



UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

Washington, DC 20415

Human Capital Leadership
and Merit System
Accountability Division

Classification Appeal Decision
Under section 5112 of title 5, United States Code

Appellants: [names of 5 appellants]

Agency classification: Dental Assistant
GS-681-6

Organization: Oral Maxillofacial Surgery
Hospital Dental Clinic
[name] Army Medical Center
United States Army Dental Activity
United States Army Medical Command
Department of the Army
[location]

OPM decision: Dental Assistant (Expanded Function)
GS-681-6-01

OPM decision number: C-0681-06-01

Kevin E. Mahoney
Acting Deputy Associate Director
Center for Merit System Accountability

9/18/2007

Date

As provided in section 511.612 of title 5, Code of Federal Regulations (CFR), this decision constitutes a certificate that is mandatory and binding on all administrative, certifying, payroll, disbursing, and accounting officials of the Government. The agency is responsible for reviewing its classification decisions for identical, similar, or related positions to ensure consistency with this decision. There is no right of further appeal. This decision is subject to discretionary review only under conditions and time limits specified in the *Introduction to the Position Classification Standards (Introduction)*, appendix 4, section G (address provided in appendix 4, section H).

Since this decision changes the title of the appealed position, it is to be effective no later than the beginning of the fourth pay period after the date of this decision, as permitted by 5 CFR 511.702. The servicing human resources office must submit a compliance report containing the revised position description and a Standard Form 50 showing the personnel action taken. The report must be submitted within 30 days from the effective date of the personnel action to the OPM office that accepted the appeal.

Decision sent to:

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Introduction

On March 20, 2007, the Dallas Field Services Group of the U.S. Office of Personnel Management (OPM) accepted classification appeals from [names of 5 appellants]. The appellants occupy identical additional positions, basic position description (PD) number [number], hereinafter referred to as position, currently classified as Dental Assistant, GS-681-6, which they believe should be classified in the Medical Technical Assistant Series, GS-650, at the grade 9 level. They work in the Oral Maxillofacial Surgery, Hospital Dental Clinic, [name] Army Medical Center ([acronym]), United States Army Dental Activity, United States Army Medical Command, Department of the Army, at [location]. The appellants perform identical duties and their appeals will, therefore, be adjudicated together. We received the agency's administrative report on April 26, 2007, and the appellants' comments on that report on May 15, 2007. We have accepted and decided this appeal under section 5112 of title 5, United States Code (U.S.C.).

Position information

The appellants' position is assigned to [acronym]'s Oral Maxillofacial Surgery unit, whose primary mission is to provide oral and maxillofacial surgery (OMS) care to patients and secondarily to support postgraduate dental education and training for Dental Corps officers participating in a four-year OMS residency program. The appellants' positions are officially supervised by the incumbent of an Operating Room Nurse, GS-610-11, position. Along with four enlisted dental assistants, each appellant is assigned to assist four OMS licensed and credentialed staff specialists and eight residents with assignments rotating monthly, quarterly, or biannually. First year residents are not assigned a dental assistant, but the appellants regularly provide instructions to all OMS residents and enlisted dental assistants on various Clinic-specific processes, procedures, and automated systems. [acronym], as a Level 1 trauma center, is required to staff a certain number of surgeons and anesthesiologists on duty 24 hours a day. Patients include current and former military personnel and their dependents, as well as civilian trauma victims. The Clinic specifically treats patients with facial trauma, and the appellants estimate 60 percent of their surgical procedures involve regular OMS procedures while 40 percent involve trauma-related cases.

The appellants estimate spending 20 percent of their time in preparation for OMS procedures performed in any of the Clinic's two operating rooms or the 12 [acronym] main operating rooms. This work includes scheduling and receiving patients; obtaining and recording medical and dental history information; maintaining information related to patient treatments; occasionally operating radiographic equipment to take intra- and extra-oral dental x-rays; and taking impressions. Based on the operative schedule and in accordance with the type of surgery being performed, the appellants select, assemble, and set up the sterile table with instruments, sutures, blades, suction, and medical solutions required for surgical procedures. The appellants estimate spending 50 percent of their time assisting during surgeries by performing scrub, monitoring, or circulating duties. This work includes gowning and gloving surgeons; draping the sterile field; positioning the patient according to the procedure being performed; passing instruments to the surgeon; and performing such operations as suctioning, holding retractors, irrigating and drying, inserting staples, etc.

The appellants estimate spending 20 percent of their time assisting in post-operative responsibilities. With two dental assistants present at each surgery, one remains with the patient to monitor vital signs (e.g., respiratory rate, temperature, pulse, and blood pressure) while the other performs duties including removing contaminated instruments and materials using standard precautionary procedures, picking up and disposing of used and contaminated supplies, and packaging and transporting tissue specimens to [acronym]'s laboratory. They spend the remaining 10 percent of their time on administrative duties like recording treatment and examination information on patient records, preparing consent forms, preparing prescriptions as directed by the surgeon, etc. The appellants' PD and other material of record furnish much more information about their duties and responsibilities and how they are performed.

Briefly, the appellants believe their PD is not accurate for the following reasons: it is written too generically; inadequately describes complexity of the surgeries, especially trauma-related procedures; and inaccurately describes the Clinic's OMS residency environment as demonstrated by the PD's first sentence (i.e., "Serves as sole assistant to an oral surgeon in a variety of complex oral maxillofacial procedures performed in hospital operating room and dental clinic.").

By law, we must classify positions solely by comparing their duties and responsibilities to OPM standards and guidelines (5 U.S.C. 5106, 5107, 5112). A PD is the official record of the major duties and responsibilities assigned to a position by a responsible management official. A position is the duties and responsibilities which make up the work performed by an employee, and [number] prescribes the duties, responsibilities, and qualifications required by those duties and responsibilities as the basis for determining the position's classification. The *Introduction* further provides that, "As a rule, a position is classified on the basis of the duties actually performed." Additionally, 5 CFR 511.607(a)(1), in discussing PD accuracy issues, states OPM will decide classification appeals on the basis of the actual duties and responsibilities assigned by management and performed by the employee. The point here is that a real operating position is classified, not simply the PD. The supervisor agrees the appellants' PD is accurate. Our fact-finding confirmed the PD contains the major duties and responsibilities assigned by management and performed by the appellants, is adequate for classification purposes, and we incorporate it by reference into this decision.

To help decide this appeal, we conducted a telephone audit with the appellants on June 29, 2007, and follow-up discussions on July 6 and 27, 2007. We also conducted telephone interviews with the immediate supervisor on July 11, 2007, and the Clinic's Staff Chief on August 1, 2007. In reaching our decision, we carefully considered all of the information gained from these interviews, as well as the written information furnished by the appellants and agency.

Series, title, and standard determination

The appellants disagree with the agency assigning their position to the GS-681 series. They believe their work warrants classification to the GS-650, Medical Technical Assistant Series, which covers positions supervising *and* performing technical work that is subordinate to professional work in medicine and dentistry, in penal and correctional institutions. The appellants said they, like GS-650 positions, perform work covered by the Nurse Series, GS-610,

and at least two other series in the GS-600 medical, hospital, dental, and public health group. The appellants' March 6, 2007, letter to OPM said they performed work covered in the GS-610 Nurse, GS-622 Medical Supply Aide and Technician, GS-675 Medical Records Technician, GS-679 Medical Support Assistance, and GS-681 Dental Assistant series.

The GS-610 Nursing Series includes positions requiring a professional knowledge of nursing. Applicants for GS-610 positions require a degree or diploma from a professional nursing program approved by the legally designated State accrediting agency at the time the program was completed by the applicant. Applicants for GS-610 positions require an active, current registration as a professional nurse in a State. While the appellants may provide some similar duties, e.g., assisting during oral surgery, the purpose of the GS-610 nurse is to provide professional nursing service to include management of paraprofessional health care providers assigned to the OMS, providing training, serving as infection control surveillance nurse, providing comprehensive nursing care and patient assessments, administering medications, etc. This type and level of work is not assigned to or performed by the appellants.

The GS-675 Medical Records Technician and GS-679 Medical Support Assistant series both involve work dealing extensively with patients' medical records. The first series involves work in assembling, analyzing, coding, abstracting, maintaining, and extracting medical record information in compliance with legal and regulatory requirements. The second series involves primary support to the operating units such as wards or clinics of a facility in assembling patient records, adding information, scheduling appointments, requesting other services, etc. While the appellants must obtain patient records, record medical history as needed, and maintain records pertaining to their duties during surgery, this is not the major purpose of their work, as is the case in the GS-675 and 679 occupations. The GS-681 occupation addresses the duties involved in obtaining and maintaining patient's medical history and routing them for tests and services as needed.

Positions appropriately classified in the GS-650 series, in addition to performing technical work, are responsible for the custody, discipline, and training of inmate patients and workers. Unlike GS-650 assistants, the appellants work in a hospital, not a penal or correctional institution. They provide instruction and guidance to the enlisted dental assistants and OMS residents, but their interaction with the military personnel do not pose the same work demands or qualifications requirements as those faced by GS-650 assistants in treating inmates, or training and supervising inmate workers. The GS-650 position classification standard (PCS) describes qualification statements required for positions at all grade levels. It states:

Positions in this series require a general knowledge of the physiology and anatomy of the human body; knowledge of standard bedside and surgical nursing techniques and procedures and, in addition, knowledges required in several other series within the GS-600-0 Group; and knowledge of the principles, standard practices, methods, and techniques in the field of medical care in penal and correctional institutions. *Such positions also require the ability to work with and supervise inmate personnel; ability to detect, analyze, evaluate, and interpret manifestations and conditions observed, and ability to stimulate inmates to improve attitudes and abilities* (emphasis added).

The GS-650 series is not appropriate for the appellants' position as the grading criteria assumes and thus credits a position for working in a penal or correctional institution.

The appellants, immediate supervisor, and Staff Chief said the position primarily requires knowledge related to assisting in an operating room (e.g., instrument processing, standard sterile techniques, etc.) rather than in a dentistry setting, due partly to the Clinic performing complex surgery on trauma victims. We considered several series in the GS-600 group; the best fit in terms of grading operating room responsibilities is the GS-621, Nursing Assistant Series. This series covers positions primarily responsible for patient care, supporting diagnostic procedures, and patient charting. Like the appellants' duties, GS-621 work includes assisting surgeons or nurses in operating rooms by performing scrub technician duties, preparing patients, and passing instruments and medical supplies for use in procedures. Nonetheless, progression within the GS-621 grading criteria weighs heavily on the range of operating assistance duties executed (i.e., work processes) rather than the context (e.g., surgery complexity or variety) in which they are performed. As a result, the GS-621 PCS does not adequately consider the Clinic's surgical complexities.

The appellants' work and purpose of the position is covered in the GS-681 series, which describes positions receiving and preparing patients for dental treatment; preparing materials and equipment for use by the dentists; assisting a dentist at chairside in the treatment of patients; performing reversible intra-oral procedures under the supervision of the dentist; performing radiography work; and keeping records of appointments, examinations, treatments, and supplies. The appellants said the trauma-related surgeries performed by the Clinic go beyond routine oral surgical procedures. They provided a list of the Clinic's procedures, and we noted the number and variety of plastic surgery and emergency procedures including blepharoplasty, brow ptosis, scar revision, genioplasty for macrogenia, rhinoplasty, vestibuloplasty, rhytidectomy, and fracture repairs. An OMS specialist performs surgeries dealing with the repair, reconstruction, or replacement of physical defects involving the cranio-maxillofacial structure. The Clinic's surgeries are performed within an OMS specialist's typical scope of work. Therefore, we find the appellants' duties and responsibilities, the Clinic mission and organization, the staff surgeons and residents they assist, and the procedures performed are dental related and support assigning the position to the GS-681 series.

The appellants believe the GS-681 series is inappropriate because they assist surgeons in performing irreversible surgical procedures. Determination of whether the GS-681 series is appropriate requires we carefully consider the work performed by the appellants rather than that of the surgeon. The surgeon is trained and licensed to perform irremediable procedures that create irreparable changes. In contrast, the appellants perform remediable supportive dental tasks and procedures including taking impressions, removing sutures, irrigating and drying during procedures, placing surgical dressings, positioning patients, and monitoring vital signs. Their individual actions do not create irreparable changes. Like the appellants' work, the GS-681 series covers positions performing reversible supportive dental tasks under the dentist's supervision. The appellants' position is properly classified to the GS-681 series and is titled Dental Assistant (Extended Function) based on the titling instructions in the PCS.

As required by 5 U.S.C. 5107, work covered under this series must be evaluated by application of the grading criteria in the GS-681 PCS. We have also referred to the PCS for the GS-622, Medical Supply Aide and Technician Series, for cross-series confirmation of the level credited in Factor 1 because these positions are responsible for providing wards, clinics, operating rooms, and other hospital facilities with medical supplies, instruments, sets, and equipment. Duties require knowledge of aseptic techniques and sterilization practices, as well as the care, functioning, and uses of supplies, equipment, sets, and instruments.

Grade determination

The GS-681 and GS-622 PCS both use the Factor Evaluation System (FES) format, under which factor-levels and accompanying point values are assigned for each of the nine factors. The total is converted to a grade level by use of the grade conversion table in the standard. Under this system, each factor-level description demonstrates the minimum characteristics needed to receive credit for the described level. If a position fails to meet the criteria in a factor-level description in any significant aspect, it must be credited at a lower level.

Factor 1, Knowledge Required by the Position

This factor measures the nature and extent of information or facts that employees must understand to do acceptable work (e.g., steps, procedures, practices, rules, policies, theories, principles, and concepts) and the nature and extent of the skills needed to apply that knowledge.

At Level 1-4, the highest level described in the GS-681 PCS, the work requires a knowledge of dental and related oral anatomy, technical methods and practices of dentistry, and the working characteristics of dental instruments and materials sufficient to perform a variety of reversible intra-oral procedures, including restoration of teeth prepared by the dentist; ability to recognize common dental disorders and conditions sufficient to perform intra-oral treatment procedures as directed by the dentist; and the skill and dexterity to perform such procedures.

The appellants' position meets but does not exceed Level 1-4. As at Level 1-4, the appellants' work requires knowledge of dental and related oral anatomy, technical methods and practices of oral surgery, including procedures to correct severely cleft palates, restoration and reconstruction of facial and oral tissue of radiation-treated cancer patients, and bone augmentation in trauma victims with oral and facial injuries. The work requires skill in handling a variety of dental instruments and materials used during procedures, knowledge to monitor equipment to observe the patient's vital signs while under anesthesia, knowledge of sterilization techniques, and knowledge of dental radiology to process intra-oral and extra-oral x-rays. According to the record of OMS procedures performed, the Clinic performed 91 types of procedures in [acronym]'s operating rooms and 53 types in the Clinic's operating rooms. The appellants said it takes several months for newer employees to acquire the knowledge of the surgical methods and processes in order to fully assist the surgeon by anticipating their next actions and passing instruments and supplies in the proper sequence.

At Level 1-4, the highest level described in the GS-622 PCS, positions require practical knowledge of microbiology, human anatomy and physiology, and medical and surgical

procedures combined with an intensive knowledge of asepsis techniques and the functions and activities of the operating room sufficient to meet recurring, emergency, or special individual medical supply and equipment needs. Level 1-4 positions also require knowledge and skills to properly assemble the full range of trays and sets used in the hospital. The appellants' position meets this level within a dental environment in selecting, assembling, and setting up the sterile table with instruments, sutures, blades, suction, and medical solutions required for surgical procedures, and passing instruments and supplies in the proper sequence. The Clinic is located in a Level 1 trauma center, so the appellants assist surgeons in performing a wide range of surgeries. The Clinic performs normal and routine procedures like dental extractions, dental implants, and bilateral sagittal split osteotomy. They also assist in plastic surgery procedures, which are typically reconstructive rather than cosmetic, and are performed to correct abnormalities caused by congenital defects, developmental abnormalities, traumas, infections, tumors, or diseases. They treat facial diseases and injuries like facial fractures, nose deformity, jaw deformity, eyelid deformity, cleft lip and palate deformity, wound treatment, and head and neck tumors. Similar to Level 1-4, the appellants' position requires knowledge of a wide range of OMS procedures to determine what supplies, instruments, and equipment will be needed during the operation. They also strictly adhere to standard asepsis procedures to ensure the safety of [acronym]'s patients. This matches Level 1-4.

Level 1-4 is credited for 550 points.

Factor 2, Supervisory Controls

This factor covers the nature and extent of direct and indirect controls exercised by the supervisor, the employee's responsibility, and the degree to which work is reviewed by the supervisor.

At Level 2-2, the highest level described in the PCS, the dentist provides instructions by indicating generally what is to be done, limitation, quality and quantity expected, deadlines, and priority of assignments. Specific instructions are provided for new, difficult, or unusual assignments. The assistant is expected to carry out recurring assignments independently without specific instructions, but refers deviations, problems, and unfamiliar situations not covered by instructions to the supervisor for decision or help. The supervisor assures finished work and methods used are technically accurate and in compliance with instructions or established procedures.

The appellants' supervisory controls meet but do not exceed Level 2-2. As at this level, the appellants use initiative in carrying out recurring assignments independently without specific instructions. However, problems and unfamiliar situations are referred to the supervisor and/or surgeon for guidance (e.g., when dealing with uncooperative or difficult patients). During weekly staff meetings, the surgeon discusses what OMS procedures are scheduled for the following week, the preferred plating system (types and arrangement of instruments), specialized instruments required, etc. This operative schedule allows the appellants to prioritize their work, but these occasionally shift when trauma-related cases are admitted and take immediate precedence. Otherwise the appellants, like Level 2-2, are responsible for determining the priorities and approaches to be taken in accomplishing recurring assignments. Based on the

surgery schedule and the type of procedure being performed, the appellants use initiative in setting up and preparing for the appropriate procedure. Similar to Level 2-2, the supervisor ensures finished work and methods are technically accurate and comply with their instructions or procedures.

Level 2-2 is credited for 125 points.

Factor 3, Guidelines

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

The appellants' position meets but does not exceed Level 3-2, the highest level described in the PCS. Comparable to this level, the appellants' work includes situations where the number and similarity of guidelines and work situations require more judgment in selecting the most appropriate guidelines and procedures for application and in making minor deviations to adapt guidelines to specific cases. The appellants use judgment in selecting appropriate guidelines to fit the situation; guidelines include agency handbooks, procedures, and instructions on various topics; publications on equipment sterilization; Clinic and operating room schedules; equipment operating instructions; etc. The appellants select from well established instruments and techniques when preparing for OMS procedures; they know which instruments and equipment are required in an orthognathic surgery, for example, and will gather the appropriate drill set, sutures, dressing, plating system, etc. Similar to Level 3-2, the surgeon will provide more specific guidance if they are performing a more complex or non-routine procedure.

Level 3-2 is credited for 125 points.

Factor 4, Complexity

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

The complexity of the appellants' work meets but does not exceed Level 4-3, the highest level described in the PCS. At Level 4-3, work involves facts which are not readily verified and must be identified and analyzed by the assistant in carrying out assignments each time. An example includes performing full assistance in difficult specialized treatments normally only provided in a specialty dentistry practice. Similar to Level 4-3, the appellants assist in trauma-related OMS surgeries that are usually lengthy (lasting approximately one hour to 12 hours) and non-routine in nature and involve a large array of specialized instruments, materials, and techniques. They require the assistant to make significantly greater preparation of materials, operatory, and occasionally the patient; and the dentist requires closer assistance. The appellants recognize each stage of the procedure in order to furnish materials and services accurately and rapidly. Trauma cases especially require the appellants to stay alert to the patient's vital signs by closely monitoring blood pressure, respiratory rate, skin color, etc. The PCS provides an example of oral surgery treatments provided at this level where assistance to procedures are performed in a hospital operating room while the patient is under general anesthesia (e.g., chin revisions, open

reduction of fractures, or glossectomies); or assistance to surgical procedures performed in the dental clinic while a patient is under intravenous sedation (e.g., excisional biopsies, cyst removal, treatment of bony impactions, or removal of stones in salivary gland). This matches the appellants' position.

Level 4-3 is credited for 150 points.

Factor 5, Scope and Effect

This factor covers the relationship between the nature of the work (e.g., the purpose, breadth, and depth of the assignment) and the effect of work products or services both within and outside the organization.

The appellants' position meets but does not exceed Level 5-3, the highest level described in the PCS. As at Level 5-3, the appellants' work involves a full range of multifaceted preoperative, postoperative, and surgical assistance responsibilities that relieve the dentist of many time-consuming tasks necessary in the treatment of a variety of conditions. Level 5-3 is credited for 150 points.

Factor 6, Personal Contacts

This factor considers face-to-face and telephone contacts with people not in the supervisory chain.

The appellants' contacts meet but do not exceed Level 6-2, which is the highest level described in the PCS. Similar to Level 6-2, the appellants' contacts are with patients, family members, and other civilian or military employees at the dental clinic or [acronym]. Level 6-2 is credited for 25 points.

Factor 7, Purpose of Contacts

The purpose of contacts ranges from factual exchanges of information to situations involving significant or controversial issues and differing viewpoints, goals, or objectives. Personal contacts serving as the basis for the level selected for this factor must be the same as the contacts serving as the basis for the level selected for Factor 6.

The appellants' position meets Level 7-2, where contacts are for the purpose of coordinating work efforts; exchanging information; comforting, reassuring, and motivating patients and their families; and providing patients with pre- and post-operative instructions and preventative oral hygiene tips.

Level 7-3 is not met, where work requires regular and recurring contact with patients who are unusually difficult to service or communicate with because of problems with lack of self-control, resistant behavior, or impediments in ability to understand or follow instructions. An example of this level is a dental assistant working in a psychiatric treatment facility who is required to assist in securing the patient's cooperation during treatment, in persuading the patient to follow

instructions, and in calming or controlling patients during episodes of erratic behavior. The appellants deal with patients uneasy or frightened by the surgery, but their patients are generally not difficult, uncooperative, or incapable of communicating as expected at Level 7-3.

Level 7-2 is credited for 50 points.

Factor 8, Physical Demands

This factor covers the requirements and physical demands placed on the employee by the work assignment.

The appellants' position meets but does not exceed Level 8-2, the highest level described in the PCS. As at Level 8-2, the appellants' work requires regular and recurring back bending while assisting in OMS procedures, positioning unconscious patients, and lifting and carting approximately 30-pound instrument sets. Their work also requires long periods of standing or walking while assisting in surgeries, delivering specimens, or transporting instruments. Level 8-2 is credited for 20 points.

Factor 9, Work Environment

This factor considers the risks and discomforts in the employee's physical surroundings or the nature of the work assigned and the safety regulations required.

The appellants' position meets but does not exceed Level 9-2, where work involves regular and recurring exposure to potential hazards from flammable and combustible liquids and gases, communicable diseases, handling sharp instruments, and radiation in taking radiographs. The appellants wear special clothing and protective equipment depending on the procedure being performed. They regularly double glove in the operating room and wear caps, scrub gowns, surgical masks, eyeglasses, shoe covers, and lead aprons. The appellants follow infection control and occupational safety guidelines by adhering to aseptic precautions throughout patient care. Level 9-2, the highest level described in the PCS, is credited for 20 points.

Summary

<i>Factor</i>	<i>Level</i>	<i>Points</i>
1. Knowledge Required by the Position	1-4	550
2. Supervisory Controls	2-2	125
3. Guidelines	3-2	125
4. Complexity	4-3	150
5. Scope and Effect	5-3	150
6. Personal Contacts	6-2	25
7. Purpose of Contacts	7-2	50
8. Physical Demands	8-2	20
9. Work Environment	9-2	<u>20</u>
<i>Total</i>		1,215

A total of 1,215 points falls within the GS-6 range (1,105 to 1,350 points) on the grade conversion table in the standard.

Decision

The position is properly classified as Dental Assistant (Extended Function), GS-681-6.