

Health Information and Quality Authority

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

Name of Medical Radiological Installation:	MRH Tullamore
Undertaking Name:	Health Service Executive
Address of Ionising Radiation Installation:	Arden Road, Puttaghan, Tullamore, Offaly
Type of inspection:	Announced
Date of inspection:	14 July 2026
Medical Radiological Installation Service ID:	OSV-0007365
Fieldwork ID:	MON-0049637

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

Midlands Regional Hospital Tullamore (MRHT) is the largest hospital in the midlands of Ireland, providing acute care hospital services including a 24-hour emergency department. The hospital provides regional speciality services in Ear, Nose and Throat (ENT), Orthopaedics, Trauma, Oncology, Rheumatology, Haematology and Renal disciplines. The hospital currently operates with 233 inpatient beds and day surgery operating through a day hospital with 28 day beds. The hospital serves a catchment area of over 150,000 people across Laois, Offaly, Longford, and Westmeath. MRHT is affiliated with the Technological University of Shannon (TUS) for nursing programmes and the University of Limerick for medical programmes. It is also one of two main teaching hospitals of Trinity College Dublin - specialising in the training and professional development of staff in areas such as nursing, health and social care professionals, emergency medicine and surgery.

Approximately 89,216 examinations involving the use of ionising radiation per annum are performed. The medical radiological facility at MRHT provides a comprehensive diagnostic imaging service for adult and paediatric emergency, inpatient, day case, and outpatient services, and GP referred patients across the Midlands region. The radiology service is provided utilising the following imaging modalities: Main Radiology Department: 4 x digital general X-ray Room, 1 x Fluoroscopy Room, 1 x OPG and lateral CEPH, 2 x computed tomography (CT) scanner, 1 x SPECT CT scanner, 1 x MRI scanner and 4 x Ultrasound scanner. Outside the Radiology Department: 5 x digital mobile X-ray units and 3 x C-Arms (Theatre). Routine radiology services are provided from 9am to 5pm, Monday to Friday. There is full out-of-hours on-call cover for emergency department and inpatients. Radiation protection and medical physics services are provided by staff from the Department of Medical Physics and Bioengineering at St. James's Hospital.

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
Tuesday 14 July 2026	09:30hrs to 15:00hrs	Noelle Neville	Lead
Tuesday 14 July 2026	09:30hrs to 15:00hrs	Kay Sugrue	Support

Governance and management arrangements for medical exposures

An inspection of Midlands Regional Hospital Tullamore (MRHT) was carried out on 14 July 2026 by inspectors to assess compliance with the regulations at the hospital. As part of the inspection, inspectors followed up on the compliance plan from the previous inspection in October 2023 and noted that the actions set out had been completed. Inspectors visited the computed tomography (CT) and general X-ray units, spoke with staff and management and reviewed documentation. Inspectors found that the undertaking, the Health Service Executive (HSE), demonstrated compliance during this inspection with all regulations reviewed, with the exception of Regulation 6 which was substantially compliant and Regulation 17 which was not compliant.

Inspectors were satisfied that referrals for medical radiological exposures were only accepted from individuals entitled to refer and only individuals entitled to act as practitioner took clinical responsibility for medical radiological exposures. In addition, inspectors noted involvement in, and oversight of, radiation protection by medical physicists at the hospital across a range of responsibilities. While the undertaking had a clear allocation of responsibilities for the protection of service users from medical exposures to ionising radiation, inspectors found that there was some scope for improvement in relation to Regulation 7: Justification of Practices and documenting the allocation of responsibilities for the identification, oversight, management and approval of new types of practices and applications to HIQA, when required. In addition, inspectors found that protocols should be reviewed to ensure that any additional information required is included and formally approved for use, in line with hospital policy, to ensure clarity for staff using the protocols.

Overall, despite some areas for improvement, inspectors were satisfied that a culture of radiation protection was embedded at MRHT and effective management and communication structures were in place to ensure the radiation protection of service users.

Regulation 4: Referrers

Inspectors were satisfied from discussions with staff and management and from reviewing a sample of referrals that medical radiological exposures were only accepted from individuals entitled to refer as per Regulation 4 at MRHT.

Judgment: Compliant

Regulation 5: Practitioners

Inspectors were satisfied from a review of documentation and speaking with staff that only individuals entitled to act as practitioner as per Regulation 5 took clinical responsibility for medical exposures at MRHT.

Judgment: Compliant

Regulation 6: Undertaking

The HSE was the undertaking for MRHT and the hospital was part of the Dublin and Midlands health region. Inspectors reviewed documentation and governance structure organograms and spoke with staff and management in relation to governance arrangements in place at MRHT.

MRHT was part of a joint radiation safety committee (RSC) with another midlands hospital and this committee met twice a year. Inspectors reviewed the terms of reference for this committee and noted that it had a multidisciplinary membership including a radiologist, hospital manager, radiographic services manager, radiation safety officer, medical physicists and representatives from areas such as theatre and speech and language therapy. Inspectors noted that the committee had a standing agenda and items such as clinical audit, incident reports, equipment quality assurance and staff training were discussed. The committee was incorporated into local governance structures, chaired by a radiologist and reported to the general manager of the hospital. Inspectors were informed that there was also a radiation protection unit (RPU) in place at the hospital. This unit was responsible for operational issues relating to radiation protection and its membership included a radiology services manager, radiation protection adviser, medical physicists and radiation safety officer. In addition, there was a radiology audit committee in place to oversee all audit activity and quality improvement measures within the radiology department. Inspectors found that the radiology governance arrangements in place at the hospital facilitated communication of issues to the undertaking.

From records reviewed and discussions with management and staff, inspectors were satisfied that systems and processes were in place to ensure that referrals were only accepted from those entitled to refer and only individuals entitled to act as practitioner took clinical responsibility for medical radiological exposures. The practical aspects of medical radiological procedures were only carried out by individuals entitled to act as practitioner. In addition, inspectors noted involvement in, and oversight of, radiation protection by medical physicists at the hospital across a range of responsibilities.

Inspectors found that there was some scope for improvement in relation to the clear allocation of responsibilities for the protection of service users from medical exposure to ionising radiation. For example, in relation to Regulation 7: Justification

of Practices, inspectors found that there was scope to document the allocation of responsibilities for the identification, oversight, management and approval of new types of practices and applications to HIQA, when required. In addition, inspectors found that some hardcopy protocols in the CT unit had supplementary hand written notes included. Protocols should be reviewed to ensure that any additional information required is included and formally approved for use, in line with hospital policy, to ensure clarity for staff using the protocols.

Overall, despite some areas for improvement, inspectors were satisfied that the undertaking had clear and effective governance and management structures in place to ensure the radiation protection of service users and staff demonstrated a commitment to radiation safety at MRHT.

Judgment: Substantially Compliant

Regulation 10: Responsibilities

Inspectors noted that all medical exposures took place under the clinical responsibility of a practitioner, as defined in the regulations. The practical aspects of medical radiological exposures were only carried out at the hospital by individuals entitled to act as practitioner in the regulations. The undertaking had retained the presence of radiographers in areas where medical exposures were conducted outside of the radiology department, for example, theatre. In the absence of new training requirements being implemented as per Regulation 22, this was viewed as good practice to ensure the radiation protection of service users at the hospital. Practitioners and medical physicists were found to be involved in the optimisation process for medical exposure to ionising radiation. In addition, inspectors were satisfied that referrers and practitioners were involved in the justification process for individual medical exposures as required by Regulation 10.

Judgment: Compliant

Regulation 19: Recognition of medical physics experts

Inspectors were satisfied from speaking with staff and management and reviewing documentation that adequate processes were in place to ensure the continuity of medical physics expertise at MRHT. Medical physics resources were provided to MRHT by another hospital in the Dublin and Midlands health region through a formal service level agreement (SLA).

Judgment: Compliant

Regulation 20: Responsibilities of medical physics experts

The undertaking engaged medical physicists with up-to-date medical physics expert (MPE) voluntary professional certification with the Irish College of Physicists in Medicine (ICPM). In the absence of a statutory Register of MPEs, as per Regulation 19, this ensured that the undertaking had engaged medical physicists with appropriate knowledge, skills and competencies to act or give specialist advice, as appropriate, on matters relating to radiation physics.

Inspectors were satisfied that medical physicists gave specialist advice, as appropriate, on matters relating to radiation physics as required by Regulation 20(1). Inspectors noted that medical physicists were involved in radiation protection across a range of responsibilities outlined in Regulation 20(2) at MRHT. Medical physicists were members of the RSC, RPU and radiology audit committee in place at the hospital and gave advice on medical radiological equipment, contributed to the definition and performance of a quality assurance programme and acceptance testing of equipment. Medical physicists were involved in optimisation, including the application and use of diagnostic reference levels (DRLs) and carried out dose calculations for incidents relating to ionising radiation. Medical physicists contributed to the training of staff in relevant aspects of radiation protection through both in-person sessions and a bespoke electronic learning platform which had a variety of training modules available to staff. In addition, a medical physicist also acted as radiation protection adviser (RPA) at the hospital and so met the requirements of Regulation 20(3).

Judgment: Compliant

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

From documentation reviewed and discussion with staff, inspectors were satisfied that the level of involvement of medical physicists at MRHT was commensurate with the radiological risk posed by the facility as required by Regulation 21.

Judgment: Compliant

Safe Delivery of Medical Exposures

Inspectors visited CT and general X-ray units, spoke with staff and reviewed documentation to assess the safe delivery of medical exposures at MRHT. Inspectors

noted compliance with each regulation reviewed with the exception of Regulation 17 which was not compliant.

Improvements were noted since the previous inspection in October 2023 in relation to Regulation 8, where evidence that each medical exposure was justified in advance was now available as required. Inspectors noted a commitment by staff in relation to optimisation of medical exposures and good practice was noted in relation to Regulation 9. Facility DRLs were established, regularly reviewed and used for each modality at the hospital. Inspectors reviewed a sample of reports across modalities and noted that information relating to the patient exposure formed part of the report for all of the records reviewed as required by Regulation 13(2) which was an improvement since the previous inspection in October 2023.

In relation to Regulation 13(4), inspectors noted that considerable work had been carried out at MRHT since the previous inspection in October 2023 in meeting the requirements of Regulation 13(4). A clinical audit strategy was in place and was aligned to the national procedures established by HIQA. Staff at the hospital ensured that medical radiological equipment was kept under strict surveillance as required by Regulation 14. In relation to Regulation 16, records of pregnancy inquiries for relevant service users were seen by inspectors. There was a process for identification, management, reporting, analysis and trending of radiation incidents and potential incidents as required by Regulation 17. However, one incident was not submitted to HIQA via the required NF211 form and did not meet the three day reporting timeline to HIQA as required by Regulation 17(1)(e). Inspectors noted that an investigation of this incident had been completed. However, inspectors were informed that due to an oversight, the investigation results and corrective measures associated with this incident were not submitted to HIQA within the 120 day timeline as required by Regulation 17(1)(f).

Overall, despite some areas for improvement, inspectors noted the commitment of staff to the radiation protection of service users and were satisfied that systems and processes were in place at MRHT to ensure the safe delivery of medical radiological exposures to service users.

Regulation 8: Justification of medical exposures

Inspectors were satisfied that all referrals were in writing, stated the reason for the request and were accompanied by sufficient medical data to facilitate the practitioner when considering the benefits and risks of the medical exposure. The undertaking at MRHT had a document titled *Receipt of Referrals and Justification/Approval of Medical Exposures*, which was published in December 2023. This document outlined the justification process for each modality and who was responsible for carrying out the process at the hospital. Inspectors noted improvements since the previous inspection in October 2023, from a sample of records reviewed for CT, general X-ray, fluoroscopy and theatre, inspectors were satisfied that justification in advance as required by Regulation 8(8) was now

recorded as required by Regulation 8(15). Inspectors were satisfied that information about the benefits and risks associated with the radiation dose from medical exposures was available to service users throughout the radiology department. In addition, staff demonstrated to inspectors that previous diagnostic information from procedures which took place in the hospital and other hospitals was available for review on the hospital's radiology information system.

Judgment: Compliant

Regulation 9: Optimisation

The undertaking at MRHT had a document titled *Guidelines for optimisation of medical exposures in Midland Regional Hospital Tullamore and Athlone Local Injury Unit*, the most recent version of which was effective from March 2026. This document set out the roles and responsibilities in relation to optimising medical exposures in the hospital.

Inspectors noted several examples of good practice in relation to optimisation at MRHT. For example, one audit carried out during 2025 evaluated the appropriateness of the requests for a specific exam and identified potential areas for improvement in referral practices. A number of recommendations were made following the audit including referral form redesign, the development of a radiology protocol for the acceptance and justification criteria for referrals for this exam and re-audit to assess the impact of the recommended actions.

Another audit carried out at MRHT related to dose optimisation in CT brain exams. A number of recommendations were made following the audit and included a re-education programme for staff emphasising the importance of effective head positioning and gantry tilt in reducing radiation to sensitive tissue during CT brain exams.

Overall, inspectors noted that staff at MRHT demonstrated a strong commitment to optimisation and keeping doses to service users as low as reasonably achievable consistent with obtaining the required medical information.

Judgment: Compliant

Regulation 11: Diagnostic reference levels

The undertaking at MRHT had a document titled *Guidelines on establishing and reviewing Local Diagnostic Reference Levels in Midland Regional Hospital Tullamore and Athlone Local Injury Unit*, the most recent version of which was effective from March 2026. This policy set out the responsibilities of staff in respect of diagnostic

reference levels (DRLs) and also the method for establishing and using local DRLs. Inspectors found that facility DRLs had been established, regularly reviewed and used for each modality having regard to national DRLs and were displayed prominently in the hospital.

Inspectors reviewed a documented titled *Review of Patient Dose and Diagnostic Reference Levels* for 2025. This reported included an annual review of typical doses received by service users at the hospital and a proposed local DRL for each commonly performed exam. The report also included corrective actions, as required by Regulation 11(6), for a small number of exams which consistently exceeded national DRLs.

Judgment: Compliant

Regulation 13: Procedures

Written protocols were in place at MRHT for standard radiological procedures as required by Regulation 13(1). Regulation 13(2) states that an undertaking shall ensure that information relating to patient exposure forms part of the report of the medical radiological procedure. Inspectors noted improvements since the last inspection in October 2023. On review of a sample of reports across modalities, inspectors noted that information relating to the patient exposure now formed part of the report for all records reviewed. Referral guidelines were adopted at the hospital and were available for staff as required by Regulation 13(3).

Regulation 13(4) requires that an undertaking shall ensure that clinical audits are carried out in accordance with national procedures established by the Authority. Inspectors noted that considerable work had been carried out at MRHT since the previous inspection in October 2023 in meeting the requirements of Regulation 13(4). A radiology audit committee was in place at the hospital and this committee reported to the RSC and hospital quality and patient safety department. The committee met twice a year and its work included overseeing all audit activity and quality improvement measures within the radiology department and providing the department with a core group to take responsibility for identifying, conducting and reporting multiple audits annually. The undertaking had developed a document titled *Radiology Clinical Audit Strategy*, the most recent version of which was published in May 2024. This document outlined the clinical audit strategy in place at the hospital which was aligned to HIQA's national procedures document covering the principles and essential criteria to support clinical audit and ensure compliance with the regulations. A schedule of audit was outlined in the strategy for 2024 to 2026 together with a clinical audit checklist and audit report template.

A number of audits were carried out at MRHT including compliance with Regulation 13(2), justification documentation and establishing a list of asymptomatic examinations performed in MRHT. Discussions with staff identified that given the high number of CT exams carried out at the hospital, clinical audit may be of benefit

in providing greater assurance in relation to the justification of CT exams. An example of one such audit carried out at MRHT for a specific exam is discussed under Regulation 9: Optimisation. Inspectors found this to be an example of good practice and considered that this approach, if applied more broadly to CT and other modalities, had the potential to provide greater assurance around the appropriateness of referrals and the justification of exams to ensure the radiation protection of service users.

Overall, the clinical audit strategy, schedule of audit and completed audits demonstrated oversight of the full clinical pathway of the patient and audit topics covered the three elements of structure, process and outcome as required by Regulation 13(4).

Judgment: Compliant

Regulation 14: Equipment

Inspectors were satisfied that equipment was kept under strict surveillance at MRHT as required by Regulation 14(1). The inspectors received an up-to-date inventory of medical radiological equipment in advance of the inspection and noted that appropriate quality assurance programmes were in place for equipment as required by Regulation 14(2). The undertaking had a document titled *Radiation Safety Policy* which included appendices on quality assurance of radiological equipment. This document outlined staff responsibilities and the frequency of testing for each modality at the hospital. The inspectors reviewed records of regular performance testing and were satisfied that testing was carried out on a regular basis as required by Regulation 14(3) and there was a process to report any equipment faults or issues arising if needed. In addition, inspectors were satisfied that acceptance testing was carried out on equipment before the first use for clinical purposes as required by Regulation 14(3).

Judgment: Compliant

Regulation 16: Special protection during pregnancy and breastfeeding

A document titled *MRHT Policy for the protection of the unborn child arising from ionising radiation received during medical diagnostic or therapeutic procedures*, the most recent version of which was effective from August 2025, was in place at MRHT. This policy included information on the pregnancy procedures in place at the hospital including the practitioner and referrer role in ensuring that all reasonable measures are taken to minimise the risks associated with potential fetal irradiation during medical exposure of female patients of childbearing age. From a sample of records reviewed, inspectors were satisfied that a referrer and practitioner inquired

as to the pregnancy status of service users and recorded the answer to this inquiry in writing. In addition, inspectors noted multiple notices in the hospital to raise the awareness of the special protection required during pregnancy and breastfeeding in advance of medical exposures.

Judgment: Compliant

Regulation 17: Accidental and unintended exposures and significant events

Inspectors were satisfied from discussions with staff and management and a review of documents that an appropriate system for the recording and analysis of events involving or potentially involving accidental or unintended medical exposures was in place at MRHT. The incident management process in place at the hospital was outlined in a document titled *Midland Regional Hospital Tullamore Policy for Radiation Incident Reporting*, the most recent version of which was effective from March 2026. This document included information on the requirement to notify HIQA of certain reportable incidents and the timeframe for completing same.

Inspectors noted that one incident was reported to HIQA since the previous inspection in October 2023 in line with local processes and regulatory requirements. However, while the details of another incident were sent via email to HIQA, this was not subsequently submitted to HIQA via the required NF211 form as requested and did not meet the three day reporting timeline to HIQA as required by Regulation 17(1)(e). Inspectors noted that an investigation of this incident had been completed. However, inspectors were informed that due to an oversight, the investigation results and corrective measures associated with this incident were not submitted to HIQA within the 120 day timeline as required by Regulation 17(1)(f). The undertaking should ensure that HIQA is notified of any reportable incidents and subsequent investigation results and corrective measures within the relevant timelines to ensure full compliance with Regulation 17.

Judgment: Not 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 9: Optimisation	Compliant
Regulation 11: Diagnostic reference levels	Compliant
Regulation 13: Procedures	Compliant
Regulation 14: Equipment	Compliant
Regulation 16: Special protection during pregnancy and breastfeeding	Compliant
Regulation 17: Accidental and unintended exposures and significant events	Not Compliant

Compliance Plan for MRH Tullamore OSV-0007365

Inspection ID: MON-0049637

Date of inspection: 14/07/2026

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: Finding 1: In relation to Regulation 7: Justification of Practices MRHT will review and update its policy 'RADGEN 005: Receipt of Referrals and Justification and Approval of Medical Exposures' to include a section for the identification, assessment, approval, implementation and notification of new radiological practices and applications to HIQA. Revised policy will be reviewed and updated by 31st Oct 2026 and approved by the Radiation Safety Committee (RSC). All relevant stakeholders will be informed of updated responsibilities. 'New practices' is a standing agenda item at RSC meetings as such evidence of discussion and approval will be recorded in the next RSC minutes. This will be completed through collaboration between the Radiation Safety Committee, Radiation Safety Officer, Medical Physics Department and Radiology Management. Existing governance arrangements are already in place and require enhancement through clearer documentation rather than development of a new governance structure. • Draft revised documentation completed within 12 weeks/by 31st Oct 2026. • Review and approval through the Radiation Safety Committee at next meeting. • Dissemination to relevant staff by 31st Dec 2026. Finding 2: Handwritten Amendments of CT Protocols A comprehensive review of policy RADCT 001 CT Guidelines and Scanning Protocols will be undertaken to identify any handwritten annotations or supplementary instructions. Necessary amendments will be incorporated into the formal protocol document, reviewed by the CT Clinical Specialist Radiographer, Consultant Radiologists and Medical Physics staff, and approved in accordance with hospital document control procedures.	

Full review of RADCT 001 CT Guidelines and Scanning Protocol. All handwritten additions either formally incorporated or removed. Revised protocol approved will be recorded in the next RSC minutes. All relevant stakeholders will be informed. Audit confirming only approved protocol is available for clinical use.

The review can be completed using existing governance, clinical expertise and document control systems.

The CT protocol is manageable and regular protocol review processes already exist within the department.

- Protocol review commenced immediately.
- CT protocol 'RADCT 001 CT Guidelines and Scanning Protocols' reviewed within 12 weeks/by 31st Oct 2026.
- Review and approval through the Radiation Safety Committee at next meeting.
- Compliance audit completed by 31st Dec 2026.

Regulation 17: Accidental and unintended exposures and significant events

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Accidental and unintended exposures and significant events:

Going forward, the Radiation Protection Unit (RPU) will monitor all reportable incidents to ensure compliance with HIQA reporting requirements, including submission of the NF211 form within the required three-day timeframe and submission of investigation findings and corrective measures within 120 days. The RPU will review and update the Midland Regional Hospital Tullamore policy 'RADSQA 007 Radiation Incident Reporting' to incorporate RPU oversight of all reportable radiation incidents, including initial notification to HIQA and the subsequent submission of investigation findings and corrective actions.

Revised protocol approved will be recorded in the next RSC minutes. All relevant stakeholders will be informed. Compliance with reporting timelines monitored through incident reviews and Radiation Protection Committee meetings.

The Radiation Protection Unit already oversees radiation incident management and is therefore well placed to monitor compliance with HIQA reporting requirements.

- Policy review and update to be completed within 1 month by the 31st Aug 2026.

- Implementation to commence immediately following policy approval.
- Compliance with reporting timelines to be monitored on an ongoing basis through bi annual governance review.

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	31/10/2026
Regulation 17(1)(e)	An undertaking shall ensure that the Authority is notified, promptly and as soon as possible, of the occurrence of any significant event,	Not Compliant	Orange	31/08/2026

	as defined by the Authority in guidelines issued for that purpose, and			
Regulation 17(1)(f)	An undertaking shall ensure that the results of the investigation into any significant event notified under subparagraph (e) and the corrective measures to avoid such events, are reported to the Authority within the time period specified for such events by the Authority in guidelines issued by it for that purpose.	Not Compliant	Orange	31/08/2026