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, notwithstanding 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, notwithstanding 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, notwithstanding 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, notwithstanding 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 boarded according 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.