

## RNs/RPNs & Autonomous Ordering of Screening and Diagnostic Tests for the Purpose of Communicable Disease Prevention and Management

### Q & A

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## 1. Autonomous ordering of screening and diagnostic tests has always been in scope for RNs/RPNs, what is different now?

Registered Nurses (RNs) and Registered Psychiatric Nurses (RPNs), within their autonomous scope of practice, may order or perform screening and diagnostic tests that support a nursing diagnosis. However, while the [Laboratory Services Regulation](#) was revised in 2023 to recognize RNs/RPNs as referring practitioners for laboratory screening and diagnostic tests for the purpose of communicable disease (CD) prevention and management, to this point, the barrier to this practice for non-certified practice nurses has been the inability to obtain an Medical Services Plan (MSP) practitioner number which is required when ordering tests that are to be completed or processed in outpatient laboratories.

BCCDC has worked collaboratively over the last year with the BC College of Nurses & Midwives (BCCNM), Ministry of Health, Provincial Laboratory Medicine Services, First Nations Health Authority, and Health Insurance BC, to ensure the background billing systems and operational laboratory systems were updated to enable the use of MSP practitioner numbers for RNs/RPNs. After many months of collaboration and system updates, RNs/RPNs are now able to apply for and use an MSP practitioner number for autonomous ordering of laboratory screening and diagnostic tests for the purpose of CD prevention and management. **Per BCCNM standards, applying for and using an MSP practitioner number requires organizational/employer approval and established organizational/employer policies and processes.** MSP practitioner numbers will generally only be needed when nurses are ordering tests that are to be completed or processed in outpatient settings (e.g., public health or community health nurses). This optimization of autonomous nursing scope of practice facilitates streamlined and timely access to care for clients.

## 2. How does the new BC College of Nurses and Midwives (BCCNM) standard for ordering and interpreting screening and diagnostic tests impact nursing practice?

Laboratory screening and diagnostic tests are an integral part of clinical decision making. They help inform the prevention, diagnosis, prognosis, stratification of risk, and treatment of disease.

The new BCCNM Screening and Diagnostic Tests & Imaging Practice Standard for [Registered Nurses](#) and [Registered Psychiatric Nurses](#) outlines expectations that nurses must meet when ordering, performing, interpreting, and managing screening and diagnostic tests, both with a client-specific order and within their autonomous scope of practice.

The standard also outlines the expectations around the use of MSP Practitioner Numbers for non-certified practice RNs and RPNs. As indicated in the standard, non-certified practice

RNs & RPNs can only apply for and use their MSP practitioner number to order tests for communicable disease prevention and management when:

- they have the approval of their organization/employer, and
- their organization/employer has policies and processes to review and follow up on test results, and processes for the nurse to refer or transfer care to another health professional, as applicable.

### **3. Where can I go for more information regarding the new BCCNM practice standard?**

For more information regarding the BCCNM Screening and Diagnostic Tests & Imaging Practice Standard for RNs & RPNs, go to:

- RN - [Screening and diagnostic tests & imaging](#)
- RPN - [Screening and diagnostic tests & imaging](#)

### **4. How does this impact certified practice nurses who have already been able to apply for and use an MSP practitioner number?**

Certified practice nurses (RN[C]s & RPN[C]s) have an expanded scope of practice, and in addition to their scope of practice as an RN/RPN, they may order or perform screening and diagnostic tests to support a diagnosis of a disease, disorder, or condition as outlined within their certified practice designation decision support tools (DSTs).

RN[C]s & RPN[C]s are already established referring practitioners who can apply for and use an MSP practitioner number, with an approved Medical Service Plan (MSP) benefit schedule.

The new BCCNM standard supports RN(C)s & RPN(C)s by setting clear expectations that they must meet when ordering, performing, interpreting, and managing screening and diagnostic tests and imaging in accordance with their certified practice DSTs. It does not change how RN(C)s & RPN(C)s obtain and use an MSP number.

### **5. Where can I go for more information on the application process for an MSP practitioner number?**

For information on the MSP practitioner number application and usage processes, go to:

[RN\(C\)s, RPN\(C\)s, and RNs, RPNs - Province of British Columbia \(gov.bc.ca\)](#)

**6. If an RN/RPN has an MSP practitioner number and subsequently obtains a certified practice designation, will they need to apply for a new MSP practitioner number for ordering tests outlined in their certified practice DSTs?**

Yes, as mentioned above, RN(C)s & RPN(C)s have an expanded scope of practice and have existing MSP benefit schedules - [Laboratory Services Referral Schedule](#) (schedules B & E)

As such, RN(C)s & RPN(C)s require a certified practice MSP practitioner number which enables them to order a broader range of tests based on their certified practice DSTs.

**7. Where can I find a list of the screening and diagnostic tests that RNs/RPNs can order with their MSP practitioner number?**

RNs and RPNs are permitted to order fee-for-service laboratory medicine tests for the purposes of communicable disease prevention and management as set out in the relevant [Laboratory Services Referral Schedule](#) (schedule D) on the [Provincial Laboratory Medicines Services](#) (PLMS) website. RNs and RPNs may also order globally funded laboratory medicine services; a list within nursing scope of practice is available on the PLMS website, under the heading "[Related nursing scope of practice tests](#)".

The BC Communicable Disease Control Manual [Appendix](#) hosts a list of the subset of these tests for which there are associated guidelines within the [BC Communicable Disease Control Manual](#).

**8. Why does the Referring Practitioner Schedule for RN/RPNs ([Schedule D](#)) only list a few tests, and not *all* of the possible tests related to communicable disease prevention and management?**

Most publicly-funded, medically required laboratory services (tests) are considered benefits under the Laboratory Services Act regardless of the source of funding — whether that be through the Medical Services Plan (fee-for-service) or a health authority's global operating budget. However, the Referring Practitioner Schedules indicated on the [Provincial Laboratory Medicines Services](#) webpage only list fee-for-service tests, which have been approved by the Ministry of Health. Discussions to add additional fee-for-service tests to Schedule D are underway with the Ministry of Health, BCCDC, BCCNM, and other partners. Once the next list of fee-for-service tests are finalized, the Ministry of Health can pursue updating the schedule through a Ministerial Order.

**9. What happens if an RN/RPN uses their MSP number to order a test that is not included in the list of tests outlined within the practitioner schedules on the Provincial Laboratory Medicines Services webpage?**

If an RN/RPN uses their MSP number to order a fee-for-service test that is not included in the list of tests outlined within the Practitioner Schedules on the [Provincial Laboratory Medicines Services](#) webpage, the outpatient laboratory or radiology clinic may request payment from the client or refer them back to their health care provider to seek a requisition from an appropriate referring practitioner.

**10. What decision support tools can RNs/RPNs access when ordering and interpreting screening and diagnostic tests for the purpose of communicable disease prevention and management?**

The [BC Communicable Disease Control \(CDC\) Manual](#) provides provincial guidance for communicable disease control and prevention programs in BC. The BC CDC Manual is the main clinical decision support tool for nurses when ordering, interpreting and managing screening and diagnostic tests for the purpose of communicable disease prevention and management.

A new BC CDC Manual [Appendix](#) has been developed that outlines:

- the regulatory requirements and standards of practice related to RNs/RPNs and autonomous ordering of screening and diagnostic tests;
- links to the applicable guidelines within each chapter of the BC CDC Manual for a respective test to support decision making;
- links to more information on the application and usage processes for an MSP #; and
- the tests RNs/RPNs can order with their MSP practitioner number that pertain to established guidelines within the BC CDC Manual.

**11. Can licensed practical nurses (LPNs) apply for and use an MSP practitioner number to order screening and diagnostic tests?**

No, LPNs are not named as a referring practitioner in the [Laboratory Services Regulation](#) and therefore they **can not** apply for and use an MSP practitioner number to order screening and diagnostic tests.

**12. Can an RN/RPN use their MSP practitioner number to order a chest x-ray (e.g., for the purpose of tuberculosis [TB] screening)?**

No, at this time, RNs/RPNs cannot use their MSP practitioner number to order a chest x-ray. While it is recognized that chest x-rays are an important diagnostic tool for identifying

individuals with active TB disease or TB infection, chest x-rays do not fall under the umbrella of the Lab Services Act, and therefore there are additional regulatory changes needed to align regulations and practice for chest x-rays.

Per standard practice, nurses should use the provincial [TB Screening Form](#) which includes a generic MSP billing number that nurses can use to order a chest x-ray for TB screening purposes.

### **13. What if an RN/RPN orders a test for a client, but they will not be at work to follow up on the results of the test?**

As outlined in the BCCNM Practice Standard: Screening and Diagnostic Tests and Imaging, when using their MSP practitioner number, RNs & RPNs must follow their organization/employer policies and processes to review and follow up on test results, and processes for the nurse to refer or transfer care to another health professional, as applicable. In this situation, it may be prudent for the ordering RN/RPN to communicate and collaborate with a colleague on their health care team and include their MSP practitioner number via 'cc' on the laboratory requisition to ensure timely follow up of the test results in their absence.