

Health Information and Quality Authority

Report of the assessment of compliance with medical exposure to ionising radiation regulations

Name of Medical Radiological Installation:	Beaumont Hospital
Undertaking Name:	Beaumont Hospital
Address of Ionising Radiation Installation:	PO Box 1297, Beaumont Road, Dublin 9
Type of inspection:	Announced
Date of inspection:	21 January 2026
Medical Radiological Installation Service ID:	OSV-0007305
Fieldwork ID:	MON-0049117

About the medical radiological installation (the following information was provided by the undertaking):

Beaumont Hospital is a large academic teaching hospital situated north of Dublin City centre with 820 beds. Beaumont Hospital is a voluntary hospital and part of the North East Hospital group. The hospital provides emergency and acute care services across 54 medical specialties to a local community of some 290,000 people. In addition, we are a Designated Cancer Centre and the Regional Treatment Centre for Ear, Nose and Throat, and Gastroenterology. We are also the National Referral Centre for Neurosurgery and Neurology, Renal Transplantation, and Cochlear Implantation. We are the principal teaching hospital for the Royal College of Surgeons in Ireland. We also enjoy close links with Dublin City University, especially in the area of nurse training, and with other academic institutions in respect of training and research. Diagnostic facilities in Beaumont Hospital's Radiology Department include: 3 MRI scanners, 5 CT scanners (3 in the main hospital, 1 in St Joseph's Hospital Raheny and a dedicated outpatient mobile CT scanner on the Beaumont Hospital campus), 2 SPECT/CT gamma cameras, 6 Ultrasound rooms (4 in the main hospital, 2 in the OMNI Primary Care setting), 1 fluoroscopy room, 3 interventional radiology suites (2 Siemens biplane neuro-interventional radiology suites and 1 vascular/general interventional radiology suite), 3 dedicated procedure rooms for ultrasound guided procedures, 3 mammography units housed in a dedicated breast care building and 6 xray rooms (3 in general x-ray, 2 in Accident and Emergency x-ray and 1 in St Joseph's Hospital). Imaging services are provided during core hours, Monday to Friday, and unscheduled care is also provided 24 hours, seven days a week (24/7). 237,340 radiology exams were performed in Beaumont in 2025 (including non-ionising exams).

How we inspect

This inspection was carried out to assess compliance with the European Union (Basic Safety Standards for Protection against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations 2018, as amended. The regulations set the minimum standards for the protection of service users exposed to ionising radiation for clinical or research purposes. These regulations must be met by each undertaking carrying out such practices. To prepare for this inspection, the inspector¹ reviewed all information about this medical radiological installation². This includes any previous inspection findings, information submitted by the undertaking, undertaking representative or designated manager to HIQA³ and any unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- talk with staff and management to find out how they plan, deliver and monitor the services that are provided to service users
- speak with service users⁴ to find out their experience of the service
- observe practice to see if it reflects what people tell us
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

About the inspection report

In order to summarise our inspection findings and to describe how well a service is complying with regulations, we group and report on the regulations under two dimensions:

¹ Inspector refers to an Authorised Person appointed by HIQA under Regulation 24 of S.I. No. 256 of 2018 for the purpose of ensuring compliance with the regulations.

² A medical radiological installation means a facility where medical radiological procedures are performed.

³ HIQA refers to the Health Information and Quality Authority as defined in Section 2 of S.I. No. 256 of 2018.

⁴ Service users include patients, asymptomatic individuals, carers and comforters and volunteers in medical or biomedical research.

1. Governance and management arrangements for medical exposures:

This section describes HIQA's findings on compliance with regulations relating to the oversight and management of the medical radiological installation and how effective it is in ensuring the quality and safe conduct of medical exposures. It outlines how the undertaking ensures that people who work in the medical radiological installation have appropriate education and training and carry out medical exposures safely and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Safe delivery of medical exposures:

This section describes the technical arrangements in place to ensure that medical exposures to ionising radiation are carried out safely. It examines how the undertaking provides the systems and processes so service users only undergo medical exposures to ionising radiation where the potential benefits outweigh any potential risks and such exposures are kept as low as reasonably possible in order to meet the objectives of the medical exposure. It includes information about the care and supports available to service users and the maintenance of equipment used when performing medical radiological procedures.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 21 January 2026	10:00hrs to 15:30hrs	Lee O'Hora	Lead
Wednesday 21 January 2026	10:00hrs to 15:30hrs	Kay Sugrue	Support
Wednesday 21 January 2026	10:00hrs to 15:30hrs	Margaret Keaveney	Support

Governance and management arrangements for medical exposures

As part of this inspection inspectors visited the general X-ray, main CT, accident and emergency CT, nuclear medicine and neurological interventional areas. Inspectors also reviewed radiation safety related documentation and a sample of imaging records from all areas where ionising radiation was provided by the undertaking. Overall, responsibility for the radiation protection of service users lay with Beaumont Hospital which operated within a wider hospital group but was an independent undertaking within this group. Inspectors acknowledged the support of the hospital in facilitating an observer from the International Atomic Energy Agency (IAEA) Integrated Regulatory Review Service (IRRS) mission review team, on this inspection.

Inspectors observed that Beaumont Hospital used a radiation safety committee (RSC) and a radiation protection unit (RPU) as the main platforms to monitor and oversee the radiation protection of service users and ensure compliance with the relevant regulatory requirements.

Inspectors and management staff discussed the compliance plan and associated actions following a previous inspection and the inspectors were satisfied that improvements had been implemented by the undertaking in line with the compliance plan submitted in relation to Regulation 16, Special protection during pregnancy, for a small subset of patients undergoing surgical procedures. However, some work was still required by the undertaking in relation to ensuring that information relating to patient exposure consistently formed part of the report, which is discussed further under Regulation 13(2).

Following a review of documents and records, and after speaking with staff, the inspectors were satisfied that systems and processes were in place to ensure that referrals were only accepted from those entitled to refer an individual for medical radiological procedures. Similarly, inspectors were satisfied that clinical responsibility for medical exposures was only taken by personnel entitled to act as practitioners as per the regulations.

As in previous inspections, inspectors reviewed documentation and spoke with staff and management regarding medical physics expert (MPE) involvement in the delivery of medical exposures. Evidence of professional certification and arrangements to ensure continuity of MPE expertise was also supplied to inspectors. From the evidence reviewed, inspectors were assured that the level of involvement of MPEs was proportionate to the level of radiological risk at the hospital.

On this inspection, inspectors did note some areas that required further attention of the undertaking to ensure regulatory compliance. For example, improvements were required to ensure there is a clear allocation of responsibility for the review, recognition and escalation of issues relating to some aspects of quality assurance

(QA). Additionally, while Beaumont Hospital had implemented a corporate approach to clinical audit, greater assurance is required to ensure that clinical audit of medical radiological practices is carried out in accordance with HIQA's National procedures, in line with Regulation 13(4). Finally, there was scope to improve the engagement of staff involved in medical exposures to ionising radiation outside the radiology department which inspectors were informed was an area that management were focused on improving.

Overall, despite some areas for improvement, inspectors found effective governance, leadership and management arrangements were in place for the protection of service users undergoing medical exposures at Beaumont Hospital.

Regulation 4: Referrers

Following a review of referral documentation, a sample of referrals for medical radiological procedures and from speaking with staff, inspectors were satisfied that Beaumont Hospital only accepted referrals from appropriately recognised referrers.

In line with the regulations, radiographers and advanced nurse practitioners were also considered referrers in this facility and the specific circumstances in which these professions could act as referrers were clearly outlined in local policies and consistently articulated to inspectors by staff.

Judgment: Compliant

Regulation 5: Practitioners

Similar to findings under Regulation 4 and following similar evidence review, inspectors were satisfied that Beaumont Hospital had systems in place to ensure that only appropriately qualified individuals took clinical responsibility for all individual medical exposures.

Judgment: Compliant

Regulation 6: Undertaking

Governance arrangements for the radiation protection of service users at Beaumont Hospital was clearly and consistently defined over the course of this inspection to inspectors through radiation safety documentation, supplementary presentation

material, organisational organograms and through communication with staff and management.

Overall responsibility for the radiation protection of service users lay with Beaumont Hospital which operated in a wider hospital group but was an independent undertaking within this group. The Hospital Chief Executive Officer (CEO) was identified in documentation provided as the individual with overall responsibility for the radiation protection of service users. The CEO communicated directly with the Hospital Board. Staff at Beaumont Hospital used an RSC which was appointed by the undertaking as the main platform to monitor and oversee the radiation protection of service users. Inspectors were informed that the CEO was represented at all RSC meetings, for which minutes were provided, by their nominee, in this case, the Head of Clinical Services. Additionally, inspectors were informed that other informal and formal communication pathways existed for the consideration of any and all relevant radiation safety issues, namely fortnightly Executive Management Group (EMG) meetings and direct communication via the CEO and Clinical Director.

An RPU, was also integrated into the radiation protection structures of the hospital. The RPU was composed of the Radiation Protection Advisor (RPA), MPEs and medical physicists, the Radiation Safety Officer (RSO), and other expert individuals as required. Inspectors noted from associated documentation and were informed that the RPU met monthly and reported directly to the RSC.

Inspectors were assured that the undertaking had systems and processes in place to ensure that all new types of practice involving medical exposures would undergo the appropriate consideration internally and externally via HIQA as required before general adoption by Beaumont Hospital. In addition, Beaumont Hospital had conducted a retrospective review of all radiological practices since the last inspection, this was seen as an example of good practice by the undertaking in relation to the generic justification of practices used at Beaumont Hospital.

However, some areas requiring the attention of the undertaking were noted on the day, namely: Inspectors were not assured that there was a clear allocation of responsibility for the review, recognition and escalation of issues relating to QA completed by radiography staff which is discussed further under Regulation 14. As discussed under Regulation 13(4), inspectors noted that while Beaumont Hospital had well established clinical audit structures and processes, some work was required to ensure that Beaumont Hospital's approach to clinical audit aligned fully with HIQA's *National procedures for clinical audit of radiological procedures involving medical exposure to ionising radiation*. Similarly, at the time of the inspection work had been completed on ensuring information relating to patient exposure formed part of the report, however, the work done to date had not satisfied the requirements of Regulation 13(2) and further work was required on behalf of the undertaking to ensure regulatory compliance.

Finally, inspectors were informed of the ongoing work by staff at Beaumont Hospital to increase bespoke Tier 2 training uptake and attendance at the RSC by professionals involved in the use of ionising radiation outside of the radiology department. This work must now be prioritised by the undertaking to ensure that

the relevant staff partake in the training provided by the undertaking and are involved in the radiation safety architecture of the Hospital.

However, notwithstanding the areas noted for the attention of the undertaking, the inspectors were satisfied that the undertaking had implemented measures to ensure sufficient protection of service users at Beaumont Hospital.

Judgment: Substantially Compliant

Regulation 10: Responsibilities

Following a review of the radiation safety procedure documentation, a sample of referrals for medical radiological procedures and by speaking with staff and management, inspectors were satisfied that the undertaking ensured that all medical exposures took place under the clinical responsibility of a practitioner at Beaumont Hospital.

The inspectors were also assured that the optimisation process involved the practitioner and the MPE in all aspects of optimisation. Similarly, inspectors were satisfied that the justification process for individual medical exposures involved the practitioner and the referrer following the review of documentation, assessing a sample of referrals for medical radiological procedures and by speaking with staff during the course of the inspection.

Judgment: Compliant

Regulation 19: Recognition of medical physics experts

The mechanisms in place to provide continuity of medical physics expertise at the hospital were described to inspectors by staff and management. All evidence supplied satisfied inspectors that the undertaking had the necessary arrangements in place to ensure continuity of MPE expertise at Beaumont Hospital.

Judgment: Compliant

Regulation 20: Responsibilities of medical physics experts

The professional registration certificates from the Irish College of Physicists in Medicine for the medical physicists were reviewed by inspectors and were up-to-date.

From reviewing the documentation and speaking with staff at the hospital, inspectors were satisfied that arrangements were in place to ensure that MPEs took responsibility for dosimetry, gave advice on radiological equipment and contributed to the application and use of diagnostic reference levels (DRLs), the definition of QA programmes, the delivery of radiology equipment acceptance testing, the analysis of accidental or unintended exposures and the training of practitioners. Inspectors were assured that the involvement and contribution of MPEs at Beaumont Hospital was in line with the requirements of Regulation 20.

Judgment: Compliant

Regulation 21: Involvement of medical physics experts in medical radiological practices

From speaking with the relevant staff members and following the radiation safety document review, inspectors were assured that the involvement of the MPE was both appropriate for the service and commensurate with the risk associated with the service provided at Beaumont Hospital.

Judgment: Compliant

Safe Delivery of Medical Exposures

Following a review of a sample of referrals for a number of areas, the inspectors were satisfied that Beaumont Hospital had reliable and consistently applied processes in place to ensure that all medical procedure referrals were accompanied by the relevant information, justified in advance by a practitioner and that practitioner justification was recorded.

The inspectors were satisfied that DRLs were established, used and reviewed. Beaumont Hospital had also ensured that special attention was given in the areas conducting high radiation dose procedures namely interventional suites across the hospital. Inspectors were assured that systems were in place to monitor, identify and follow up patients who may experience tissue reactions following interventional radiology procedures.

Equipment QA documentation and records of acceptance and performance testing for radiological equipment at the hospital demonstrated that the undertaking had defined an appropriate QA programme, however, inspectors identified that this programme had not been maintained and as a result were not assured that all medical equipment was kept under strict surveillance regarding radiation protection as discussed under Regulations 6 and 14.

After speaking with staff and reviewing systems and processes, the inspectors were satisfied that the undertaking had employed robust multidisciplinary incident reporting strategies to identify, manage and report near misses and radiation incidents and report to HIQA as required under the regulations.

Overall, the inspectors were assured that Beaumont Hospital had appropriate systems in place to support the safe delivery of medical exposures and staff demonstrated a commitment to the continual improvement of X-ray services provided by Beaumont Hospital.

Regulation 8: Justification of medical exposures

Inspectors spoke with staff and reviewed a sample of referrals in a number of clinical areas on the day of inspection. The evidence reviewed demonstrated that processes were in place to ensure all individual medical exposures were justified in advance and that all individual justification by a practitioner was recorded.

In line with the requirements of Regulation 8, all referrals reviewed by inspectors on the day of inspection were available in writing, stated the reason for the request and were accompanied by medical data which allowed the practitioner to consider the benefits and the risk of the medical exposure.

Staff who spoke with inspectors on the day consistently informed inspectors that previous diagnostic information was routinely sought to avoid unnecessary exposures.

Inspectors visited clinical areas and observed multiple posters, both general and procedure specific, which provided service users with information relating to the benefits and risks associated with the radiation dose for a range of medical exposures. On the day the inspectors also observed pamphlet versions of the relevant information, specific to each nuclear medicine procedure, available to service users.

Judgment: Compliant

Regulation 11: Diagnostic reference levels

Following a review of DRLs, inspectors were satisfied that DRLs have been established, were compared to national levels, and were used in the optimisation of medical radiological procedures at this Hospital. Local facility DRLs were compared to national DRLs and subsequent investigation and corrective measure details were included in the departmental DRL reports supplied as part of this inspection. Beaumont Hospital had also optimised patient dose by using year-on-year dose comparisons for individual pieces of equipment, allowing the undertaking to identify

and address any dose variations annually. This was seen as a positive use of patient dose information in the optimisation of patient dose.

Judgment: Compliant

Regulation 13: Procedures

On the day of inspection, inspectors found that written protocols were established for standard medical radiological procedures. A sample of these were reviewed by inspectors. Staff who spoke with inspectors in the clinical areas clearly articulated how these protocols were made available to them.

Inspectors noted the recent work done by the undertaking to review and update the information relating to patient exposure which routinely formed part of all radiology reports at Beaumont Hospital. However, at the time of this inspection this information did not fully satisfy the requirements of Regulation 13(2), therefore, additional action is needed to ensure compliance with this regulation.

Inspectors noted that Beaumont Hospital had a well-established approach to clinical audit monitored by the Clinical Audit department which was a central resource which supported and guided clinical audit and associated recommendations at the hospital level. While noting these structures and processes in place, inspectors identified scope to strengthen the alignment of clinical audit of medical radiological procedures with the national procedures. For example, the clinical audit strategy must incorporate the principles and essential criteria of the national procedures and audits must be carried out across the full clinical medical exposure pathway, incorporating the elements of structure, process and outcome. Therefore, some work was still required in relation to clinical audit to ensure full compliance with Regulation 13(4).

Judgment: Substantially Compliant

Regulation 14: Equipment

Inspectors were provided with an up-to-date inventory which was verified on site. Inspectors reviewed medical physics expert, manufacturer and radiographer QA records and associated documentation in relation to Beaumont Hospital's approach to the surveillance of medical radiological equipment. Inspectors were assured that the undertaking had defined an appropriate QA programme including acceptance and performance testing, however, some improvements in the implementation and oversight of this programme were required.

Beaumont Hospital had a robust process for the review and consideration of all equipment past their nominal replacement dates. For each piece of equipment past

this date a record of decision to use beyond nominal replacement date was signed by the RSM and presented to RSC, details of which were also included in the Medical Physics report.

At the time of inspection radiographer QA records were not available for a significant number of medical radiological equipment. Inspectors were informed that the rationale for this was twofold, namely staff shortages meant that some QA was not complete and some QA which was completed was not recorded as being done.

On further discussion of the formal recognition and escalation of this issue, inspectors were informed that this issue had not been brought to the RSC nor was there any formal plan to address it. Therefore, inspectors were not assured that the undertaking had clearly defined oversight or escalation pathways to discuss and address this ongoing non adherence to local policy. Consequently, inspectors were not satisfied that the undertaking had ensured that all medical equipment was kept under strict surveillance regarding radiation protection.

Judgment: Substantially Compliant

Regulation 15: Special practices

The undertaking had mechanisms in place to ensure special attention was given to optimising medical exposures potentially involving high radiation doses to the patient. For example, all departments using interventional radiology (cardiology, neurology, radiology and vascular surgery) used a high dose alert system to prompt practitioners if a procedure was reaching a pre-defined radiation dose threshold. Once reached, these pre-defined radiation dose thresholds were used in conjunction with dose monitoring software to determine potential areas of high skin dose, and guide appropriate patient communication and follow up.

Staff consistently articulated to inspectors the process for identifying and follow up of the relevant patients and the relevant staff involved in each stage.

Judgment: Compliant

Regulation 16: Special protection during pregnancy and breastfeeding

Documentation reviewed satisfied the inspectors that Beaumont Hospital had processes in place to ensure that all service users, as appropriate, were asked about pregnancy status by a practitioner or a referrer and the answer was recorded. Multilingual posters were observed throughout the department to increase awareness of individuals to whom Regulation 16 applies.

As part of the compliance plan provided for the undertaking's last inspection, inspectors were informed that new systems and process had been introduced in relation to pregnancy questioning for a small subset of patients undergoing surgical procedures. Inspectors spoke to staff involved and reviewed updated theatre protocol documentation in relation to this. As a result, the inspectors were satisfied that Beaumont Hospital had taken the relevant measures to ensure the clear allocation of responsibility for the methods used to ask and record pregnancy status for a small subset of patients undergoing surgical procedures, and thus had come into compliance with Regulation 16.

Judgment: Compliant

Regulation 17: Accidental and unintended exposures and significant events

From reviewing documents, speaking with staff and reviewing local incident records, inspectors were assured that the undertaking had implemented measures to minimise the likelihood of incidents for patients undergoing medical exposures in this facility.

Evidence was available to show that incidents were discussed at the appropriate committee level within the facility and subsequently reported to the RSC, thus the undertaking had oversight of incidents in this facility. Inspectors were satisfied that a system of record-keeping and analysis of events involving or potentially involving accidental or unintended medical exposures had been implemented and maintained by Beaumont Hospital.

Inspectors noted a relatively low number of incidents reported to HIQA by Beaumont Hospital, considering the size and scale of the service provided. However, staff consistently articulated to inspectors a positive culture of incident reporting and clearly understood the processes involved in the reporting of all relevant incidents. Therefore, inspectors were assured that the undertaking had employed robust multidisciplinary incident reporting strategies to identify, manage and report all near misses and radiation incidents and report these to HIQA as required by the regulations.

Judgment: Compliant

Appendix 1 – Summary table of regulations considered in this report

This inspection was carried out to assess compliance with the European Union (Basic Safety Standards for Protection against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations 2018, as amended. The regulations considered on this inspection were:

Regulation Title	Judgment
Governance and management arrangements for medical exposures	
Regulation 4: Referrers	Compliant
Regulation 5: Practitioners	Compliant
Regulation 6: Undertaking	Substantially Compliant
Regulation 10: Responsibilities	Compliant
Regulation 19: Recognition of medical physics experts	Compliant
Regulation 20: Responsibilities of medical physics experts	Compliant
Regulation 21: Involvement of medical physics experts in medical radiological practices	Compliant
Safe Delivery of Medical Exposures	
Regulation 8: Justification of medical exposures	Compliant
Regulation 11: Diagnostic reference levels	Compliant
Regulation 13: Procedures	Substantially Compliant
Regulation 14: Equipment	Substantially Compliant
Regulation 15: Special practices	Compliant
Regulation 16: Special protection during pregnancy and breastfeeding	Compliant
Regulation 17: Accidental and unintended exposures and significant events	Compliant

Compliance Plan for Beaumont Hospital OSV-0007305

Inspection ID: MON-0049117

Date of inspection: 21/01/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the undertaking is not compliant with the European Union (Basic Safety Standards for Protection against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations 2018, as amended.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the undertaking must take action on to comply. In this section the undertaking must consider the overall regulation when responding and not just the individual non compliances as listed in section 2.

Section 2 is the list of all regulations where it has been assessed the undertaking is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of service users.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the undertaking or other person has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the undertaking or other person has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance — or where the non-compliance poses a significant risk to the safety, health and welfare of service users — will be risk rated red (high risk) and the inspector will identify the date by which the undertaking must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of service users, it is risk rated orange (moderate risk) and the undertaking must take action *within a reasonable timeframe* to come into compliance.

Section 1

The undertaking is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the medical radiological installation back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the undertaking's responsibility to ensure they implement the actions within the timeframe.

Compliance plan undertaking response:

Regulation Heading	Judgment
Regulation 6: Undertaking	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Undertaking: Beaumont Hospital will strengthen compliance with Regulation 6 by focusing two actions: 1. Improving uptake of bespoke Tier 2 radiation safety training, and 2. Ensuring appropriate representation and engagement of all services using ionising radiation within the Hospital's radiation safety governance structures. 1. The Radiation Protection Unit (RPU) has scheduled two in-person Tier 2 training sessions for March 2026 and will plan additional sessions in the following months as needed, based on uptake or request from services. Training opportunities have been communicated to relevant staff through targeted emails, the hospital intranet notices, and posters in relevant clinical areas. Further, Tier 2 online training remains available on the Hospital's e-learning platform to support training flexibility. Professionals who direct medical exposures have been contacted directly and instructed to complete Tier 2 training via either the online module or in-person sessions. Additionally, the RPU is developing a 'condensed' practical training video focused on radiation safety in fluoroscopy environments, which is expected to be available in April or early May 2026 and will be used to support Tier 2 refresher training. 2. To improve participation in the radiation safety governance meeting, the RSC Chair has engaged with relevant Clinical Directors to confirm and update named representatives from each service that uses ionising radiation. Formal meeting invitations have been issued to the named representatives for the next RSC meeting scheduled on 24th of March 2026. Progress will be monitored through training completion records, attendance logs, and regular reporting through the RPU and RSC to ensure sustained compliance and demonstrable oversight across the Undertaking. For compliance plan for Regulation 13 and 14, see below.	

Regulation 13: Procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: Procedures: Regulation 13(2): Beaumont Hospital will achieve full compliance by ensuring that information relating to patient exposure is included consistently and in the correct format within radiology reports. Following the inspection, the Radiation Protection Unit (RPU) met with the PACS team to review current reporting templates. This review confirmed that dose information is already on the majority of radiology reporting templates that are in use. To address the gap identified by inspectors, the RPU has updated the wording of the patient exposure information. Radiology reporting templates have been amended accordingly to ensure the updated wording is applied to all reports. To provide assurance of sustained compliance, quarterly audits will be conducted to verify that patient exposure information is present and correctly recorded across all radiology reports. Audit outcomes will be reviewed through the RPU and reported to the RSC as required. Any gaps identified will be assigned for corrective action with defined timelines, and re-audit will confirm closure. Regulation 13(4) Beaumont Hospital will strengthen compliance by ensuring that audit of radiological procedures is fully aligned with HIQA's National Procedures for Clinical Audit of Radiological Procedures Involving Medical Exposures to Ionising Radiation, and that audits are delivered across the full imaging pathway incorporating the elements of structure, process and outcome. The RPU has met with the head of the Hospital's Clinical Audit department to ensure that radiology audits of medical exposure are aligned with HIQA's national procedure and supported by the audit governance structures. To support staff access and consistent application, the HIQA national procedure document has been uploaded to Q-pulse, the hospital's central policy and document repository, and this will be referenced within the radiology audit strategy and radiology audit templates. Radiology audits will be planned across the full imaging pathway and will assess relevant elements of structure, process, and outcome, as appropriate to each audit topic. Clinical audit will be included as a standing agenda item at all RPU and RSC meetings to ensure oversight, tracking of progress and timely escalation of any issues that may arise. The Quality Clinical Specialist Radiographer will lead and coordinate this work, report progress to the Radiography Services Manager III, and provide updates to the RPU and RSC. Audit findings and recommendations will be assigned for action, recorded in meeting minutes, and reviewed at each meeting until completion. Re-audit will be scheduled as required to confirm sustained improvement and compliance.	
Regulation 14: Equipment	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Equipment:	

Beaumont Hospital will achieve compliance by ensuring that radiographer routine QA checks are completed as scheduled, consistently documented, and subject to clear oversight and escalation through established governance structures. The Radiography Service Manager III has met with the Clinical Specialist Radiographers (CSRs) and reinforced the requirement that Radiographer QA checks are completed and properly documented in line with radiology's QA programme. CSRs will hold operational responsibility for completion and documentation of all radiographer routine QA checks within their areas, with the RSM III overseeing compliance and addressing barriers. To ensure sustained compliance and demonstrable surveillance, radiographer QA checks will be a standing agenda item at the monthly RSM and CSR meetings. Any missed QA, absent records, or recurring non-compliances will be formally recorded, assigned for corrective action, and escalated through governance pathways. In addition, radiographer routine QA checks will be included as a standing agenda item at the RPU and RSC meetings to provide formal oversight. Evidence of compliance will be demonstrated through updated QA records, meeting minutes, and reporting of completion status through the RSM, RPU, and RSC.

Section 2:

Regulations to be complied with

The undertaking and designated manager must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the undertaking and designated manager must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the undertaking must include a date (DD Month YY) of when they will be compliant.

The undertaking has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 6(3)	An undertaking shall provide for a clear allocation of responsibilities for the protection of patients, asymptomatic individuals, carers and comforters, and volunteers in medical or biomedical research from medical exposure to ionising radiation, and shall provide evidence of such allocation to the Authority on request, in such form and manner as may be prescribed by the Authority from time to time.	Substantially Compliant	Yellow	29/05/2026
Regulation 13(2)	An undertaking shall ensure that information relating to patient exposure forms part of the report of the medical	Not Compliant	Orange	29/05/2026

	radiological procedure.			
Regulation 13(4)	An undertaking shall ensure that clinical audits are carried out in accordance with national procedures established by the Authority.	Substantially Compliant	Yellow	29/05/2026
Regulation 14(1)	An undertaking shall ensure that all medical radiological equipment in use by it is kept under strict surveillance regarding radiation protection.	Substantially Compliant	Yellow	29/05/2026