

# Prescribing of radiographs in General Dental Practice

## STATEMENT OF DENTAL REMUNERATION

### 2. PROCEDURES TO ASSIST DIAGNOSIS AND TREATMENT PLANNING

Fee per course of treatment:

- 2(a) Radiographic examination and radiological report:
- (4) panoramic film, normally not more than 1 film to be taken every 3 years

0204

## General Dental Services Regulations (Northern Ireland) 1993

### SCHEDULE 2

### Regulation 3

### TERMS OF SERVICE FOR DENTISTS PART IV

#### Standards of care

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- (2) When providing general dental services a dentist shall not provide care and treatment in excess of that which is necessary to secure and maintain oral health.

(For the purposes of the GDS Regulations, radiographs are defined as treatment)

#### Quality assurance system

- 31F.-(1) A dentist shall establish, and operate in accordance with this paragraph, a practice based quality assurance system which is applicable to all the persons specified in sub-paragraph (2).

- (d) a system to ensure that all legal requirements relating to radiological protection are satisfied;

#### Justification

2.32 Before an exposure can take place, it must be justified by an *IRMER practitioner* and authorised as the means of demonstrating that it has been justified. In deciding whether an individual exposure is justified the *IRMER practitioner* must give appropriate weight to:

- (a) the availability and findings of previous radiographs;
- (b) the specific objectives of the exposure in relation to the history and examination of the patient;
- (c) the total potential diagnostic benefit to the individual;
- (d) the radiation risk associated with the radiographic examination;
- (e) the efficacy, benefits and risk of available alternative techniques having the same objective but involving no, or less, exposure to ionising radiation.

(Guidance Notes for Dental Practitioners on the Safe Use of X-Ray Equipment June 2001  
[http://www.hpa.org.uk/radiation/publications/misc\\_publications/dental\\_guidance\\_notes.htm](http://www.hpa.org.uk/radiation/publications/misc_publications/dental_guidance_notes.htm))

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The above section 2.32 means that a patient must be examined by a dentist before any exposure can be prescribed and carried out.

There is also, within the Selection Criteria for Dental Radiography, advice on the limitations for Panorax radiography.

Panorax radiographs should never be exposed without the presence of clinical signs and symptoms.

Routine screening of children for orthodontic reasons cannot be justified and as per the SDR, radiographs should only be taken in conjunction with an orthodontic examination. Where films are available for other reasons it is strongly advised that these are forwarded to an orthodontist when referring for care.

The ALARA principles apply.

<http://www.energyforesight.org/default.asp?section=Teachers&chapter=ALARA>

Routine radiography of third molars is not recommended. In fact the Selection criteria suggest that panorax should only be used for the assessment of wisdom teeth prior to planned extraction. If you do not plan to extract, then allow the specialist to examine the patient and decide which type of exposure is appropriate, but again if you have an available film and do not forward it with the referral you have breached GDS regulations and possibly cause the patient to be exposed to unnecessary radiation.

The referral surgery practices have issued guidance requesting that available films are forwarded to them. The same requirements apply for all referrals.

To refuse to forward available films because of advice regarding the security of patient records, is to ensure that your patient is unnecessarily exposed to extra radiation with potential harmful consequences. There are further consequences of a failure or refusal to forward suitable films;

1. The patient may have to bear the cost a second time, and
  2. The Board will bear the cost a second time and may consider this an over-payment and effect recovery of any over-payment.
  3. Since the treatment on referral is deemed to be a continuation of your treatment, as per GDS Regulations Schedule 2, Part II, Paragraph 12, there may be;
    - a) Breaches of the Prior Approval regulations, and possibly
    - b) A charge levied on the patient which is above the current maximum dental charge. Health and Personal Social Services Dental Charges Regulations (Northern Ireland) 1989
- In the presence of pathology not demonstrable on intra oral films, in the grossly carious mouth or where periodontal pocketing exceeds 6mm in depth, a panorax film may be of use.
  - There is also a recognised need for panorax radiography when planning or assessing suitability for implants.

This is not a suitable reason for claiming a fee from the NHS.

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Whilst within the SDR it is permissible to take a panoramic radiograph at 3 year intervals, the value of that exposure would need to be demonstrated in the clinical notes and the three year "rule" can never justify exposing a patient to unnecessary radiation.

The SDR and IR(ME)R also require that films are reported on and any findings recorded.

### 9.10. Regulation 7(8)

9.10.1. This regulation requires the employer to ensure that a clinical evaluation of the outcome of each medical exposure is recorded and to set out in his procedures how and when this is to be done. This evaluation should detail the resulting diagnostic findings or therapeutic implications. If it is known prior to the exposure taking place that no clinical evaluation will occur, then the exposure would not be justified and could not lawfully take place. (IR(ME)R 2000)

## Quality Assurance

2.57 Both IRR99 and IR(ME)R2000 place clear, but different, responsibilities on the *Legal Person* to establish and maintain quality assurance programmes in respect of dental radiology.

The purpose of such QA is to ensure consistently adequate diagnostic information, whilst radiation doses to patients and staff are controlled to be as low as reasonably practicable.

## QA procedures for image quality

### Image quality

5.6 Since a principal objective of the QA programme is to ensure the production of good diagnostic quality radiographs, it is vital to monitor image quality on a regular basis.

It is recommended that a simple, subjective image quality rating system be used for dental radiographs, as described in Table 5.1.

<i>Rating</i>	<i>Quality</i>	<i>Basis</i>
1	Excellent	No errors of patient preparation, exposure, positioning, processing or film handling
2	Diagnostically acceptable	Some errors of patient preparation, exposure, positioning, processing or film handling, but which do not detract from the diagnostic utility of the radiograph
3	Unacceptable	Errors of patient preparation, exposure, positioning, processing, or film handling, which render the radiograph diagnostically unacceptable

**Table 5.1 Subjective quality rating of radiographs**

Poor quality radiographs may lead to fee recovery for that and associated items. IRR99 also applies.

See also: Selection Criteria for Dental Radiography  
The Royal College of Surgeons of England  
35-43 Lincoln's Inn Fields, London, WC2A 3PE [fgdp@rcseng.ac.uk](mailto:fgdp@rcseng.ac.uk)

