

# **Cone Beam Computerised Tomography (CBCT) Referral in Oral and Maxillofacial Surgery (OMFS) Standard Operating Procedure**

**V2.0**

**December 2024**

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### **Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.**

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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# 1. Introduction

1.1. The use of Cone Beam Computerised Tomography (CBCT) in dentistry and Oral Maxillofacial Service (OMFS) has now become standard practice in the diagnosis and preoperative planning of various conditions. It delivers a lower radiation dose to the patient than conventional CT. Radiation doses from CBCT can be between 2-45 times higher than those associated with conventional dental radiography. Conventional radiography can be used for most of all dental diagnostic procedures.

1.2. This version supersedes any previous versions of this document.

## 2. Purpose of this Standard Operating Procedure

This document describes the process that should be followed by members of the Oral Maxillofacial and Orthodontic service when referring a patient for a Cone Beam CT examination. It should be read in conjunction with the Clinical Imaging Cone Beam CT Standard Operating Procedure (which describes operational procedure pertaining to Cone Beam CT for clinical imaging staff).

## 3. Ownership and Responsibilities

3.1. The Standard Operating Procedure should be used by staff involved with any part of the CBCT pathway.

3.1.2. All stake holders have a responsibility to prescribe and deliver CBCT in a responsible way to maximise diagnostic value whilst limiting radiation exposure to as low as is achievable.

3.1.3. Line-managers of the OMFS specialty triumvirate are responsible for identifying and supporting implementation of this standard operating procedure.

3.1.4. All individual staff members are responsible to ensure they comply with this Trust standard operating procedure.

3.1.5. The OMFS speciality triumvirate with the support of their senior managers are responsible for ensuring the Standard Operating Procedure adheres to local and national guidelines.

### 3.2. Role of the Managers

Line managers of the OMFS specialty triumvirate are responsible for:

- Ensuring that staff are aware of this standard operating procedure.
- Ensuring compliance with the procedure.

### 3.3. Role of Individual Staff

All staff members are responsible for:

- Complying with the systems and processes that are outlined within this SOP.
- Reporting and escalating any incidents or non-compliance with this SOP.
- Following the summary of basic principles as detailed SEDNTEXCT Basic Principles - see the Link below:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/340159/HPA-CRCE-010\\_for\\_website.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/340159/HPA-CRCE-010_for_website.pdf)

## 4. Standards and Practice

- 4.1. Referrals should be in accordance with referral criteria adopted by the Trust, which may be found in the Clinical Imaging CBCT SOP. The specific clinical indication for the CBCT request must be clearly stated on the referral in Maxims.
  - 4.2.1. Unless otherwise agreed RCHT will not accept requests for CBCT from primary care or external referrers.
  - 4.2.2. Appropriate training for referring, justifying, acquiring and reporting CBCT will be delivered to the relevant staff.
  - 4.2.3. Specific individuals who may refer for CBCT are defined in the Trust “Policy for the Referral, Justification, and Reporting of Radiological Procedures”. [Click Link](#)
  - 4.2.4. Referrers who have received Cone Beam CT Level 2 training may also act as Practitioner for the purposes of IRMER justification. They must indicate that they are assuming this responsibility under the relevant section of the maxims request. For referrers who are not trained to act as IRMER Practitioners, the radiographer may authorize the radiation exposure if the request is in accordance with the referral criteria listed in the Clinical Imaging CBCT SOP. If the referral lies outside referral criteria, then a Consultant Radiologist must assess the request and may justify it if they judge that there is a net benefit from the examination.
  - 4.2.5. All CBCT scans will be reported within a two-week timeframe from the date of the CBCT scan.
  - 4.2.6. All scans will be externally reported by an appropriately qualified Consultant Radiologist.
  - 4.2.7. A list of scans needing reporting will be transferred to the external company by the Oral Maxillofacial and Orthodontic service manager on a weekly basis.
  - 4.2.8. Aspects of Ionising radiation medical exposure regulations (IRMER) compliance such as dosimetry audits will be overseen by the Clinical Imaging Audit Meeting and will be undertaken at a frequency deemed appropriate at that meeting. Issues with image quality may be fed back to the radiography team using the “CBCT QA” folder in PACS.

4.2.9. Once a CBCT scan has been reported it is the responsibility of the referrer to review these results in a timely way, but no later than 5 days from the date of reporting.

## 5. Dissemination and Implementation

- 5.1. The Standard Operating Procedure will be made available on the document library.
- 5.2. The Standard Operating Procedure will be circulated to all staff who are part of the CBCT pathway.
- 5.3. This document will be shared via the specialities Business and Governance meeting.

## 6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
<b>Element to be monitored</b>	Certificate of training in requesting and reporting CBCT with renewal as required and checked on an annual basis. Audit of appropriateness of requests and reporting.
<b>Lead</b>	OMFS Governance Lead.
<b>Tool</b>	Standard Audit Cycle.
<b>Frequency</b>	Annual Basis.
<b>Reporting arrangements</b>	The completed report will be sent to the trust radiation protection supervisor Each report be interrogated to identify the required actions by the radiation protection committee and the meeting discussion should be documented in meeting minutes. The lead for this committee should identify deficiencies in the system and act upon them.
<b>Acting on recommendations and Lead(s)</b>	The OMFS specialty lead will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes
<b>Change in practice and lessons to be shared</b>	Required changes to practice will be identified and actioned following the outcome of the annual audit. These will be discussed at a departmental governance meeting and any recommendations will be discussed and disseminated with the minutes of the same.

## 7. Updating and Review

This procedural document will be reviewed every three years.

## 8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

Information Category	Detailed Information
<b>Document Title:</b>	Cone Beam Computerised Tomography (CBCT) in Oral and Maxillofacial Surgery (OMFS) Standard Operating Procedure V2.0.
<b>This document replaces (exact title of previous version):</b>	Cone Beam Computerised Tomography (CBCT) in Oral and Maxillofacial Surgery (OMFS) Standard Operating Procedure V1.0.
<b>Date Issued/Approved:</b>	August 2024.
<b>Date Valid From:</b>	December 2024.
<b>Date Valid To:</b>	December 2027.
<b>Author/Owner:</b>	Mr Amith Rosario Pinto, Consultant OMFS.
<b>Contact details:</b>	01872 253986.
<b>Brief summary of contents:</b>	Standard Operating Procedure for the use of cone beam computerised tomography (CBCT) in Oral and Maxillofacial Surgery (OMFS).
<b>Suggested Keywords:</b>	Cone Beam CT, CBCT.
<b>Target Audience:</b>	<b>RCHT:</b> Yes <b>CFT:</b> No <b>CIOS ICB:</b> No
<b>Executive Director responsible for Policy:</b>	Chief Medical Officer.
<b>Approval route for consultation and ratification:</b>	Oral Maxillofacial Governance Meeting, SSS.
<b>Manager confirming approval processes:</b>	Roz Davies, General Manager, SSS.
<b>Name of Governance Lead confirming consultation and ratification:</b>	Michele Reed, Governance Manager, SSS.
<b>Links to key external standards:</b>	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/340159/HPA-CRCE-010_for_website.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/340159/HPA-CRCE-010_for_website.pdf</a>
<b>Related Documents:</b>	As above.

Information Category	Detailed Information
Training Need Identified:	No.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/Oral.

#### Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
March 2021	V1.0.	Initial issue.	Mr Amith Rosario Pinto, Consultant OMFS.
April 2024	V1.1.	Extension of document to August 2024	Mr Amith Rosario Pinto, Consultant OMFS.
December 2024	V2.0.	Updated and transferred to new template.	Mr Amith Rosario Pinto, Consultant OMFS

**All or part of this document can be released under the Freedom of Information Act 2000.**

**All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.**

**This document is only valid on the day of printing.**

#### **Controlled Document.**

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Equality Impact Assessment

### Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team  
[rcht.inclusion@nhs.net](mailto:rcht.inclusion@nhs.net)

Information Category	Detailed Information
<b>Name of the strategy/policy/proposal/service function to be assessed:</b>	Cone Beam Computerised Tomography (CBCT) in Oral and Maxillofacial Surgery (OMFS) Standard Operating Procedure V2.0.
<b>Department and Service Area:</b>	Specialist Services and Surgery.
<b>Is this a new or existing document?</b>	Existing.
<b>Name of individual completing EIA</b> (Should be completed by an individual with a good understanding of the Service/Policy):	Mr Amith Pinto, Consultant OMFS
<b>Contact details:</b>	01872 252285

Information Category	Detailed Information
<b>Policy Aim - Who is the Policy aimed at?</b> (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	All OMFS staff members who are involved in the CBCT scan pathway.
<b>Policy Objectives</b>	To provide guidance and support around the referral process and pathway for CBCT.
<b>Policy Intended Outcomes</b>	Clear guidance and support.
<b>How will you measure each outcome?</b>	Certificate of training in requesting and reporting CBCT with renewal as required and checked on an annual basis. Audit of appropriateness of requests and reporting.
<b>Who is intended to benefit from the policy?</b>	Patients/Staff.

Information Category	Detailed Information
<b>6a. Who did you consult with?</b> (Please select Yes or No for each category)	<ul style="list-style-type: none"> <li>• Workforce: Yes</li> <li>• Patients/visitors: No</li> <li>• Local groups/system partners: No</li> <li>• External organisations: No</li> <li>• Other: No</li> </ul>
<b>6b. Please list the individuals/groups who have been consulted about this policy.</b>	<b>Please record specific names of individuals/groups:</b> Via consultation with OMFS and care group staff.
<b>6c. What was the outcome of the consultation?</b>	Approval for this document.
<b>6d. Have you used any of the following to assist your assessment?</b>	<b>National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:</b> No.

**7. The Impact**

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
<b>Age</b>	No	
<b>Sex</b> (male or female)	No	
<b>Gender reassignment</b> (Transgender, non-binary, gender fluid etc.)	No	
<b>Race</b>	No	
<b>Disability</b> (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
<b>Religion or belief</b>	No	

Protected Characteristic	(Yes or No)	Rationale
<b>Marriage and civil partnership</b>	No	
<b>Pregnancy and maternity</b>	No	
<b>Sexual orientation</b> (e.g. gay, straight, bisexual, lesbian etc.)	No	

**A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.**

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.  
 Name of person confirming result of initial impact assessment: Mr Amith Rosario Pinto, Consultant OMFS.

**If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:**  
[Section 2. Full Equality Analysis](#)