Service Level Agreement (SLA)

For CBCT Dental Radiography Referral Services

ASPIRE
dental & facial aesthetics

Aspire Dental & Facial Aesthetics
Dr Michael O'Hagan

Effective Date

Review Date

1. Purpose

This SLA outlines the scope, quality, and responsibilities related to the provision of CBCT dental imaging services. It is designed to ensure safe, efficient, and timely imaging and reporting for patients referred by the Referrer.

2. Scope of Services

The Service Provider agrees to provide the following services:

- CBCT imaging of dental and maxillofacial regions as per referral requests.
- Compliance with IR(ME)R 2017 and all relevant dental radiography regulations.
- Secure delivery of CBCT scan data to the Referrer.
- Optional: Radiology reporting by a GDC-registered or GMC-registered radiologist upon request.

3. Referral Process & Training Requirements

CBCT Training Compliance:

The Referrer confirms that all clinicians referring patients for CBCT scans have completed verifiable Level 1 CBCT training in accordance with national guidelines.

If the Referrer intends to interpret and report CBCT scans themselves, they must also have completed Level 2 CBCT training.

The Service Provider may request proof of training for auditing or regulatory compliance purposes.

- All referrals must include adequate clinical justification and specify the area to be imaged.
- Referrals must be signed by a registered dental practitioner who is IRMER-trained.
- The Referrer confirms that any individual referring patients for CBCT scans has completed verifiable Level 1 CBCT training.
- If the Referrer wishes to interpret and report CBCT scans, they must also have completed Level 2 CBCT training.
- The Service Provider reserves the right to request evidence of training and may reject referrals that do not meet compliance standards.

4. Image Acquisition and Reporting Standards

- CBCT scans will be carried out by appropriately trained and certified staff.
- Images are quality-assured before release.
- If radiology reporting is requested:
- Reports will be generated by qualified dental or medical radiologists.
- Reports will include diagnostic observations and recommendations.
- Additional fees apply (see section 9).

5. Turnaround Times

- Standard Delivery (Scan only): within 2 working days of the appointment.
- With Reporting: Report delivered within 5 working days of the scan date.
- Urgent Requests: Subject to availability and must be pre-arranged.

6. Data Handling and Security

- All patient data will be handled in compliance with GDPR and relevant data protection legislation.
- Data transfer will use encrypted email, secure portals, or approved file transfer systems.
- Imaging records will be stored securely by the Service Provider for a minimum of 8 years.

7. Responsibilities

Referrer Responsibilities:

- Provide appropriate justification and obtain informed consent.
- Ensure referrers are CBCT-trained to Level 1 (and Level 2 if reporting).
- Review and act on scan findings and/or reports as clinically appropriate.

Service Provider Responsibilities:

- Deliver imaging services in line with current regulations and professional standards.
- Ensure equipment calibration and maintenance.
- Provide reports when requested, by appropriately qualified professionals.

8. Quality Assurance

- Regular clinical governance and audit processes will be undertaken.
- Incident reporting and complaint handling will align with clinical governance frameworks.
- Both parties agree to cooperate in quality reviews or audits as required.

9. Charges and Payment Terms

- Partial CBCT (no report): £150
- Full CBCT (no report): £250
- Radiology Report (optional): £85 (in addition to scan cost)
- Invoices issued monthly. Payment terms: 30 days from invoice date.

10. Term and Termination

- This SLA is valid for 12 months from the Effective Date.
- Either party may terminate with 30 days' written notice.
- This agreement will be reviewed on or before the Review Date.

Referring Practice:

Name: .....

Position: .....

Signature: .....

Date: .....

CBCT Provider: (please leave blank)

Name: .....

Position: .....

Signature: .....

Date: .....

Contact

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Please Note - we are currently **NOT** offering CBCT and/or OPG reports included in our services. A report will need to be conducted by the referring DCP or another party to conclude findings from the scan taken at Aspire Dental & Facial Aesthetics