

Health Information and Quality Authority

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

Name of Medical Radiological Installation:	Bon Secours Hospital Dublin
Undertaking Name:	Bon Secours Health System
Address of Ionising Radiation Installation:	Glasnevin, Dublin 9
Type of inspection:	Announced
Date of inspection:	12 March 2026
Medical Radiological Installation Service ID:	OSV-0007388
Fieldwork ID:	MON-0049625

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

Bon Secours Hospital Dublin is a private, elective acute-care facility located in Glasnevin on Dublin's Northside providing medical care to patients from Dublin and across Ireland since 1951. The hospital is part of Ireland's largest Independent Hospital Group, Bon Secours Health System, which includes hospitals in Cork, Dublin, Galway, Limerick, Tralee, a Care Village in Cork and an outpatient clinic in Cavan. Bon Secours Hospital Dublin is renowned for the quality of medical service provision and combines the latest medical technologies and approaches with traditional values, compassion, and personalised medical care. We were the first hospital in Ireland to receive international accreditation by JCI (Joint Commission International) in 2002 and the first private hospital to achieve JAG (Joint Advisory Group) accreditation of our Endoscopy Unit in 2016, and we have been reaccruited since. We have strong links with Beaumont Hospital, the RCSI Hospital Group and its academic partners, DCU and RCSI.

The multidisciplinary Diagnostic Imaging team provides high quality patient care and plays a crucial part in delivering access to care and patient experience that are consistent with the Bon Secours Mission, Vision and Values. The team is made up of Consultant Radiologists, Diagnostic Imaging Services Managers, Radiographers, Radiation Protection Advisor & Medical Physics Expert, Radiation Protection Officer, Nursing staff, Clerical Administration and Diagnostic Imaging Assistants. The expertise of the Radiologists' Team includes gastro-intestinal, genito urinary, neuro-radiological, musculo-skeletal, cardiac, breast MRI, vascular and general x-rays. BSHD is a busy multidisciplinary Diagnostic Imaging department and services include:

- General Radiography
- Ultrasound scanning
- Computed Tomography (CT)
- Magnetic Resonance Imaging
- DEXA scanning
- Interventional Radiology / Cardiology

- Fluoroscopy incl. Mobile Fluoroscopy
- Mobile radiography in theatre and wards

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
Thursday 12 March 2026	09:00hrs to 15:40hrs	Margaret Keaveney	Lead
Thursday 12 March 2026	09:00hrs to 15:40hrs	Kirsten O'Brien	Support

Governance and management arrangements for medical exposures

An inspection of the medical radiological service at the Bon Secours Hospital Dublin was completed to assess the undertaking's ongoing compliance with the regulations and to follow up on the compliance plan actions from the previous inspection of 31 August 2021. Inspectors reviewed documentation, and spoke with staff, with regard to medical exposures completed in the general radiography, computed tomography (CT), interventional radiology and DXA areas of the radiology department. It was noted that since the previous inspection, the undertaking had implemented effective measures to achieve compliance with Regulation 13(2). However, during this inspection, gaps in compliance with Regulations 6 and 8 were identified, which the undertaking must address to further strengthen the radiation protection of service users.

Overall responsibility for the radiation protection of service users lies with Bon Secours Health System, as the undertaking for this facility. The undertaking's management team had established a radiation safety committee (RSC), which met twice yearly. The terms of reference for this committee included details of the membership which included, among others, representatives from each imaging modality, the radiation services manager (RSM), the radiation protection officer (RPO), the medical physics expert (MPE) and the hospital's chief executive officer (CEO). From a review of RSC meeting minutes, inspectors noted that key elements of radiation protection were discussed, such as diagnostic reference levels (DRLs), equipment quality assurance (QA), clinical audit, incidents and potential incidents, quality improvement projects and staff training in radiation protection.

Inspectors were informed that the RPO submitted a quarterly summary report, on the activities of the radiology service and discussions held at the RSC, to the hospital's Quality, Risk and Patient Safety (QRPS) Committee. This committee subsequently reported to the undertaking's Clinical Performance Committee, which was chaired by a member of the board of the Bon Secours Health System, thereby ensuring that all relevant radiation protection matters in the service were communicated up to the undertaking.

The undertaking had also established a group wide Radiology Forum which met quarterly, was chaired by the undertaking's Head for Quality and Risk, and was attended by key personnel from all radiology services under the remit of the undertaking. Representatives from the Bon Secours Hospital Dublin on this forum included the RSM, RPO and the MPE, and items discussed included equipment, incidents, any changes to the legislation, and audits and audit actions. Inspectors were informed that this forum facilitates shared learning and ensures the standardisation of good practices across services. The forum also reports into the undertaking's Clinical Performance Committee and subsequently to the board of the Bon Secours Health System.

Following a review of documents and records, and from speaking with staff, inspectors were assured 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. Inspectors noted that the undertaking had implemented a clear pathway, with appropriately allocated roles and responsibilities, for the justification of new practices in the service, and were also informed that a review of medical radiological procedures was underway to determine if HIQA's *Guidelines for the justification of medical radiological procedures on asymptomatic individuals* were applicable to the service. This timely action on the recently published guidance was identified as good radiation protection of service users by the undertaking's team. However, despite these measures and appropriate allocations, inspectors noted that action was required by the undertaking to ensure that all roles and responsibilities on radiation protection were clearly allocated in the service. This is further discussed under Regulation 6: Undertaking in this report.

Inspectors reviewed documentation and spoke with management staff regarding medical physics expert (MPE) involvement in the safe delivery of medical exposures in the service. Evidence of professional registration and arrangements to ensure continuity of MPE expertise was provided to inspectors. From the documentation reviewed, inspectors were assured that the level of involvement of MPEs was proportionate to the level of radiological risk at the hospital.

Overall, despite the improvements required in some areas, inspectors found that the undertaking's management team had made good efforts since the previous inspection to comply with the regulations and that service users were receiving safe medical exposures at Bon Secours Hospital Dublin.

Regulation 4: Referrers

From discussions with staff and the review of a sample of service user records, inspectors were satisfied that referrals, for medical radiological procedures, were only accepted from persons as defined in Regulation 4.

In Bon Secours Hospital Dublin, medical practitioners and radiographers were allocated the role of referrer, with radiographers as referrers for adapted and secondary referrals only.

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 Bon Secours Hospital Dublin, namely appropriately registered medical practitioners and radiographers.

Judgment: Compliant

Regulation 6: Undertaking

Inspectors were assured that the undertaking had adequate governance and management arrangements in place, which provided oversight of the medical ionising radiation procedures completed in the service. However, inspectors noted that action was required to ensure that the allocation of some roles and responsibilities was clarified to ensure that the documentation and the practice were aligned. For example,

- a review of the *Radiation Safety Procedures* showed that the documented responsibilities of radiographers, as secondary referrers for a particular sub-set of imaging procedures, required clarification to ensure that they reflected the appropriately allocated responsibilities that they carried out in practice. This ensures that radiographers, acting as referrers, are fully aware of their responsibilities under the role of referrer and that they continue to act within their scope of practice,
- similarly, the allocation of responsibilities for radiographers in making adapted referrals, as outlined in the *Radiation Safety Procedures*, required review to ensure that it clearly guided and supported radiographers in this role,
- during discussions with radiography staff in the service, inspectors were informed of the comprehensive measures in place which ensured that practitioners enquired on the pregnancy status of relevant service users undergoing medical exposures in the Cardiac Catheterisation Laboratory. However, the *Policy for the Protection of the Unborn Child Arising from Ionising Radiation Received During Medical Diagnostic or Therapeutic Procedures* did not align with the safe and appropriate process being completed by practitioners in the service. Therefore, inspectors were not assured that the undertaking had clearly allocated roles and responsibilities around this radiation protection measure for this sub-set of radiological procedures.
- in addition, a review of the allocation of the role of referrer in the service should be completed to ensure that it fully reflects the professional groups from whom referrals are currently accepted.

Notwithstanding these findings identified on the day of inspection, inspectors were satisfied that the undertakings' team were proactive in the radiation protection of service users and that service users were receiving safe and appropriate medical exposures in Bon Secours Hospital Dublin.

Judgment: Substantially Compliant

Regulation 10: Responsibilities

On the day of the inspection, inspectors were satisfied that all individual medical exposures took place under the clinical responsibility of a practitioner, as defined in the regulations.

There was also good evidence that practitioners and MPEs were involved in the optimisation of medical exposures. Inspectors were also satisfied that the justification process for individual medical exposures involved the referrer and practitioner, as required by the regulations.

Judgment: Compliant

Regulation 19: Recognition of medical physics experts

Inspectors noted in documentation that there were detailed arrangements in place to ensure the continuity of medical physics expertise at the hospital, and staff also reported that they had adequate access to medical physics expertise as and when needed.

Judgment: Compliant

Regulation 20: Responsibilities of medical physics experts

Inspectors reviewed the professional registration certificate of the MPE at Bon Secours Hospital Dublin and were satisfied that the MPE gave specialist advice, as appropriate, on matters relating to radiation physics as required by Regulation 20(1).

A review of documentation and discussions with staff demonstrated that the MPE was involved in radiation protection across a range of responsibilities outlined in Regulation 20(2). For example, they had completed the quality assurance and acceptance testing of medical radiological equipment, advised on the procurement and ongoing use of medical radiological equipment, and was involved in patient dosimetry and in the dose calculation and advising on radiation incidents. They were also involved in dose optimisation, for example by the review of facility diagnostic reference levels (DRLs) that contributed to quality improvement projects in the service.

The MPE was also assigned the role of Radiation Protection Advisor in the service, and attended the RSC meetings.

Judgment: Compliant

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

Inspectors were satisfied that the MPE was appropriately involved at the Bon Secours Hospital Dublin, and that the level of involvement was commensurate with the level of radiological risk posed by the service.

Judgment: Compliant

Safe Delivery of Medical Exposures

Throughout the inspection, inspectors observed that the undertaking was committed to improving the radiation protection of service users by ensuring that medical radiological procedure doses were kept as low as reasonably achievable. This was achieved, among other ways, through a number of optimisation projects aimed at lowering diagnostic reference levels (DRLs) while protecting image quality, the strict surveillance of equipment and the monitoring of doses received by service users during higher dose examinations. Inspectors also noted that, since the previous inspection, the undertaking had implemented measures to ensure that information relating to patient exposure formed part of the medical radiological procedure report. Despite these good measures, action was required by the undertaking to ensure that adequate information was available to practitioners during the justification process for all examinations carried out in the service. This is further discussed under Regulation 8: Justification of medical exposures below.

A clinical audit strategy had been developed by the undertaking's management team in line with the *National Procedures for Clinical Audit of Radiological Procedures involving Medical Exposure to Ionising Radiation*, which detailed the roles and responsibilities to support the service's clinical audit programme. Inspectors were informed that audit topics were determined by risks identified in the service and as part of monitoring of new optimisation measures. Despite this good approach to audit, the undertaking must ensure that the structure of the service is included in the audit programme to ensure the comprehensive radiation protection of service users.

During a tour of the radiology department, inspectors noted that recently established DRLs were clearly displayed in the console areas of each modality, and that the local 75th percentile and median values were displayed, alongside the

national values. Inspectors were informed that while the median value was the agreed value to adhere to, staff were also directed to monitor delivered doses against the 75th percentile and to consider further optimisation measures if an exposure was to exceed this value, and to report such exposures to the RPO or RSM for monitoring purposes. This was identified as an area of good practice in the service.

Inspectors was satisfied that the undertaking had systems in place to ensure that all medical radiological equipment was kept under strict surveillance. Records of acceptance and performance testing for all radiological equipment at the facility were available and these assured inspectors that a multidisciplinary team had implemented and maintained a comprehensive QA programme, which included the close monitoring of equipment nearing or past the nominal replacement date.

The management of Bon Secours Hospital Dublin had arrangements in place to record incidents involving, or potentially involving, accidental and unintended exposures to ionising radiation. These arrangements included ensuring that the undertaking had oversight of any actual or potential incidents that occurred in the service, and that HIQA was notified of any reportable events. In addition, from a review of patient records, inspectors were assured that there was a process in place to determine the pregnancy status of service users, where relevant, and that this process was adhered to by staff.

Overall, while some improvement in the justification process was noted, inspectors were assured that the undertaking had appropriate systems in place to support the safe delivery of medical exposures at Bon Secours Hospital Dublin.

Regulation 8: Justification of medical exposures

On the day of inspection, the inspector spoke with practitioners who explained how referrals for medical exposures are justified in advance of the medical exposure being completed. Inspectors reviewed a sample of service user records and saw that justification in advance, by a practitioner, had been recorded for each of the referrals reviewed. Inspectors also observed that information about the benefits and risks associated with the radiation dose for each imaging modality was available in leaflet form, and was also displayed in poster format in the reception area and waiting areas of the radiology department.

All referrals reviewed by inspectors were in writing, and the majority of them stated the reason for the request and were accompanied by sufficient medical data, which allowed the practitioner to consider the benefits and the risk of the medical exposure. However, the referral records reviewed for two types of procedures did not contain sufficient medical data to enable the practitioner to carry out a justification assessment, and therefore the undertaking was not fully compliant with Regulations 8 (10), (11) and (15).

Judgment: Substantially Compliant

Regulation 9: Optimisation

From a review of documentation and discussions with staff, the inspector observed that there were several examples of good practice in place to ensure that all doses from medical exposures were kept as low as reasonably achievable, while providing the required medical information. For example, inspectors were informed that the RPO and MPE had worked together in an effort to reduce the doses being delivered by one unit of medical radiological equipment. This optimisation project also involved a radiologist to review image quality subsequent to a change of the equipment parameters, and this had resulted in a reduction in the DRL for a subset of images.

Additionally, the radiography staff had completed a number of audits on imaging where service users were recalled for repeat imaging for one modality, which identified a recurrent reason for such recalls. The audit action plan was focused training for practitioners, by a specialist medical practitioner, on carrying out these medical exposures and this had subsequently resulted in a decrease in the number of imaging recalls.

Further examples of good optimisation in the service included the display of posters adjacent to some medical radiological equipment to guide and support staff on optimal service user positioning prior to imaging. This guidance aimed to reduce the number of repeat images which had previously occurred due to suboptimal service user positioning. Inspectors also noted that there was a multidisciplinary approach to the development and review of written protocols for standard radiological examinations. This ensured that standardised radiological imaging was carried out that resulted in the required clinical data being obtained from the imaging.

Judgment: Compliant

Regulation 11: Diagnostic reference levels

Inspectors viewed the *Radiation Safety Procedures*, which included information on the development and use of local facility DRLs in the radiology department. Inspectors noted that local DRLs for all procedures carried out in the service were established and compared to national levels, and were subsequently used in the optimisation of medical radiological procedures as required by Regulation 11(5).

Inspectors were also informed that if a local facility DRL exceeded national values a multidisciplinary team was involved in the associated investigation and the implementation of corrective actions. As discussed earlier in this report, inspectors

noted examples of how DRL information was used to enhance the radiation protection of service users in the hospital.

Judgment: Compliant

Regulation 12: Dose constraints for medical exposures

Inspectors were satisfied that the undertaking had implemented a process to ensure the optimised protection and safety of carers and comforters who provided support to service users during the conduct of a medical exposure. Staff informed inspectors that the occasions when a child or older person might require assistance during a medical exposure was relatively rare, however, when it occurred, a record was kept and scanned onto the radiology information system. Inspectors were also informed that such persons were provided with information on the risks of the medical exposure.

Judgment: Compliant

Regulation 13: Procedures

Since the previous inspection in August 2021, inspectors noted that the undertaking had implemented measures to meet the requirements of Regulation 13(2). From a review of a sample of radiological procedure reports, inspectors saw that information relating to the patient exposure formed part of the report. Inspectors were also satisfied that referral guidelines were available as required by Regulation 13(3) and that written protocols for standard radiological procedures, as required by Regulation 13(1) had been established and were available to staff in the clinical area.

Inspectors acknowledged the significant work that had been done by the undertaking's management team on the clinical audit programme in the radiological service, including the development of a comprehensive clinical audit strategy that closely aligned with HIQA's *National procedures for clinical audit of radiological procedures involving medical exposure to ionising radiation*. From a review of the hospital's *BSHS Clinical Audit Policy and Programme*, inspectors also noted that this clinical audit strategy was integrated in the hospital's overall clinical audit strategy. A review of records showed that clinical audits, completed in the radiology department over the previous 12 months, covered a wide range of topics and inspectors were informed that the audit programme was driven by incident learning and risks identified by the RSC. Audits completed included, but were not limited to, peer review of images, justification in advance, DXA technique and analysis and compliance with imaging referral guidelines. While overall the undertaking demonstrated compliance with Regulation 13(4), inspectors noted that further

efforts should be taken by the management team to consider audit topics that cover the structure, or setting, in which medical exposures are carried out, as this should further improve the quality of the radiology service provided.

Judgment: Compliant

Regulation 14: Equipment

Prior to the inspection, inspectors received an up-to-date inventory of medical radiological equipment in use in the service. Inspectors were satisfied that the undertaking had established a quality assurance programme (QA) to ensure that all medical radiological equipment, in use in the service, was kept under strict surveillance. Inspectors reviewed the QA records for a sample of medical radiological equipment and saw that acceptance testing was carried out on equipment prior to the first clinical use and that annual servicing was completed by the equipment vendor. It was also noted that the MPE, RPO and radiography team had developed and implemented a regular performance testing programme, which included testing by the RPO and radiographers and annual testing by the MPE. Inspectors were informed that the RPO and Clinical Specialist (CSR) liaised with the MPE during their testing which facilitated the exchange of information on equipment performance. This was identified as an area of good practice in the service. A review of QA records showed that the testing programme was effectively implemented with testing timelines adhered to.

Inspectors also found evidence that effective systems were in place to ensure that the performance of the medical radiological equipment was closely monitored. For example, inspectors noted that all equipment nearing or past its replacement date was regularly discussed at RSC meetings and that a multidisciplinary team had developed appropriate risk assessments for such equipment which included action plans to replace the equipment. This multi-disciplinary approach to the monitoring of equipment performance was identified as an area of good practice in the service.

Judgment: Compliant

Regulation 15: Special practices

Inspectors were satisfied that special attention was given to interventional cardiology radiation doses received by service users at the hospital. Staff who spoke with inspectors demonstrated an awareness of the dose thresholds and the alert system outlined in the local document *Policy for High Radiation Dose Procedures*. This guided staff to monitor and identify when specific dose thresholds had been reached during such procedures. Inspectors were also informed that all doses delivered during such procedures were logged in a dynamic excel sheet, which

alerted practitioners in the Cardiac Catheterisation Laboratory if a service user had received an interventional cardiology dose, and facilitated clear monitoring of the cumulative doses received by service users. The development and use of this dynamic excel sheet was identified as an area of good practice in the service.

Inspectors were also informed that the clinical specialist radiographer (CSR) in the interventional cardiology suite had worked with an applications specialist on optimising imaging protocols during the installation of new medical radiological equipment in this area. The CSR had then collaborated with the MPE on the doses delivered by the revised protocols and established revised DRLs. This collaborative approach to optimisation had resulted in a significant reduction in DRLs for a number of procedures and was noted by the RSC as a very successful optimisation project.

Judgment: Compliant

Regulation 16: Special protection during pregnancy and breastfeeding

The undertaking had implemented measures to minimise the risks associated with potential foetal irradiation, during medical exposures, to female patients of childbearing age. This included placing notices to raise awareness of the special protection required during pregnancy in service user waiting areas and in changing rooms.

The undertaking's team had also developed a *Policy for the Protection of the Unborn Child Arising from Ionising Radiation Received During Medical Diagnostic or Therapeutic Procedures*, which outlined the roles and responsibilities of referrers and practitioners in inquiring and documenting pregnancy status. From the records reviewed, the inspector was satisfied that pregnancy inquiries involving the referrer and or practitioner were appropriately documented, ensuring that all reasonable measures were taken to prevent the unnecessary exposure of a foetus during a medical exposure of a pregnant individual. While the undertaking was compliant with the requirements of this regulation, as discussed under Regulation 6, action was required to ensure that the policy provided clear guidance and support to practitioners on their responsibilities on inquiring on pregnancy status in all areas of the service.

Judgment: Compliant

Regulation 17: Accidental and unintended exposures and significant events

Inspectors reviewed the section of the *Radiation Safety Procedures* that pertained to the reporting and management of incidents in the radiology service and saw that it

clearly outlined the process for the management of accidental and unintended exposures and significant events, including information on the requirement to notify HIQA of certain significant events.

Inspectors were informed that the radiology management team had recently introduced a local shared electronic system for reporting potential radiation incidents, and noted that there was good oversight of this system. There was also good evidence that logged events were analysed and actioned. For example, a pattern of repeat referrals was identified and a process implemented to prevent any unnecessary repeat medical exposures.

From the review of incident investigation reports and from discussions with staff, inspectors noted that the management team had implemented a number of effective measures to address incidents that occurred and to prevent potential incidents from occurring. For example, they had introduced a system to ensure that only senior staff could make changes to imaging protocols, and also additional regular audits were implemented to monitor these measures. This willingness to implement appropriate process changes to reduce the likelihood of potential radiation incidents was identified as an area of good practice in the service. In addition, inspectors noted that posters were placed in key service user areas to raise awareness on informing staff if service users had recently had a similar medical exposure in the service or another service. This was also identified as an area of good practice within the service.

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	Substantially 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 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 Bon Secours Hospital Dublin OSV-0007388

Inspection ID: MON-0049625

Date of inspection: 12/03/2026

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: Regulation 6: Undertaking (6(3)) The undertaking acknowledges that while appropriate governance arrangements and practices are in place to ensure the protection of service users from medical exposure to ionising radiation, improvements are required to ensure that the allocation of roles and responsibilities is clearly defined and consistently reflected in all relevant documentation. Actions: 1. A full review and revision of the Radiation Safety Procedures and associated policies will be completed to: - o Clearly define the roles and responsibilities of radiographers acting as secondary referrers, including for pre-scan CT colonography. - o Clearly define the scope and escalation pathways for adapted referrals. - o Update the allocation of referrers to reflect current accepted referrer groups. - o Align the Policy for the Protection of the Unborn Child with current practice, including clear allocation of responsibilities and documentation requirements. 2. All revised documentation will be: - o Approved by the Radiation Safety Committee (RSC). - o Communicated to all relevant staff via departmental meetings and formal circulation. - o Incorporated into staff induction and ongoing training programmes. Measurable outcomes: • Updated policies approved by the RSC and implemented. • 100% of relevant staff informed of updated procedures. • Evidence of correct documentation of roles and responsibilities in practice. Monitoring: • Audit of: - o Radiographer-led referrals	

- o Adapted referrals
- o Pregnancy status documentation
- Audit findings reported to the RSC and used to inform further improvement actions.

Timeframe:

30 September 2026.

The action plan will be implemented in advance of this date, with initial audit results presented at the Radiation Safety Committee meeting on 3 September 2026 to support ongoing monitoring and review.

Regulation 8: Justification of medical exposures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Justification of medical exposures: Regulation 8: Justification of Medical Exposures (8(10)(c), 8(11), 8(15)) The undertaking acknowledges that while the majority of referrals reviewed contained sufficient clinical information to support justification, improvements are required to ensure that all referrals consistently contain adequate clinical indications and information to enable practitioners to carry out justification in advance of the medical exposure and that appropriate records are retained to demonstrate compliance. Actions: 1. Communication will be issued to referrers outlining the requirement to include sufficient clinical information on all referrals to support justification of all medical exposures. 2. Targeted engagement will be undertaken with key referrer groups (including theatre referrers) to address the use of non-specific clinical indications such as "screening". 3. Guidance will be provided to practitioners and radiographers to ensure that: - o Additional clinical information is obtained where required prior to exposure. - o Justification decisions are clearly documented within the patient record. 4. Referral processes and templates will be reviewed to support inclusion of adequate clinical detail. Measurable outcomes: • Improvement in proportion of referrals containing adequate clinical information (target $\geq 95\%$ compliance on audit).	

- Evidence of documented justification in all reviewed cases.
- Records retained and accessible in line with regulatory requirements.

Monitoring:

- Targeted audit of referral documentation and justification records.
- Audit results reviewed at the Quality, Risk and Patient Safety (QRPS) Committee and Radiation Safety Committee (RSC), and used to inform further improvement actions.
- Referral quality and justification are currently monitored through the established clinical audit programme, with ongoing review and reporting to the QRPS Committee on a quarterly basis and to the RSC.

Timeframe:

30 September 2026.

The action plan will be implemented in advance of this date, with initial audit results presented at the Radiation Safety Committee meeting on 3 September 2026 to support ongoing monitoring and 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	30/09/2026
Regulation 8(10)(c)	A referrer shall not refer an individual to a practitioner for a medical radiological procedure unless the referral is accompanied by	Substantially Compliant	Yellow	30/09/2026

	sufficient medical data to enable the practitioner to carry out a justification assessment in accordance with paragraph (1).			
Regulation 8(11)	A practitioner carrying out a medical radiological procedure on foot of a referral shall, having taken into account any medical data provided by the referrer under paragraph (10)(c), satisfy himself or herself that the procedure as prescribed in the referral is justified.	Substantially Compliant	Yellow	30/09/2026
Regulation 8(15)	An undertaking shall retain records evidencing compliance with this Regulation for a period of five years from the date of the medical exposure, and shall provide such records to the Authority on request.	Substantially Compliant	Yellow	30/09/2026