DEPARTMENT OF VETERANS AFFAIRS
DEPUTY ASSISTANT SECRETARY FOR
HUMAN RESOURCES MANAGEMENT AND LABOR RELATIONS
WASHINGTON DC 20420

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HUMAN RESOURCES MANAGEMENT LETTER NO. 05-06-12

Qualification Guidelines for the Position of Anesthesiologist Assistant, GS-0601

1. Purpose. This Human Resources Management Letter (HRML) provides information to Department of Veterans Affairs (VA) servicing human resources (HR) officials on the qualification guidelines for the position of Anesthesiologist Assistant, GS-0601.

2. Background. In the 1960s, three anesthesiologists, Joachim S. Gravenstein, John E. Steinhaus, and Perry P. Volpitto, were concerned with the shortage of anesthesiologists in the country. After studying the educational pathway for Anesthesiologists and Certified Registered Nurse Anesthetists (CRNAs), they created a new educational paradigm for a mid-level anesthesia practitioner that included a pre-medical background in college. This person would support the Anesthesiologist in a similar manner to the NA, but would be readily able to go on to medical school, if appropriate. Thus, this new professional, the Anesthesiologist Assistant (AA), had the potential to alleviate the shortage of Anesthesiologists. The concept became reality in 1969 when the first AA training program began accepting students at Emory University in Atlanta, Georgia, followed shortly thereafter by a second program at Case Western Reserve University in Cleveland, Ohio.

3. Discussion. The AA is an emerging professional medical occupation that functions as a physician extender. At present, five universities offer accredited Masters degree programs for AAs. Members of the profession may be either licensed as AAs or practice under the license of an Anesthesiologist under delegated authority. Approximately eight states and the District of Columbia license AAs, and AAs work under delegated agreements in seven additional states. The Veterans Health Administration (VHA) is poised to begin hiring AAs under competitive service appointments and continue training AAs under affiliation agreements. This new and evolving occupation is in the Title 5, U.S.C. competitive service for Federal employment purposes.

4. Guidance. AAs should be classified in the GS-0601 occupational series, which is established within Title 5, and the following guidance is provided to facilitate consistent recruitment and placement actions for the AA position throughout VHA.

a. The position is established at the full performance level GS-9 with no promotion potential at this time. Please see the attached Position Classification Evaluation Statement for the Anesthesiologist Assistant, GS-0601-09. The prototype position description (PD) will be included in the VHA Handbook for Anesthesia Service. The attached evaluation statement applies to the prototype PD without changes.

b. Selective Placement Factors.

1. Education. Anesthesiologist Assistant educational programs are based on an advanced graduate degree model, and require completion of at least two full graduate academic years. The five existing educational programs are accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The current AA educational curricula vary in length, but all are at least 24 months long, with varying clinical experience/supervised practice requirements.

Because an AA cannot practice without completing this type of Masters level program, the educational requirement for at least a Masters degree in an AA educational program accredited by the CAAHEP may be used by VA HR offices as a selective placement factor in the recruitment process. The education received should equip the applicant with the following knowledge, skills and abilities: Knowledge of the full range of anesthesiology functions and services including information gathering through patient histories and physicals; Ability to administer, monitor, and adjust anesthesia during complex surgical procedures.

2. Certification and Licensure. VA HR offices should not require certification by the National Commission for Certification of Anesthesiologist Assistants (NCCAA) or state licensure as a selective placement factor in the recruitment process. AAs may be hired and continue to practice without either credential. However, it may be appropriate for HR offices to include national certification and/or state licensure as quality ranking factors in the recruitment process.

c. Sample Knowledge, Skill, and Ability (KSA) Statements. VA HR offices may use the following samples as KSA statements in AA vacancy announcements.

1. The ability to perform an appropriate pre-anesthetic physical examination and record pertinent data;
2. The ability to perform airway interventions;
3. Knowledge and skill to establish noninvasive and invasive routine monitoring modalities as delegated by the responsible Anesthesiologist;
4. The ability to administer a variety of cardiovascular and pulmonary support drug therapies;
5. The ability to assist in the application and interpretation of advanced monitoring techniques such as pulmonary artery catheterization, electroencephalographic spectral analysis, echocardiography and evoked potentials;

6. The knowledge and skill to induce, maintain, and alter anesthesia levels, administer adjunctive treatment and provide continuity of anesthetic care into and during the postoperative recovery period;
7. The ability to perform advanced cardiac life support;
8. The skill to test and calibrate equipment;
9. The ability to recognize and respond to problems and emergency situations;

d. Questions. Questions relative to the contents of this HRML may be referred to Recruitment and Placement Policy Service (059), Office of Human Resources Management and Labor Relations, through email to staffingpolicy059/vaco@va.gov, or by telephone to 202-273-9827 for referral to an HR Specialist.

Willie L. Hensley

Attachment

Attachment

POSITION CLASSIFICATION EVALUATION STATEMENT

CURRENT TITLE/SERIES/GRADE: New Position
PROPOSED TITLE/SERIES/GRADE: Anesthesiologist Assistant, GS-601-11
FINAL TITLE/SERIES/GRADE: Anesthesiologist Assistant, GS-601-9

ORGANIZATIONAL LOCATION: VA Medical Centers

REFERENCES:
General Health Series, GS-601, Series Definition
Medical Technologist Series, GS-644, 5/84

BACKGROUND: The Anesthesiologist Assistant (AA) is an emerging professional medical occupation that functions as a physician extender. Currently eight states and the District of Columbia license AAs and they work under delegated agreements in seven additional states. At this time, five universities offer master's degree programs for AAs. VA wants to begin hiring AAs in the medical centers under civil service appointments and VHA has been working with Human Resources to develop a prototype position description and a qualification standard. This evaluation statement is based on the material submitted by VHA and a conference call discussion with Mari Hurok, Jan Flakowicz, Michael Bishop, and Douglas Rotter, VHA subject matter experts, on June 9, 2006.

SERIES DETERMINATION: The Anesthesiologist Assistant (AA) develops patient history; conducts pre-anesthetic physicals; tests and calibrates equipment; administers, maintains, and monitors anesthesia; provides airway skills; initiates and utilizes multi-parameter monitoring; administers supportive drug therapies; calculates and replaces fluids and blood products; initiates emergency resuscitation; and provides safe transition to post-anesthetic care. The AA is a participating member of the surgical team under the supervision of a professional Anesthesiologist. The AA performs using an overall plan established by the physician and an Anesthesiologist must be available when the AA is administering anesthesia.

The knowledge required by the work includes the ability to administer and monitor anesthesia during complex surgical procedures; the ability to perform airway interventions; the ability to administer a variety of cardiovascular and pulmonary support drug therapies; the ability to calculate and administer fluids and blood products; and the ability to perform advanced cardiac life support. The AA must be able to recognize and respond to problems and emergency situations.

The work involves the provision of professional anesthesiology services; however, the AA is not a physician or a Certified Registered Nurse Anesthetist. This is a relatively new occupation that requires professional training in anesthesiology without the additional training of a physician or registered nurse. There is no specific series that covers this work. The work belongs in the GS-600 Medical, Hospital, Dental, and Public Health Group. It is professional work that is not covered by a specific series and is most

appropriately placed in the General Health Science Series, GS-601. This series includes positions that involve research or other professional and scientific work that is specifically health-oriented in character when the work is of such a generalized or miscellaneous specialized nature that the position is not more appropriately classified in an existing series. The work requires a background of knowledge, skill, and techniques gained from professional training in a health science or allied scientific field not covered under an established series.

The GS-601 series does not prescribe titles. The title used in the private sector is descriptive and consistent with titling practices in the medical field. The position is properly titled Anesthesiologist Assistant.

GRADE DETERMINATION: The General Health Science Series, GS-601, is a series definition and does not include any grade level criteria. The most similar professional, allied health series for grade level comparison is the Medical Technologist Series, GS-644. The classification standard for the GS-644 series is in FES format.

Factor 1 Knowledge required by the position	FL 1-6	950 points

The standard describes FL 1-5 as requiring professional knowledge of the basic principles, concepts, and methods of medical technology and skill in applying this knowledge to carry out a limited variety of specialized tests following standardized methods. The standard describes FL 1-6 knowledge as professional knowledge of the established principles, concepts, and methods of medical technology and skill in applying this knowledge to perform and monitor the full range of specialized tests and non-routine procedures for which there are standard methodologies. FL 1-6 also requires knowledge of related disciplines and knowledge may be used to instruct students.

The standard describes FL 1-7 as professional knowledge of medical technology applicable to a wide range of duties in one or more specialty areas and a high level of skill in applying this knowledge to solve very complex problems involving diverse aspects of clinical practice; conducting a variety of specialized tests of greater than average difficulty; modifying or adapting established methods; making significant departures from previous approaches; revising standard methods; and evaluating, modifying, or adapting new methods. Knowledge is required to plan, implement, or monitor laboratory programs or services and assure compliance with standards. Administrative knowledge and skill is required to provide advisory, reviewing, inspecting, education and training, or problem solving services.

This position requires a comprehensive knowledge of the full range of anesthesiology functions and services including information gathering through patient histories and physicals; testing and calibrating equipment; administering, monitoring, and adjusting anesthesia during a wide range of complex surgical procedures; and transitioning to post-operative care. In addition, the position requires knowledge and skill in related functional areas including airway skills, multi-parameter monitoring, supportive drug

therapies, replacement of fluids and blood products, and emergency cardiac resuscitation. The Anesthesiologist Assistant (AA) may also be required to provide administrative services and participate in research and training activities.

This exceeds criteria at FL 1-5 for basic knowledge to perform standard procedures. The knowledge required by this position meets criteria at FL 1-6 for knowledge and skill to perform the full range of functions and procedures, knowledge and skill in related disciplines, and knowledge and skill to perform administrative activities. The AA performs the full range of anesthesiology functions under the supervision of an Anesthesiologist and is required to anticipate, identify, and respond to situations that require clearing airways, providing supplemental drug therapies, maintaining fluid levels, and handling emergency resuscitation. The AA follows the overall plan approved by the Anesthesiologist who is available when major problems occur.

The position does not meet criteria at FL 1-7 for solving very complex problems, modifying or adapting established methods, revising standard methods, or evaluating new methods. The AA does not plan, implement, or monitor programs or services or provide advisory, review, inspection, education and training, or problem-solving services as described at FL 1-7. The AA is a physician extender handling the full range of standard functions using established methods. Any complex problems, major deviations from established practice, or program management is the responsibility of the Anesthesiologist. The position meets and does not exceed criteria at FL 1-6.

Factor 2 Supervisory Controls FL 2-3 275 points

At FL 2-2 in the standard, the supervisor makes continuing or individual assignments by indicating generally what is to be done, problems to be anticipated, quality and quantity of work expected, deadlines, and priorities. Specific instructions are provided for new, difficult, or unusual assignments. The employee independently plans the work and refers deviations and unfamiliar situations to the supervisor. The supervisor assures that finished work and methods used are technically accurate and performed in compliance with instructions and established practice. At FL 2-3 in the standard, the supervisor makes assignments by defining objectives, priorities, and deadlines, and assists with unusual situations. The employee plans and carries out the work and handles problems and deviations in accordance with established protocols and accepted practices. Completed work is evaluated for technical soundness, appropriateness, and conformity to requirements. At FL 2-4 in the standard, the supervisor sets overall objectives and resources available. The employee and supervisor develop projects, deadlines, and work to be done in consultation. The employee usually has continuing responsibility for independently planning and carrying out a major program; resolving most problems; coordinating with others as needed; and interpreting policy. Work is reviewed in terms of feasibility, compatibility with other work and effectiveness in meeting requirements.

The AA performs the full range of anesthesiologist functions according to the overall plan approved by the physician within established protocols. The AA is expected to

anticipate, identify, and respond to problems by applying established remedies and any serious problems or major deviations from standard practice are referred to the supervising Anesthesiologist who is always available during surgical procedures. The supervising Anesthesiologist reviews the work for technical adequacy and conformance to standard practice.

This exceeds criteria at FL 2-2 where the employee receives detailed instructions and any deviations or unfamiliar situations are referred to the supervisor. The supervision received meets criteria at FL 2-3 where the employee independently plans and carries out assignments within established protocols and using standard practice and refers major problems or deviations to the supervisor. The position does not meet FL 2-4 criteria where the employee has program responsibility, resolves most problems, and interprets policy. As described at FL 2-3, the supervising Anesthesiologist is called in to handle complex problems and major deviations from standard practice and technically reviews the work of the employee. The position meets and does not exceed criteria at FL 2-3.

Factor 3 Guidelines FL 3-3 275 points

The standard describes guides at FL 3-2 as established procedures, written descriptions, and explicit instructions for specific procedures. The employee uses judgment to locate and select the appropriate guide, reference, or procedure; makes minor deviations for specific cases; and determines which of several established alternatives to use. Situations not covered by guides or requiring significant deviations are referred to the supervising Anesthesiologist. The standard describes guides at FL 3-3 as established or experimental protocols, technical manuals and journals, and agency/hospital regulations. Guides are not completely applicable to the work or have gaps in specificity. The employee uses judgment to interpret and adapt guides and precedents for application to specific cases or problems in accordance with established policies. The standard describes guides at FL 3-4 as administrative policies and precedents, directives, agency regulations, and scientific references that are applicable but stated in general terms. Guides are often scarce or of limited use and the employee must use initiative and resourcefulness to deviate from or extend traditional methods or develop and recommend new or substantially modified methods or criteria.

The AA follows approved plans and uses established methods to perform the full range of anesthesiology functions and, in addition, is expected to identify and respond to problem situations that require clearing airways, administering drug therapies, replacing fluids and blood products, or cardiac resuscitation. The AA initiates minor deviations in individual cases and refers major problems and situations requiring major deviations to standard practice to the supervising Anesthesiologist who is always available during procedures. This exceeds criteria at FL 3-2 for explicit instructions for all situations and meets criteria at FL 3-3 for a wide range of guides for a variety of procedures that have to be interpreted and applied to specific case situations. The AA follows standard procedures and must be able to anticipate, identify, and respond to a variety of problems and situations using experienced professional judgment. Only major

problems and deviations from standard practice are referred to the Anesthesiologist. The guidance used by the AA is significantly greater than the general guides that are scarce and of limited use as described at FL 3-4. The AA is not authorized to extend traditional methods or develop new or substantially modified methods or criteria. The position meets and does not exceed criteria at FL 3-3.

Factor 4 Complexity FL 4-3 150 points

The standard describes complexity at FL 4-2 as duties involving specific, well-defined tasks designed to provide experience; decisions involving various choices among a few easily recognizable, specified alternatives; and use of prescribed strategies to resolve problems. The standard describes complexity at FL 4-3 as including a variety of duties involving different processes and decisions regarding what needs to be done dependent upon the analysis and evaluation of data gathered in connection with each assignment. The course of action may have to be selected from many alternatives and the work typically requires analyzing and interpreting a variety of conditions and elements to verify or clarify results.

The standard describes complexity at FL 4-4 as work involving full responsibility for the technical aspects of a discipline or functional area and including a wide variety of duties involving diverse and complex technical or administrative problems and considerations. Assignments involve complicating factors including operating problems, inadequate or discrepant information about the use and capabilities of new instruments or methodologies, or requests for modified or alternative procedures. The work requires extending standard systems and modifying conventional methods, determining corrective action for problems, or refining existing criteria for administering or evaluating programs. The standard describes FL 4-5 as planning and coordinating activities covering a broad range of programs or intensive analysis and problem solving. The work involves solving very complex problems concerned with unique or controversial aspects of the function and new or unconventional methods. The work requires devising new or improved methods to produce effective results or implement advances.

The AA performs the full range of anesthesiology duties including pre-operative preparation of the patient and equipment; administering and monitoring anesthesia; responding to problems; and transition to post-operative care. The AA is expected to perform multi-parameter monitoring and to identify and respond to problems by clearing airways, providing drug therapies, replacing fluids, or performing cardiac resuscitation. The AA uses established procedures and may deviate in accordance with accepted practice for specific situations. The AA participates in a wide variety of complex surgical procedures as a member of the professional medical team. The AA works in accordance with an overall plan approved by the physician and an Anesthesiologist is available to respond to major problems during procedures.

The position meets criteria at FL 4-3 for performing a variety of duties and different processes, deciding on a course of action based on the specific case situation, and analyzing and interpreting a variety of conditions. The AA is involved in the process

from pre-operative preparation through post-operative transition and is responsible for monitoring the patient and responding to any problems that arise during a wide range of complex surgical cases. The position does not meet criteria at FL 4-4; the supervising Anesthesiologist is responsible for the work of the AA and for being available during procedures when major problems arise. The AA does not have full responsibility for technical aspects of the process as described at FL 4-4. The work does not meet FL 4-4 criteria for extending standard systems, modifying conventional methods, or developing new or revised procedures. The AA applies established and accepted techniques to a full range of cases and to typical problem situations. This meets and does not exceed criteria at FL 4-3.

Factor 5 Scope and Effect FL 5-3 150 points

The standard describes FL 5-3 as performing or monitoring the full range of specialized and non-routine activities according to established methods; reviewing and analyzing conventional problems and recommending solutions; and setting up and developing protocols for new procedures. The work affects the adequacy of services, the correct diagnosis and treatment of patients, the efficient operation of the system, and effective management of resources. The standard describes FL 5-4 as devising new or improved techniques or solutions to complex technical problems; assessing the effectiveness of various programs; providing advisory and planning services to clinicians; or developing procedural manuals or guidelines for major agency activities. Assignments involve systemic problems affecting major systems and processes. The work directly influences the effectiveness and acceptability of the total program, the operation of many facilities in different locations or activities of non-government facilities.

The work of this position meets criteria at FL 5-3 for performing the full range of specialized procedures according to established methods and identifying and responding to typical problem situations. The work impacts the effectiveness of the care provided by the medical center and the well-being of individual patients. The work does not meet criteria at FL 5-4 for devising new techniques to resolve complex problems, assessing program effectiveness, or developing guidelines. The work does not impact the total program (it impacts individual cases) and does not have any impact outside the medical center. The position meets and does not exceed criteria at FL 5-3.

Factor 6 Personal Contacts FL 6-2 25 points

At FL 6-2 in the standard contacts are with staff outside the functional area and with individuals from outside the agency in a setting where the role and authority of the employee may have to be identified. At FL 6-3 in the standard contacts are with individuals or groups from outside the agency in a moderately unstructured setting where contacts are not established on a routine basis, the purpose and extent of each contact is different, and the role and authority of each party must be developed. Typical contacts are with contractors, inspectors, researchers, attorneys, or representatives of the community or other agencies.

The AA has contacts throughout the medical facility, particularly with staff in the Recovery Room, ICU, Step-Down Units, Outpatient Surgical areas, inpatient wards, and diagnostic laboratory services. The AA also has contacts with the patient and family to gather information and explain options. This meets criteria at FL 6-2. Contacts are not of the type described at FL 6-3.

Factor 7 Purpose of Contacts FL 7-2 50 points

At FL 7-2 in the standard contacts are to plan and coordinate work or resolve operating problems working with cooperative parties toward mutual goals. At FL 7-3 in the standard contacts are to influence, motivate, and persuade persons or groups who are typically skeptical or uncooperative. Situations involve conflicting opinions, conflicting values, challenges to survey or inspection results, or justifying the feasibility and desirability of plans or proposals that significantly affect practices.

The AA's contacts are to plan and coordinate work and to resolve problems primarily with cooperative individuals working toward mutual goals. This meets criteria at FL 7-2. Contacts are not typically to influence, motivate, or persuade skeptical and uncooperative parties although some patients may require some convincing. The situations encountered during personal contacts are not of the gravity or intensity described at FL 7-3.

Factor 8 Physical Demands FL 8-2 20 points

As described at FL 8-2, the work requires regular and recurring physical exertion including prolonged standing, bending, and sitting and may involve physically assisting patients.

Factor 9 Work Environment FL 9-1 5 points

As described at FL 9-1 in the standard the work involves everyday risks and discomforts that require normal safety precautions. There may be occasional exposure to moderate risks or discomforts during procedures. The work does not typically meet FL 9-2 criteria for regular and recurring exposure to moderate risks or discomforts that require special safety precautions or use of protective clothing or gear other than surgical garments during procedures for sanitary purposes.

Summary:

Factor 1 Knowledge Required	FL 1-6	950 points
Factor 2 Supervisory Controls	FL 2-3	275
Factor 3 Guidelines	FL 3-3	275
Factor 4 Complexity	FL 4-3	150
Factor 5 Scope and Effect	FL 5-3	150
Factor 6 Personal Contacts	FL 6-2	25
Factor 7 Purpose of Contacts	FL 7-2	50
Factor 8 Physical Demands	FL 8-12	20

Factor 9 Work Environment	FL 9-1	5
Total		1900 points

The total points assigned are 1900. This falls within the point range for GS-9, 1855-2100.

CONCLUSION: The position is properly classified as Anesthesiologist Assistant, GS-601-9.

Linda W. Fullerk 6/23/06

HR SPECIALIST (CLASSIFICATION) **DATE**