

Policy Statement 6.22 – Dento-Maxillofacial Cone Beam Computed Tomography

Position Summary

Dento-Maxillofacial Cone Beam Computed Tomography complements other forms of oral and maxillofacial radiographic examinations. It has advantages and disadvantages and should be used so as to minimise the radiation dose to the patient, whilst maximising the diagnostic value of the examination.

1. Background

- 1.1. Dento-maxillofacial CBCT produces 3D images of the head and neck, including teeth, jaws, paranasal sinuses and pharyngeal air spaces.
- 1.2. CBCT generates 3D images by a single diverging beam and so should not be confused with multi slice computed tomography (MCT) which generates the 3D images using totally different technology by taking multiple cross- sectional images or slices.
- 1.3. Dento-maxillofacial CBCT is an adjunct to other diagnostic imaging modalities including plain 2D radiography, panoramic radiography, MCT, Magnetic Resonance Imaging, ultrasound and nuclear medicine.
- 1.4. The Code of Practice and Safety Guide “Radiation Protection in Dentistry” (2005) published by the Australian Radiation Protection and Nuclear Safety Agency establishes the responsibilities of those involved in dental radiography, provides the requirements for equipment and siting, image receptors and film processing and procedures to minimise exposure to ionising radiation.
- 1.5. The Royal Australian and New Zealand College of Radiologists publishes Position Statements, Guidelines, Policies and Practice Standards on clinical radiology.
- 1.6. Dento-maxillofacial radiology is a recognised by the Board as a speciality of dentistry.
- 1.7. Radiology is regulated by the States and Territories.

Definitions

- 1.8. BOARD is the Dental Board of Australia.
- 1.9. DENTO-MAXILLOFACIAL CBCT a radiographic diagnostic imaging technique producing three dimensional images of the head and neck generated by a single diverging beam.
- 1.10. DENTIST is an appropriately qualified dental practitioner, registered by the Board to practise all areas of dentistry.
- 1.11. DENTAL PRACTITIONER is a person registered by the Australian Health Practitioner Regulation Agency via the Board to provide dental care.

2. Position

- 2.1. Dento-maxillofacial CBCT should only be used for dental diagnosis and treatment when indicated and particular assessment of benefits and risks must be given when considering its use, especially in children and adolescents.
- 2.2. Dentists must be familiar with dento-maxillofacial CBCT techniques and the advantages and disadvantages of using CBCT.
- 2.3. Benefits and risks of the use of CBCT should be part of the consent process.
- 2.4. Providers of dento-maxillofacial CBCT must provide such services with sound knowledge and application of its diagnostic capabilities and adhere to minimal radiation and maximum diagnostic principles .
- 2.5. Dentists and their patients should have access to dento-maxillofacial CBCT services.

- 2.6. Dentists are the only dental practitioners who should be able to prescribe dento-maxillofacial CBCT and should only do so when it is the appropriate imaging method for diagnosis and management of the patient.
- 2.7. Patients should be eligible for rebates for any dentist prescribed CBCT.
- 2.8. Dentists must be responsible for ensuring that the entire data in any CBCT that they prescribe are reviewed and interpreted by a practitioner with suitable training and experience, with appropriate records being maintained.
- 2.9. Radiology should be controlled by national acts and regulations.

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