

Hybrid Title 38 Qualification Standards

Audiologist

Audiologist/Speech Pathologist

Benefits of the New Standard

- Conforms to community standards (licensure, continuing education)
- Recognizes transition to doctoral degree
- Allows appointment to GS-13 for certain clinicians
- Fair and flexible
- Significant improvement over OPM qualification standard (1970)

What is Hybrid Title 38?

- P.L. 108-170 expanded HT38 authority to audiologists and provided a mechanism for development of standards
- Combines features of Title 38 and Title 5
 - Title 38 covers appointment and advancement
 - Title 5 covers pay, duty and leave, and employee protections
- Rank-in-person system
 - No classifications
 - Grade and pay determined by qualification standards
 - Peer review

Short History of Title 38

- PL 79-293 (1946) established Department of Medicine and Surgery (later VHA)
- Unique and broad appointment authority outside Title 5 (civil service) to meet extraordinary demand post-WWII
- Originally included only physicians, nurses, and dentists
- In 1975, physician assistants and expanded-function dental auxiliaries were added
- In 1976, optometrists and podiatrists were added.

Short History of Hybrid Title 38

- PL 98-160 (1983) created Title 38 “hybrid” for LPN, LVN, PT, and RT
- OT and pharmacists were added in 1988
- 22 occupations were added in 2003
- Blind rehabilitation specialists and blind rehabilitation outpatient specialists were added in 2004

Title 5 Elements and Protections Retained Under HT38

- Pay (General Schedule)
- Grade structure (GS-9 to GS-14)
- Probationary period
- Performance appraisal
- Duty and leave
- Disciplinary actions
- Grievances
- RIF

New Title 38 Elements Apply

- Some overtime pay issues
- Professional standards boards
- Annual consideration for advancement
- Focus on professional credentials, education, experience, and achievement
- No DEU
- Direct and expedited hiring

Features of the Audiologist Qualification Standard

- Basic requirements:
 - U.S. Citizenship
 - Masters degree *or equivalent* from accredited college or university
 - In 2007, doctoral degree is the basic degree but individuals with masters degrees will continue to qualify for employment
 - Physical requirements
 - English language proficiency

Creditable Experience

- Knowledge of contemporary audiology practice:
 - Consistent with contemporary audiology practice
 - Evidenced by active professional practice as defined by licensing board; or
 - Academic course work leading to a doctoral degree in audiology or hearing science
 - Active professional practice
 - Continuing education
 - Directly related to position (i.e. the medical setting)
- Quality of experience:
 - Directly related to the position
 - Comparable to next lower grade level
- Experience as *pre-graduate* extern or fellow is not creditable.
- Experience as *post-graduate* clinical fellow (CFY) is creditable.

What is Full Performance Level?

- Determines how education, experience, and assignments affect grade level
- Determines how advancement and promotions are handled
- FPL=GS12
- At or below GS12, education and experience (clinical competency) determines grade level
- Above GS12, assignments determine grade level

Licensure (New Hires)

- *Full, current, and unrestricted license* required for GS-12 (full performance level) and above
- Within 2 years of initial appointment, candidate must hold a full, current, and unrestricted state license.
- Failure to obtain licensure may result in termination or removal from the occupation.

Existing Employees—The Grandfather Clause

- All employees meet the basic education requirement; therefore licensure determines when the grandfather clause applies.
- Grandfather clause applies when licensure requirement is not met.
- Grandfather clause will not apply when the BASIC requirements (education and licensure) are met.

Are there Specific Requirements in the Grandfather Clause?

- A license is required for all audiologists who perform C&P exams notwithstanding any provision of HT38.
- Individuals at or above GS-12 *without licensure* cannot be promoted to higher grades, except for research or academic assignments that do not involve direct patient care.
- Requires licensure for supervisory assignments above GS-12 (except research).
- Employees who subsequently obtain licensure *after initial grandfathering* must maintain the license as a condition of employment.
- Employees who leave the series and subsequently return lose their *protected status* and must meet the basic (licensure) requirements for the occupation as though they were a new hire.

Application of the Grandfather Clause to Each Grade Level

GS-9 employees meet basic requirements (education only). Such employees are not typically eligible for state licensure. Therefore, GS-9 employees are not grandfathered.

GS-11 employees meet basic requirements (education). Licensure is not a basic requirement. Therefore, GS-11 employees are not grandfathered. Audiologists must be licensed if they perform C&P exams, not withstanding any provision of Hybrid Title 38.

GS-12 employees must meet basic requirements for education and licensure. If an employee is not licensed, he/she is grandfathered under the standard but cannot be promoted to higher grades. Audiologists must be licensed if they perform C&P exams, not withstanding any provision of Hybrid Title 38.

GS-13 employees must meet basic requirements for education and licensure. If an employee is not licensed, he/she is grandfathered under the standard but cannot be promoted to higher grades. Audiologists must be licensed if they perform C&P exams, not withstanding any provision of Hybrid Title 38.

GS-14 employees must meet basic requirements for education and licensure. If an employee is not licensed, he/she is grandfathered under the standard. Promotion is not an option as there is no grade GS-15 in the standard. Audiologists must be licensed if they perform C&P exams, not withstanding any provision of Hybrid Title 38.

What Does the Grandfather Clause Mean?

- Grandfathering means that a current employee does *not* meet the basic requirements for the occupation but is allowed to continue to practice under limited circumstances:
 - Cannot be promoted
 - Must be licensed if required by the State
 - Must be licensed if required by the facility
 - Must be licensed if C&P exams are performed
 - Must maintain licensure if employee obtains licensure after initial grandfathering
 - Must be licensed if employee leaves the 665 series or Government employment and is subsequently re-appointed as an SLP
 - Can work in research or academic assignments

What is a Professional Standards Board?

- Feature of all Title 38 occupations
- Peer review
- Board members are at or above the grade of the employee being reviewed.
- PSB reviews credentials, experience, assignments, and professional achievements and compares to qualification standard
- **How are boards structured?**
 - Boards typically have 3 or 5 voting members: Chair, Secretary (Co-chair), and 1 or 3 members at large
 - At least three alternate members
 - Always an odd number of voting members
 - Voting majority is always in the discipline being reviewed.
 - Each board has a non-voting HR Technical Representative.
 - Appointments are staggered 3-year, 2-year, and 1-year appointments to ensure continuity.

Professional Standards Boards

- National Board
- Regional Audiology Boards
 - Atlantic (VISN 1-6)
 - Midwest (VISN 9-12, 15,23)
 - Southern (VISN 7,8,16,17)
 - Western (18-22)
- Alternate Board for Research (national level)
- Alternate Board for non-supervisory audiologist/speech pathologists (national level)
- Supervisory audiologist/speech pathologists will be considered by appropriate alternate regional, alternate nation, or national board depending on nature of the work and qualifications.
- **There are no facility- or VISN-level boards.**

Initial One-time Special Boarding

- All employees have been Hybrid Title 38 since December 6, 2003
- **What will the special boarding do?**
 - Compare the individuals credentials with the revised qualification standard to recommend the correct grade level; and
 - Consider any professional accomplishments for a special advancement for achievement that are submitted by the employee.
- Employee can submit any professional credentials, education, or professional achievements for consideration (not only those after December 2003).
- No re-consideration (appeals) allowed
- Advancements or promotions will be addressed on next anniversary date (date of last appointment or promotion)

Recurring (Permanent) Boards

- Special boards will be replaced by permanent boards with the same structure.
- Regional boards will consider employees in grades GS-9 to GS-12.
- National Board will consider employees in grades GS-13 and above.

Appointments (New Hires)

- All appointments (new hires) are boarded to determine grade and step.
- GS9-12 appointments go to appropriate Regional Board, except research and non-supervisory audiologist/speech pathologists.
- All GS13-14 appointments go to National Board, except for research and non-supervisory audiologist/speech pathologists.
- Research employees go to Research Board
- Non-supervisory, non-research A/SP employees go the Alternate A/SP Board
- If new hire is found to be qualified for higher grade, the case will be referred to the higher board for action.

Promotion for GS9-12 (Existing Employees)

- At or below full performance level (GS-12)
- Management discretion (facility decision)
- Annual consideration for advancement on anniversary date (date of last appointment or promotion)
- Supervisor recommends promotion
- Medical Center Director or designee is approving official

What Happens if I Disagree with the Decision?

- If denied by supervisor, employee can request reconsideration (appeal) to the *next level* supervisor
- If denied by next level supervisor, employee can request reconsideration to Regional Board
- VISN Director is approving official

Promotion for GS13-14 (Existing Employees)

- Above full performance level (GS-12)
- Annual consideration for advancement on anniversary date
- If approved, supervisor requests Board Action (to the National Board)
- Medical Center Director is approving official.

What Happens if I Disagree with the Decision?

- If denied by supervisor, employee can request reconsideration by the National Board.
- If denied by National Board, employee can request reconsideration by the National Board but with different approving official.
 - e.g., if Medical Center Director disapproved initial board action, reconsideration is sent to VISN Director for approval.

Supplemental Material— PSB Actions

Actions by the Regional Board

- One-time special boarding of existing employees (GS9-12)
- New appointments (GS9-12)
- Reconsideration of facility (local management) decisions GS9-12)

Actions by the National Board

- One-time special boarding (GS13-14)
- New appointments (GS13-14)
- Promotion and advancement (GS13-14)
- Reconsideration of national promotion and advancement decisions (GS13-14)

Actions by the Research Board

- Alternate Board at National Level for Research
- One-time special boarding (all grades)
- New appointments (all grades)
- Promotion and advancement (GS13-14)
- Reconsideration of facility (local management) promotion and advancement decisions (GS9-12)
- Reconsideration of national promotion and advancement decisions (GS13-14)

Audiologist/Speech Pathologists

- Alternate Board at National Level for Audiologist/Speech Pathologists
- One-time special boarding of non-supervisory, non-research audiologist/speech pathologists
- Reconsideration of facility (local management) promotion and advancement decisions (GS9-12)
- Supervisory and team leader employees reviewed by National Board (GS13-14)
- Research employees boarded by Research Board

PSB Actions

Analysis of Audiology PSB

- Regional Boards
 - Atlantic Board—131
 - Southern Board—154
 - Midwest—137 audiologists
 - Western—114 audiologists
 - Total 536 (4 supervisory)
- National Board
 - 42 audiologists (36 supervisory)
 - 43 audiologist/speech pathologists (41 supervisory)
- Research Board
 - 18 Research audiologists
 - 1 Research audiologist/speech pathologist
- A/SLP Board
 - 9 audiologist/speech pathologists (non-supervisory)

Grade Standards

GS-9 Requirements

- Basic requirements with master's degree and no creditable experience
- *Equivalent of masters degree* requirement can be met by doctoral study
- Example: Au.D. extern in 4th year has equivalent of masters degree

GS-11 Requirements

- One year professional experience equivalent to GS-9 grade level; or
- 3 years of progressively higher graduate education leading to a doctoral degree; or
- A doctoral degree in audiology or hearing science
- For research, basic requirements are fully qualifying

Assignments at GS-11

- Staff audiologist
- Research audiologist

GS-12 Requirements

- Requirements for GS-11 and one year of creditable experience equivalent to GS-11
- Full performance level
- For research, doctoral degree is fully qualifying

Assignments at GS-12

- Staff audiologist
- Research audiologist

GS-13 Requirements

- Requirements for GS-12 and one year of professional experience
- Non-supervisory assignments require competencies normally acquired through *doctoral* education (e.g. Au.D. or Ph.D.)
- Highest *clinical* grade is GS-13
- In other words, GS-13 is accessible to *non-supervisory* audiologists (unlike Title 5)

Assignments at GS-13

- Advanced practice audiologist (Au.D.)
- Audiologist program manager (team leader)
- Supervisory audiologist or section chief
- Assistant chief
- Service chief (small or mid-sized facilities)
- Research audiologist
- Special clinical program responsibilities

Special Clinical Program Responsibilities

- Responsibility for or leadership of:
 - Inter-disciplinary teams
 - Highly specialized clinical programs or subunits
- *Assignment in combination with professional accomplishments, performance, and qualifications*
- Professional accomplishments: publications, presentations, specialty certification

Advance Practice Audiologist

- Advanced practice licensed independent practitioners
- Demonstrated advanced competence
- Examples of advanced practice areas:
 - Advanced audiologic and electrophysiologic evaluation
 - Comprehensive tinnitus assessment and treatment
 - Bio-electric surgically implanted devices
 - Intra-operative monitoring
 - Advanced amplification technology and signal processing technology.

GS-14 Requirements

- Requirements of GS-13 and one year of professional experience equivalent to GS-13
- Demonstrate exceptional achievement, professional competence, and leadership

Assignments at GS-14

- Service chief (large, complex, or multi-division facilities)
- Program manager (multi-disciplinary)
- Research audiologist

Audiologist/Speech Pathologist

- Applies only to non-supervisory audiologist/speech pathologists
- Dual practice clinicians
- Most supervisors hold this title. This standard will not apply to supervisors. They will be boarded according to qualifications and predominance of work (assignment).
- About 9 non-supervisory employees so titled, but only about 3 are actually practicing in both areas
- Basic requirements:
 - U.S. Citizenship
 - Masters degree in audiology and/or speech-language pathology
 - Physical requirements
 - English language proficiency

Licensure

- Full, current, and unrestricted license in both areas
- Within 2 years of initial appointment, candidate must hold a full and unrestricted state license in both areas.
- If not, candidate re-appointed in area in which he/she is licensed.
- Must be licensed in at least one area
- For GS-12 and above, licensure in both areas
- Other licensure rules (e.g. grandfathering) apply

Grade Structure

- Grades similar to audiologists and speech-language pathologists
- Must have knowledge, skills, and abilities in both professional areas

Limitations

- Non-supervisory employees only (Note: Many supervisors have title “supervisory audiologist/speech pathologist”)
- Dual practice clinicians must be fully credentialed and competent in both areas.
- Difficult to obtain given academic requirements and complexity of both areas.
- Only current audiologist/speech pathologists will be appointed.
- No new employees or current employees who not have an audiologist/speech pathologist position title will be appointed.

Functional Statements

What is a Functional Statement?

- Functional Statement:
 - Defines the work to be performed.
 - Are not classified (employee's skills, knowledge, experience, credentials, etc. establish the pay within pay grades established by law)
 - Parallels the grade structure of Title 5 positions.
- The main difference between PDs and functional statements is that PDs are written in a factor format specified by OPM and are classified by HR. Functional statements are much more general, do not have a specified format, and are not classified.
- Official statement of the major duties and responsibilities assigned by management to a position. The functional statement must contain all pertinent information (e.g. principle duties, responsibilities, and supervisory relationships) related to the position to ensure accurate job-related functions.

Elements in Functional Statements

- Functional statements typically include:
 - Major duties and responsibilities
 - Supervisory controls related to the position, covering both clinical and administrative aspects of the work
 - Minimum professional qualification requirements.
- Other elements: information security, age-specific competencies, etc.
- Some functions and duties may be unique to the person.
- Functional statements for individuals who have responsibility for the assessment, treatment, or care of patients must address the age groups of patients treated as required by JCAHO.

Functional Statements

- Functional statements are required to be maintained at the service level. One copy should be given to the employee and one copy should be kept on file.
- Functional statements must be written when a new position is established, or when duties and responsibilities of a position have been significantly altered.

Scope of Practice

- Functional statements are not the same as delineated clinical privileges or scope of practice statements, although there may be similarities.
- Each employee will have:
 - Functional statement (which essentially takes the place of the PD)
 - Scope of practice statement, or delineated clinical privileges, if applicable.
- The scope of practice statement defines more specifically the clinical services performed than does the functional statement; however, the scope of practice statement may parallel delineated clinical privileges.
- These “privileges” indicate SPECIFICALLY what each clinician is allowed to do and is qualified (licensed) to do (e.g. specific tests, exams, treatments, instruments, ordering or “prescriptive” authority, etc.).
- In other words, the only document that changes in HT38 is the position description. The scope of practice statement or delineated clinical privileges is still required.

Annual Performance Appraisal

- Each employee is still required to have an annual competency-based performance appraisal. This is a Title 5 requirement that will continue under Hybrid Title 38.
- JCAHO requires that there be reasonable and evidence-based method for evaluating and rating performance.
- Five-tier rating system may apply.
- If delineated clinical privileges are granted, there must be an evidence-based method for determining competency and re-privileging the employee.
- The performance appraisal and clinical privileges can be designed to serve the same purpose.