



Health Information and Quality Authority

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

Name of Medical Radiological Installation:	Clontarf Chiropractic
Undertaking Name:	Owgar Ltd
Address of Ionising Radiation Installation:	126 Clontarf Road, Clontarf, Dublin 3
Type of inspection:	Announced
Date of inspection:	03 September 2020
Medical Radiological Installation Service ID:	OSV-0005953
Fieldwork ID:	MON-0030069

About the medical radiological installation:

Owgar Limited, operating at Clontarf Chiropractic, provide both chiropractic and X-ray services. Clontarf Chiropractic advertise the availability of standing X-ray imaging to diagnose back or neck complaints and have a computed radiography system to process and archive X-ray images.

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 and 2019. 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 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 doing, we describe the overall effectiveness of an undertaking in ensuring the quality and safe conduct of medical exposures. It examines how the undertaking provides the technical systems and processes so service users only undergo medical exposures to ionising radiation where the potential benefits outweigh any potential

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.

risks and such exposures are kept as low as reasonably possible in order to meet the objectives of the medical exposure.

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 3 September 2020	15:30hrs to 18:00hrs	Kirsten O'Brien	Lead
Thursday 3 September 2020	15:30hrs to 18:00hrs	John Tuffy	Support

Summary of findings

An announced on-site inspection of Clontarf Chiropractic was carried out to follow up on the compliance plan submitted by Owgar Limited to address non-compliances noted at an inspection on the 6 December 2019. Inspectors found that Owgar Ltd had taken steps to come into compliance with aspects of the regulations inspected against on the day. For example, they had engaged an individual who was registered with the appropriate professional regulator, and met the requirements of Regulations 4 and 5, to act as a referrer and practitioner.

Owgar Ltd had a local radiation safety committee (RSC) in place and this was seen as a positive measure to highlight and discuss issues, and provide managerial oversight regarding the protection of service users from medical exposure to ionising radiation. Inspectors also found that a practitioner inquired as to the pregnancy status of individuals and recorded this answer in writing. Additionally, posters were displayed in multiple languages to raise individuals' awareness about the need to inform the practitioner if they were, or could be, pregnant. Referral guidelines, which took into account radiation doses, were also available in hard copy. Written protocols had also been established for standard medical radiological procedures carried out at the practice.

However, on the day of inspection there was a lack of clarity with regards who definitively acted as the referrer at Clontarf Chiropractic. Similarly, inspectors were not satisfied that Owgar Ltd demonstrated an assurance that the assigned practitioner had adequate education, information and training for all elements of clinical responsibility, in particular the clinical evaluation of the outcome. Following the on-site inspection, records were requested to demonstrate how Owgar Ltd ensured that the identified practitioner had adequate education, information and training for the purpose of taking full clinical responsibility, as defined in the regulations, for all medical exposures conducted at Clontarf Chiropractic. Representatives of Owgar Limited did not present sufficient supporting information to demonstrate compliance with Regulation 22.

Owgar Ltd also did not have arrangements in place to ensure that the medical physics service was provided by an individual recognised and registered as a medical physics expert (MPE) in Ireland. While noting that oversight was provided by a radiation protection adviser, this was not sufficient to meet the requirements of these regulations. Representatives of Owgar Ltd acknowledged this finding in correspondence with HIQA and informed inspectors that they were taking steps to engage a recognised MPE to provide medical physics expertise at Clontarf Chiropractic.

Notwithstanding that Owgar Ltd had engaged with HIQA since its previous inspection, and was working towards achieving compliance, further substantial progress was necessary to achieve full compliance with the regulations.

Regulation 4: Referrers

Inspectors were informed by the designated manager and undertaking representative of Owgar Limited, that a professional entitled to refer as per Regulation 4 had been engaged at Clontarf Chiropractic to act as referrer for all medical radiological procedures. Inspectors reviewed this individual's professional registration records and found that this individual was a person recognised in the regulations as a referrer.

During the on-site inspection a sample of written X-ray requests/referrals, and Clontarf Chiropractic's X-ray referral/request policy, were reviewed. The process for referral at Clontarf Chiropractic was discussed with the designated manager, the undertaking representative and the individual engaged to act as the referrer. Inspectors found that the referrals reviewed for medical radiological procedures and the reason for requesting the particular procedure, were requested by individuals not entitled to refer individuals for medical exposures. The X-ray request/referral form was then counter signed by the individual recognised to act as a referrer. The medical radiological procedure was subsequently carried out on the basis of that referral. On the day of inspection, inspectors found that day-to-day practice did not match the referral process described in Clontarf Chiropractic's New X-Ray policy & procedure document.

The undertaking, Owgar Ltd, must ensure that all medical exposures at Clontarf Chiropractic are carried out based on referrals that are clearly from a person entitled to refer individuals for medical radiological procedures.

Judgment: Not Compliant

Regulation 5: Practitioners

Inspectors found that an individual, registered with the appropriate professional regulator, had been engaged to take clinical responsibility for all individual medical exposures carried out at Clontarf Chiropractic.

Judgment: Compliant

Regulation 6: Undertaking

Owgar Ltd had established and maintained a local RSC. The terms of reference and minutes of recent RSC meetings were reviewed by inspectors. The presence of this forum was seen as a positive measure by Clontarf Chiropractic to highlight and

discuss issues, and provide managerial oversight regarding the protection of service users from medical exposure to ionising radiation.

Inspectors reviewed documentation and spoke with representatives from Owgar Ltd regarding the management and oversight structures in place at Clontarf Chiropractic for the radiation protection of service users. Inspectors found that the responsibility for the protection of services users from medical exposure to ionising radiation had been allocated to persons who were not recognised in the regulations to act in that capacity. For example, an individual identified as providing medical physics expertise to Clontarf Chiropractic was not registered as a MPE. Furthermore, the allocation of responsibility for referrals, as described in local policy, did not match a sample of referrals reviewed on the day of inspection.

Judgment: Not Compliant

Regulation 10: Responsibilities

Inspectors noted that Owgar Ltd had put some measures in place to move towards compliance with this regulation by engaging a person recognised as a practitioner, as defined in Regulation 5, to take clinical responsibility for all medical exposures carried out at Clontarf Chiropractic. Additionally, on the day of inspection, it was found that the practical aspects of all medical exposures were only conducted by this practitioner at the practice.

Documents, policies and records of medical radiological procedures were reviewed. The practitioner, designated manager and undertaking representative were also spoken with regarding the justification and optimisation processes in place at Clontarf Chiropractic. Inspectors found that a recognised MPE was not involved in the optimisation process. Furthermore, the involvement of a practitioner in the optimisation process for all medical exposures was noted as an area for improvement. This was acknowledged by the practitioner on the day of inspection. Additionally, while a practitioner was found to be involved in the justification process for individual medical exposures, inspectors were not satisfied that a professional entitled to act as a referrer was involved in the justification process.

Judgment: Not Compliant

Regulation 11: Diagnostic reference levels

Information provided to inspectors as part of a pre-inspection information request indicated that diagnostic reference levels had not been established, regularly

reviewed or used at Clontarf Chiropractic. On the day of inspection, inspectors noted that Owgar Ltd had started establishing diagnostic reference levels at the practice and a sample was reviewed. However, diagnostic reference levels for all typical radiodiagnostic examinations undertaken at the practice were not established.

Judgment: Not Compliant

Regulation 12: Dose constraints for medical exposures

Owgar Ltd had dose constraints in place for situations where an individual may act as a carer or comforter during a medical exposure at Clontarf Chiropractic, although inspectors were informed that these situations did not present in practice. While the process and procedure was in place, the relevant values and local process for establishing dose constraints should be updated to fully reflect HIQA's published guidance on dose constraints for medical exposures.

Judgment: Substantially Compliant

Regulation 13: Procedures

On the day of inspection, referral guidelines for medical imaging, which took into account the radiation dose, were available in hard copy to referrers. Owgar Ltd had written protocols in place for the relevant types of procedures carried out at Clontarf Chiropractic. Inspectors were informed by the practitioner that update of the detail contained within the procedures was seen as an area for improvement. Notwithstanding that national procedures for clinical audit have yet to be established, no documentation was available to indicate that any clinical audits were carried out at Clontarf Chiropractic.

Finally, when reviewing the records associated with medical radiological procedures carried out at the practice, inspectors found that the information relating to the patient exposure did not form part of the report.

Judgment: Substantially Compliant

Regulation 14: Equipment

Inspectors were satisfied that Owgar Ltd, for the most part, had kept all medical radiological equipment under surveillance regarding radiation protection. A policy for quality assurance and performance testing was included in Clontarf Chiropractic's

Radiation Safety Procedures (Local Rules). Annual quality assurance of the X-ray equipment was carried out in line with this policy. A registered radiation protection adviser provided oversight and signed off on all annual quality assurance testing.

However, it was noted that regular performance testing had not been carried out in line with Clontarf Chiropractic's Radiation Safety Procedures (Local Rules). This was acknowledged on the day as an area for improvement.

Judgment: Substantially Compliant

Regulation 16: Special protection during pregnancy and breastfeeding

Inspectors reviewed Clontarf Chiropractor's Radiation Safety Procedures (Local Rules), spoke with the practitioner and reviewed a sample of X-ray requests/referral forms. The practitioner inquired as to the possibility an individual was pregnant and recorded the answer in writing. Inspectors also observed a notice in multiple languages displayed to increase the awareness of individuals about the need for special protection in pregnancy.

Judgment: Compliant

Regulation 19: Recognition of medical physics experts

Owgar Ltd were found not to have the necessary arrangements in place to ensure the continuity of a MPE to provide medical physics expertise at Clontarf Chiropractic. While a medical physics service was engaged at Clontarf Chiropractic, this service was not provided by an individual recognised as a MPE.

Following the inspection, documentation was requested in relation to the registration and recognition of the person providing the medical physics service to Clontarf Chiropractic. Representatives of Owgar Limited acknowledged that they were unable to provide supporting evidence that demonstrated compliance with this regulation.

Judgment: Not Compliant

Regulation 20: Responsibilities of medical physics experts

Inspectors found that Owgar Ltd had engaged the services of a medical physicist and radiation protection adviser to oversee some elements of the requirements of

this regulation. However, Owgar Ltd had not ensured these individuals were registered medical physics experts as required by the regulations to act or give specialist advice on matters relating to medical physics. Furthermore, Owgar Ltd had not put measures in place to ensure that a recognised MPE took responsibility for dosimetry, gave advice on medical radiological equipment, or contributed to matters relating to medical physics, for example, the optimisation of the radiation protection of patients, which included the application and use of diagnostic reference levels.

Following the inspection, documentation was requested in relation to the registration and recognition of the person providing the medical physics service to Clontarf Chiropractic. Representatives of Owgar Limited acknowledged that they were unable to provide supporting evidence that demonstrated compliance with this regulation.

Judgment: Not Compliant

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

Over the course of the inspection, inspectors were not satisfied that Owgar Ltd had ensured that a registered MPE, as per the requirements of this regulation, was appropriately involved for consultation and advice on matters relating to radiation protection concerning medical exposure to ionising radiation.

Following the inspection, documentation was requested in relation to the registration and recognition of the person providing the medical physics service to Clontarf Chiropractic. Representatives of Owgar Limited acknowledged that they were unable to provide supporting evidence that demonstrated compliance with this regulation.

Judgment: Not Compliant

Regulation 22: Education, information and training in field of medical exposure

During the on-site inspection, inspectors spoke with the designated manager, the undertaking representative and the practitioner. Relevant records were requested to assure inspectors as to how Owgar Ltd ensured that the practitioner had adequate education, information and theoretical and practical training for all aspects of clinical responsibility, as defined in Part 1 of the regulations, for medical exposures conducted at Clontarf Chiropractic. In particular, this included a request for evidence of education and training, including theoretical knowledge and practical experience, in respect of clinical evaluation of the outcome for individual medical exposures.

Subsequent records provided to inspectors indicated the named practitioner had completed an online image interpretation course in the days following the on-site inspection. While this was noted as a positive measure, this course was found to be

a continuous professional development (CPD) course intended for preliminary clinical evaluation (red-dot) rather than a comprehensive and final evaluation or interpretation of the outcome of a medical radiological procedure. As a result, inspectors were not satisfied that Owgar Ltd had ensured that the named practitioner taking full clinical responsibility for the clinical evaluation of the outcome of individual medical exposures for medical exposures had adequate education, information and theoretical and practical training as required by Regulation 22(1).

Judgment: Not 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 and 2019. The regulations considered on this inspection were:

Regulation Title	Judgment
Summary of findings	
Regulation 4: Referrers	Not Compliant
Regulation 5: Practitioners	Compliant
Regulation 6: Undertaking	Not Compliant
Regulation 10: Responsibilities	Not Compliant
Regulation 11: Diagnostic reference levels	Not Compliant
Regulation 12: Dose constraints for medical exposures	Substantially Compliant
Regulation 13: Procedures	Substantially Compliant
Regulation 14: Equipment	Substantially Compliant
Regulation 16: Special protection during pregnancy and breastfeeding	Compliant
Regulation 19: Recognition of medical physics experts	Not Compliant
Regulation 20: Responsibilities of medical physics experts	Not Compliant
Regulation 21: Involvement of medical physics experts in medical radiological practices	Not Compliant
Regulation 22: Education, information and training in field of medical exposure	Not Compliant

Compliance Plan for Clontarf Chiropractic OSV-0005953

Inspection ID: MON-0030069

Date of inspection: 03/09/2020

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 and 2019.

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 4: Referrers	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Referrers: We have reached an agreement with a registered radiologist - XXX (Med Council XXXXX) to review all of NP files and refer to our radiographer when he feels an x ray is appropriate. The proposed work flow is shown in the PDF attached to the same email as this document. We have removed the chiropractors from the referral process. This has necessitated a substantial investment in both hardware and software to enable remote viewing of the images and to generate a seamless assessment 'refer/no refer' system. This is at testing stage and not yet fully functional. Corporeal meetings would undoubtedly have eased this process but due to C19 restrictions this has not been possible. We anticipate live testing in next number of days.</p>	
Regulation 6: Undertaking	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Undertaking: We believe that our alterations under Regulation 4 above partly deal with Regulation 6 in terms of the Undertakings responsibilities. With regard to the individual being responsible for protection of service users not being a recognised MPE see regulations 19, 20 & 21 below.</p>	
Regulation 10: Responsibilities	Not Compliant

Outline how you are going to come into compliance with Regulation 10: Responsibilities: Clearly the person identified under our response to Reg. 4 above will henceforth be involved in the justification process. The involvement of a registered MPE in the optimisation process is better dealt with under Regs 19, 20 & 21 below.

Regulation 11: Diagnostic reference levels	Not Compliant
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Outline how you are going to come into compliance with Regulation 11: Diagnostic reference levels:
 DRL's have been established and submitted, recently, to HIQA as part of the HIQA X Ray General DRL survey. We acknowledge some enhancement of our processes is due in this area.

Further reference to this issue is made under our response to Regs 19, 22 & 21 below.

Regulation 12: Dose constraints for medical exposures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Dose constraints for medical exposures:
 As explained at inspection and acknowledged we have not used a comforter or carer to help with image acquisition in over 30 years of practice and see no situation where this would arise. Notwithstanding this we will update relevant values and our local process for establishing dose constraints.

Regulation 13: Procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 13: Procedures: Patient exposure dose is now included in the patient record.

We will set up an audit procedure, involving the relevant persons when Regs 4 & 6 are satisfied.

Regulation 14: Equipment	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Equipment: We will consult with our RPA on what other regular performance testing is appropriate for our equipment in addition to our regular, annual QA and performance testing program.</p>	
Regulation 19: Recognition of medical physics experts	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Recognition of medical physics experts: I refer to our meeting with an ICPM registered MPE in late December. We have had several further engagements with the same MPE and with our RPA as we amended our procedures in line with their suggestions and your compliance report. As of this point we feel we have satisfied all of the requirements raised by both. Our RPA (XXX who is not an ICPM member) has agreed to continue in his role as RPA and we have just received written confirmation from XXX, MPE, that he is happy with the amendments we have made to our process, as suggested by him, and that he will henceforth act for us as MPE.</p>	
Regulation 20: Responsibilities of medical physics experts	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Responsibilities of medical physics experts: See Reg. 19 above</p>	
Regulation 21: Involvement of medical physics experts in medical radiological	Not Compliant

practices	
<p>Outline how you are going to come into compliance with Regulation 21: Involvement of medical physics experts in medical radiological practices: See Reg. 19 above</p>	
Regulation 22: Education, information and training in field of medical exposure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 22: Education, information and training in field of medical exposure: See Reg. 4, 6 & 19 above.</p> <p>As mentioned we anticipate testing in the next number of days. When we have satisfied all test requirements and are 'up and running' we will convene our RSC to design a plan education, information and training as appropriate to our facility and patients.</p>	

Section 2:

Regulations to be complied with

The undertaking and designated manager must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the undertaking and designated manager must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the undertaking must include a date (DD Month YY) of when they will be compliant.

The undertaking has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 4(1)(a)	A person shall not refer an individual for medical radiological procedures to a practitioner unless the person referring ("the referrer") is a registered nurse or registered midwife within the meaning of the Nurses and Midwives Act 2011 (No. 41 of 2011) who meets the standards and requirements set down from time to time by the Nursing and Midwifery Board of Ireland in relation to the prescribing of medical ionising radiation by nurses or midwives,	Not Compliant	Red	11/12/2020
Regulation 4(1)(b)	A person shall not refer an individual for medical radiological procedures to a practitioner unless	Not Compliant	Red	11/12/2020

	the person referring ("the referrer") is a registered dentist within the meaning of the Dentists Act 1985 (No. 9 of 1985),			
Regulation 4(1)(c)	A person shall not refer an individual for medical radiological procedures to a practitioner unless the person referring ("the referrer") is a registered medical practitioner within the meaning of the Medical Practitioners Act 2007 (No. 25 of 2007),	Not Compliant	Red	11/12/2020
Regulation 4(1)(d)	A person shall not refer an individual for medical radiological procedures to a practitioner unless the person referring ("the referrer") is a person whose name is entered in the register established and maintained by the Radiographers Registration Board pursuant to section 36 of the Health and Social Care Professionals Act 2005 (No. 27 of 2005), or	Not Compliant	Red	11/12/2020
Regulation 4(1)(e)	A person shall not refer an individual for medical	Not Compliant	Red	11/12/2020

	radiological procedures to a practitioner unless the person referring ("the referrer") is a health care professional registered with the General Medical Council of the United Kingdom, and practising medicine in Northern Ireland, who is entitled in accordance with his or her employer's procedures to refer individuals for exposure to a practitioner.			
Regulation 4(2)	A person shall not carry out a medical radiological procedure on the basis of a referral from a person other than a referrer.	Not Compliant	Red	11/12/2020
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	Not Compliant	Red	11/12/2020

	to the Authority on request, in such form and manner as may be prescribed by the Authority from time to time.			
Regulation 10(2)(a)	An undertaking shall ensure that the optimisation process for all medical exposures involves the practitioner,	Substantially Compliant	Yellow	12/02/2021
Regulation 10(2)(b)	An undertaking shall ensure that the optimisation process for all medical exposures involves the medical physics expert, and	Not Compliant	Red	11/12/2020
Regulation 10(3)(b)	An undertaking shall ensure that the justification process of individual medical exposures involves the referrer.	Not Compliant	Red	11/12/2020
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.	Not Compliant	Orange	31/03/2021
Regulation 12(4)	An undertaking	Substantially	Yellow	16/02/2021

	shall ensure that relevant dose constraints established under paragraph (1) are used in the optimisation of protection and safety in any radiological procedure in which an individual acts as a carer or comforter.	Compliant		
Regulation 13(2)	An undertaking shall ensure that information relating to patient exposure forms part of the report of the medical radiological procedure.	Not Compliant	Orange	12/02/2021
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	16/02/2021
Regulation 14(3)(b)	An undertaking shall carry out the following testing on its medical radiological equipment, performance testing on a regular basis and after any maintenance procedure liable to affect the equipment's performance.	Not Compliant	Orange	31/03/2021
Regulation 19(9)	An undertaking shall put in place	Not Compliant	Red	11/12/2020

	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.			
Regulation 20(1)	An undertaking shall ensure that a medical physics expert, registered in the Register of Medical Physics Experts, acts or gives specialist advice, as appropriate, on matters relating to radiation physics for implementing the requirements of Part 2, Part 4, Regulation 21 and point (c) of Article 22(4) of the Directive.	Not Compliant	Red	11/12/2020
Regulation 20(2)(a)	An undertaking shall ensure that, depending on the medical radiological practice, the medical physics expert referred to in paragraph (1) takes responsibility for dosimetry, including physical measurements for evaluation of the dose delivered to the patient and other individuals subject to medical	Not Compliant	Red	11/12/2020

	exposure,			
Regulation 20(2)(b)	An undertaking shall ensure that, depending on the medical radiological practice, the medical physics expert referred to in paragraph (1) gives advice on medical radiological equipment, and	Not Compliant	Red	11/12/2020
Regulation 20(2)(c)	An undertaking shall ensure that, depending on the medical radiological practice, the medical physics expert referred to in paragraph (1) contributes, in particular, to the following: (i) optimisation of the radiation protection of patients and other individuals subject to medical exposure, including the application and use of diagnostic reference levels; (ii) the definition and performance of quality assurance of the medical radiological equipment; (iii) acceptance testing of medical radiological equipment; (iv) the preparation of	Not Compliant	Red	11/12/2020

	<p>technical specifications for medical radiological equipment and installation design;</p> <p>(v) the surveillance of the medical radiological installations;</p> <p>(vi) the analysis of events involving, or potentially involving, accidental or unintended medical exposures;</p> <p>(vii) the selection of equipment required to perform radiation protection measurements;</p> <p>and</p> <p>(viii) the training of practitioners and other staff in relevant aspects of radiation protection.</p>			
Regulation 20(3)	<p>The medical physics expert referred to in paragraph (1) shall, where appropriate, liaise with the radiation protection adviser.</p>	Not Compliant	Orange	21/01/2021
Regulation 21(1)	<p>An undertaking shall ensure that, in medical radiological practices, a medical physics expert is appropriately involved, the level of involvement being</p>	Not Compliant	Red	11/12/2020

	commensurate with the radiological risk posed by the practice.			
Regulation 21(2)(c)	In carrying out its obligation under paragraph (1), an undertaking shall, in particular, ensure that for other medical radiological practices not covered by subparagraphs (a) and (b), a medical physics expert shall be involved, as appropriate, for consultation and advice on matters relating to radiation protection concerning medical exposure.	Not Compliant	Red	11/12/2020
Regulation 22(1)(a)	Subject to paragraph (2), an undertaking shall ensure that practitioners have adequate education, information and theoretical and practical training for that purpose, as well as relevant competence in radiation protection, in accordance with the provisions of this Regulation.	Not Compliant	Red	11/12/2020
Regulation 22(5)	An undertaking shall retain records evidencing compliance with	Not Compliant	Orange	31/03/2021

	this Regulation for a period of five years from the date of the exposure, and shall provide such records to the Authority on request.			
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