

Health Information and Quality Authority

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

Name of Medical Radiological Installation:	Affidea Portlaoise
Undertaking Name:	Affidea Diagnostics Ireland Ltd
Address of Ionising Radiation Installation:	Unit F8 and F9, Parkside Shopping Centre, Abbeyleix Road, Clonminam, Portlaoise, Laois
Type of inspection:	Announced
Date of inspection:	30 April 2026
Medical Radiological Installation Service ID:	OSV-0009105
Fieldwork ID:	MON-0050285

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

We provide diagnostic X-ray, DXA and CT services at Affidea Portlaoise clinic. We accept referrals from general practitioners and medical practitioner consultants.

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 30 April 2026	09:30hrs to 15:25hrs	Margaret Keaveney	Lead
Thursday 30 April 2026	09:30hrs to 15:25hrs	Emma O'Brien	Support

Governance and management arrangements for medical exposures

Inspectors completed an inspection of the undertaking Affidea Diagnostics Ireland Ltd., at the radiological service at Affidea Portlaoise, to monitor the service's compliance with the regulations. This radiology service provides medical exposures of ionising radiation to outpatients referred by general practitioners (GPs), and hospital based medical practitioners, and comprises of a CT, a general X-ray and a dual-energy X-ray absorptiometry (DXA) unit. Overall, there was a good multidisciplinary approach to radiation protection in the service; however, inspectors found that action was required, by the undertaking, to achieve full compliance with Regulations 6, 8, 11, 13 and 14.

At Affidea Portlaoise, inspectors noted that there were governance and management arrangements in place to provide oversight of the radiation protection of service users. A clinic manager, who led a team of radiographers and who was supported by the undertaking's clinical services manager and quality manager, managed the day-to-day operations in the service. While many of the key responsibilities in radiation protection were clearly allocated, inspectors found that some action is required by the undertaking's management team at Affidea Portlaoise to achieve full compliance with Regulation 6(3), which is discussed further in the report.

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

On the day of the inspection, inspectors spoke with one of the MPEs involved in the service and also reviewed relevant documentation. From this review, inspectors were assured that the involvement of MPEs was proportionate to the radiological risk posed by the service and that the undertaking had arrangements in place to ensure the continuity of this service.

Overall, inspectors were assured that service users were receiving a safe radiological service at Affidea Portlaoise and that the undertaking's management team were committed to addressing any gaps in compliance with the regulations that were identified during this inspection.

Regulation 4: Referrers

From the review of a sample of medical exposure records and discussions with staff, inspectors were satisfied that the undertaking had systems in place to ensure that referrals for medical radiological procedures were only accepted from persons as defined in Regulation 4.

Inspectors were informed that medical practitioners could refer for medical radiological procedures in the service, and that radiographers could make modified and extended referrals when required.

Judgment: Compliant

Regulation 5: Practitioners

Inspectors were satisfied that in Affidea Portlaoise, only appropriately registered radiologists and radiographers acted as practitioners and took clinical responsibility for individual medical exposures. This allocation satisfied the requirements of Regulation 5.

Judgment: Compliant

Regulation 6: Undertaking

Inspectors reviewed a clinical governance structure organogram (organisation chart) that was submitted prior to the inspection, and saw that it provided a clear allocation of the governance and management roles and responsibilities for the radiation protection of service users in Affidea Portlaoise. The undertaking of the service, Affidea Diagnostics Ireland Ltd., had established a radiation safety committee (RSC), which met at a minimum every 6 months, to discuss items such as diagnostic reference levels (DRLs), radiation safety incidents, clinical audit, staff training and the quality assurance (QA) programme for radiological equipment in the service. The RSC meetings were attended by the clinical services manager, the undertaking's quality manager, the undertaking representative, the radiation protection officer (RPO), the medical physics expert (MPE) and were chaired by the medical director for Affidea Diagnostics Ireland Ltd. The RSC reported into a Clinical Governance meeting, established by the undertaking to meet monthly and which subsequently reported into the Executive Board of Affidea Diagnostics Ireland Ltd.

The undertaking had also developed documents titled *Local rules and Radiation Safety Procedures* and *Affidea Referral Policy for Diagnostic Imaging* which allocated key radiation protection roles and responsibilities to professionals in all radiology services that were under the undertaking, Affidea Diagnostics Ireland Ltd. For example, inspectors noted that there was an allocation of responsibilities to the MPE, to referrers and practitioners and to the RSC on their responsibilities, in

particular to the approach taken by the undertaking for the generic justification of new or changed practices. However, as these documents were widely applicable to all of the undertaking's services, inspectors were not assured that they provided sufficiently clear guidance to staff on who was allocated key radiation protection roles in Affidea Portlaoise. For example, the *Affidea Referral Policy for Diagnostic Imaging* stated that advanced nurse practitioners and dentists could refer for some medical radiological procedures, when in practice, inspectors were informed that referrals were not accepted from these professional groups in this service. In order to comply with Regulation 6(3), the undertaking must ensure that, in all policies and procedures pertaining to the radiation protection of service users, there is a clear allocation of roles and responsibilities that are specific to each service, rather than general to all services.

Judgment: Substantially Compliant

Regulation 10: Responsibilities

From the review of documents and discussions with staff, inspectors were satisfied that practitioners, as defined in the regulations, took clinical responsibility for medical radiological procedures in Affidea Portlaoise. In addition, practitioners and the MPE were involved in the optimisation process for medical exposures to ionising radiation.

Inspectors were also satisfied that the justification process for individual medical exposures involved the referrer and practitioner.

Judgment: Compliant

Regulation 19: Recognition of medical physics experts

Inspectors were satisfied that the undertaking for Affidea Portlaoise had appropriate measures in place to ensure the continuity of medical physics expertise at this service.

Judgment: Compliant

Regulation 20: Responsibilities of medical physics experts

Inspectors were satisfied that the involvement and contribution of the medical physicist in the service met the requirements of this regulation. The professional

registration certificate of the medical physicist providing expertise in the service was reviewed during this inspection.

From the review of documentation, inspectors noted that the MPE had been clearly allocated responsibilities, as specified in Regulation 20(2), across the radiological service. For example, they were involved in acceptance testing and annual quality assurance (QA) of medical radiological equipment. The MPE was also involved in the development of local diagnostic reference levels (DRLs), attended the local RSC meetings, and was available to provide advice and dose calculations for radiation incidents.

The medical physicist was also assigned the role of radiation protection advisor (RPA) at 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 relevant staff, inspectors were satisfied that the level of MPE involvement in this medical radiological service was commensurate with the radiological risk posed by the service.

Judgment: Compliant

Safe Delivery of Medical Exposures

From discussions with staff and a review of documentation, inspectors saw that while the management team of Affidea Portlaoise had many radiation protection measures in place for service users, for example, written protocols on standard radiological procedures and recently established DRLs, some action was required to achieve full compliance with Regulations 8, 11, 13 and 14.

During the inspection, inspectors reviewed a number of referrals and saw that each was in writing, stated the reason for the request and was accompanied by medical data, which allowed the practitioner to consider the benefits and the risk of the medical exposure. Staff explained the processes for the justification of each medical exposure, in advance of the exposure happening, and the recording of this was evident in the sample of radiological procedure records reviewed. However, inspectors noted that adequate information on the benefits and risks associated with

radiation doses was not easily accessible by service users. This is further discussed under Regulation 8 below.

Inspectors were satisfied that local DRLs had been established by the RPO and MPE for each of the radiological units in the service. However, from discussions with staff and observations in the equipment console areas, inspectors were not assured that this local DRL data and national DRL data was appropriately used by staff in the service. This is further discussed under Regulation 11 below.

On the day of inspection, inspectors reviewed documents and records and spoke with staff about the QA programme for all equipment in use in the service. While inspectors were assured that equipment manufacturers and the MPE were appropriately involved in ensuring that all equipment was fit for use, they were not assured that the undertaking had implemented and maintained an appropriate QA programme for the regular performance testing of the radiological equipment, as required for compliance with Regulation 14.

As discussed under Regulation 13 below, the undertaking was found to be compliant with many of the requirements of this regulation. However, inspectors noted that action was required by the undertaking to ensure that the clinical audit programme implemented in the service aligned with its own clinical audit strategy and with the *National Procedures for Clinical Audit of Medical Radiological Procedures*.

Inspectors were assured that the undertaking had a process in place to determine the pregnancy status of service users, where relevant, and 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 incidents that occurred in the service and that HIQA was notified of any reportable events.

Notwithstanding the gaps in compliance identified during this inspection, inspectors were satisfied that service users at Affidea Portlaoise were receiving safe medical radiological exposures.

Regulation 8: Justification of medical exposures

A sample of medical radiological procedure records were reviewed in the CT, general X-ray service and the DXA scanning unit. The records viewed showed that a written referral was available for each examination performed which stated the reason for the request and was accompanied by sufficient clinical data to inform the justification process. Inspectors noted that justification in advance of each medical radiological procedure was recorded by the radiographer.

However, during a tour of the service and from discussions with staff, inspectors were not assured that information about the benefits and risks associated with the radiation dose from medical exposures was readily available to service users. Inspectors were informed that posters displaying this information had been removed

for a recent event and not redisplayed. From speaking with staff, inspectors were also not assured that information in leaflet format was regularly provided to service users. To comply with Regulation 8(13), the undertaking must ensure that this information is provided to service users at Affidea Portlaoise so that they are informed of the benefits and risks of the radiation doses they are to receive.

Judgment: Substantially Compliant

Regulation 11: Diagnostic reference levels

The management team at Affidea Portlaoise had developed a document titled *Standard Operating Procedure Radiology Dose Audit*, which was last reviewed in May 2025 and outlined staff responsibilities regarding the establishment, review and use of DRLs. This document also outlined the process for staff to follow in circumstances where DRLs exhibited high variability in comparison to national DRLs.

Inspectors saw that DRLs for commonly performed examinations in CT, general X-ray and DXA scanning had been established, reviewed and compared to national DRLs by a multidisciplinary team. In the CT area, inspectors were also informed of a system into which service users CT doses were entered and which highlighted any doses that exceeded local DRL doses. However, during a tour of the clinical areas and from discussions with staff in the service, inspectors were not assured that local DRL data was easily accessible to staff. Therefore, inspectors were not assured that the DRL data was generally used by staff during medical exposure procedures in all areas as required by Regulation 11 (5). The undertaking should ensure local and national DRL data is readily available and used by staff in the service, to ensure that the doses delivered during medical radiological procedures are monitored and doses are optimised, if required.

Judgment: Substantially Compliant

Regulation 13: Procedures

Written protocols for standard medical radiological CT, X-ray and DXA procedures were available at Affidea Portlaoise as required by Regulation 13(1). These protocols provide guidance and support to practitioners and ensure that medical radiological procedures are carried out in a safe and consistent manner. Inspectors also noted that information relating to the medical exposure as required by Regulation 13(2) was available in a sample of reports on radiological procedures reviewed. In addition, referral guidelines for each imaging modality were available to staff as required by Regulation 13(3)

Inspectors noted the service's management team had developed a document titled *Ionising Radiation Clinical Audit Strategy*, which was last reviewed in June 2024. This document outlined key roles and responsibilities for the undertaking's clinical audit programme in the service. In line with the *National Procedures for Clinical Audit of Medical Radiological Procedures* issued by HIQA, it also stated that audit topics should cover the three main elements of structure, process and outcome across the clinical pathway, and included guidance on how audit topics should be identified, such as high-risk areas, inconsistent practice and near miss and incident reviews. However, from a review of documentation, inspectors noted that the audits completed in the service continually focused on the same processes, such as patient identification, pregnancy declaration, diagnostic reports and poster checks, and that high levels of compliance were repeatedly shown in these audit results. In order to fully comply with Regulation 13(4) and to align with local policy *Ionising Radiation Clinical Audit Strategy*, the undertaking should consider broadening the scope of audits completed in the service, to cover the full clinical pathway, and to use its clinical audit resources to focus on areas of the service not yet audited. This approach could assist the undertaking in identifying the gaps in compliance found during this inspection.

Judgment: Substantially Compliant

Regulation 14: Equipment

Inspectors were provided with an up-to-date inventory of the medical radiological equipment in Affidea Portlaoise. On the day of the inspection, inspectors reviewed records of acceptance testing for all radiological equipment in the service that had been completed before the equipment had been put into clinical use. From discussions with staff, inspectors were also satisfied that there were systems in place to ensure that appropriate personnel were informed of any equipment performance issues, and that any such issues were promptly addressed.

From discussions with staff and from a review of QA records, inspectors noted that regular performance testing was completed by radiographers in the service, and that annual testing was completed by the MPE. Inspectors also noted that a multidisciplinary team had developed a document titled *Affidea Ireland Standard Operating Procedure Radiology In-House Quality Assurance Tests*, which outlined a quality assurance programme for all equipment in use in the service. However, this procedure did not align with the regular performance testing completed in the service. In addition, the details of an audit on the QA programme did not align with the actual QA programme performed nor the documented procedure. Therefore, inspectors were not satisfied that the undertaking had ensured that all medical radiological equipment in use in the service was kept under strict surveillance regarding radiation protection, and were also not assured that an appropriate quality assurance programme was implemented and maintained by the undertaking.

Judgment: Substantially Compliant

Regulation 16: Special protection during pregnancy and breastfeeding

The undertaking at Affidea Portlaoise had developed a document titled *Protection of the unborn child arising from ionising radiation*, the most recent version of which was reviewed in May 2025. This document outlined the process to be followed by referrers and practitioners when inquiring on the pregnancy status of service users, attending for medical radiological procedures in the service. From the review of a sample of medical records, inspectors saw that practitioners adhered to this process by inquiring on the pregnancy status of relevant service users and recording the answer to this query in writing. From a sample of records reviewed and discussions with staff, inspectors were satisfied that a referrer or practitioner inquired.

In addition, inspectors noted multiple notices in the waiting areas and changing rooms in the service to raise awareness of the special protection required during pregnancy and breastfeeding in advance of medical exposures. These measures assured inspectors that the undertaking's management team had implemented all reasonable measures to minimise the risks associated with potential foetal irradiation during medical exposure of female patients of childbearing age.

Judgment: Compliant

Regulation 17: Accidental and unintended exposures and significant events

The undertaking's management team had implemented a system to record and analyse potential or actual accidental unintended exposures. This included an electronic incident reporting system, through which the clinical services manager, quality manager and undertaking representative were informed of any reported events. All reported incidents, near misses and good catches were discussed at a weekly incident meeting attended by representatives from all services under the undertaking, and all incidents were subsequently discussed at the RSC and, if relevant, at the Clinical Governance meeting. Incident investigations were led by the RSO, involved the MPE and were supported by the members of the RSC. Inspectors were informed that learning from incident investigations was shared at the weekly incident meeting, at local services meetings and at the RSC.

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	Substantially Compliant
Regulation 13: Procedures	Substantially Compliant
Regulation 14: Equipment	Substantially Compliant
Regulation 16: Special protection during pregnancy and breastfeeding	Compliant
Regulation 17: Accidental and unintended exposures and significant events	Compliant

Compliance Plan for Affidea Portlaoise OSV-0009105

Inspection ID: MON-0050285

Date of inspection: 30/04/2026

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: Revision of the key policies; Local Rules, Radiation Safety Procedure and Referral policy for Diagnostic Imaging highlighting clear approved referrers, identify key roles and responsibilities of the RPO, MPE, practitioner, Clinical leads, etc. Clarification of the referrer's eligibility for each specific site (Matrix format) and only approved referrers are listed for the site. Changes to the documentation would be discuss and approved by the Clinical Governance and the Radiation Safety committee. These updates will be communicated to all staff via e-mail.	
Regulation 8: Justification of medical exposures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Justification of medical exposures: Posters had been placed in the reception waiting area, changing cubicles, X-rays, CT and DEXA room. Leaflets are available in the reception room.	

Regulation 11: Diagnostic reference levels	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Diagnostic reference levels: The soft copy national and local DRL's had been printed and the hard copies displayed in the X-ray, Dexa and CT control rooms.	
Regulation 13: Procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: Procedures: To achieve full compliance with Regulation 13, the audit programme will be expanded to better reflect the full clinical pathway, including: • Higher-risk or under-reviewed areas • Variability in practice across modalities • Learning from incidents, near misses, and emerging risks Expanding the audit scope would enable the service to more effectively identify gaps in compliance and support ongoing quality improvement in radiation safety and patient care. Introduction of 3-4 new Audit topics per year covering previous unaudited areas.	
Regulation 14: Equipment	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Equipment: The Affidea Ireland Standard Operating Procedure for Radiology In-House Quality Assurance will be update to reflect SOP with practice. The QA SOP will incorporate Manufacture and MPE QA recommendations. The standardisation of the QA programme across all modalities including a structured framework clearly outlining the type and QA frequency. This will include assigned responsibilities for radiographers, MPE and vendor engineers.	

A dedicated QA audit process will be included in the Clinical Audit schedule.

QA will be reviewed at the bi-monthly local clinic meetings and escalated to the Clinical Governance and RSC meetings with corrective action plans in place if required.

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	01/07/2026
Regulation 8(13)(a)	Wherever practicable and prior to a medical exposure taking place, the referrer or the practitioner shall ensure that the patient or his	Substantially Compliant	Yellow	01/05/2026

	or her representative is provided with adequate information relating to the benefits and risks associated with the radiation dose from the medical exposure.			
Regulation 11(5)	An undertaking shall ensure that diagnostic reference levels for radiodiagnostic examinations, and where appropriate for interventional radiology procedures, are established, regularly reviewed and used, having regard to the national diagnostic reference levels established under paragraph (1) where available.	Substantially Compliant	Yellow	01/05/2026
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	01/10/2026
Regulation 14(1)	An undertaking shall ensure that all medical radiological equipment in use by it is kept under strict surveillance regarding radiation protection.	Substantially Compliant	Yellow	01/07/2026

Regulation 14(2)(b)	An undertaking shall implement and maintain appropriate programmes of assessment of dose or verification of administered activity.	Substantially Compliant	Yellow	01/07/2026
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