Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Webinar: Guidelines for the justification of medical radiological procedures on asymptomatic individuals

Frequently asked questions (FAQs)

August 2026

About this document

This document provides practical answers to questions raised during two webinars on the Guidelines for the Justification of Medical Radiological Procedures on Asymptomatic Individuals, held in January 2026.

The Frequently Asked Questions (FAQs) have been grouped by theme and are intended to support understanding of the guidelines, including the population and procedures they cover, the steps undertakings need to take to achieve compliance, and how compliance will be assessed during inspection. This document is not intended to be a comprehensive summary of all aspects of the guidelines or the associated regulations.

Each FAQ is presented as a question and answer, with examples included.

The Guidelines for the Justification of Medical Radiological Procedures on Asymptomatic Individuals are available here.

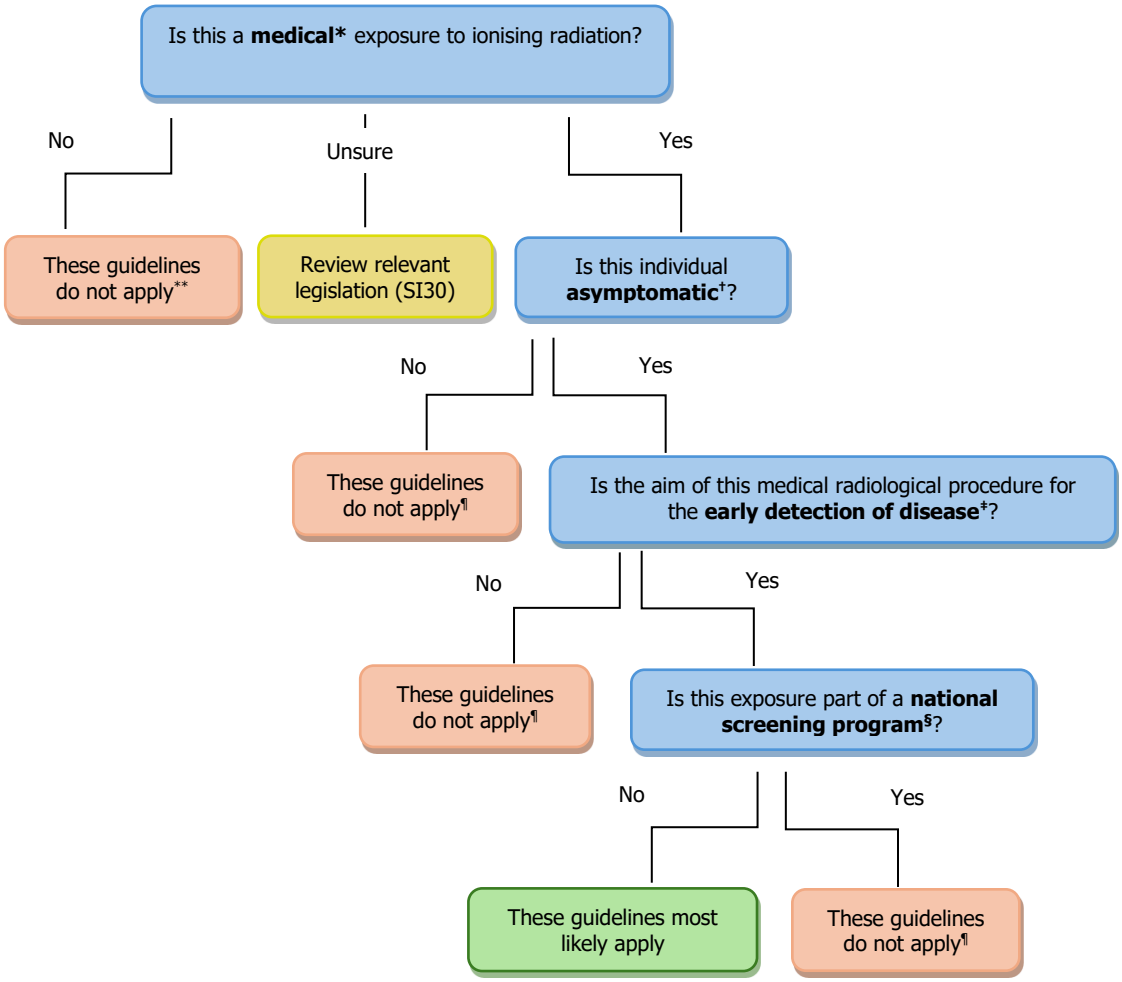
A recording of the webinar is available to view here.

Please note that the guidelines were developed in line with S.I. 256 of 2018 (as amended).

Table of Contents

When do these guidelines apply?

Figure A: "Are the asymptomatic guidelines applicable to my situation?"



Key:

* An indicative list of practices involving non-medical imaging exposure can be found in Schedule 5 of SI 30.

† For the purpose of these guidelines, an asymptomatic individual is defined as a person with no diagnosis and no signs or symptoms for the condition being assessed, but who may have risk factors for that condition.

‡ Alternative aims may include planning or verification purposes, and therefore these guidelines would not apply

§ For these guidelines, a national screening program is a population-based screening programme, organised at the national level. As of August 2026, BreastCheck is currently the only national screening programme in Ireland that involves ionising radiation as the primary screening tool.

** The requirements of SI30 of 2019 apply.

¶ These guidelines do not replace or take away from an undertaking's responsibility to comply with the requirements of the regulations, the requirements of which apply to all medical exposures.

Q. What is meant by an 'asymptomatic individual'? Who do these guidelines apply to?

A. For the purpose of these guidelines, an asymptomatic individual is defined as a person with no diagnosis of the condition being assessed and no signs or symptoms of that condition, but who may have risk factors for the condition.

Figure A provides a decision tree to assist in determining the applicability of these guidelines. Examples are provided below to illustrate this.

DXA scan example: Would these guidelines apply if carrying out a DXA bone density scan on an individual with previously identified osteopenia? No, as the individual has a known disease, osteopenia, these guidelines would not apply. However, if the individual had not been diagnosed with osteopenia and had no previously identified signs or symptoms of the disease, they would be considered an asymptomatic individual for the purpose of DXA bone density scans and these guidelines would apply.

Treatment planning example: Where a baseline scan is required prior to the commencement of a therapy, do these guidelines apply? In this scenario the aim and intention of the imaging is important (see decision tree in Figure A). Where the aim of the medical radiological procedure is for treatment planning purposes, for example, to determine if an alternative treatment regime is required, these guidelines would not apply.

Dental treatment planning example: Do these guidelines apply when an orthodontist takes OPG radiographs to aid treatment planning? In this scenario the aim and intention of the imaging is important (see decision tree in Figure A). Where the aim of the medical radiological procedure is for planning or verification purposes, these guidelines would not apply.

Breast cancer screening example: Would these guidelines apply if an individual with a family history of breast cancer was undergoing mammography outside of the national breast cancer screening service (BreastCheck)? Yes. If this person has no signs or symptoms of breast disease, they would be considered an asymptomatic individual and as this screening is outside of a national screening programme, these guidelines will apply.

History of a previously treated illness example: Do these guidelines apply to the follow up of patients who have had a cancer diagnosis and have completed their treatment? In this scenario it depends on the circumstances of the individual, including what kind of cancer they were diagnosed and treated for, and what the **aim** of the imaging is. If they have completed their

treatment and follow up, but the medical radiological procedure is considered part of their surveillance, these guidelines would not apply. However, if the aim of the medical radiological procedure is the early detection of a new condition, such as a new cancer diagnosis, then generally speaking these individuals would be considered asymptomatic but with a history of a different treated illness (which may or may not be considered a risk factor), and these guidelines would apply

Calcium artery scoring CT scan example: Do these guidelines apply if our undertaking provides calcium artery scoring CT scans? If the individual undergoing calcium artery scoring CT scan has any signs or symptoms of cardiovascular disease, then this individual is symptomatic and the guidelines do not apply. If the individual is asymptomatic and the aim of the calcium artery scoring CT scan is the early detection of disease outside of a national screening programme, then the guidelines do apply, regardless of how many scans are carried out at the facility per year.

Dental example: Do these guidelines apply to scans typically carried out by dentists on new service users? Yes, if the scans involve ionising radiation, if the individual is not presenting with any signs or symptoms of dental disease, and the aim of the imaging is the early detection of disease, the guidelines will apply.

Dental example: Would these guidelines apply to an individual presenting to their dentist with pain? No, this individual would be classed as having a symptom (pain) and therefore these guidelines would not apply.

Q. Do these guidelines apply to the use of medical radiological procedures for employment or visa reasons?

A. No, these guidelines only apply to medical radiological exposures. Any exposures that are for non-medical reasons are under the remit of the Environmental Protection Agency (EPA). The regulations covering non-medical exposures can be found in the document Radiological Protection Act 1991 (Ionising Radiation) Regulations 2019, SI 30/2019. An indicative list of practices involving non-medical imaging exposure can be found in Schedule 5 of SI 30.

Q. Do these guidelines apply to the use of MRI and ultrasound for imaging of asymptomatic individuals?

A. No, these guidelines only apply to medical radiological procedures that involve ionising radiation.

What is my responsibility in terms of implementing these guidelines?

Q. Whose responsibility is it to provide information about the risks of a medical radiological procedure? (see guideline statement 5)

A. While the regulations place overall responsibility for compliance with the undertaking, the regulations, in some instances, also call out specific roles and places responsibility on those roles for different elements of the regulations. In this case, specific responsibility is placed on the referrer or a practitioner to provide adequate information to the individual.

However, the undertaking also has a role under Regulation 6(3) in identifying and documenting who provides that information (referrer or a practitioner) and where in the care pathway this information is provided.

Q. Whose responsibility is it to communicate the results of a medical radiological procedure? (see guideline statement 6)

A. The undertaking must have defined pathways in place which details how results are communicated to the referrer and the individual and must document how this communication of the results is to be carried out. How the result is integrated into an individual's own care pathway or treatment plan, should be documented.

The undertaking must also assess adherence to the processes that they put in place to ensure that they are effective and provide safe and quality care to individuals.

Q. Whose responsibility is it to define a risk profile for a condition in a group of asymptomatic individuals? (see guideline statement 2)

A. Ultimately, the undertaking has responsibility for ensuring compliance with all the regulations. For this guideline statement, the undertaking must provide an allocation of responsibility for the radiation protection of medical radiological procedures on asymptomatic individuals, and this should be clearly documented and understood by all appropriate staff.

Q. Who has the responsibility for documenting key aspects relating to the medical exposure pathway of asymptomatic individuals? (see guideline statement 7)

A. As with previous questions on responsibility, ultimately, the undertaking has responsibility for ensuring compliance with all the regulations and also

specifically with ensuring that the requirements of these guidelines, including documentation, are complied with.

The undertaking must allocate responsibility for the radiation protection of medical radiological procedures on asymptomatic individuals, and this should be clearly documented and understood by all staff.

The undertaking must ensure that responsibility for the documentation of key aspects of the process as required under these guidelines, and adherence to the processes is allocated to appropriate individuals and ensure that as the undertaking, they have adequate processes in place for overseeing the implementation and ongoing adherence to these guidelines.

What do I need to do to be compliant with these guidelines on inspection?

Q. I'm an undertaking, what do I need to do now, what are the next steps?

A. The first step for ensuring compliance with these guidelines is to carry out a review of medical radiological procedures at your facility, and determine if and where these guidelines on asymptomatic individuals apply. This review can be shown as evidence during an inspection.

If the guidelines do apply, the next step is to devise a plan to ensure that all requirements, specified by the guideline statements, are addressed and documented.

Q. Is there a timeframe for when HIQA will start to assess compliance with these guidelines?

A. The asymptomatic guidelines were published in November 2025, and compliance will be assessed for all procedures conducted on asymptomatic individuals from the date these guidelines were published. It is important to note that there is no 'grandparenting period', which means that irrespective of when the undertaking began carrying out the procedures, they must be compliant and apply the guidelines to all medical radiological procedures on asymptomatic individuals being conducted in their hospitals, practices or clinics.

For example, if a facility has been providing bone densitometry scans to asymptomatic individuals for many years, and the undertaking continues to provide these services after the guidelines were published, the guidelines will apply for these exposures.

HIQA will take a pragmatic approach as we recognise that proper implementation of the guidelines will take time, especially depending on the size and complexity of the medical radiological procedures. This means that the expectation is that undertakings will have started to work on implementing the governance and oversight arrangements, such as allocating responsibility to the appropriate individuals to implement the relevant processes.

It is important that oversight arrangements for implementing these guidelines are a priority for undertakings, and HIQA inspectors will expect to see that a plan and a timeline have been implemented by undertakings on all inspections. From February 2026, inspectors will review the steps being taken by undertakings to come into compliance with these guidelines, with full implementation expected over the following months.

Q. What will inspectors look for if they are visiting a hospital or other facility in terms of these guidelines?

A. Guidance on what inspectors will look for on inspection is included in the HIQA document, 'Guidance on the assessment of compliance in undertakings providing medical exposure to ionising radiation' which has recently been updated following the publication of the asymptomatic guidelines. This guidance can be used along with HIQA's assessment judgement framework which includes information with examples for each regulation of what inspectors look for on inspection.

Inspectors will ask about exposures for asymptomatic individuals provided at the facility, what measures have been implemented to ensure oversight of procedures carried out on asymptomatic individuals.

Over the next few months inspectors will be assessing whether work is underway to come into compliance, noting that time is needed for sites to implement these guidelines in full.

Q. Our hospital has information about the potential benefit and harm in relation to medical exposures on our website, on posters displayed in the department and in information leaflets. Do we have to make additional changes to the information provided to comply with these guidelines? (see guideline statement 5)

A. There is a requirement that the referrer or practitioner must provide adequate information. The information relating to the benefits and risks for the medical radiological procedure must be provided in advance of the procedure and the individual should be given time to read it, prior to the exposure being carried out.

The information should be commensurate with the associated risk from the procedure and should include adequate information, including the implications of possible findings, to enable informed consent. It may be of value to review existing information leaflets to keep in line with changes in evidence and legislation.

Additional questions

Q. For guideline statement 1, is it OK to reference evidence-based guidelines from another jurisdiction, if there are no relevant Irish guidelines?

A. Yes, evidence-based guidelines can include European or international guidelines if Irish guidelines don't exist. However, they should be relevant to the Irish context. Undertakings should ensure that any guidelines used are from reputable sources and have their evidence clearly documented.

Q. What does it mean that there must be a defined pathway or treatment plan for each test result be it positive, negative or indeterminate? (see guideline statement 6)

A. There must be a defined pathway or treatment plan for each type of test result. For example, where the test result is positive for the disease being screened for, there must be a defined treatment plan that the individual follows that allows for the results to be followed up and actioned in an appropriate way, to ensure the treatment and management of the newly diagnosed disease. A similar defined pathway should also be in place where a negative result is reported. In relation to the management of incidental findings, for example, lung nodules on chest X-rays of an asymptomatic person, there should be a clearly defined pathway for the individual to ensure timely and appropriate care is provided.

It may be useful to consider including the care pathways or treatment plans as part of a clinical audit cycle to provide reassurance to the undertaking that the pathways in place are robust and working as expected.

On inspection, documentation and records will be reviewed and staff spoken with, to determine if there are defined pathways in place to communicate the results of the medical radiological procedure back to the referrer and the asymptomatic individual.

The undertaking must ensure that there is a defined and documented process on how the results of examinations are dealt with, and that this process is adhered.

Please send any further questions relating to these guidelines to:
radiationjustification@hiqa.ie

If your enquiry relates to regulation, please send your questions to:
radiationprotection@hiqa.ie

Published by the Health Information and Quality Authority (HIQA).

For further information please contact:
Health Information and Quality Authority
George's Court
George's Lane
Smithfield
Dublin 7
D07 E98Y

+353 (0)1 8147400
info@hiqa.ie
www.hiqa.ie