



**COLORADO**

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**STATE OF COLORADO  
CLASS SERIES DESCRIPTION  
JULY 2015**

**PHYSICIAN**

**C1J1XX TO C1J2XX**

**DESCRIPTION OF OCCUPATIONAL WORK**

This class series uses two levels in the Health Care Services Occupational Group and describes professional level work in the field of medicine. Positions in this class series apply the principles, theories, and practices of medical science. By statutes C.R.S.12-36-101 et. seq., a license is required in this class series.

Physicians in these classes provide professional assessment, diagnosis and treatment for patients in both routine and emergency settings. Medical care includes, but is not limited to, conducting medical examinations, ordering and interpreting appropriate diagnostic tests and diagnosing medical problems, prescribing medications and treatment, and fostering preventive health care. The work often involves providing instruction, demonstration and training to other health care professionals and technologists; providing medical advice to other organizational units or health care specialties through consultation regarding patients or protocols; and providing professional advice to management for the development of medical programs, treatment standards and protocols for a state agency. Some physicians work in security settings where the positions follow policies and procedures to ensure the safety of themselves and others.

INDEX: Physician I begins on this page and Physician II begins on page 3.

**PHYSICIAN I**

**C1J1XX**

**CONCEPT OF CLASS**

This class describes the fully-operational physician. Duties require applying medical protocols and agency treatment standards to develop individual patient treatment plans. Positions are assigned duties involving the assessment, diagnosis and treatment of pathology of patients. Physicians are expected to plan their workloads and schedules as well as those of any subordinates; help maintain agency compliance with relevant statutes, professional standards in medicine, and agency quality assurance standards; refer patients to other medical providers or facilities as needed; and provide input to supervisors on medical unit policies and procedures, medical protocols and treatment standards, and medical unit budgetary and staffing needs.

## FACTORS

Allocation must be based on meeting all of the three factors as described below.

**Decision Making** -- The decisions regularly made are at the process level, as described here. Within limits set by professional medical standards, the agency's available technology and resources, and medical program objectives and regulations established by a higher management level, choices involve determining the process, including designing the treatment process used to provide medical services to patients and to accomplish other related medical services work. The general pattern, program, or system exists but must be individualized. This individualization requires analysis of patient data that is complicated. Analysis is breaking the patient's problem or case into parts, examining these parts, and reaching conclusions that result in treatment processes. This examination requires the application of known and established medical theory, principles, conceptual models, professional standards, and precedents in order to determine their relationship to the problem. New medical protocols, processes or objectives require approval of higher management.

**Complexity** -- The nature of, and need for, analysis and judgment is patterned, as described here. Positions study patient information to determine what it means and how it fits together in order to get practical solutions in the form of a patient treatment plan. Guidelines in the form of agency protocols and professional treatment standards exist for most situations. Judgment is needed in locating and selecting the most appropriate of these guidelines which may change for varying patient circumstances as the assessment/diagnosis task is repeated. This selection and interpretation of guidelines involves choosing from alternatives where all are correct but one is better than another depending on the given patient's circumstances.

**Line/Staff Authority** -- The direct field of influence the work of a position has on the organization is as an individual contributor. The individual contributor may explain work processes and train others. The individual contributor may serve as a resource or guide by advising others on how to use processes within a system or as a member of a collaborative problem-solving team. This level may include positions performing supervisory elements that do not fully meet the criteria for the next level in this factor.

PHYSICIAN II

C1J2XX

## CONCEPT OF CLASS

This class describes the fully-operational physician with work leader responsibilities or an acknowledged staff authority. In addition to the duties and responsibilities of a Physician I, work leader positions are partially accountable for the work product of two or more full-time equivalent positions. This class may also include supervision of two, but less than three, full-time equivalent positions. Staff authority positions are acknowledged by their peers and agency management as an authority in the area of professional medical work, commonly in one or more designated medical specialties. Staff authorities commonly are called upon for their expertise when agency management is establishing medical protocols. The Physician II may differ from the Physician I on the Complexity factor, and differs from the Physician I on the Purpose of Contact and Line/Staff Authority factors.

## FACTORS

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**Decision Making** -- The decisions regularly made are at the process level, as described here. Within limits set by professional medical standards, the agency's available technology and resources, and medical program objectives and regulations established by a higher management level, choices involve determining the process, including designing the treatment process used to provide medical services to patients and to accomplish other related medical services work. The general pattern, program, or system exists but must be individualized. This individualization requires analysis of patient data that is complicated. Analysis is breaking the patient's problem or case into parts, examining these parts, and reaching conclusions that result in treatment processes. This examination requires the application of known and established medical theory, principles, conceptual models, professional standards, and precedents in order to determine their relationship to the problem. New medical protocols, processes or objectives require approval of higher management.

**Complexity** -- The nature of, and need for, analysis and judgment is patterned, as described here. Positions study patient information to determine what it means and how it fits together in order to get practical solutions in the form of a patient treatment plan. Guidelines in the form of agency protocols and professional treatment standards exist for most situations. Judgment is needed in locating and selecting the most appropriate of these guidelines which may change for varying patient circumstances as the assessment/diagnosis task is repeated. This selection and interpretation of guidelines involves choosing from alternatives where all are correct but one is better than another depending on the given patient's circumstances.

### OR

The nature of, and need for, analysis and judgment is formulative, as described here. Positions evaluate the relevance and importance of medical theories, concepts, and principles in order to tailor them to develop a different treatment approach, medical protocol, or tactical plan for the medical unit to fit specific patient circumstances. While general policy, precedent, or non-specific medical practices exist, they are inadequate so they are relevant only through approximation or analogy. In conjunction with medical theories, concepts, and principles, positions use judgment and resourcefulness in tailoring the existing medical guidelines so they can be applied to particular patient circumstances and to deal with emergencies. For example, a position develops procedures for providing medical services to institutionalized patients with multiple medical problems.

**Line/Staff Authority** -- The direct field of influence the work of a position has on the organization is as a work leader or staff authority. The work leader is partially accountable for the work product of two or more full-time equivalent positions, including timeliness, correctness, and soundness. At least one of the subordinate positions must be in the same series or at a comparable conceptual level. Typical elements of direct control over other positions by a work leader include assigning tasks, monitoring progress and work flow, checking the product, scheduling work, and establishing work standards. The work leader provides input into supervisory decisions made at higher levels, including signing leave requests and approving work hours. This level may include positions performing supervisory elements that do not fully meet the criteria for the next level in this factor.

**OR**

The staff authority is a pacesetter who has a unique level of technical expertise in a field or profession that, as part of the assignment, is critical to the success of an agency. It is an essential component of the work assignment that has been delegated by management to the position. This authority directly influences management decisions within an agency. For example, management relies on such a position when making decisions regarding the direction that policy or a program should take in the staff authority's field of expertise. Managers and peers recognize and seek this level of technical guidance and direction regarding the application of a program or system within the agency or to its clients.

**ENTRANCE REQUIREMENTS**

Minimum entry requirements and general competencies for classes in this series are contained in the State of Colorado Department of Personnel web site.

For purposes of the Americans with Disabilities Act, the essential functions of specific positions are identified in the position description questionnaires and job analyses.

**CLASS SERIES HISTORY**

Updated and removed the purpose of contact 6.30.2015

Effective 7/1/06 (TLE). Medical Occupational Group consolidated into Health Care Services. No substantive changes to CD. Proposed 3/13/06.

Effective 9/1/93 (KAS). Job Evaluation System Revision project. Published as proposed 5/10/93.

Created 1/1/75.

**SUMMARY OF FACTOR RATINGS**

Class Level	Decision Making	Complexity	
Physician I	Process	Patterned	Indiv. Contributor
Physician II	Process	Patterned or Formulative	Work Leader or Staff Authority

ISSUING AUTHORITY: Colorado Department of Personnel & Administration