & Mental Health clinic in the Mental Health & Behavioral Sciences Service. All are Nurse III.

The scope of practice for the three APNs list 20 functions an APN may perform. A, B, and C have five functions in common: documenting diagnoses and plans of care, initiating medication orders, initiating consults and referrals, ordering laboratory tests, and ordering other procedures as required. A and B also take and document histories; interpret test results; and order diet, oxygen, and non-pharmaceutical therapies. Additionally, A serves as a primary care provider; writes admission orders and discharge summaries; orders and administers Mantoux tests; obtains informed consents; and conducts exercise stress tests; while B also prescribes controlled substances; diagnoses and assesses patients on radiation therapy; and designs and conducts research projects.

After reviewing the three SOPs, it would seem that APN C should be on a CL separate from A and B because C's assignments are significantly different from those of A and B. While A and B perform many similar functions, the different functions they each perform may lead to a determination that A and B should also be on separate competitive levels. Supervisory input is needed to determine if interchanging A and B would cause undue interruption in patient care and also if different skills and competencies are sought when recruiting.

c. **Physician Assistants.** Physician Assistants (PA) provide diagnostic and therapeutic care and services under the guidance of a physician. Competitive levels should be established using the basic CL criteria, including PA pay levels: associate grade, full grade, intermediate grade, senior grade, and chief grade. A PA does not have a position description; the assignment is based on a Scope of Practice. The scope usually divides the PA's assignments into four categories: routine, emergency, non-routine/non-emergency, and additional duties. Scopes should be carefully reviewed before establishing competitive levels and placing incumbents on those levels.

Example 1. Physician Assistant A is a full grade PA assigned to the Nursing Home Care Unit in the Extended Care Service. PA B is also assigned to the Nursing Home Care Unit but is an intermediate grade. PA C is an intermediate grade but assigned to the General Internal Medicine Unit in Medical Service.

Included in PA A's scope are such functions as initiating consultations, ordering laboratory tests, incision drainage, wound care, suturing, urethral catheterization, nasogastric intubation, administration of oxygen, start IV line, participate in case conferences and data gathering, precept training of PA students, and develop and implement patient education programs.

PA B performs many of the same functions as A but does not initiate consults, order lab tests, suture or intubate. B's scope and overall assignments may not appear to be significantly different from A's, but a better understanding of these functions should be obtained from a supervisor or service chief to determine the degree of undue interruption that could occur should A and B be interchanged. However, because A is a full grade and B is an intermediate grade requiring placement on separate competitive levels, there is no need to determine the degree of undue interruption.

PA C more routinely performs many of the same functions as A and B, including ordering diagnostic tests, inserting nasogastric tubes and urinary catheters, ordering medications and starting IVs, initiating consults and making daily rounds, educating patients and teaching healthcare students, and participating in case conferences. C also carries out such assignments as ordering arterial blood gases, writing discharge orders, ordering restraints, and participating in research.

Being assigned to Medical Service would not preclude C from being placed on the same CL as B, who is in Extended Care, as long as their pay grades were the same, which they are, and as long as their duties and the qualifications for their positions were sufficiently similar so as not to cause undue interruption were B and C to be interchanged. Since B and C are in different services additional information would have to be obtained from supervisors and chiefs from each of the two services involved.

Example 2. Physician Assistants A, B, and C are all assigned to the Healthy Aging Recovery Program (HARP) in Mental Health and Behavioral Sciences. Their SOPs indicate all three perform identical routine, non-routine/non-emergency, emergency, and additional duties. Additionally, A spends one day a week assigned to the Acute Inpatient Psychiatry Unit, B spends one day a week assigned to the Center for Outreach and Empowerment Residential Program, and C spends one day a week assigned to the unit for the Seriously Mentally Ill. Although these PAs spend 20% of their time assigned to different units, their SOPs do not indicate they perform any different duties. It, therefore, appears that A, B, and C should be on the same competitive level. Even if A, B, or C, or their supervisor or service chief proposed to make a case that the three PAs were not interchangeable because of their different additional assignments, the written documentation, the SOP, does not support such an argument.

Example 3. Physician Assistant A is assigned to the Orthopaedic Section of Surgical Service. PA B, also in Surgical Service, is assigned to the Urology Section. Both A and B perform identical routine duties but their non-routine/non-emergency duties are different. According to the SOP, A performs knee, ankle, and shoulder arthrocentesis, and applies casts and skeletal and skin traction. B does not;

B's SOP indicates that the PA dilates urethral structures and residuals, inserts and removes Foley catheters, assists in patient lithotripter services, performs microscopic urine screens, draws blood for arterial blood gases, and performs bladder irrigations.

Based on the differences in the SOP, it appears that one PA probably would not perform the duties of the other PA without undue interruption in patient care. But, unless the HR Specialist is knowledgeable about the performance of, and time frame required to learn, the different non-routine/non-emergency functions, input from an SME must be sought to insure the placement of the positions on the correct CL.

d. **Physicians.** Like other title 38 employees, physicians do not have position descriptions, nor are their assignments outlined in a functional statement or a scope of practice. Physicians instead provide information which shows the specialty/subspecialty in which the employee is certified, experienced, or trained, the employee's core clinical privileges, and the special privileges and procedures requested by the employee and granted by the approving official. Each facility uses locally-developed formats for requesting this information, but regardless of the format, this privileging document, along with the basic criteria for establishing competitive levels, should be reviewed thoroughly before placing a physician on a CL.

The base pay grades for physicians (associate through director grades) have been eliminated and replaced with a single physician grade. Within the physician grade, physicians may be placed in one of four tiers which recognize different levels of responsibility. These responsibilities must be considered when establishing competitive levels.

Example 1. Four physicians, A, B, C, and D, have been granted core clinical privileges in Internal Medicine (IM). Physician A's privileging form shows he also specializes in Rheumatology and is authorized to perform Arthrocentesis, but does not have core clinical privileges in Rheumatology. In addition to IM, B is specialized in Geriatrics, is authorized to perform hyperalimentation and to insert internal jugular and subclavian venous catheters, but does not have Geriatric core clinical privileges. Physician C does not have additional core clinical privileges but is authorized to work in the Emergency Room, which requires advanced certification in life support (ACLS). D has additional core clinical privileges in Gynecological Family Practice.

Because D is the only physician with additional core clinical privileges, he probably should be placed on a CL separate from A, B, and C. Although they do not have additional specialty core privileges, A, B, and C each have one or two additional privileges or procedures. Are these differences sufficient to warrant the placement of each on a separate CL? Could the competencies needed to perform these additional privileges be learned, and authority to perform them obtained, without any undue interruption in patient care?

A fifth Physician, E, also lists specialties of Internal Medicine and Geriatrics but does not have core privileges in either, but instead has core clinical privileges in Long Term Care which authorizes her to treat general medical problems. She is not authorized any additional privileges or procedures. Based on a review of the privileging forms, A, B, C, and D may be able to perform E's assignments without undue interruption, but the reverse may not be true, thus requiring E to be placed on a separate CL.

HR staff should consult with the appropriate service chiefs to clarify the additional privileges and procedures possessed by A, B, and C, and to determine if one, two, or three additional CLs must be established. The competitive level(s) established must be clearly defined and documented in terms of assignments and qualifications required to perform those assignments in order to justify why an employee was placed on one level and not another.

Example 2. Physicians A, B, C and D are all board certified in Internal Medicine, yet none of the four have core clinical privileges in IM. They have core privileges in Endocrinology, Cardiology, Gastroenterology, and Hematology, respectively. Although consultation with their service chief should never be discounted, each of the four should be placed on separate competitive levels. It is unlikely that one could perform the assignment of the other without undue interruption in patient care.

Example 3. Physician A is board certified in General Surgery and Surgical Critical Care, has General Surgery core clinical privileges, and is authorized to perform the special procedures of laparoscopic surgery, bronchoscopy, and conscious sedation. B is board certified in Surgery and Thoracic Surgery and has Cardiothoracic core clinical privileges. C is also board certified in Surgery and is authorized to perform Vascular Surgery clinical procedures as well as transluminal angioplasty, endovascular aneurysm surgery, and carotid angioplasty and stenting. D, who is a Podiatrist, has Podiatry core clinical privileges which include performing ankle and foot surgery as well as anide arthroscopy. Physician E is a board certified Plastic Surgeon with an Otolaryngology subspecialty who has Plastic Surgery clinical procedures and is authorized to perform liposuction.

Although A, B, and C are board certified in Surgery, all three have core clinical privileges in different specialties, including different special procedures. Based on the information included in the privilege form, the three surgeons should be placed on different competitive levels, considering their different assignments and the different qualifications required to perform those assignments. The same is true of the Podiatrist, D, and the Plastic Surgeon, E. They both perform surgery but are certified in different specialties from each other and from A, B, and C, and have different core clinical procedures. Unless the chief of Surgery can justify that the surgical procedures performed by these five employees are interchangeable and would not cause undue interruption in patient care, all five should be placed on separate competitive levels, which must be described to clearly distinguish one level from another.

Example 4. Psychiatrists A, B, and C are all board certified in General Psychiatry and have Psychiatry core clinical privileges. Psychiatrist A is also certified in Clinical Psychopharmacology and has additional privileges in Long Term Care. Psychiatrist B has additional certifications in Addiction and Geriatric Psychiatry. Psychiatrist C does not have any additional certifications or privileges.

Although both A and B have additional certifications, and C does not, B and C have the same privileges, indicating the possibility of placing them on the same competitive level, and placing A on a separate CL because of her additional privileges. If, however, B and C are, in fact, given different patient assignments, and if one performs functions that the other can not perform because one possesses competencies and skills that the other does not have, and placing them on different CLs because of undue interruption is being considered, the differences in B's and C's assignments should be documented for the record and the CL definitions clearly distinguishable from each other.

e. **Dentists.** Like physicians, dentists do not have position descriptions, functional statements or scopes of practice. They are granted privileges after completing the Criteria & Privilege Request Form which delineates their certifications and training. The privileging form, the basic competitive level criteria, and input from supervisors should be considered before establishing CLs and placing employees on the levels.

The base pay grades for dentists (associate through director grades) have been eliminated and replaced with a single dentist grade. Within the dentist grade, dentists may be placed in one of four tiers which recognize different levels of responsibility. These responsibilities must be considered when establishing competitive levels.

Example. Dentist A has General Practice Dentistry core clinical privileges and Periodontics privileges, as well as authority to perform additional Periodontal special procedures. Dentist B has Oral Surgery core privileges including authority to perform additional Oral Surgery special procedures. Dentists C and D both have General Practice Dentistry core clinical privileges.

Three competitive levels should be established. One for the Oral Surgeon, one for the General Practice Dentist with Periodontics privileges, and one for the two General Practice Dentists, unless the Chief Dentist can document that C and D care for patients who present with significantly different problems, have acquired different skills and competencies, and therefore, cannot be interchanged without undue interruption in patient care.]

# [APPENDIX E. CHECKLIST FOR VERA REQUESTS

This checklist provides VA organizations with a framework for submitting requests to Office of Human Resources Management (OHRM) for Voluntary Early Retirement Authority (VERA). All of the information covered in this VERA template is required by statute or regulation.

Organization(s):_____

Date of Request:_____

_____1. Request is signed by the appropriate Under Secretary, Assistant Secretary or Other Key Official or a specific designee with delegated authority.

_____2. Identifies the organizational unit(s) for which a determination is requested.

_____3. Clearly states reason(s) why the authority is needed:

*The reason(s) must describe the circumstances leading to the request and explain why the organization believes that VERA will be an appropriate strategy for making the required adjustments in the workforce. This must* also *include a detailed summary of the organization's personnel and/or budgetary situation that will result in an excess of personnel because of a substantial delayering, reorganization, reduction in force, transfer of function, or other workforce restructuring or reshaping.*

_____4. Identifies the date which the organization expects to effect the substantial delayering, etc.

*The date provided must not be earlier than the ending date provided in number 5 below.*

_____5. Show the time period during which the organization plans to offer VERA.

_____6. Provides the total number of non-temporary employees in the organization undergoing change.

*If you are requesting VERA for only a part of your organization, provide the data for that portion of the organization only. Do not provide the number of permanent employees for the entire organization.*

_____7. Provides the total number of non-temporary employees in the organization who may be involuntary separated, downgraded, transferred, or reassigned as a result of the organization's situation.

*If you are requesting VERA for only a part of your organization, provide the data for that portion of the organization only. Do not provide the number of permanent employees for the entire organization.*

_____8. Provides the total number of employees in the organization who are eligible for early retirement.

*If you are requesting VERA for only a part of your organization, provide the data for that portion of the organization only. For this purpose, you should exclude all employees who are eligible for optional retirement.*

_____9. Includes an estimate of the total number of employees in the organization who are expected to retire early during the period covered by the request for VERA.

*If you are requesting VERA for only a part of your organization, provide the data for that portion of the organization only.*

_____10. Provide a description of the types of personnel actions anticipated as a result of the organization's need for VERA.

*This information need not be comprehensive. It should, however, be detailed enough to show how VERA will assist you in accomplishing your restructuring, reshaping, and/or downsizing plans-and the personnel actions you expect to take in concert with VERA to accomplish your goals.*]

# [APPENDIX F. VOLUNTARY SEPARATION INCENTIVE PAYMENT FACT SHEET

**1. GENERAL.** [Upon approval from the U.S. Office of Personnel Management, VA and other departments/agencies may offer voluntary separation incentive payments (VSIPs or buyouts)] to employees who are in surplus positions or have skills that are no longer needed in the workforce, as an incentive to [ ] separate. [A VSIP is a lump-sum payment of] up to $25,000 or an amount equal to the amount of severance pay an employee would be entitled to receive, whichever is less. Employees may separate by resignation, optional retirement, or by voluntary early retirement if authorized.

**2. EMPLOYEE ELIGIBILITY.** An employee is eligible to [receive an offer] for a [VSIP] provided he/she [meets] ALL of the following conditions:

a. Serving under an appointment without time limitations;

[ ]
[b.]. Currently employed by the Federal Government for a continuous period of 3 years;

[c.] Serving in a position covered by an agency VSIP offer;

[d.] Applied for and received approval for a VSIP under an agency VSIP plan; and

[e.] Not included in any of the ineligibility categories identified in paragraph 3 below.

**3. INELIGIBILITY.** Employees in the following categories are not eligible for [VSIP]. Employees who:

a. Are reemployeed annuitants;

b. Have a disability such that the individual is or would be eligible for disability retirement;

c. Are in receipt of a decision notice of involuntary separation for misconduct or unacceptable performance;

d. Previously received any VSIP from the Federal Government;

e. During the 36-month period preceding the date of separation, performed service for which a student loan repayment benefit was paid or is to be paid;

f. During the 24-month period preceding the date of separation, performed service for which a recruitment or relocation incentive was paid or

g. During the 12-month period preceding the date of separation, performed service for which a retention incentive was paid or is to be paid.

**4. VSIP REPAYMENT REQUIREMENT**

a. An employee who receives a VSIP and later accepts employment for compensation with the Government of the United States within 5 years of the date of the separation on which the VSIP is based, including work under a personal services contract or other direct contract, must repay the entire amount of the VSIP to the agency that paid it - before the individual's first day of reemployment.

b. The Director of the Office of Personnel Management may, at the request of the Secretary, waive the repayment upon reemployment in VA if:

(1) The individual involved possesses unique abilities and is the only qualified applicant available for the position; or

(2) In case of emergency involving a direct threat to life or property, the individual:

(a) Has skills directly related to resolving the emergency; and

(b) Will serve on a temporary basis only as long as the individual's services are made necessary by the emergency.]

# [APPENDIX G. CHECKLIST FOR VSIP REQUESTS

This checklist provides VA organizations with a framework for submitting requests to Office of Human Resources Management (OHRM) for Voluntary Separation Incentive Payment (VSIP) authority. All of the information covered in this VSIP template is required by statute or regulation.

Organization(s):_____

Date of Request:_____

1. Request is signed by the appropriate Under Secretary, Assistant Secretary or Other Key Official or a specific designee with delegated authority.

2. Request identifies the organizational unit(s) for which a determination is requested.

3. Request identifies the intended use of the VSIP authority and includes a VSIP Implementation Plan and Human Capital Plan.

4. The VSIP Implementation Plan includes:

a. Identification of specific positions and functions to be reduced or eliminated (identified by organization unit, geographical location, occupational category, grade level and any other factors related to the position);

b. A description of the categories of employees who will be offered incentives (identified by the organizational unit, geographical location, occupational category, grade level and any other factors such as skills and knowledge, or retirement eligibility);

c. The time period during which incentives will be paid;

d. The number and maximum amounts of voluntary separation incentive payments to be offered;

e. A description of how the organization will operate without the eliminated/restructured positions;

f. A proposed organizational chart displaying the expected changes in the organizational structure after the organization has completed the incentive payments;

g. If the organization has requested VERA, an explanation of how that authority will be used in conjunction with VSIP; and

h. If the organization is offering separation incentives under other statutory authority, a description of how that authority is being used.]