

Health Information and Quality Authority

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

Name of Medical Radiological Installation:	St. Dymphna's Hospital Carlow
Undertaking Name:	Health Service Executive
Address of Ionising Radiation Installation:	Athy Road, Strawhall, Carlow
Type of inspection:	Announced
Date of inspection:	16 April 2026
Medical Radiological Installation Service ID:	OSV-0008125
Fieldwork ID:	MON-0049761

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

St. Luke's Hospital, Kilkenny (SLGH) supports the Carlow community by providing access to x-ray and ultrasound services in our satellite site in St. Dymphna's Hospital Carlow.

St. Dymphna's Hospital Carlow is part of the Radiology Department in SLGH and follows the same governance structures and radiation safety procedures, protocols, policies, and guidelines.

The radiology service is delivered by a team of radiographers, consultant radiologists, radiology nurses, radiography assistants and medical radiation physics supported by portering, clerical and household staff. Staff rotate between SLGH and St. Dymphna's Hospital Carlow. St. Dymphna's Hospital Carlow is operational 9am – 5pm Monday to Friday.

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 16 April 2026	09:30hrs to 14:45hrs	Margaret Keaveney	Lead
Thursday 16 April 2026	09:30hrs to 14:45hrs	Emma O'Brien	Support

Governance and management arrangements for medical exposures

Inspectors completed an inspection of the radiological service at St. Dymphna's Hospital Carlow, to monitor the undertaking's compliance with the regulations. Inspectors visited the service's single X-ray unit, spoke with staff and the management team, and reviewed a sample of service user records and documents that were developed to support staff on radiation protection measures. Overall, inspectors observed that there was a good multidisciplinary approach to radiation protection in the service, however some action was required to come into full compliance with Regulations 6, 13 and 19.

Inspectors were informed that the radiological service St. Dymphna's Hospital Carlow was governed under the radiation protection structures implemented in nearby St. Luke's General Hospital, Kilkenny. The undertaking, Health Service Executive (HSE), had formed a radiation safety committee (RSC) which was chaired by a lead radiologist and met every four months to discuss a range of radiation protection measures, including the equipment quality assurance (QA) programme, clinical audits, new and revised policies and procedures, training and incidents. A multidisciplinary team, involved in the management of both services, attended these meetings, and included the designated manager (DM) for St. Dymphna's Hospital Carlow who was also the General Manager of St. Luke's General Hospital Kilkenny, the medical physics expert (MPE), radiology services managers (RSMs), clinical risk manager, nurse managers and the radiation protection officer (RPO). Inspectors were informed that key radiation protection matters, discussed at the RSC, were subsequently discussed at a Radiology Governance Committee meeting, which was held every four months and were attended by nominated radiology and clinical risk staff. This committee then reported into meetings of the Executive Management Team of St. Luke's General Hospital, Kilkenny, which were held monthly.

Inspectors noted that there were arrangements in place, which ensured that only referrals from appropriate persons as per the regulations were accepted and completed in 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. However, despite these arrangements and the appropriate governance and management arrangements in place for the radiation protection of service users in St. Dymphna's Hospital Carlow, inspectors noted that some action was required to ensure that all responsibilities for the radiation protection of service users were clearly allocated and monitored. This is further discussed under Regulation 6 below.

On the day of the inspection, inspectors spoke with the MPE involved in the service. From this discussion and a review of documentation, inspector noted the MPE had been allocated responsibilities in line with Regulation 20, and that their involvement in the service was proportionate to the radiological risk in the service. However, inspectors also noted that the undertaking did not have arrangements in place to

ensure the continuity of medical physics expertise in the service, and this is further discussed under Regulation 19 below.

Notwithstanding the actions required to comply with Regulations 6, 13 and 19, inspectors were assured that the undertaking was providing safe radiological exposures to service users in St. Dymphna's Hospital Carlow.

Regulation 4: Referrers

From the review of a sample of medical exposure records and speaking with staff, inspectors were satisfied that referrals for medical radiological procedures were only accepted from persons defined as in Regulation 4. This included medical practitioners, and radiographers who were allocated responsibility to make adapted and secondary referrals.

Judgment: Compliant

Regulation 5: Practitioners

Inspectors were satisfied that only practitioners, as defined in Regulation 5, took clinical responsibility for individual medical exposures at St. Dymphna's Hospital Carlow. Inspectors were informed that this role had been allocated to radiographers and radiologists only.

Judgment: Compliant

Regulation 6: Undertaking

Inspectors noted that the HSE, as the undertaking, had implemented joint governance and management arrangements, for the radiation protection of service users, in St. Dymphna's Hospital Carlow and in nearby St. Luke's Hospital, Kilkenny. There was a joint RSC in place, which was attended by senior management and radiology staff that worked in both services. The RSC subsequently reported into a Radiology Governance Committee meeting, which then reported into meetings of the Executive Management Team of St. Luke's General Hospital, Kilkenny, which held overall responsibility for the radiation protection of service users in St. Dymphna's Hospital Carlow.

However, despite the clear allocation of governance and management responsibilities for radiation protection of service users, inspectors noted that

improvements were required in the allocation of roles and responsibilities in other radiation protection measures within the service. For example;

- although inspectors were assured that staff were aware of the professional groups entitled to act as referrers at St. Dymphna's Hospital Carlow and that only referrals from these personnel were accepted and carried out in the service, the role of referrer was not clearly allocated in documentation provided to inspectors
- similarly, although the allocation of responsibilities of practitioners in the service was known by staff who spoke with inspectors, inspectors noted that action was required to ensure that this allocation was clearly documented in policies and procedures available to staff
- overall improvements in the document review arrangements were also required to ensure that the procedures and protocols, such as the *Radiation Safety Procedure* and *Standard Operating Procedure for the Justification and Optimisation of X-Ray Medical Exposure*, clearly reflected the roles and responsibilities of staff involved in the radiation protection of service users and that they reflected the most up-to-date regulatory requirements
- inspectors also noted that action was required to ensure that all aspects of the radiological service were appropriately covered by the completed clinical audit schedule. On the day of the inspection, the clinical audit schedule did not cover all aspects of the service and therefore had not identified a number of gaps in compliance with Regulation 13.

During an inspection of St. Luke's General Hospital, Kilkenny in 2024, the undertaking was assessed as not compliant with Regulation 19, as adequate continuity arrangements were not in place for medical physics expertise. During this inspection, inspectors were informed that plans to come into compliance with this regulation were in progress but had not yet been implemented within the planned timelines, and therefore had a similar impact on compliance with Regulation 19 in St. Dymphna's Hospital Carlow. The undertaking must promptly implement plans to ensure adequate MPE continuity arrangements are in place so that service users continue to receive a safe radiological service at St. Dymphna's Hospital Carlow.

Judgment: Substantially Compliant

Regulation 10: Responsibilities

Inspectors observed that only persons entitled to act as a practitioner, as defined in Regulation 5, took clinical responsibility for the medical radiological procedures at St. Dymphna's Hospital Carlow. 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.

Judgment: Compliant

Regulation 19: Recognition of medical physics experts

On the day of the inspection, inspectors were not satisfied that the undertaking had arrangements in place to ensure the continuity of medical physics expertise at St. Dymphna's Hospital Carlow. From a review of RSC meeting minutes, inspectors saw that the undertaking's management team were aware of this gap in arrangements and were taking action to come into compliance with Regulation 19(9).

Judgment: Not Compliant

Regulation 20: Responsibilities of medical physics experts

The professional registration certificate of the MPE, providing expertise in this service, was available to inspectors. From a review of documentation and speaking with the multidisciplinary team in the radiology department, inspectors were satisfied that the involvement and contribution of the MPE in the service met the requirements of this regulation.

Inspectors noted that the MPE had been clearly allocated responsibilities, as specified in Regulation 20(2), across the radiological service. A review of records showed that they were involved in acceptance testing and the quality assurance (QA) of medical radiological equipment. Inspectors were informed that the MPE had advised on some additional QA checks to be performed by radiographers to provide continued assurances on image quality.

Inspectors were satisfied that the MPE had contributed to recently developed local diagnostic reference levels (DRLs), and that they were available to provide advice and dose calculations on radiation incidents. A review of the local RSC meeting minutes showed that the MPE regularly attended and contributed to discussions on radiation protection matters at these meetings.

The MPE was assigned the role of radiation protection advisor (RPA) in the service, which satisfied inspectors of the regulatory requirement that the MPE and the RPA liaise as appropriate.

Judgment: Compliant

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

From a review of documentation and discussions with staff, inspectors were satisfied that the level of MPE involvement in medical radiological practices was commensurate with the radiological risk in the service.

Judgment: Compliant

Safe Delivery of Medical Exposures

During the course of this inspection, inspectors were assured that the undertaking was committed to the radiation protection of service users. This was achieved, amongst other ways, by the use and regular review of diagnostic reference levels (DRLs) and a comprehensive QA programme for the radiological equipment. However, inspectors noted that action was required by the undertaking to achieve full compliance with Regulation 13, as dose information was not available on all patient reports and the service's clinical audit programme had not been fully implemented. This is further discussed under Regulation 13 below.

All referrals reviewed by inspectors were in writing, stated the reason for the request and were accompanied by sufficient medical data to allow the practitioner to consider the benefits and the risk of the medical exposure. In the sample of medical radiological procedures reviewed by inspectors, there was evidence that the justification of medical exposures in advance had been completed by a practitioner. Inspectors were also satisfied that local DRLs for the X-ray unit had been established, regularly reviewed and were used for medical radiological procedures conducted in the service. It was also noted that additional reviews of DRLs were completed, when required, by a multidisciplinary team in the radiology department.

Inspectors were satisfied that there was an appropriate QA programme in place in the service, and noted that updates on QA testing were routinely discussed at RSC meetings. Inspectors were also assured that there was a process in place to determine the pregnancy status of service users, where relevant. From a review of service user records and clinical audits of this process, inspectors saw that this process was adhered to by staff.

Inspectors reviewed records that evidenced that there were good arrangements in place to record incidents involving, or potentially involving, accidental and unintended exposures to ionising radiation, and that radiology staff received regular feedback on all actual and potential incidents through monthly reports issued by the RPO and through staff meetings.

Notwithstanding the gaps in compliance with Regulation 13, inspectors were satisfied that the undertaking had good systems and processes in place to ensure the safe delivery of medical radiological exposures to service users at St. Dymphna's Hospital Carlow.

Regulation 8: Justification of medical exposures

Inspectors were satisfied that all referrals for medical radiological exposures were in writing, stated the reason for the request and were accompanied by sufficient medical data to facilitate the practitioner when considering the benefits and risks of the medical exposure. Inspectors reviewed a sample of records for general X-ray and noted that justification in advance as required by Regulation 8(8) was recorded, as required by Regulation 8(15).

The undertaking's management team at St. Dymphna's Hospital Carlow had developed a document titled *Radiation Safety Procedures Medical Radiography & Fluoroscopy*, of which the most recent review had taken place in November 2025. This document included information about the justification process in place at the service and staff responsibilities in relation to same.

During a tour of the radiology department, inspectors observed that information about the benefits and risks associated with radiation dose from X-ray exposures was available to service users in leaflets and displayed on posters.

Judgment: Compliant

Regulation 11: Diagnostic reference levels

From a review of documentation, inspectors were satisfied that DRL information for frequently completed X-ray examinations was established by staff in the service, and was compared to national levels. It was also noted that this information was prominently displayed in the X-ray console area for easy access and reference by staff.

Inspectors reviewed an annual report on the DRLs that had been developed by the RPO and subsequently reviewed by the RSC. This report showed that for some examination types, the local DRL exceeded the national DRL. However, inspectors were informed that an additional audit and review of the DRL data for these examinations had been completed and that the RSC were assured that service users receiving these examinations were receiving safe and appropriate doses. This good oversight and attention to radiation protection for service users was identified as an area of good practice within the service.

Judgment: Compliant

Regulation 13: Procedures

On the day of the inspection, inspectors noted that appropriate referral guidelines were available to staff in the clinical areas. From the review of a sample of written protocols, inspectors also saw that a range of protocols for standard medical radiological procedures, for adult and paediatric service users, were available to practitioner staff to guide them on the optimised patient positioning, and exposure parameters for different medical exposures. However, it was noted that the protocol for one standard examination type had not been developed by the undertaking. This gap should be actioned to ensure that appropriate optimisation guidance is available to staff for all standard radiological procedures carried out in the service.

Inspectors also reviewed a sample of reports on medical exposures carried out in the service, and found that information relating to patient exposure did not consistently form part of the report, as required by Regulation 13(2). Although this gap pertained to the reports completed by one temporary member of staff only, the undertaking must ensure that there are adequate monitoring systems in place to ensure that information relating to patient exposure forms part of the report for all radiological examinations carried out in the service.

From a review of documentation, inspectors saw that the undertaking's management team had developed *Standard Operating Procedure for Clinical Audits*, which closely aligned with the national procedures published by HIQA in November 2023. The team had also developed a schedule of structure, process and outcome audits, with the frequency and a clinical audit lead assigned to each. Inspectors noted that a number of process clinical audits had been completed, such as adherence to checking pregnancy status, the clinical justification of medical exposures and the assessment of dose. However, it was noted that, following analysis of these audit results, the recommendations made did not consistently include an action plan where improvements in compliance were required. In addition, inspectors noted that the team had not completed many of the structure and outcome audits outlined in their audit schedule, which may have captured the gaps in compliance identified during this inspection.

In order to fully comply with Regulation 13, the undertaking must ensure that written protocols are available for all standard examination types, that information relating to patient exposure forms part of all medical radiological reports and that the clinical audit programme in the service is strengthened to ensure that all aspects of the strategy are implemented.

Judgment: Substantially Compliant

Regulation 14: Equipment

Inspectors were satisfied that the medical radiological equipment at St. Dymphna's Hospital Carlow was kept under strict surveillance as required by Regulation 14(1). The management team had developed a document titled *SOP In-house Quality Assurance Checks*, which outlined radiography staff responsibilities in relation to weekly QA testing. From a review of QA records, inspectors noted that this regular performance testing was carried out as required by Regulation 14(3). Oversight of this testing was provided by the RSO, with support from the MPE as required. The QA records also showed that annual QA and servicing was performed by the MPE and the equipment manufacturer, in line with the schedules outlined in *Procedures for quality assurance & acceptance testing of radiological x-ray equipment*.

Inspectors were also informed of the process in place to report any equipment faults or issues, if needed. A review of records demonstrated that this process was adhered to, and that appropriate internal and external personnel were called upon to address any such issues.

Inspectors also noted that the undertaking and MPE had processes in place to ensure that supplementary equipment was also regularly tested. For example, records reviewed showed that calibration and image display equipment was regularly tested as outlined in the documents, *SOP Cross Calibration of Test Instrumentation* and *SOP Policy & Procedures for Commissioning & Quality Assurance Testing of NIMIS Image Display Systems*. These processes were identified as responsible and safe practice by the undertaking's team.

Judgment: Compliant

Regulation 16: Special protection during pregnancy and breastfeeding

Inspectors were satisfied that there was a process in place at St. Dymphna's Hospital Carlow to determine the pregnancy status of service users. This process was documented in *Policy on protection of patients of reproductive capacity-LMP protocol*, which also contained clear and concise flowcharts on the process to be followed.

Within the service, practitioners were appropriately allocated responsibility for inquiring on and recording patients' pregnancy status, where relevant. The responses to these inquiries were recorded on declaration forms, which also contained information on risks of radiation to an unborn child. Inspectors observed that notices to raise awareness of the special protection required during pregnancy in advance of a medical exposure to ionising radiation were displayed in service user waiting areas and service user changing rooms throughout the radiology department.

Judgment: Compliant

Regulation 17: Accidental and unintended exposures and significant events

From discussions with staff and a review of documents, inspectors were satisfied that the undertaking's management team had implemented an appropriate system for the recording and analysis of events involving or potentially involving accidental or unintended medical exposures in the service. These incident management process and structures were outlined in *Reporting of Ionising Radiation Incidents involving a Patient, Member of the Public and Staff* and in the *Radiation Safety Procedures*, and included information on the requirement to notify HIQA of certain reportable incidents.

From the review of the undertaking's records, inspectors noted that there were no records of incidents or near misses relating to medical exposures for the service. Inspectors were informed that this was due to all radiological procedures being vetted in another medical radiological service, and due to the low number of procedures performed daily which provided staff with the optimal environment to complete all checks safely before proceeding with exposures. Inspectors were informed that if an actual or potential radiation incident occurred, it was recorded by staff on an online system, and reported to the RSM and clinical risk manager for review. Inspectors noted that incidents were a standing agenda item at the RSC and were informed that, as they occurred, they would be discussed at staff meetings. These arrangements satisfied inspectors that the undertaking had an appropriate system in place for recording and analysing incidents involving medical exposures and that learning from such incidents could be used to improve the quality and safety of the service, and to prevent future such incidents occurring.

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 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 St. Dymphna's Hospital Carlow OSV-0008125

Inspection ID: MON-0049761

Date of inspection: 16/04/2026

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 documentation will be reviewed and updated to ensure that the professional groups entitled to act as referrers in St Dympna's Hospital are clearly allocated. The documentation will be reviewed and updated to ensure that the responsibilities of practitioners are clearly documented within the policies and procedures. All policies, procedures and guidelines will be reviewed to ensure that the roles and responsibilities of staff are reflected accordingly, and to ensure that the most up to date regulatory requirements are reflected within the documentation. The audit schedule is under review to ensure that all aspects of the service are covered.	
Regulation 19: Recognition of medical physics experts	Not Compliant
Outline how you are going to come into compliance with Regulation 19: Recognition of medical physics experts: The undertaking is engaging with the IHA to identify and implement a sustainable solution to ensure continuity of medical physics expertise and achieve compliance with Regulation 19.	

Regulation 13: Procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: Procedures: The examination protocols will be reviewed and updated to include all examination types performed. A new checklist will be developed to ensure that all Radiologists have the patient exposure information as part of the medical radiological report. The audit schedule is under review to ensure that all aspects of the service are covered. We will ensure that the audits on the schedule are completed. A new template for an action plan register is being developed to ensure that all findings requiring improvements are actioned.	

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	08/07/2026
Regulation 13(1)	An undertaking shall ensure that written protocols for every type of standard medical radiological procedure are established for	Substantially Compliant	Yellow	08/07/2026

	each type of equipment for relevant categories of patients.			
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	08/06/2026
Regulation 13(4)	An undertaking shall ensure that clinical audits are carried out in accordance with national procedures established by the Authority.	Substantially Compliant	Yellow	08/07/2026
Regulation 19(9)	An undertaking shall put in place the necessary arrangements to ensure the continuity of expertise of persons for whom it is responsible who have been recognised as a medical physics expert under this Regulation.	Not Compliant	Orange	08/08/2026