

Health Information and Quality Authority

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

Name of Medical Radiological Installation:	Mater Misericordiae University Hospital
Undertaking Name:	Mater Misericordiae University Hospital
Address of Ionising Radiation Installation:	Eccles Street, Dublin 7
Type of inspection:	Unannounced
Date of inspection:	10 June 2026
Medical Radiological Installation Service ID:	OSV-0007396
Fieldwork ID:	MON-0049754

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

The Mater Misericordiae University Hospital is a level 4 academic teaching hospital situated in Dublin's north inner city. MMUH is the largest hospital in the HSE Dublin and North East Region. The Mater Hospital provides a range of frontline and specialist services on a regional and national level including emergency, elective and urgent care for services including cancer, cardiovascular disease, spinal, trauma and stroke. It is a main centre for cancer care and one of two designated major trauma centres in Ireland. The hospital also provides tertiary care to hospitals within and beyond the region. The Mater Misericordiae University Hospital is a teaching hospital for UCD and has close links with other academic institutions. The hospital's radiology department provides imaging services to patients within the hospital, as well as to general practitioners (GPs) in the hospital's catchment area.

The Mater Misericordiae University Hospital conducts in excess of 230,000 medical radiological procedures annually across a variety of modalities, both within and external to the radiology department, including: - General and dental radiography - Dual-energy X-ray Absorptiometry (DXA) - Computed tomography (CT) - Magnetic resonance imaging (MRI) - Interventional radiology and cardiology - Fluoroscopy - Nuclear medicine - PET/CT & Radionuclide Therapies and Mammography. The radiology department currently provides imaging Monday to Fridays 8am to 4:30pm for all modalities, 8am to 8pm Tuesdays to Thursdays and 8am to 4pm two Saturdays per month for MRI & CT. CT, X-ray, theatre, MRI, Cardiac Catheterisation Lab imaging and Interventional Radiology is also provided to emergency and unscheduled care 24 hours a day, seven days a week (24/7).

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 10 June 2026	09:15hrs to 15:15hrs	Kay Sugrue	Lead
Wednesday 10 June 2026	09:15hrs to 15:15hrs	Kirsten O'Brien	Support
Wednesday 10 June 2026	09:15hrs to 15:15hrs	Noelle Neville	Support

Governance and management arrangements for medical exposures

An unannounced inspection of the radiology service at the Mater Misericordiae University Hospital (MMUH) was carried out on the 10 June 2026. The aim of this inspection was to assess corrective actions taken by the undertaking to address the risks and regulatory non-compliances identified during the previous inspection conducted by HIQA in February 2024. In advance of this inspection, inspectors viewed the compliance plan submitted following the 2024 inspection and the response to an updated compliance plan request provided by the undertaking to HIQA in July 2025. Inspectors were satisfied that the risks identified in 2024 in relation to referral practices at the hospital had been addressed and substantial progress had been made to improve overall compliance with the regulations. This resulted in improved compliance against Regulations 4, 6, 10, and 14 and sub-regulations 8(10), 8(11) and 8(12). However, despite these improvements, further action was needed to achieve full compliance with Regulations 6(3), 8(8), 8(15) and 13(2).

During this inspection, inspectors visited the nuclear medicine and positron emission tomography computed tomography (PET CT) departments and the breast health unit. Inspectors also spoke with staff working in these and other modalities including staff from the interventional cardiology service, medical physics department and hospital senior management. Documents revised and updated since the previous inspection and records from medical radiological procedures carried out across a range of modalities were also reviewed.

The evidence gathered showed that radiology governance and reporting pathways were effective to ensure regular communication of issues relating to radiation protection and the radiology service up to the undertaking at the level of the MMUH hospital board. Inspectors were satisfied that the responsibility for referring for medical radiological procedures was appropriately allocated in line with the regulations. Similarly, only those entitled to act as a practitioner had taken clinical responsibility for medical exposures. In addition, continuity arrangements were sufficient to ensure there was appropriate involvement and contribution of medical physicists, proportionate to the radiological risk posed by the service and in line with regulatory requirements.

Overall, inspectors were satisfied from radiation safety committee (RSC) minutes viewed and discussions with staff and management that any outstanding gaps in compliance identified would be fully addressed following this inspection.

Regulation 4: Referrers

From a review of referrals from across the services in the department, updated documentation and discussions with staff and management, inspectors were satisfied that previous gaps in regulatory compliance in relation to this regulation had been addressed. Inspectors viewed a communication from the hospital chief executive officer (CEO) to staff, in response to an urgent compliance plan issued by HIQA following the previous inspection. The message in this communication definitively directed staff to comply with the regulations and ensure that only recognised referrers could act as referrers within the hospital. Referral practices in the areas previously identified as not complying with this regulation have been reviewed and measures implemented to ensure compliance with the regulations. In addition, regular quarterly referrer audits were conducted by the radiation protection officer (RPO) to monitor ongoing compliance with local policy and the regulations. For example, a recent audit which looked at referral practices across 12 modalities achieved 100% compliance, the results of which were discussed at the RSC. Inspectors found this to be a good example of oversight of compliance with processes audited.

Judgment: Compliant

Regulation 5: Practitioners

Only those entitled to act as practitioners as per the regulations were found to take clinical responsibility for medical exposures in the radiology department on the day of inspection. Radiographers and radiologists were the practitioners for all medical exposures conducted in this facility.

Judgment: Compliant

Regulation 6: Undertaking

Inspectors reviewed the governance, leadership and management arrangements in place and found that there were strong reporting pathways from the management of the radiology service, via the hospital directorate structure and the CEO, up to undertaking level at the board of MMUH. These arrangements were similar to those in place during the previous inspection. Inspectors were informed that the hospital board had delegated responsibility for the radiation protection of service users and regulatory compliance to the hospital CEO who was also the designated manager for this facility. The CEO chaired the radiation safety committee (RSC), which was the forum at which all relevant aspects of radiation protection and safety were discussed as standard agenda items.

As previously discussed under Regulation 4, the undertaking addressed gaps in compliance in relation to the allocation of responsibilities of referral rights to

referrers since the last inspection. In addition, the delegation of the practical aspects assigned to medical physicists working in the nuclear medicine department was clearly defined in documentation viewed by inspectors. Inspectors also noted that performance against the hospital key performance indicator for compliance with the quality assurance (QA) programme was monitored at the RSC and was at 100% compliance. This demonstrated significant improvement since the February 2024 inspection. Documentation reviewed during this inspection confirmed that local policies and procedures had also been revised and updated since the previous inspection. However, while noting these improvements, inspectors found that the approval process for submitting an application for a new type of practice to HIQA should be further expanded in local procedures to ensure that the allocation of individual responsibilities is clearly defined within this process and clear to all staff.

Additionally, as discussed under Regulation 8 and despite the significant improvements made, further improvements were needed to ensure that the record of justification is retained in a legible format to fully comply with Regulation 8(8) and 8(15).

Judgment: Substantially Compliant

Regulation 10: Responsibilities

Inspectors noted that clinical responsibility for all medical exposures was taken by a practitioner, as per the regulations. Corrective actions implemented to address previous non-compliance against Regulation 4 had also achieved compliance with Regulation 10(3)(b) ensuring that referrers and practitioners were appropriately involved in the justification process for individual medical exposures. In addition, delegation of the practical aspects to medical physicists was clearly documented in local policy as per Regulation 10(5). Inspectors found that the provisions of Regulation 10 were met on this occasion by the undertaking.

Judgment: Compliant

Regulation 19: Recognition of medical physics experts

Inspectors were satisfied from speaking with staff and management and reviewing documentation that arrangements in place secured the continuity of medical physics involvement and contribution at MMUH.

Judgment: Compliant

Regulation 20: Responsibilities of medical physics experts

The undertaking engaged persons 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 Medical Physics Experts, 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 in relation to medical radiological practices.

Inspectors were satisfied that responsibilities allocated to medical physicists at MMUH aligned with regulatory requirements. Inspectors saw evidence that showed medical physicists provided advice on medical radiological equipment and carried out annual QA on each unit of equipment in use at this facility. Acceptance testing was also completed by a medical physicist on new equipment before its first clinical use. Data for diagnostic reference levels (DRLs) was compiled by medical physics staff and approved for use in each of the clinical areas within the radiology department. Inspectors were satisfied from examples provided by the medical physics team that they took responsibility for dosimetry and calculated the dose involved in radiation incidents. Minutes from several radiology governance forums viewed by inspectors demonstrated medical physicist attendance at these meetings such as the RSC and the radiation protection unit (RPU). Inspectors also noted that there was a close working relationship between medical physics staff and the radiation protection advisor (RPA).

Judgment: Compliant

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

From the evidence gathered during the course of this inspection, inspectors were satisfied that the level of medical physicists involvement was appropriate and proportionate to the radiological risk associated with medical radiological practices at MMUH.

Judgment: Compliant

Safe Delivery of Medical Exposures

Since the previous inspection, compliance in relation to Regulations 8(10), 8 (11), 8(12) and Regulation 14 had improved, with further action needed to achieve full compliance against Regulations 8(8) and 8(15). Inspectors noted that efforts made

by staff to improve compliance since 2024 were largely effective. Gaps in compliance in relation to Regulations 8 and 13 were identified in a small sample of records reviewed on the day, however, in the majority of cases, there was evidence of compliance with these regulations.

Good practices were observed by inspectors in relation to the strict surveillance of medical radiological equipment which was largely facilitated by a digital central repository introduced since the 2024 inspection. Inspectors noted that this system provided a comprehensive view in relation to the quality control and QA of each unit of equipment in use at the hospital. This was coupled with regular monitoring regarding the implementation of the QA programme by medical physics staff, the RPU and the RSC.

Like the previous inspection, regulatory compliance was again observed for Regulations 11, 16 and 17. Good practices were also seen in clinical audit of medical radiological practices which was not only focused on ensuring adherence to local processes and procedures but also on optimising procedures with the aim of enhancing the radiation protection of service users.

Overall, inspectors found that the systems and processes implemented by staff at this facility provided assurances regarding the safe delivery of medical exposures and the radiation protection of individuals attending MMUH for medical exposures involving ionising radiation.

Regulation 8: Justification of medical exposures

From the review of documentation, medical exposure records and discussions with staff, inspectors found that corrective measures implemented at the hospital since the 2024 inspection had improved compliance with Regulations 8(10), 8(11) and 8(12). Inspectors noted that the hospital justification and referral procedures had been updated to align with regulatory requirements and were in keeping with the corrective actions outlined in the compliance plan. Inspectors viewed reports from recent justification audits which were carried out to monitor compliance with this regulation. These reports showed that there was generally good compliance achieved in most areas audited, however, some improvements were required in relation to records showing evidence that justification in advance had occurred. A similar gap was identified by inspectors during this site visit which is discussed below.

Inspectors reviewed the document titled *Procedure for Justification of Medical Radiation Exposure* and noted the different processes for recording justification in advance which were described for each modality. A decision tool diagram that outlined the steps to be taken for the justification of each medical exposure to ionising radiation was also included in this document. Inspectors looked at the various methods used to record justification in advance and viewed medical exposure records from a range of modalities which demonstrated evidence of compliance in the majority of records seen. The processes viewed were noted to

align with those outlined in the hospital procedure. For example, a logbook system was used for interventional radiology and cardiology procedures while a stamp stating 'justified' was used by the practitioner to determine the importance of the imaging request and record individual professional details of the practitioner performing justification. In a small sample of records viewed that had a 'justified' stamp applied, inspectors could see that the outline of the justification stamp was visible on the scanned copy on the radiology information system, however the details of justification in advance by a practitioner were not visible. Inspectors were informed by staff that the stamp was first recorded on the referral form and then scanned onto the radiology information system; the hard copy was then destroyed. Staff explained that the stamp dried quickly and while it would be visible on the hardcopy, it may not have consistently transferred with the same legibility onto the scanned copy. In these samples viewed with poor legibility, evidence of justification in advance could not be confirmed and therefore this impacted compliance with Regulations 8(8) and 8(15).

Inspectors noted the work that staff had undertaken to improve compliance with this regulation, however more action is needed if full compliance is to be achieved.

Judgment: Substantially Compliant

Regulation 11: Diagnostic reference levels

Inspectors found that facility DRLs had been established, reviewed each year and were compared to national DRLs. A dose management system was in place that facilitated data collection and the extraction of data for the review and establishment of DRLs. Inspectors were informed that data from each modality was regularly reviewed by medical physics and areas found to be consistently above the national DRLs were reviewed. Facility DRLs were discussed at the RPU each month and presented at the RSC. Inspectors found that DRLs for 2025 were on display in each of the areas visited during this inspection. Overall, inspectors were satisfied that Regulation 11 requirements were met.

Judgment: Compliant

Regulation 13: Procedures

A sample of written protocols for standard radiological procedures across a range of modalities were viewed by inspectors, thereby, meeting the requirements of Regulation 13(1). Referral guidelines were accessible to staff on desktop computers in each area of the radiology department, as per Regulation 13(3). Like the last inspection, inspectors noted the range of audits carried out at MMUH which were

completed in accordance with the national procedures as set out under Regulation 13(4).

Inspectors found that in the majority of medical radiological procedure reports viewed, information in relation to the patient exposure was included in line with Regulation 13(2), however, some exceptions were identified. Inspectors found from some records reviewed that there was either no information in relation to the patient exposure included or there were inconsistencies in relation to the wording used which resulted in gaps in compliance. This was similar to hospital audit findings viewed by inspectors in which 50 reports were assessed and there was a compliance level of 84% achieved with only one area achieving full compliance. Inspectors found that further action was needed to address the gaps identified to ensure hospital policy and regulatory requirements are consistently adhered to.

Judgment: Substantially Compliant

Regulation 14: Equipment

Inspectors reviewed the corrective actions outlined in the compliance plan response in relation to Regulation 14, submitted to HIQA following the previous inspection. Measures outlined included amendments to local policy to support compliance with the QA of all units of medical radiological equipment in use in the hospital. Inspectors viewed this document, titled *Procedure for Equipment Management of Medical Radiological Equipment* PPC-RAD-RS-12 which was approved for use by the RPU on 10 December 2025. This document detailed the type and frequency of tests to be completed for each equipment type by medical physics and routine quality control tests performed by radiography staff.

The hospital had also implemented a digital central repository to provide an overview of all quality control and QA of each unit of equipment in use at the hospital. Inspectors were informed that this system had been adapted by medical physics staff to meet the specific requirements of this facility. Inspectors were provided with a demonstration of this system which showed that there were various colour coded statuses to indicate if a planned test had been completed and confirm that the test results had been reviewed by the relevant person. For example, medical physics testing was normally reviewed by an MPE and or the RPA. Service events were also recorded on this system. Inspectors noted that this repository presented a comprehensive means to oversee the implementation of the QA programme and found it to be an example of good practice.

RSC minutes viewed during the inspection demonstrated that QA of equipment was a regular reporting item at this forum and there was appropriate oversight by hospital management of compliance with the hospital QA programme.

Overall, from the evidence gathered, inspectors were satisfied that measures implemented since the 2024 inspection ensured that there was strict surveillance of all medical radiological equipment, as required under this regulation.

Judgment: Compliant

Regulation 16: Special protection during pregnancy and breastfeeding

Records reviewed by inspectors showed that a scanned pregnancy declaration form, signed by the practitioner making the enquiry and the service user, was maintained under the patient record on the radiology information system. Notices to increase awareness of individuals to whom Regulation 16 applies were also observed by the inspectors in service user waiting areas throughout the radiology department.

Judgment: Compliant

Regulation 17: Accidental and unintended exposures and significant events

Like the last inspection, inspectors were satisfied that there were appropriate systems and processes in place to manage all radiation incidents. Staff described the electronic system in use at the hospital which facilitated the tracking and trending of all near misses and radiation incidents and a demonstration of this system was provided to inspectors. Inspectors noted that appropriate corrective actions were taken to reduce the potential recurrence of significant events reportable to HIQA. Inspectors were informed that staff continued to work towards enhancing the reporting levels of non-reportable incidents and near misses within the radiology department, which remained a focus for improvement since the last inspection. Overall, from the evidence gathered, inspectors found the undertaking compliant with this regulation.

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 11: Diagnostic reference levels	Compliant
Regulation 13: Procedures	Substantially 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 Mater Misericordiae University Hospital OSV-0007396

Inspection ID: MON-0049754

Date of inspection: 10/06/2026

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: • The following document 'PPC-RAD-RS-09 Policy – Radiation Protection of Patients – Section 6.2' will be updated to include documentation of the existing practice in reference to Reg 7 Justification of Practices. • The following document 'PPC-RAD-RS-13 MMUH Procedure - Practitioners of Medical Radiation Exposures' – will be updated to reflect the existing practice where the responsibility of the practitioner is to bring to the attention of the Radiation Safety Committee any new practices being considered and the requirements outlined in Reg 7. • These amendments to the policy documentation will be brought to the attention of the radiologists through the Clinical Director of Radiology and the Radiation Safety Committee. Completion Timeline: August 2026	
Regulation 8: Justification of medical exposures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Justification of medical exposures: • All areas using Justification stamps on the referral form have had the ink pad replaced. • 'PPC-RAD-RS-09 Policy –Radiation Protection of Patients – Section 6.2 -to be updated to reflect current practices. Completion Timeline: August 2026	

- In the absence of a dedicated radiology information system, we have begun exploring options with our Information Management System (IMS) department regarding the potential to include a digital justification box on the referral form and the possibility of extending the use of a digital justification on our electronic patient record system.

Completion Timeline: February 2027

Regulation 13: Procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: Procedures:

- The following documents 'PPC-RAD-RS-09 Policy – Radiation Protection of Patients' Section 6.2.5 will be updated to reflect current practice of including reference to dose in all radiological reports.
- Clinical Director of Radiology Directorate to reiterate the requirement for all radiologists to include reference to the dose within their reports. This will continue to be audited 6 monthly. Most recent compliance audit achieved 84%.

Completion Timeline: August 2026

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	07/08/2026
Regulation 8(8)	An undertaking shall ensure that all individual medical exposures carried out on its behalf are justified in advance, taking into account the	Substantially Compliant	Yellow	07/08/2026

	specific objectives of the exposure and the characteristics of the individual involved.			
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	01/02/2027
Regulation 13(2)	An undertaking shall ensure that information relating to patient exposure forms part of the report of the medical radiological procedure.	Substantially Compliant	Yellow	07/08/2026