

Health Information and Quality Authority

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

Name of Medical Radiological Installation:	St Lukes General Hospital - Kilkenny
Undertaking Name:	Health Service Executive
Address of Ionising Radiation Installation:	Freshford Road, Friarsinch, Kilkenny
Type of inspection:	Announced
Date of inspection:	20 November 2024
Medical Radiological Installation Service ID:	OSV-0007376
Fieldwork ID:	MON-0042274

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

St Luke's Hospital, Kilkenny (SLGH) is an acute model 3 teaching hospital with 344 beds and is part of the HSE Dublin and South East Hospital group.

The radiology department provides a comprehensive range of general and specialised diagnostic imaging. Both adult and paediatric imaging are provided across a variety of modalities. Imaging services include general x-ray, fluoroscopy, mobile fluoroscopy, mobile radiography, computed tomography (CT), and dual-energy X-ray absorptiometry (DXA). These along with non-ionising modalities magnetic resonance imaging (MRI) and ultrasound complete the imaging department. The radiology service is delivered by a team of radiography service managers, radiographers, consultant radiologists, radiology nurses, radiography assistants, and a medical physicist. The radiology service is supported by portering, administration, and household staff.

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 20 November 2024	09:00hrs to 15:00hrs	Margaret Keaveney	Lead
Wednesday 20 November 2024	09:00hrs to 15:00hrs	Kay Sugrue	Support

Governance and management arrangements for medical exposures

On 20 November 2024, inspectors completed an inspection of the radiological services at St. Luke's General Hospital, Kilkenny to follow up on the compliance plan of the previous inspection completed in September 2021, and to monitor the service's ongoing compliance with the regulations. During the inspection, inspectors saw that the undertaking, who is the Health Service Executive (HSE), had implemented good actions to improve compliance with Regulations 8, 13, 14, 16 and 17. However, further action was required by the undertaking to ensure that roles and responsibilities in the service were clearly allocated and that arrangements to ensure continuity of the medical physics expertise in the service were in place. These findings are discussed under Regulations 6 and 19 below.

Inspectors were satisfied that the undertaking had established governance and management arrangements, to provide oversight of radiation protection measures in place in the radiology service at St Luke's General Hospital, Kilkenny.

The team had established a radiation safety committee (RSC), which met three times a year, to discuss matters such as diagnostic reference levels (DRLs), the quality assurance programme for equipment, clinical audits and staff training. The meetings were chaired by a Consultant Radiologist, and were also attended by, amongst others, the General Manager of the hospital, who was also the Designated Manager of the service, Radiology Services Managers (RSMs), the Radiation Protection Officer (RPO), Medical Physics Expert (MPE) and the Clinical Risk Manager. Representatives from the endoscopy suite and nurse referrers also attended to ensure that all areas involved in the delivery of medical exposures had an opportunity to raise issues and receive updates on radiation protection.

Inspectors were informed that the undertaking's management team also held regular Quality, Risk and Improvement meetings within the radiology department. These meetings were attended by radiology consultants from the various imaging modalities, the RSMs, RPO, clinical specialist radiographers, and the hospital's Quality Manager and Clinical Risk Manager. This group discussed quality improvement plans for the radiology department, for example the equipment replacement programme, and updating scanning protocols and patient information posters.

The chairpersons of both the RSC and the Quality, Risk and Improvement Committees attended and provided radiation protection matter updates to the undertaking's Radiology Governance Committee, which met every three months. This meeting was attended by the service's Designated Manager, who was thereby informed of any key radiation protection matters to raise with the hospital's Executive Management Committee and the HSE as the undertaking of the service. These reporting arrangements satisfied inspectors that the undertaking could be made aware of any radiation protection issues arising in this service.

A sample of radiological procedures' records were reviewed by inspectors during the inspection and showed that appropriate persons, as per the regulations, were involved in referring and justifying medical exposures completed at the service. Inspectors were also satisfied that only those entitled to act as practitioners, as defined in Regulation 5, were taking clinical responsibility for medical exposures in the service.

Inspectors were assured that MPE involvement in the service was proportionate to the radiological risk posed by the service and noted that the undertaking now engaged permanent MPE personnel in the radiology department. However, similar to findings of the previous inspection in 2021, inspectors noted that action was required by the undertaking to ensure the continuity medical physics expertise in the service. In addition, local policy and procedures must be reviewed to ensure they align with day-to day practices and include the allocation of responsibility for the management and approval of new types of practices that may require generic approval by HIQA.

Notwithstanding the actions required to achieve full compliance with the regulations, inspectors observed that there were many good radiation protection measures in place in St. Luke's General Hospital, Kilkenny to ensure the safe delivery of exposures to service users.

Regulation 4: Referrers

Inspectors reviewed a sample of medical exposure records and spoke with staff, and were satisfied that referrals for medical radiological procedures were only accepted from persons defined in Regulation 4. This included medical practitioners, and radiographers who were allocated responsibility to make adapted and secondary referrals. It also included appropriately qualified nurses in the service, whose scope for referrals was limited to particular planar images approved by a local implementation group.

Judgment: Compliant

Regulation 5: Practitioners

From a review of documents and speaking with staff, inspectors were satisfied that only practitioners, as defined in Regulation 5, took clinical responsibility for individual medical exposures at St. Luke's General Hospital, Kilkenny.

Judgment: Compliant

Regulation 6: Undertaking

Inspectors were satisfied that the undertaking had established governance and management arrangements, to provide oversight of radiation protection measures in place in the radiology service at St Luke's General Hospital, Kilkenny.

However despite these arrangements, inspectors noted that action was required to ensure that all roles and responsibilities on radiation protection were clearly allocated and documented in the relevant documentation, and that they aligned with the regulations. For example;

- During discussions with staff in the fluoroscopy suite, inspectors were informed of a process for identifying patients that may receive high skin doses during exposures. However, the allocation of roles and responsibilities for all aspects of this process were not evident in the documents provided to inspectors. A clear allocation of roles and responsibilities is a key part of the overall radiation protection of services users in a high dose service.
- The local *Radiation Safety Procedures* listed the professional groups that had been allocated the roles of referrer and practitioner in the radiology service, however this allocation did not align with practice in the service. For example, it stated that registered dentists could act as referrers and practitioners in the service, when in practice referrals were not received from these groups of professionals and they were not acting as practitioners.
- Inspectors also noted that the roles and responsibilities for ensuring compliance with Regulation 7: Justification of Practices had not allocated in the service.
- As discussed under Regulation 19, the undertaking had not allocated the role and responsibilities of the MPE to appropriate personnel in the absence of the existing MPE. Such an allocation would ensure the continuity of medical physics expertise in the service.

Notwithstanding these gaps in compliance with Regulation 6, identified on the day of inspection, inspectors were satisfied that service users were receiving a safe service at St Luke's General Hospital, Kilkenny.

Judgment: Substantially Compliant

Regulation 10: Responsibilities

Inspectors observed that only persons entitled to act as a practitioner, as defined in Regulation 5, carried out the practical aspects of and took clinical responsibility for the medical radiological procedures at St Luke's General Hospital, Kilkenny.

It was also noted that practitioners and the MPE were involved in the optimisation process for medical exposures to ionising radiation. From discussions with staff and

a review of medical records, inspectors were also satisfied that referrers and practitioners were involved in the justification process for individual medical exposures conducted in the service.

Judgment: Compliant

Regulation 19: Recognition of medical physics experts

From speaking with the management team and reviewing documentation, inspectors were not satisfied that the undertaking had adequate arrangements in place to ensure the continuity of medical physics expertise at St. Luke's General Hospital, Kilkenny. Inspectors found that the arrangements viewed were not formalised and did not cover all MPE responsibilities should the need arise.

Judgment: Not Compliant

Regulation 20: Responsibilities of medical physics experts

Throughout the inspection, inspectors reviewed documentation and were satisfied that the involvement and contribution of the MPE in the facility met the requirements of this regulation. This review included the professional registration certificate of the MPE providing expertise in the facility.

Inspectors noted that the MPE had been clearly allocated responsibilities, as specified in Regulation 20(2), across the radiological service. For example, they were involved in acceptance testing and the quality assurance (QA) of medical radiological equipment. The MPE also reviewed local diagnostic reference levels (DRLs), and was available to provide advice and dose calculation for radiation incidents and to attend the local meetings where radiation protection measures were discussed.

The MPE was assigned the role of radiation protection advisor (RPA) at the facility, which satisfied inspectors that the MPE and the RPA liaised as appropriate.

Judgment: Compliant

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

Inspectors were satisfied that the MPE was appropriately involved in the service, with the level of involvement proportionate to the radiological risk posed by the radiological services delivered at this facility.

Judgment: Compliant

Safe Delivery of Medical Exposures

Inspectors reviewed the systems and processes in place at St. Luke's General Hospital, Kilkenny to ensure the radiation protection of service users undergoing medical exposure to ionising radiation. Overall, inspectors found that the undertaking had good radiation protection measures in place to ensure the safe delivery of medical exposures in the service. Updates on these measures were regularly communicated to relevant clinical staff by means of radiography staff meetings. This clear communication pathway on radiation protection updates was identified as an area of good practice within the service.

Since the previous inspection of September 2021, inspectors noted improvements in the service with regard to Regulation 8. From the review of a sample of service user's records, inspectors were assured that medical exposures were justified in advance and there was a system in place to record that justification had occurred. Inspectors noted that a range of protocols were available to staff to support their responsibilities in the justification process, for example *Guidelines for Nurse Authority to Refer for Radiological Procedures* and *Procedure for Justification of X-rays at acute and Outpatient services*. It was also noted that justification process was regularly audited with high levels of compliance achieved in the audits conducted. Inspectors found examples of good practice in the provision of information about the risks and benefits associated with the different exposure types to service users. For example, this information was contained in information posters and leaflets available throughout the department and also posted to service users in advance of their X-ray appointment facilitating more time to review the information provided. Relevant information on the risks and benefits and dose information associated with a medical exposure was provided to carers or comforters who were also encouraged to ask questions before the procedure.

Inspectors were satisfied from available evidence that medical radiological equipment was kept under strict surveillance through the implementation and maintenance of an appropriate QA programme and equipment replacement programme. Inspectors saw evidence of good oversight of ageing equipment by the undertaking's management team with one CT unit recently replaced and discussions held at the Quality, Risk and Improvement meetings on the replacement of other equipment past its' nominal replacement date. Inspectors were also satisfied that the undertaking had implemented and maintained effective measures to achieve compliance with Regulations 16 and 17 since the 2021 inspection.

Inspectors found that improvements in regulatory compliance with respect to Regulation 11 had been made since the previous inspection in September 2021. Adult and paediatric DRLs for all ionising radiation imaging modalities were available and reviewed annually by a multidisciplinary team. From evidence of

communications between the management team and other national paediatric services, inspectors were informed that the optimisation of paediatric DRLs was under continuous consideration by the radiology team to ensure that they were established in line with national best practice. This was identified as an area of good practice within the service.

Since the previous inspection in September 2021, inspectors noted that the undertaking had applied a number of improvement actions to meet the requirements of Regulation 13. For example, the undertaking had implemented a system which ensured that information relating to the patient exposure formed part of the exposure reports.

There was also sufficient documentary evidence to show that regular clinical audit was undertaken in the service on processes such as referrals, image quality, adherence to checking pregnancy status and the clinical justification of medical exposures. Inspectors noted these audits resulted in the implementation of quality improvements, for example, the provision of additional hardware to support a particular referral pathway.

Overall, inspectors identified examples of good practice relating to the safe delivery of medical exposures in the radiology service at St. Luke's General Hospital, Kilkenny.

Regulation 8: Justification of medical exposures

Inspectors reviewed documentation which outlined the processes in place to justify the medical exposures completed by practitioners in the service. For example, radiologists were responsible for justifying CT examinations, while general radiography exposures were justified by radiographers. The record of justification was documented on the radiology information system (RIS).

These processes were consistently described by staff to inspectors and verified that the process applied in practice was in line with local policy. Overall, inspectors found that sufficient actions had been taken by the undertaking of this service since the 2021 inspection to comply with the requirements of Regulation 8.

Judgment: Compliant

Regulation 9: Optimisation

A review of documentation and discussions with staff informed inspectors of the many good optimisation measures in place for medical radiological procedures completed in St. Luke's General Hospital, Kilkenny.

In the DXA service, inspectors were informed that one particular imaging protocol had been refined to reduce the exposure to the service user while ensuring adequate information was available for diagnostic purposes. Inspectors were also informed that the scan parameters for paediatric and another cohort of service users had been refined by radiography staff in conjunction with the manufacturer's engineer in the recently installed CT unit. This ensured that the required diagnostic data was obtained while minimising the exposure dose required to obtain this data.

The use of audit to enhance the radiation protection of service users was identified as an area of good practice in the service. Inspectors were also informed that a referral audit for one particular cohort of service users had been completed, which showed that a non-ionising imaging modality would provide similar imaging information to inform the treatment plan. Education sessions on this audit outcome had been provided to referrers, and posters on the audit and associated plan were displayed in key areas of the department. Another audit highlighted the potential for improvement in how some exposures were completed in the fluoroscopy service. Inspectors were informed that as a result of this audit, the imaging process was amended which had resulted in reduced doses and screening times.

From a review of documentation, inspectors also noted that the radiation protection officer (RPO) carried out training with all staff members to raise awareness of radiation protection at the unit, and that the MPE had contributed to this training. A *Policy on Radiation Protection Education, Training and Information* outlined the training to be delivered to relevant staff groups.

Judgment: Compliant

Regulation 11: Diagnostic reference levels

The undertaking's management team had also developed *Procedure for the establishment and review of diagnostic reference levels (DRLs) for Radio-Diagnostic examinations and procedures*, which was in line with the regulations and stated that DRLs should be calculated and reviewed annually by the MPE. Inspectors saw that DRLs for each imaging modality had been established for adult and paediatric service users, were in line with national levels and were on display in imaging console areas for easy access and reference by staff.

The approach to establishing paediatric DRLs had been reviewed since the last inspection and was now grouped by age and likely equivalent weight for each group which was in line with HIQA guidance. Furthermore, the management team informed inspectors that they had liaised with other national services specialising in paediatric radiology imaging to inform the approach taken in establishing paediatric DRLs.

Judgment: Compliant

Regulation 12: Dose constraints for medical exposures

A *Carers and Comforters Policy* outlined the optimisation measures in place for carers and comforters who, when necessary, assisted paediatric service users during medical exposures performed in the service. This policy aligned with the process detailed by radiography staff, and inspectors saw that records were kept for each occasion that a carer or comforter was present for such exposures and these records were uploaded on the radiology information system.

Judgment: Compliant

Regulation 13: Procedures

Inspectors found that measures implemented by the management team, since the previous inspection of 2021, resulted in compliance with Regulation 13(1) and 13(2). For example, inspectors reviewed the written protocols available for standard adult and paediatric medical radiological procedures and from discussions with the management team were assured that only the most up-to-date version was available to staff in the clinical areas. Inspectors also reviewed a sample of reports on medical exposures carried out on the different imaging modalities in the service, and found that information relating to patient exposure formed part of the report as required by Regulation 13(2).

Inspectors also noted that appropriate referral guidelines were available to staff for reference during the referral and justification processes.

A number of clinical audits had been completed in the service, such as audits on the assessment of dose, adherence to checking pregnancy status and that the clinical justification of medical exposures was completed by staff. Inspectors noted that the undertaking's management team at St. Luke's General Hospital, Kilkenny had developed a clinical audit strategy, in an effort to align the services' clinical audit programme with the national procedures recently published by HIQA. Overall, the strategy demonstrated the undertaking's compliance with Regulation 13(4). However further efforts should be made by the management team to consider how the clinical audit strategy for medical radiological procedures relates to the hospital's overall clinical audit strategy, as this should further improve the quality of the radiology service provided.

Judgment: Compliant

Regulation 14: Equipment

Inspectors were provided with an up-to-date inventory of medical radiological equipment in the service. The undertaking's management team demonstrated good awareness of ensuring that medical radiological equipment in St. Luke's General Hospital, Kilkenny continued to meet the criteria of acceptability, with a new CT unit installed in January 2024 and evidence of discussion in the minutes of a Quality Risk & Improvement meeting for the replacement of the second CT.

Inspectors were provided with records of acceptance testing on relevant equipment before its first clinical use, and with QA records which showed that regular performance testing as advised by the equipment manufacturer was completed on all medical radiological equipment. These records provided assurances that the radiological equipment was kept under strict surveillance regarding radiation protection.

The undertaking's management team had developed a range of policies and procedures which clearly allocated roles and responsibilities in relation to the QA programme for equipment in the service. This included the procedure *Radiography In-House Quality Assurance Checks*, which inspectors noted had been updated in line with the undertaking's compliance plan from the inspection of September 2021, to include a clear allocation of radiography staff responsibilities in the regular QA of the fluoroscopy units.

Judgment: Compliant

Regulation 16: Special protection during pregnancy and breastfeeding

Inspectors were assured that appropriate measures were in place to minimise the risks, associated with potential foetal irradiation, during medical exposures of female patients of childbearing age St. Luke's General Hospital Kilkenny. The local *Radiation Protection Procedure* and *Policy on Protection of Patients of Reproductive Capacity* outlined the role and responsibilities of practitioners in inquiring on and recording in writing the service user's pregnancy status, where relevant. From discussions with practitioners, inspectors were satisfied that they were aware of their specific responsibilities in this area, and a review of service user records demonstrated that practitioners were recording pregnancy enquiries in line with local policies. This was an area of improved regulatory compliance by the undertaking's management team, since the previous inspection in September 2021.

Inspectors also observed that, in line with this regulation, the management team had placed notices to raise awareness of the special protection required during pregnancy in advance of medical exposures, in service user waiting areas and changing rooms. These notices were written in a number of languages to safeguard all relevant service users.

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 the undertaking at St. Luke's General Hospital Kilkenny had implemented an appropriate system for the recording and analysis of events involving or potentially involving accidental or unintended medical exposures. The process for managing and recording notifiable significant events, non-notifiable radiation incidents and near misses was outlined in the procedure *Reporting of ionising radiation incidents involving a Patient, Member of the Public or Staff*, which had been developed by the undertaking's management team. Staff who spoke with inspectors demonstrated good awareness of the incident reporting process, and stated that all radiology incidents and near misses were discussed at regular staff meetings. Inspectors were also satisfied from discussions with management staff and documentation reviewed that reported incidents were analysed and discussed at senior management meetings in the hospital.

Inspectors also followed up on a compliance plan action from the previous inspection, and saw that the undertaking had implemented actions that improved the reporting and recording of potential radiation incidents. However, while meeting requirement as set out under Regulation 17, inspectors identified that there may potentially be scope to improve the reporting of radiation incidents and near misses within this radiology service that completes high numbers of high dose procedures annually. This would ensure that as events involving accidental or unintended medical exposures occur, they direct and inform quality improvement measures in the service and further ensure the safe delivery of such exposures to service users.

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	Not 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 12: Dose constraints for medical exposures	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	Compliant

Compliance Plan for St Lukes General Hospital - Kilkenny OSV-0007376

Inspection ID: MON-0042274

Date of inspection: 20/11/2024

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
<p>Outline how you are going to come into compliance with Regulation 6: Undertaking: The SOPs for Fluoroscopy and Mobile Fluoroscopy will be reviewed to include national and evidence based best practice guidance to staff on their roles and responsibilities in performing a process for identifying patients that may receive high skin doses during fluoroscopy procedures. These SOPs will align with practices within the service. There will be an education piece on this for all staff.</p> <p>Dentists as a professional group will be removed as referrers from the radiation safety procedures in line with current practice.</p> <p>A process will be put in place for when new practices are being considered for discussion and local approval. A policy will be developed and implemented to formally support this process. This will be included in the Radiation Safety Procedures. Staff will be aware of this policy and their roles and responsibilities in the justification of new practices Regulation 7.</p> <p>With regard to regulation 19, the compliance plan is outlined below under regulation 19.</p>	
Regulation 19: Recognition of medical physics experts	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Recognition of medical physics experts:</p> <p>The undertaking are in the process of changing the current arrangement with UHW to reflect a more robust agreement to ensure continuity of medical physics expertise.</p>	

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	28/04/2025
Regulation 19(9)	An undertaking shall put in place the necessary arrangements to ensure the continuity of expertise of persons for whom	Not Compliant	Orange	30/06/2025

	it is responsible who have been recognised as a medical physics expert under this Regulation.			
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