

STAFFING

1. REASON FOR ISSUE: To revise the Department of Veterans Affairs (VA) qualification standard for the appointment of Physical Therapists, GS-0633, in VA.

2. SUMMARY OF CONTENTS/MAJOR CHANGES: This handbook contains mandatory procedures on staffing. The pages in this handbook replace the existing Physical Therapist Qualification Standard in VA Handbook 5005, Appendix II-G12 in its entirety. The new standards are effective on the date of this publication, however no action may be taken to convert or promote employees until training and guidance is received. These changes will be incorporated into the electronic version of VA Handbook 5005 that is maintained on the Office of Human Resources Management Web site. Significant changes include:

a. Recognizes the Doctor of Physical Therapy Degree as minimum education requirement. Effective 2015, all professional physical therapy education programs only offer the Doctor of Physical Therapy (DPT) degree to all new students.

b. Recognizes ability to practice without a referral/order from a Licensed Independent Practitioner.

c. Changes the full performance grade level from the GS-11 grade level to GS-12. PTs are now able to perform as open/direct access allowing patients to be treated without referral from a physician.

d. Updates grade and assignments: Physical Therapist (Lead), Physical Therapist (Supervisor), Physical Therapist (Clinical Specialist), Physical Therapist (Program Coordinator), Physical Therapist (Supervisor or Service Chief), Physical Therapist (VISN/National/Regional Program Coordinator), Physical Therapist (Service Care Line Manager).

e. Updates assignment: Physical Therapist (National Physical Therapist Executive)

f. Eliminates the GS-7 and GS-9 level assignments. Existing GS-7 or 9 level employees would be covered under the grandfather paragraph and progress as stated in the standard that they were appointed until they reach the GS-11. All new graduates are now doctorate-prepared and would qualify at the 11.

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

VA HANDBOOK 5005/99

Transmittal Sheet

February 7, 2018

4. RELATED DIRECTIVES: VA Directive 5005, Staffing.

5. RESCISSIONS: VA Handbook 5005, Part II, Appendix G12, “Physical Therapist Qualification Standard,” dated February 18, 2009.

CERTIFIED BY:

**BY DIRECTION OF THE
SECRETARY OF VETERANS
AFFAIRS**

/s/

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NOTE: This transmittal page accompanied the former VA Handbook 5005, Staffing publication. It is provided for reference to the revisions made to this qualification standard.

**PHYSICAL THERAPIST
QUALIFICATION STANDARD
GS-0633
Veterans Health Administration**

1. COVERAGE. The following standard lists the requirements for appointment as a Physical Therapist (PT) in the Veterans Health Administration (VHA). The requirements will apply to all VHA PTs employed in the GS-0633 series that provide clinical services to address a vast array of problems that impact the health and function of a wide range of diverse patients. As independent practitioners, licensed physical therapists embrace evidenced based practice standards in diagnosis, examination, management, intervention, treatment and outcome measurement. Licensed physical therapists collaborate across the continuum of care. They ensure that services are coordinated, including ordering studies of value and being consumer-centered by referring, co-managing, engaging consultants, and independently supervising care.

2. AUTHORITIES.

- a. [P.L. 111-163, Caregivers and Veterans Omnibus Health Services Act of 2010;](#)
- b. [38 U.S.C. § 7401, Appointments in Veterans Health Administration;](#)
- c. [38 U.S.C. § 7402, Qualifications of appointees;](#)
- d. [38 U.S.C. § 7403, Period of appointments; promotions;](#)
- e. [38 U.S.C. § 7405, Temporary full-time appointments, part-time appointments and without-compensation appointments;](#)
- f. [38 U.S.C. § 7407, Administrative provisions for section 7405 and 7406 appointments.](#)

3. DEFINITIONS

a. **Appointing Official.** The Human Resources Management Officer is delegated appointing authority to process and authenticate notifications of personnel actions, and authority to effect management-approved employment actions on behalf of officials, employees and facilities for which service is provided.

b. **Approving Official.** The Veterans Integrated Service Network (VISN) Director, facility Director, or designee is the approving official and will determine whether to approve or disapprove the appointment of employees in the hybrid occupations.

c. **Journey Level.** The full performance level for this qualification standard is the GS-

12 grade level.

d. **Creditable Experience.** To be creditable, the experience must have required the use of knowledge, skills, abilities, and other characteristics (KSAs), also referred to as core competencies, and associated with the scope of physical therapy practice.

e. **Part-Time Experience.** Part-time experience is creditable according to its relationship to the full-time work week. For example, one week of full-time credit is equivalent to two weeks of part-time work.

f. **Direct Access.** As of January 1, 2015, all 50 states, the District of Columbia, and the US Virgin Islands allow patients to seek treatment from a licensed physical therapist without a prescription or referral. Patients are able to self-refer to physical therapists without being referred by a physician or other healthcare practitioner. Advanced clinical roles include managing direct access patients, as well as performing highly specialized clinical procedures such as dry needling, prescribing and training on assistive technology devices and durable medical equipment, ordering imaging studies and regenerative rehabilitation.

g. **Differential diagnosis.** This process provides the physical therapist with a consistent way to screen for systemic diseases and medical conditions that can mimic neuromuscular and musculoskeletal problems. The model covers past medical history, risk factor assessment, clinical presentation, associated signs and symptoms, and review of bodily systems for each patient.

h. **Movement diagnosis.** The human movement system comprises the anatomic structures and physiologic functions that interact to move the body or its component parts. Physical therapists examine and evaluate the movement system (including diagnosis and prognosis) to provide a customized and integrated plan of care to achieve the individual's goal-directed outcomes.

i. **Content Specialty/Specialty area.** Specialized content areas of physical therapy include, but are not limited to, geriatrics, neurology, cardiopulmonary, orthopedics, spinal cord injury, amputee, wound care, chronic pain, pelvic health, polytrauma, brain injury, lymphedema, vestibular, assistive technology, seating and mobility. As health care evolves content specialty will change.

j. **Clinical Residency.** A clinical residency is a planned accredited program of post-professional clinical and didactic education for physical therapists that is designed to significantly advance a physical therapist resident's preparation as a provider of patient care services in a defined area of clinical practice. It combines opportunities for ongoing clinical supervision and mentoring with a theoretical basis for advanced practice and scientific inquiry.

k. **Board Certification.** Board certification means having successfully passed a Board Certification examination administered by the American Board of Physical Therapy Specialties (ABPTS).

l. **Post-graduate Fellowship.** A post-graduate fellowship is a planned program of post-professional clinical and didactic education for a physical therapist who demonstrates clinical

expertise in an area of clinical practice related to the practice focus of the fellowship. (Fellows are frequently post-residency prepared or board-certified specialists). A post-graduate fellowship program includes advanced clinical and didactic instruction within a subspecialty area of practice with mentored clinical experience and sufficient and appropriate patient population to create an environment for advanced clinical skill building.

4. BASIC REQUIREMENTS. The basic requirements for employment as a VHA physical therapist are prescribed by Public Law 96-151 codified in 38 U.S.C. § 7402. To qualify for appointment, all applicants for the position of physical therapist in VHA must meet the following:

a. **Citizenship.** Candidates must be a citizen of the United States. After a determination is made that it is not possible to recruit qualified citizens, necessary personnel may be appointed on a temporary basis under authority of 38 U.S.C. 7405 without regard to the citizenship requirements of 38 U.S.C. 7402 or any other law prohibiting the employment of or payment of compensation to a person who is not a citizen of the United States. Candidates must meet all other requirements for the grade and position concerned.

b. **Education and experience.** The individual must meet at least one of the requirements below:

(1) Bachelor's degree in Physical Therapy AND five (5) years of progressively independent experience as a physical therapist.

(2) Master's degree in Physical Therapy AND two (2) years of progressively independent experience as a physical therapist.

(3) Doctorate degree in physical therapy.

NOTE: *Prior to 1995 the terminal degree for PT's was either a bachelors or master's degree. In 1995 CAPTE accredited all baccalaureate, master's, and Doctor of Physical Therapy terminal degree programs. Effective 2002, CAPTE changed its scope of accrediting activities of PT education programs to include only those programs that culminate in post-baccalaureate degrees(eliminating the baccalaureate degree). Effective 2015, professional physical therapy education programs have only offered the Doctor of Physical Therapy (DPT) degree to all new students.*

NOTE: Individuals must be a graduate of a Commission on Accreditation in Physical Therapy Education (CAPTE) accredited college or university. The CAPTE is the only accreditation agency recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) to accredit entry-level physical therapy programs. Verification of accredited programs may be obtained from the American Physical Therapy Association (APTA) at www.apta.org.

(4) **Foreign Graduates.** Graduates of foreign physical therapy programs meet the requirements in subparagraph 3b if they have a full unrestricted and current license to practice physical therapy in a State, Territory or Commonwealth of the United States, or in the District of Columbia. The Foreign Credentialing Commission on Physical Therapy (FCCPT) is a non-

profit organization created to assist the United States (U.S.) Citizenship and Immigration Services (formerly INS) and U.S. state licensing authorities by evaluating the credentials of Foreign Educated Physical Therapists (FEPTs) who wish to immigrate and work in the U.S. Although the licensing of physical therapists in the U.S. is a right and responsibility of each jurisdiction, foreign educated individuals must undergo an educational credentials assessment for substantial equivalency to the first professional degree in the US. The Federation of State Boards of Physical Therapy (FSBPT) is committed to protect the public and to provide leadership within the field and practice of physical therapy. FSBPT's Foreign Educated Standards Committee has developed standards that represent "best practices" in evaluation services. The Credentials Evaluation Standards were developed with input from the physical therapy credentialing agencies that are licensed to use FSBPT's Coursework Tool.

c. **Licensure.** Individuals hold a full, current, and unrestricted license to practice physical therapy in a State, Territory or Commonwealth of the United States, or in the District of Columbia. Non-licensed PTs, who otherwise meet the basic requirements in this standard, may be given a temporary appointment as a graduate PT at the GS-11 grade level under the authority of 38 U.S.C. 7405 (a)(1)(D) for a period not-to-exceed two years from the date of employment on the condition that such PT provide care only under the supervision of a PT who is licensed. Failure to obtain licensure during that period is justification for termination of the temporary appointment.

NOTE. Individuals who have or have had multiple licenses and had any such license revoked for professional misconduct, professional incompetency or substandard care, or who surrendered such license after receiving written notice of potential termination of such license by the state for professional misconduct, professional incompetence, or substandard care, are not eligible for appointment to the position unless such revoked or surrendered license is fully restored (38 U.S.C 7402(f)). Effective November 30, 1999, this is a requirement for employment. This requirement does not apply to licensed physical therapists on VA rolls as of November 30, 1999, provided the individual maintains a continuous appointment and is not disqualified for employment by any subsequent revocations or voluntary surrenders of State license, registration or certification.

d. **Loss of Credential.** A PT who fails to maintain the required license must be removed from the occupation, which may result in termination of employment. At the discretion of the appointing official, an employee may be reassigned to another occupation, if qualified, and if a placement opportunity exists.

e. **Grandfathering Provision.** All licensed PTs employed in VHA on the effective date of this qualification standard are considered to have met all qualification requirements for the title, series and grade held, including positive education and licensure that are part of the basic requirements of the occupation. For employees who do not meet all the basic requirements required in this standard, but who met the qualifications applicable to the position at the time they were appointed to it, the following provisions apply:

(1) Employees grandfathered into the GS-0633 occupational series as PTs may be reassigned, promoted up to and including the full performance (journey) level, or changed to lower grade within the occupation.

(2) PTs who are appointed on a temporary basis prior to the effective date of this qualification standard may not have their temporary appointment extended or be reappointed on a temporary or permanent basis until they fully meet the basic requirements of this standard.

(3) PTs initially grandfathered into this occupation, who subsequently obtain additional education and/or licensure/certification/registration, meet all the basic requirements of this qualification standard and must maintain the required credentials as a condition of employment in the occupation.

(4) If PTs who are grandfathered under this provision leave the occupation, the employee loses protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

f. **Physical Requirements.** Pre-placement and periodic physical examinations are required for hybrid occupations to ensure workers are placed in positions where they can perform the essential functions of their job considering their physical, mental and emotional capacities, without endangering their health or the health of their co-workers. See VA Directive and Handbook 5019.

g. **English Language Proficiency.** Individuals appointed under authority of 38 U.S.C. chapters 73 or 74, to serve in a direct patient-care capacity in VHA must be proficient in written and spoken English. See Chapter 2, section D, paragraph 5a, this part.

5. GRADE REQUIREMENTS

a. Creditable Experience

(1) **Knowledge of Contemporary Professional Physical Therapy Practice.** To be creditable, a candidate must have demonstrated possession of the required knowledge, skills, and abilities associated with the scope of physical therapy practice. The candidate's experience may be evidenced by one or more of the following:

(a) Active professional practice. Active professional practice means paid/non-paid employment as a professional PT as defined by APTA or the appropriate licensing board. Experience gained after graduation but prior to licensure is creditable provided the candidate was utilized as a graduate PT and subsequently passed the licensure examination.

(b) Completion of a post-graduate fellowship or a post-graduate residency program may be substituted for creditable experience on a year for year basis.

(2) **Quality of Experience.** Experience is only creditable if it was post degree experience as a professional PT and is directly related to the duties to be performed. Qualifying experience must also be at a level comparable to or exceeding the professional PT experience at the next lower grade level.

b. **Grade Determination.** In addition to the basic requirements for appointment in

paragraph 2, the following criteria must be used when determining the appropriate grade assignment of candidates.

(1) **GS-11 Physical Therapist (Entry)**

(a) **Education, Experience, and Licensure.** None beyond the basic requirements.
(NOTE: See exception to licensure requirement in subparagraph 3c above.)

(b) **Assignment.** PTs at this level are responsible for providing assessment and treatment intervention. PTs plan and modify treatment based on a patient's response to intervention and/or change in medical condition. PTs at this level may be given general assignments in any physical therapy program area where advanced specialized knowledge is not required or may serve as the sole PT such as in an outpatient clinic. Licensed PTs may provide oversight and delegate patient care responsibilities to a Physical Therapist Assistant, and/or delegate non-patient care duties to non-licensed staff. PTs that are not licensed must practice under the close supervision of a licensed PT

(2) **GS-12 Physical Therapist (Full Performance Level)**

(a) **Education, Experience and Licensure.** In addition to the basic requirements, candidates must possess one year of experience equivalent to the GS-11 grade level, hold a valid unrestricted state license and demonstrate all the KSAs below:

(b) **Demonstrated Knowledge Skills and Abilities:**

1. Ability to make autonomous clinical decisions in a Direct Access environment. This includes ability to independently evaluate and treat patients who seek physical therapy services.

2. Skill in performing examinations and evaluations of individuals who have or may develop impairments, activity limitations, and participation restrictions related to conditions of the musculoskeletal, neuromuscular, cardiovascular, pulmonary, and/or integumentary systems while considering the effects attributable to unique psychosocial and environmental factors.

3. Ability to interpret findings from examination and evaluation, select appropriate test and measures, and integrate findings into the physical therapy plan of care for the full range of patient populations.

4. Ability to establish a diagnosis within the scope of physical therapy and identify the appropriate rehabilitation intervention, including referral to another provider for further consultation as clinically indicated.

5. Ability to determine physical therapy prognosis by incorporating examination findings with the patient's preferences in order to set clinically appropriate treatment goals, optimize outcomes and maximize functional independence.

6. Ability to independently provide clinical oversight of Physical Therapy Assistants as

well as students on clinical affiliations who are in Doctoral PT Programs or PTA Programs.

(c) **Assignment.** At the full performance level, PTs are responsible for independently providing assessment and treatment interventions to inpatients and outpatients received through healthcare provider referrals and patient self-referrals. Guided by differential and movement diagnoses, PTs perform examinations and evaluations of individuals who have or may develop impairments, activity limitations, and participation restrictions related to conditions of the musculoskeletal, neuromuscular, cardiovascular, pulmonary, and/or integumentary systems while considering the effects attributable to unique personal and environmental factors. PTs interpret findings from examination, diagnostic studies/medical tests and, during evaluation, select appropriate clinical tests and measures, and then integrate findings into the physical therapy plan of care for the full range of patient populations. PTs establish a diagnosis within the scope of physical therapy and identify the appropriate intervention to treat and/or refer to another provider for further consultation when needed. They determine physical therapy prognosis by incorporating examination findings with the patient's preferences for meaningful level of function in order to set clinically appropriate treatment goals and optimize outcomes. Physical therapists select appropriate equipment needed to substitute for loss of function or to substitute for limited function of individuals they treat. Staff PTs at this level practice autonomously, making recommendations and referrals to other medical specialties/services as clinically indicated during ongoing assessment of patients under their care. The staff PT may also develop and provide individualized clinical training experiences for physical therapy students in facilities with established clinical experience rotations. PTs at this level may be given general assignments in any/all areas where physical therapy services are deemed necessary, and/or may serve as the sole PT at a less complex facility. Individuals may perform ancillary assignments as deemed appropriate given the needs of a facility on an occasional basis, where the amount of work is not substantial (less than 25% of the duty time).

(3) **GS-12 Physical Therapist (Lead)**

(a) **Experience.** In addition to meeting the basic requirements, one year of progressively complex experience equivalent to the GS-11 grade level. In addition, the candidate must demonstrate all the following KSAs.

(b) **Demonstrated Knowledge, Skills, and Abilities.**

1. Ability to coordinate workflow and clinical activities as well as monitor data reports within physical therapy section to ensure optimal patient care.

2. Ability to articulate and communicate to the clinical team the assignment, project, problem to be solved, actionable events, and objectives, as well as to advise on work methods, practices and procedures.

3. Ability to provide new staff orientation, staff development, and training.

4. Demonstrates advanced skill to serve as mentor and coach of the clinical team.

5. Ability to manage staffing requirements and priorities, and coordinate work in order to complete duties in an accurate and timely manner. This includes the ability to follow-up on pending issues and demonstrating an understanding of the impact of incomplete work.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety, and be performed by the incumbent at least 25% of the time. The Lead PT reports directly to a Supervisory PT. He/she monitors and makes work assignments, provides input on performance, resolves daily workplace issues and maintains efficient workflow. PTs at this level have experience that demonstrates the possession of advanced practice skills and judgment across many areas of physical therapy for both inpatient and outpatient clinics. Lead PTs are responsible for providing clinical practice guidance for other staff PTs and assist with problem solving. He/she assists PTs in determining treatment options for complex patients with multiple conditions. Lead PTs are responsible for ensuring work is completed by distributing and balancing workload among employees in accordance with established work flow or job specialization; assuring timely accomplishment of the assigned workload; and assessing the status, quality and progress of work, and making day-to-day adjustments in accordance with established priorities. Lead PTs obtain assistance from supervisors or managers on problems that arise. Lead PTs are generally found in higher complexity facilities, or in facilities of lesser complexity levels where large physical therapy departments are found. Individuals may perform ancillary assignments, including program management duties on an occasional basis, where the complexity and amount of work is not substantial.

(4) **GS- 13 Physical Therapist (Supervisory)**

(a) **Experience.** In addition to meeting the basic requirements, one year of progressively complex experience equivalent to the GS-12 grade level. In addition, the candidate must demonstrate all the following KSAs.

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Knowledge of contemporary physical therapy across multiple areas of practice, and the demonstrated ability to apply this knowledge to provide clinical guidance to Staff PTs within the department.

2. Knowledge of human resources administration, including such functions as the ability to interview and select qualified applicants, monitor and evaluate performance, and maintain effective labor management relations within scope of responsibility.

3. Ability to effectively supervise, direct, and manage a diverse physical therapy staff.

4. Skill in forging positive interpersonal relationships and conflict resolution.

5. Ability to analyze clinically appropriate data effectively to optimize quality, performance, and productivity within the section.

6. Ability to set priorities, delegate tasks, and solve problems in order to meet multiple

deadlines and identify/address organizational problems.

7. Ability to manage advocacy roles and planning activities within the VA and the greater rehabilitation community.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety, and be performed by the incumbent at least 25% of the time. Supervisory PTs are responsible for the supervision, administrative management, and direction of the physical therapy program in a rehabilitation service or equivalent service-level department which consists of three or more PTs or other multi-discipline staff. The incumbent provides supervision of key clinical and training programs, including the overall technical oversight of the staff that He/she administratively supervise. Supervisors are responsible for the development and implementation of policies and procedures to address focused clinical needs and the overall services delivered and provided within the section. He/she demonstrates autonomy in performing supervisory responsibilities that include, but are not limited to, assigning work to employees, monitoring workload and clinical volume, reviewing work of employees to assure accuracy and validity of submissions, assuring adequate clinical staffing, imposing disciplinary measures, and monitoring clinical privileges. He/she is required to provide overall clinical supervision that assures the proper coordination and delivery of care within the section and the facility.

(5) GS- 13 Physical Therapist (Clinical Specialist)

(a) **Experience.** In addition to meeting the basic requirements, one year of progressively complex experience equivalent to the GS-12 grade level and one of the following:

1. Evidence of a minimum of 2,000 hours of clinical practice directly in the specialty area. This time must be between the past two and five years; or

2. Board Certification in the specialty area recognized by the ABPTS; or

3. Completion of a fellowship program; or

4. An additional advanced degree in a related field. In addition, the candidate must demonstrate the following KSAs.

(b) Demonstrated Knowledge, Skills, and Abilities

1. Advanced knowledge and expert skill in a range of specialized interventions and treatment modalities used in a specialized treatment area of physical therapy.

2. Ability to serve as a consultant and subject matter expert for health care providers regarding the delivery of care within a specialized content area of physical therapy (see paragraph 2i).

3. Ability to teach and mentor medical center staff in a specialized content area of physical

therapy.

4. Ability to guide the work of a multi-disciplinary team in a specialized content area of physical therapy.

5. Advanced knowledge and expert skill to perform and interpret specialized procedures and tests in evaluating the treatment outcomes in the assigned specialty content area (see Definitions, paragraph 2. i.).

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety. Clinical Specialists spend at least 25% or greater of their time working with specialized population(s) within their department. Physical therapists at this level perform assignments in specialty areas such as geriatrics, neurology, cardiopulmonary, orthopedics, spinal cord injury, amputee, wound care, chronic pain, electromyography, women's health or pelvic health, polytrauma, brain injury, lymphedema, vestibular, assistive technology, seating and mobility. The individual is assigned responsibility for serving as the subject matter expert in the content specialty area and as a consultant to physical therapy and other medical center staff in evaluating and treating patients in the specialty area. Clinical Specialists have advanced knowledge and demonstrate expert clinical practice skills in providing assessment and treatment interventions across the continuum of care. He/she utilizes advanced knowledge and expertise to modify treatment plans and to identify therapeutic activity interventions based on the changing needs, goals and performance of patients. Clinical Specialists have advanced training in specialized technology related to their area of practice. He/she establishes and maintains contact with other health care providers involved in patient care via written, telephone, and personal communication on a regular basis. He/she exercises expert professional judgment to establish appropriate discharge planning recommendations to ensure safe discharge from inpatient or outpatient rehabilitation programs. If the medical center has a PT residency program, the clinical specialist may be on faculty for the program.

(6) **GS-13 Physical Therapist (Program Coordinator)**

(a) **Experience.** In addition to meeting the basic requirements, one year of progressively complex experience equivalent to the GS-12 grade level. In addition, the candidate must demonstrate all the following KSAs.

(b) **Demonstrated Knowledge, Skills, and Abilities**

1. Ability to apply advanced knowledge of contemporary physical therapy within specialty area to provide clinical guidance, training or education for internal and external stakeholders.

2. Ability to serve as a consultant within the assigned program area for intra-agency and interagency planning and to provide service coordination to optimize program continuity, efficiency and effectiveness.

3. Knowledge of and skill in management, administration and/or education

methodologies. This includes the ability to monitor and track data, utilize available resources effectively, evaluate program quality, and generate reports for local, and/or VISN and/or VACO leadership.

4. Ability to develop and coordinate treatment and/or educational programs within a concentrated field or specialty area, such as, but not limited to, amputee, spinal cord injury, chronic pain, student clinical education/residency programming, polytrauma/traumatic brain injury.

5. Ability to establish and maintain collaborative relationships within department and with other departments or affiliated programs.

6. Ability to guide the work of a multi-disciplinary team.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety, and be performed by the incumbent at least 25% of the time. PTs at this level have experience that demonstrates advanced practice skills and judgment across one or more areas of physical therapy. The individual may be assigned broad administrative responsibility. The individual is assigned a major content specialty area to include assessing, planning, evaluating and delivering care within a special clinical program or component of a Rehabilitation Service, which usually involves multiple disciplines. See the definition for specialty areas in paragraph 2. i, that includes Polytrauma/Traumatic Brain Injury, Chronic Pain, Amputation, Spinal Cord Injury and clinical education programs. PTs provide administrative direction and decisions related to the program. The Physical Therapy Program Coordinator is responsible for the coordination of multiple professionals from a variety of disciplines for optimal clinical care and educational programming. He/she implements programs, policies, and procedures to meet program goals, policy and external accreditation requirements. He/she monitors outcomes, participates in strategic planning and implements strategies for program improvement particularly in assigned content specialty area. The Program Coordinator supports the rehabilitation service and serves as a point of contact providing guidance to facility leadership on matters related to specialty content area. He/she collaborates with Clinical Specialists and with Rehabilitation Service leaders to assist with administrative processes to obtain resources and equipment for operations of content specialty area. He/she assists with developing local policy for new or emerging practices and technologies.

(7) GS-14 Physical Therapist (Supervisor, Service Care Line Manager or Service Chief)

(a) **Experience.** In addition to meeting the basic requirements, one year of progressively complex experience equivalent to the GS-13 grade level. In addition, the candidate must demonstrate all the following KSAs.

(b) Demonstrated Knowledge, Skills, and Abilities

1. Advanced knowledge of evidence-based practices and clinical practice guidelines in multiple professional areas.

2. Skill in managing interpersonal relationships and conflict resolution in dealing with a diverse range of employees, discipline lead(s), and administrators.

3. Ability to translate extensive rehabilitation knowledge into local policy development.

4. Ability to effectively supervise staff by providing clinical and administrative oversight. This includes ability to manage resources, evaluate employees and assign work.

5. Ability to collaborate with strategic planning committees at local, VISN or national levels for new ventures addressing patient care delivery systems, facilities management, system reorganizations, etc.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety, and be performed by the incumbent at least 25% of the time. Supervisory PTs at this level are responsible for the professional and administrative management of an assigned area in a large physical therapy service or a rehabilitation service with multiple therapy related disciplines, including but not limited to the Physical Therapy (PT), Occupational Therapy, Kinesiotherapy, Speech & Language Pathology, Recreation Therapy, and Blind Rehabilitation. Supervisors manage staff, maintain effective interdepartmental relations, and cooperate with other services to accomplish the medical facility's mission and goals. He/she develops performance standards, assures the program area is compliant with all regulatory and accrediting body requirements, designs and implements orientation and training programs for staff, and develops and maintains systems to monitor the performance of staff activities. He/she develops local policies and procedures relative to their assigned area. He/she is responsible for determining resource needs, allocating resources, ensuring proper utilization in productivity, efficiency, and cost effectiveness of the operation. He/she formulates objectives and priorities and implements plans consistent with the long term interest of the service or facility, capitalizing on opportunities and managing risks. Individuals at this level would generally be found at a highly complex facility.

(8) GS-14 Physical Therapist (VISN/National/Regional Program Coordinator)

(a) **Experience.** In addition to meeting the basic requirements, one year of progressively complex experience equivalent to the GS-13 grade level. In addition, the candidate must demonstrate all the following KSAs.

(b) Demonstrated Knowledge, Skills, and Abilities

1. Knowledge of and skill in management/administration, consultation, negotiation and compliance.

2. Advanced knowledge in the specialty program with application to interdisciplinary team function, goals and outcomes across multiple areas of practice.

3. Ability to serve as a consultant and liaison to local, regional or national coordinators and/or national program offices as well as other providers regarding the delivery of

rehabilitation care within the specialty program area.

4. Demonstrates ability to serve as facilitator and/or negotiator in coordinating program initiatives among local, regional or national coordinators and interdisciplinary teams to improve quality of care for patients. Ability to evaluate, monitor and report on the status and progress of the specialty programs within the region.

5. Ability to develop and coordinate treatment programs within the specialty field nationally or within the region.

(c) **Assignment.** For all assignments above the full performance level, the higher-level duties must consist of significant scope, complexity (difficulty), and variety, and be performed by the incumbent at least 25% of the time. PTs at this level manage all aspects of a distinct rehabilitation program or service at the VISN, national and/or region level and are generally found at regional centers or assigned to the national program office in VA Central Office. This position would include but not be specifically limited to programs such as amputee, spinal cord injury, chronic pain, Prevention of Amputation for Veterans Everywhere (PAVE), Polytrauma/TBI. This includes policy development, quality resources and specialty functions unique to the program to optimize program and patient outcomes. The program coordinator is knowledgeable about facility, regional and national policies to ensure compliance. This assignment requires administrative direction and decision making skills, but does not necessarily require formal supervisory responsibility for personnel. Physical Therapists in this role are responsible for strategic planning to ensure the provision of high quality services meet the needs of the Veterans being served. They are also responsible for developing and implementing short and long term goals and objectives consistent with the program's strategic plan. Responsibilities include operation and management of key clinical, training, research, or administrative programs. He/she develops and implements programs, policies, and procedures to meet program goals, policy and external accreditation requirements at the VISN, national and/or regional level. He/she monitors outcomes and implements strategies for program improvement.

(9) GS-15 Physical Therapist (National PT Executive)

(a) **Experience.** In addition to meeting the basic requirements, one year of progressively complex experience equivalent to the GS-14 grade level. In addition, the candidate must demonstrate all the following KSAs.

(b) Demonstrated Knowledge, Skills, and Abilities.

1. Demonstrates advanced knowledge of health care organization operations and systems to resolve policy implementation issues with medical center directors/chiefs of staff, regional management, and various professional service representatives.

2. Ability to oversee national or large scale development of specialized clinical programs, recommending solutions to implementation problems.

3. Demonstrates advanced knowledge of the inter-relationships between the health care organization and subgroups within the system. This includes the ability to communicate

effectively orally and in writing with a diverse group of professional staff and management officials who are often at the highest management levels.

4. Ability to influence high level officials in adoption of and conformance to performance measures, monitors, and other policy guidelines.

5. Skill in leading senior management officials in policy development.

(c) **Assignment.** The PT assigned to this position is responsible for providing national VA policy guidance in the overall administration of a system-wide physical therapy health care service. The Executive Lead is responsible for establishing over-arching VA physical therapy policy, providing guidance and clarification, establishing scopes of practice and credentialing, and suggesting staffing levels and appropriate utilization of PTs and PTAs throughout the VHA System of Care. He/she collaborates with other discipline executive leads within VA, American Physical Therapy Association, regulatory agencies outside VA to develop national policies and procedures for the advancement of physical therapy throughout the entire VA system. Responsibilities include overall planning, direction, and execution of the area of responsibility. Consultation is provided to high level officials in the field, at the VISN, and at VA Central Office (VACO) as it relates to establishing policy. He/she may author and coordinate white papers, issue briefs, and similar official documents and is responsible for responding to a variety of high level inquiries such as congressional, General Accounting Office as well as others.

6. DEVIATIONS.

a. An approving official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements for an employee whose composite record of accomplishments, performance, and qualifications, as well as current assignment, warrants such action based on demonstrated competence to meet the requirements of the proposed grade.

b. Under no circumstances will the education requirements be waived.

c. The placement of individuals in grade levels or assignments not described in this standard may only be approved by the Under Secretary for Health, or designee, in VHA Central Office prior to placement in the position.

RESPONSIBLE OFFICE: Human Resources and Administration/Operations, Security and Preparedness (HRA/OSP) (006), Office of the Chief Human Capital Officer (OCHCO) (05), Recruitment and Placement Policy Service (059)