

STAFFING

1. REASON FOR ISSUE: To revise the Department of Veterans Affairs (VA) qualification standard for the appointment of Occupational Therapist, GS-631, in VA.

2. SUMMARY OF CONTENTS/MAJOR CHANGES: This handbook contains mandatory procedures on staffing. The pages in this handbook replace the existing Occupational Therapist Qualification Standard in VA Handbook 5005, Appendix II-G14 in its entirety. The new standards are effective on the date of issuance of this handbook. These changes will be incorporated into the electronic version of VA Handbook 5005, Staffing, that is maintained on the [Office of Human Resources Management web site](#). Significant changes include:

- a. Deletes the intervening grade level of GS-10 from the qualification standard.
- b. Changes the full performance grade level from the GS-9 grade level to GS-11.
- c. Adds the requirement that, for appointment, occupational therapists must meet certification as an Occupational Therapist Registered (OTR), which is administered by the National Board for Certification in Occupational Therapy (NBCOT),
- d. Adds the requirement that occupational therapists must hold, and maintain, a full, current, and unrestricted state license, certification, or registration or trademark to practice occupational therapy with reciprocity in all States, Territories, or Commonwealths of the United States (e.g., Puerto Rico), and the District of Columbia.
- e. Adds the requirement that occupational therapists must have successfully completed a professional occupational therapy internship training program that has been accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) (this is included in the degree program as supervised field experience).
- f. Adds clarifying language regarding exceptions to the qualification standard for graduate occupational therapists. The exceptions clause clarifies that graduate occupational therapists may be employed under the authority of 38 U.S.C. § 7405(c)(2) for a period of no more that two years while obtaining NBCOT certification requirements.
- g. Adds a clarifying statement regarding an occupational therapist that loses credentials while employed in VA.
- h. Adds a grandfather provision for occupational therapists who were employed prior to the approval of this new standard. The grandfather provision contains a clause that occupational therapists may be reassigned, promoted up to and including the full performance (journeyman) level, or changed to lower grade within the occupation, but may not be promoted beyond the journey level or placed in supervisory or managerial positions.

i. Provides clarifying language for occupational therapists qualifying at the GS-13 and GS-14 grade levels, with assignments and knowledge, skills, ability, and other factors (KSAOs) specifically addressed at each grade level.

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

4. RELATED DIRECTIVES: VA Directive 5005, Staffing.

5. RESCISSIONS: None.

CERTIFIED BY:

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

/s/
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Acting Assistant Secretary for
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/s/
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**[APPENDIX G14. OCCUPATIONAL THERAPIST QUALIFICATION STANDARD
GS-0631****Veterans Health Administration**

1. COVERAGE. The following are requirements for appointment as an Occupational Therapist (OT) in the Veterans Health Administration (VHA). These requirements apply to all VHA OTs in the General Schedule (GS) GS-0631 series, including those assigned to VA medical centers, Community-Based Outpatient Clinics (CBOCs), Vet Centers, Veterans Integrated Service Network (VISN) offices, the VHA National Center for Organizational Development, and VHA Central Office. This work may include any one, or a combination of, the following: providing professional clinical services, conducting research, carrying out education and training activities, clinical consultation, supervision, and administration. In performing these duties, VHA OTs demonstrate professional knowledge of, and skill in applying, a wide range of theories, principles, and methodologies of the practice of occupational therapy.

2. BASIC REQUIREMENTS

a. **Citizenship.** Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g this part.)

b. Education

(1) Graduation from a degree program in occupational therapy approved by the Accreditation Council for Occupational Therapy Education (ACOTE) or predecessor organizations to include an internship (supervised fieldwork experience required by the educational institution). The ACOTE is the only accreditation agency recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). Degree programs may be verified by contacting the [American Occupational Therapy Association website](#) or at their office address: American Occupational Therapy Association, P.O, Box 31220, Bethesda, MD 20824-1220.

(2) Foreign graduates of occupational therapy programs meet the requirements subparagraph 2b(1) if they have a current, full, active and unrestricted license/certification/registration/trademark referred to in subparagraph 2d and certification/registration referred to in subparagraph 2c.

NOTE: *Effective January 1, 2005, ACOTE accredits only master or doctoral degree programs in occupational therapy.*

c. **Certification/Examination.** Possession of written documentation that the individual has passed the entry-level certification examination for OTs which is administered by the National Board for Certification in Occupational Therapy (NBCOT).

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NOTE: *Effective January 1, 2007, candidates for certification as an Occupational Therapist Registered (OTR) must be a graduate from a post-baccalaureate accredited occupational therapy program approved by NBCOT or be a graduate from a degree program recognized by NBCOT or considered equivalent to the American Occupational Therapy education standard.*

d. **State Licensure/Certification/Registration/Trademark (hereafter referred to as state regulatory requirement).** The OT must hold a full, current, and unrestricted state license, certification, or registration or trademark to practice occupational therapy in a State, Territory, a Commonwealth of the United States (i.e., Puerto Rico), or in the District of Columbia.

NOTE: *The OT must maintain full, current and unrestricted license, trademark, registration, or certification as required by state statute. The majority of states have determined that licensure is the most effective approach to regulating occupational therapy practitioners. As of the date of this standard, 47 states, the District of Columbia, Guam, and Puerto Rico license OTs; two states—Hawaii and Michigan—have registration laws; and one state, Colorado, has a title protection trademark law.*

e. **Loss of Credential.** An employee in this occupation who fails to maintain OTR registration and meet state regulatory requirements must be removed from the occupation, which may also result in termination of employment.

f. **Exceptions for the Graduate Occupational Therapist**

(1) OTs who are graduates from an approved occupational therapy program but do not possess the NBCOT OTR certification and/or do not meet the state regulatory requirements, may be given a temporary appointment as a graduate OT not-to-exceed two years under the authority of 38 U.S.C. § 7405(c)(2). This appointment may not be extended.

(2) The OT in these cases may provide care only under the supervision of an OT who meets all state regulatory requirements.

g. **Grandfathering Provision.** All OTs 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/trademark/registration/certification. 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) They may be reassigned, promoted up to and including the full performance (journeyman) level, or changed to lower grade within the occupation, but may not be promoted beyond the journeyman level or placed in supervisory or managerial positions.

(2) If an OT who was retained under this provision leaves the occupation, the employee will lose protected status and must meet the full VA qualification standard requirements in effect at the time of reentry to the occupation.

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

(4) OTs who are appointed on a temporary basis prior to the effective date of the 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 the standard.

h. **Physical Requirements.** See VA Directive and Handbook 5019.

i. **English Language Proficiency.** OTs must be proficient in spoken and written English in accordance with VA Handbook Part II, chapter 3, Section A, paragraph 3j.

3. GRADE REQUIREMENTS

a. Creditable Experience

(1) **Knowledge of Occupational Therapy Practice.** To be creditable, the experience must have required the use of knowledge, skills, abilities, and other characteristics associated with current professional occupational therapy practice. Creditable experience can be obtained through employment as an OT. This may be evidenced by one or both of the following:

(a) Active professional practice. Active professional practice means paid/non-paid employment as a professional OT as defined by AOTA. Experience gained after graduation but prior to licensure is creditable provided the candidate was utilized as a graduate OT and subsequently passed the NBCOT certification and the required state regulatory requirements.

(b) Completion of a post-graduate fellowship or a post-graduate residency program may substitute for creditable experience on a year for year basis. Fellowships or post-graduate training programs are typically in specialty areas such as advanced practice, research, mental health, gerontology, enhanced education, health policy, leadership and therapeutic sciences.

(2) **Quality of Experience.** Experience is only creditable if it is post-graduate experience as a professional OT directly related to the duties to be performed. Qualifying experience must also be at a level comparable to professional occupational therapy experience at the next lower level. For all assignments above the full performance level, the higher level duties must consist of significant scope, administrative independence, complexity (difficulty) and range of variety as described in this standard at the specified grade level and be performed by the incumbent at least 25% of the time.

(3) **Content Specialty.** Specialized content areas of occupational therapy practice include, but are not limited to, certified hand specialist, ergonomic specialist, blind/visual rehabilitation assistive technology specialist, functional capacity examination specialist, polytrauma, traumatic brain injury, spinal cord injury, geriatrics, mental health, driver rehabilitation, home based primary care, etc.

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(4) **Part-time Experience.** Part-time experience is creditable according to its relationship to a full-time workweek. For example, an OT employed 20 hours per week, or on a half time basis, would receive 1 full-time workweek of credit for each 2 weeks of service.

NOTE: *Although examples of titles are offered in each section throughout this Standard, there is little standardization of titles, or duties associated with those titles, across VHA. The OT is to be evaluated based upon the function and scope of job responsibilities rather than only an assignment title. OTs hold leadership responsibilities that are known by a wide variety of titles within their individual facility, VISN, or national program. Such titles are to be considered as being within one of the assignments described provided that the responsibilities meet the corresponding grade determining criteria.*

b. **Grade Determinations.** In addition to the basic requirements for employment, the following criteria must be met when determining the grade of candidates:

(1) **GS-7 Staff Occupational Therapist**

(a) **Experience or Education.** None beyond the basic requirements. Candidates at this level may have a baccalaureate degree from an approved program prior to the American Occupational Therapy Association (AOTA) January 1, 2005, decision as shown in the note in paragraph 2.

(b) **Assignment.** Employees at this level serve in an entry level OT career development position practicing under close supervision of an OT at or above the full-performance level.

(2) **GS-9 Staff Occupational Therapist**

(a) **Experience or Education.** In addition to meeting the basic requirements, candidate must have:

1. At least 1 year of post-graduate progressively responsible experience equivalent to the next lower grade level; or

2. Education equivalent to two full years of progressively higher level graduate education in a field related to the practice of occupational therapy; or

3. Master's Degree in Occupational Therapy or a closely related field accredited by ACOTE.

(b) **Demonstrated Knowledge, Skills, Abilities, and Other Characteristics (KSAOs).** In addition to meeting the experience or educational requirements for this grade level, the candidate must fully demonstrate the following KSAOs:

1. Knowledge of occupational therapy practice.

2. Ability to administer and interpret occupational therapy assessment and evaluation tools.

3. Ability to interpret evaluation findings to develop and coordinate intervention plans, including goals and methods to achieve stated goals.
4. Ability to implement the intervention plans directly or in collaboration with others.
5. Skill to monitor the individual's response to interventions and modify treatment plan and reevaluates as indicated.
6. Skill and ability to communicate and or collaborate with the patients, family members, caregivers, interdisciplinary professionals or other individuals verbally and in writing.
7. Knowledge and ability to apply all health and safety regulations to minimize and mitigate risks in the provision of patient care and environmental maintenance.
8. Knowledge and ability to comply with all applicable regulations governing documentation, medical records, reimbursement and workload statistics in accordance with established professional practice and VHA.

(c) **Assignments.** Candidates at this grade level serve as staff OTs in a career development position progressively expanding their ability to provide assessment and treatment interventions for a wider range of human function systems. OTs at this level require less direction and guidance, but practice under the direction of an OT at or above the full performance level.

(3) GS-11 Occupational Therapist

(a) **Education and Experience.** In addition to meeting the basic requirements, completion of one year of progressively complex experience and a broader scope of experience equivalent to the next lower grade directly related to the position being filled, or 3 years of progressively higher level graduate education leading to a degree in occupational therapy or a directly related field.

(b) **Demonstrated KSAOs.** In addition to the basic requirements, individuals assigned as GS-11 OTs must demonstrate all of the following KSAOs:

1. Knowledge of advanced occupational therapy techniques to perform functions associated within the occupational therapy scope of practice.
2. Ability to communicate orally and in writing.
3. Ability to adapt assessment tools and treatment to the complexity of the diagnosis or disabilities and demonstrate the clinical reasoning necessary to identify the need for further in depth specific assessment of function and utilization of non-standard methods and techniques.
4. Knowledge of principles and techniques in the occupational therapy assessment and treatment of occupational, cognitive, and psychological functional deficits.

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5. Ability to interact with patients, families, and other health care providers.

6. Ability to facilitate and instruct in-service and clinical training programs.

7. Knowledge and ability to apply all health and safety regulations to minimize and mitigate risks in the provision of patient care and environmental maintenance.

(c) **Assignment.** OTs at this grade level must meet state regulatory requirements for assignment at this grade level, and are considered to be at the full performance level. Staff OTs at this level practice independently and are responsible for performing occupational therapy assessment and treatment interventions. Staff OTs demonstrate a full professional understanding of the theories of treatment in occupational therapy and their proper application through the use of activity analysis, behavioral intervention, frame of references, and therapeutic procedures. They are assigned to all program areas which are covered by Rehabilitation Services and provide professional, independent occupational therapy services in the assigned area. OTs at this level may be given general assignments in any occupational therapy program area where the advanced specialized knowledge is not required on a recurring basis due to the patient population served and complexity of the facility and/or treatment area or may serve as the sole OT at a less complex facility. Individuals may perform ancillary assignments, including program management duties on an occasional basis, where the complexity and amount of work is not substantial (less than 25% of the duty time).

(4) **GS-12 Occupational Therapist**

(a) **Education and Experience.** In addition to the basic requirements, completion of a minimum of 1 year of progressively complex experience equivalent to the next lower grade level. Generally, assignments at this grade level require the knowledge, skills, and competencies normally acquired through post-graduate residency or fellowship training programs. In addition to fully meeting KSAOs identified at the GS-11 full performance level, the candidate must also demonstrate the KSAOs required for the specific assignment.

(b) **Assignments.** Typical assignments for OTs at the GS-12 grade level are described below. Other assignments of equal complexity and responsibility may be approved on an individual basis where warranted.

1. **GS-12 Sole Occupational Therapist.** OTs at this grade level have the sole responsibility for the operation of an occupational therapy clinic. An OT in a “sole” position must demonstrate the ability to apply advanced occupational therapy knowledge, theories, and techniques to a full range of patient populations. They apply advanced clinical skills in the following components: 1) sensory motor, to include sensory integration, neuromuscular and motor; 2) cognitive integration and cognitive components; and 3) psychosocial skills and psychological components. Occupational performance areas of activities of daily living (ADL), work activities and play/leisure activities are assessed through administration of standardized and non-standardized tests. Administration of occupational agent modalities (OAMs) is often used in conjunction with advanced treatment techniques to achieve

functional goals. Sole OTs also serve as the rehabilitation therapy liaison to an interdisciplinary team in complex rehabilitation settings. There may be more than one OT at the facility; however, individuals in this assignment serve as the sole OT member of a multidisciplinary or specialty care treatment team. OTs assigned to this position must demonstrate all of the following KSAOs:

a. Advanced knowledge of contemporary occupational therapy across multiple areas of practice, and the demonstrated ability to apply this advanced knowledge to provide clinical guidance to Staff OTs within the department.

b. To balance responsibilities and to work with great autonomy.

c. Ability to adapt assessment tools and treatment to the complexity of the diagnosis or disability and demonstrate the clinical reasoning necessary to identify the need for further in depth specific assessment of disability.

d. Ability to independently develop, implement and modify an occupational therapy treatment plan in response to changing medical or psychological conditions.

e. Knowledge of the principles and techniques in the occupational therapy assessment and treatment of occupational, cognitive, and psychosocial functional deficits and the ability to perform the clinical services independently.

f. Ability to organize work, set priorities and delegate tasks, meet multiple deadlines, analyze organizational problems and develop and implement effective solutions.

g. Ability to provide consultation to other health care practitioners and outside groups about occupational therapy scope of practice and areas of expertise.

2. GS-12 Clinical Specialist/Lead Occupational Therapist. The individual assigned responsibility for serving as the subject matter expert in a content specialty area and as a consultant to occupational therapy and other medical center staff in evaluating and treating patients in the specialty areas of occupational therapy practice that are beyond the general practice of occupational therapy. This individual must demonstrate skills and techniques for a specific patient population who have varying degrees of highly complex occupational and/or mental problems. This individual provides professional oversight and consultation for staff therapists and monitors and evaluates clinically appropriate treatment programs with great autonomy. Clinical specialties may include: certified hand therapist, ergonomic specialist, blind/visual rehabilitation, assistive technology specialist, functional capacity examination specialist (FCE) and/or demonstrate advanced skills to plan, develop, lead, and administer programs/clinics in care settings such as acute, sub acute, Long Term Care (LTC), outpatient, Mental Health, Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), Polytrauma and other specialty care service delivery areas. Clinical Specialists generally would be found in Complexity Level 1 (High Complexity) or Level 2 (Medium Complexity) facilities, or practice at a facility designated as a Polytrauma Support Clinic Team, Polytrauma Network Site, or Polytrauma Rehabilitation Center.

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Clinical specialists may also practice in facilities of lesser complexity levels where an applicable specialty area exists (e.g. - a facility where coordinated rehabilitation services are provided on a long term care unit may have the need for a Geriatric Clinical Specialist). In addition to completion of 1 year of progressively difficult experience comparable to the next lower grade level, OTs assigned to this position must fully demonstrate the following KSAOs:

- a. Advanced knowledge of contemporary occupational therapy across multiple areas of practice, and the demonstrated ability to apply this advanced knowledge to provide clinical guidance to staff OTs within the department.
- b. Demonstrated clinical knowledge of advanced specialized evaluation, interventions, and services to independently develop treatment strategies for specialty populations;
- c. Skill in developing protocols and procedures for intervention programs based on current occupational therapy theory, recent research and practice;
- d. Ability to provide consultation to other health care practitioners and outside groups about occupational therapy scope of practice and areas of expertise;
- e. Ability to implement, revise/update evidence based occupational therapy services in specialized areas such as polytrauma, TBI, SCI, geriatrics, mental health, driver rehabilitation, home based primary care (HBPC) and other specialty areas;
- f. Advanced knowledge in prosthetics/orthotics devices and demonstrated ability to make adjustments on devices or adaptive equipment to obtain maximum benefit from the device. May assess for and fabricate orthotic devices and proceed with modifications as needed.

3. GS-12 Clinical Education Coordinator. OTs in this assignment develop and administer clinical training programs for occupational therapy students, occupational therapy assistant trainees, associated health trainees, facility staff and/or occupational medicine and rehabilitation therapy disciplines. These assignments occur at active, affiliated VA facilities where specialized occupational therapy treatment programs are provided. Examples of duties include establishing, negotiating and maintaining affiliation agreements; serving as a liaison with the university in determining when students may be sent for training, the number of students to be sent, areas of training and assignment, etc.; designing, conducting and evaluating educational experiences for occupational therapy students, associated health trainees, and other personnel assigned to occupational therapy for training; arranging and serving as an instructor for staff in-service training programs; and, serving on curriculum committees of colleges and universities and having substantive input into the course content for occupational therapy students. OTs assigned to this position must demonstrate all of the following KSAOs:

- a. Ability to coordinate and maintain academic agreements and assignments for student affiliations with universities, colleges and other academic organizations.

b. Advanced knowledge of contemporary occupational therapy across multiple areas of practice, and the demonstrated ability to apply this advanced knowledge to provide clinical guidance to Staff OTs within the department.

c. Ability to provide consultation to other health care practitioners and outside groups about occupational therapy scope of practice and areas of expertise.

d. Ability to synthesize clinical processes and practice in order to guide and train the students' clinical/educational experience and skills.

e. Knowledge of ACOTE guidelines, AOTA practice guidelines and NBCOT certification Requirements.

f. Ability to apply appropriate problem solving methods and techniques.

g. Ability to balance responsibilities and to work with great autonomy.

4. GS-12 Occupational Therapist Program Coordinator. In consideration of the occupational therapy service scope, size and complexity, OTs in this assignment plan, direct, assign and evaluate programs to ensure proper coordination between care delivery within the section and the overall delivery of health care. This assignment requires administrative direction and decision making skills, but does not necessarily require formal supervisory responsibility for personnel. The OT Program Coordinator is responsible for the coordination of clinical assignments for multiple professionals comprising an interdisciplinary team. They make decisions that affect staff and other resources with a wide latitude of control and independent judgment. They assist with special administrative projects such as strategic planning, performance improvement plans and coordination and training of interdisciplinary team members. When performing as a supervisor at this grade level, responsibilities include planning and scheduling work; assigning work to employees; accepting, amending or rejecting completed work; assuring that production and accuracy requirements are met; appraising performance and recommending performance standards and ratings; assigning delineated clinical privileges; approving leave; and, effecting disciplinary measures. In addition to completion of 1 year progressively responsible complex experience comparable to the next lower grade level, OTs assigned to this position must fully demonstrate the following KSAOs:

a. Advanced knowledge of contemporary occupational therapy across multiple areas of practice, and the demonstrated ability to apply this advanced knowledge to provide clinical guidance to Staff OTs within the department.

b. Ability to set priorities and delegate tasks, meet multiple deadlines, analyze organizational problems and develop and implement effective solutions.

c. Ability to balance responsibilities and to work with great autonomy.

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d. Ability to supervise, motivates, and manages effectively a diverse clinical staff applicable to service level departments in small or mid-sized facilities.

e. Skill in interpersonal relationships in dealing with employees, team leaders, and managers.

f. Skill in problem solving and conflict resolution.

g. Ability to assist with directing, assigning and counseling OT staff.

h. Ability to accommodate new and changing work conditions, staffing, and contingencies.

5. GS-12 Supervisory Occupational Therapist. Chief, Occupational Therapy Section is responsible for the supervision, administrative management, and direction of the occupational therapy program in a rehabilitation section or equivalent work group. Individuals in this assignment assume full administrative and professional responsibility for planning and directing the occupational therapy activities for the section or equivalent unit at an independent outpatient clinic. They have full supervisory responsibility over a section or equivalent work unit which would require three or more OTs or at least two OTs and an occupational therapy assistant (full-time equivalent) or equivalent multi-disciplinary staff mix. Typically, duties include assigning and evaluating work of subordinate staff, as well as resolving problems which may interfere with the delivery of occupational therapy by staff members; providing occupational therapy in more complex cases; developing and initiating new treatment programs which apply current research findings; participating as an instructor in the facility's in-service clinical training findings; consulting with staff physicians through patient presentations, attendance at ward rounds, clinics and conferences; interviewing candidates for positions in the section; recommending appointments, advancements, or, when appropriate, disciplinary actions; evaluating performance; and, identifying continuing education and training needs. OTs assigned to this position must demonstrate the following KSAOs:

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

b. 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.

c. Ability to effectively supervise, direct, and manage a diverse occupational therapy staff.

d. Skill in interpersonal relationships and conflict resolution.

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

(5) GS-13 Occupational Therapist

(a) **Experience, Education and Licensure.** In addition to the basic requirements, completion of 1 year of progressively complex experience equivalent to the next lower grade level directly related to the position being filled which demonstrates knowledge, skills, abilities and other characteristics that are directly related to the specific assignment. Generally, non-supervisory assignments at this grade level require the knowledge, skills, and competencies normally acquired through a post-graduate residency or fellowship training. In addition, candidates must fully meet the KSAOs at the GS-12 grade level and those for the specific assignment described below. Other assignments of equal complexity and responsibility may be approved on an individual basis as warranted.

(b) Assignments

1. GS-13 Supervisor of Occupational Therapy Department. A Supervisory OT is responsible for the supervision, administrative management, and direction of the occupational therapy program in a rehabilitation service or equivalent service-level department which consists of three or more OTs or other multi-discipline staff. The incumbent provides supervision of key clinical and training programs, including the overall technical oversight of the OTs whom they administratively supervise. Supervising OTs or Section Chiefs 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. They demonstrate a great deal of 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. They are required to provide overall clinical supervision that assures the proper coordination and delivery of care within the section and the facility at large. In addition to completion of 1 year of experience comparable to the next lower grade level, OTs assigned to this position must demonstrate the following KSAOs:

a. Knowledge of contemporary occupational therapy across multiple areas of practice, and the demonstrated ability to apply this knowledge to provide clinical guidance to staff OTs within the department.

b. 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.

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

d. Skill in interpersonal relationships and conflict resolution.

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

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f. Ability to set priorities, delegate tasks, and solve problems in order to meet multiple deadlines and identify/address organizational problems.

NOTE: *Some OTs are assigned duties and responsibilities at the VISN or national level that are at a higher level of technical and administrative complexity than their facility-level responsibilities. In these cases, the higher level duties must be of significant scope and complexity, and must be of critical importance to the VISN or national program. Examples of such permanent assignments include (but are not limited to): liaison for occupational therapy at the VISN or National Level, etc.*

2. GS-13 Rehabilitation Planning Specialist. Rehabilitation planning specialists are key program officials in the decentralized Office of the Director, Physical Medicine and Rehabilitation Service (PM&R) and the Rehabilitation Strategic Healthcare Group (SHG). Individuals in these positions are responsible for the management of national initiatives having a high degree of visibility and a significant impact on Department health care. Examples include national initiatives in the care and treatment of patients, educational programs, program evaluation, quality assurance, etc. These programs typically include collaboration with other Federal and State agencies, professional organizations, and services within VHA. OTs assigned to this position must demonstrate the following KSAOs:

- a. Knowledge of assigned specialized national clinical programs.
- b. Knowledge of health care organizations and inter-relationships of subgroups within health care and rehabilitation organizations.
- c. Ability to serve as liaison to other Patient Care Services SHG's such as Geriatrics and Extended Care, Spinal Cord Injury, Prosthetics and Sensory Aids, Care Coordination, etc.
- d. Ability to manage advocacy roles and planning activities within the agency and the greater rehabilitation community.

(6) GS-14 Occupational Therapist Leadership Assignments

(a) **Education, Experience and Licensure.** In addition to the basic requirements, completion of 1 year of progressively responsible assignments and experience at the GS-13 level which demonstrates knowledge, skills, abilities and other characteristics that are directly related to the specific assignment.

(b) **Assignments.** Assignments for OTs at this grade level include but are not limited to:

1. Service Chief of Rehabilitation Service or Service/Care Line Manager for a Medical Center or for a VISN Service/Care Line. An individual in this assignment manages complex sections within the medical center that provide specialized rehabilitative services, or in a Service/Care Line at a complex facility or at a VISN level. Supervisory responsibilities cover multiple disciplines and/or multiple facilities that may be separated geographically. The clinical coordinator is responsible for ensuring the coordination of multiple rehabilitation related services provided, as well as an optimal collaboration with other healthcare providers within the facility. This individual oversees the work of subordinate

employees and assures the accuracy of reports submitted by therapy supervisors, clinical specialists, clinical education coordinators, or team/program leaders. These positions are typically located at VA medical centers or healthcare systems that are complex in nature and are affiliated with local colleges and universities. In addition to completion of 1 year of experience comparable to the next lower grade level, OTs assigned to this position must demonstrate the following KSAOs:

- a. Advanced knowledge of evidence-based practices and clinical practice guidelines in multiple professional areas, and the ability to use these resources to guide the program staff in providing clinically appropriate treatment interventions.
- b. Skill in interpersonal relationships and conflict resolution in dealing with a diverse range of employees, team leaders, and administrators.
- c. Ability to manage budgets for a large, integrated service including not only occupational therapy, but also other focused rehabilitation, ancillary, or other health care services.
- d. Ability to communicate effectively orally and in writing with a diverse group of professional staff.
- e. Ability to translate extensive rehabilitation knowledge into cogent and useful policy in complex facilities and/or across multiple sites.
- f. Demonstrated skill in providing clinical and administrative oversight of multidisciplinary rehabilitation programs in complex facilities and/or across multiple sites.
- g. 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.

2. Occupational Therapist Leadership Assignment at the National Level. OTs in leadership positions at the national level are assigned to manage, direct and oversee a majority of specialty treatment programs at the VA Central Office level. Responsibilities would cover staffing, work assignments, budget, provision of clinical services, day-to-day program operation, and all reporting requirements. Additionally, program managers at this grade generally have collateral assignments, determined by the need of the local facility, the VISN, and/or VACO.

3. Rehabilitation Planning Specialist. Rehabilitation planning specialists are key program officials in the decentralized Office of the Director, Physical Medicine and Rehabilitation Service (PM&R) and the Rehabilitation Strategic Healthcare Group (SHG). The incumbent is responsible for the management of national initiatives having a high degree of visibility and a significant impact on health care within the Department. Examples include national initiatives in the care and treatment of patients, educational programs, program evaluation, quality assurance, etc. These programs typically include collaboration with other Federal and State agencies, professional organizations, and services within VHA. OTs assigned to this position must demonstrate the following KSAOs:

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a. Knowledge of operations and systems to resolve policy implementation issues with medical center directors/chiefs of staff, VISN management, and various professional service representatives.

b. Ability to oversee program development of assigned specialized national clinical programs.

c. Advanced knowledge of health care organizations and inter-relationships of subgroups within health care and rehabilitation organizations.

d. Advanced skill in managing advocacy roles and planning activities within the Department and the greater rehabilitation community.

4. DEVIATIONS. The placement of individuals in grade levels not described in the qualification standard must be approved by the Under Secretary for Health or designee in VA Central Office, pursuant to delegated authority from the Secretary. Under no circumstances will the educational or credential requirement be waived for those occupations with a positive education requirement, or when specific credentials are identified as necessary to meet minimum requirements.

Authority: 38 U.S.C. 7304; 7402]