Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Health Information and Quality Authority

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

Name of Medical Radiological Installation:	St John's Hospital
Undertaking Name:	St John's Hospital
Address of Ionising Radiation Installation:	John's Square, Limerick
Type of inspection:	Announced
Date of inspection:	13 November 2025
Medical Radiological Installation Service ID:	OSV-0006428
Fieldwork ID:	MON-0038630

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

St. John's Hospital is an acute general public voluntary hospital with a total capacity of 99 beds, comprising 89 inpatient beds, 10 day-care beds, 7 Medical Assessment Unit (MAU) bays, 4 Injury Unit (IU) bays, and 4 Ambulatory Day-care beds. The hospital provides inpatient care across general medicine, general surgery, gynaecology, and urology, and operates an urgent care centre incorporating both the Injury Unit and Medical Assessment Unit (MAU). The Radiology Department features two Carestream DRX Evolution Plus digital radiography rooms. Room 1, located in the main department, serves GP referrals (patients over 16 years), MAU patients, and inpatients. Room 2, situated in the Injury Unit, caters to IU patients (over 5 years) and outpatient clinic referrals. The X-ray equipment in both rooms was replaced in 2019 (Room 2) and 2020 (Room 1). A Canon Aquilion Prime 160-slice CT scanner is installed in the main radiology department and supports inpatients, outpatients, day-care patients, and MAU (patients over 16 years). CT referrals are accepted only from consultants and their clinical teams. The department also includes a digital mobile X-ray unit (Shimadzu Mobil Art Evolution with Carestream retrofit) used for inpatient portable chest imaging only, a Philips BV Pulsera image intensifier used for pain management and urology procedures. Ultrasound services are also provided and information regarding this is available if required. Radiology reporting services are provided by an off-site diagnostic radiology reporting service. Radiologists are available by phone and communicate imaging protocols and instructions through NIMIS. An on-call service is available outside of regular hours. Medical support for urgent issues within the department is provided by the onsite on-call medical team.

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 inspector[1] reviewed all information about this medical radiological installation[2]. This includes any previous inspection findings, information submitted by the undertaking, undertaking representative or designated manager to HIQA[3] 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 users[4] 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 13 November 2025	10:05hrs to 14:10hrs	Kay Sugrue	Lead
Thursday 13 November 2025	10:05hrs to 14:10hrs	Noelle Neville	Support

Governance and management arrangements for medical exposures

An inspection was carried out at St John's Hospital Limerick on 13 November 2025, by inspectors, to assess the hospital's compliance with the regulations. Inspectors visited general X-ray (Room 1 and the Local Injury Unit) and computed tomography (CT) services, spoke with management and staff and reviewed documentation including medical radiological records during this inspection. From the evidence gathered, inspectors found that the undertaking was compliant with Regulations 4, 5, 10, 16 and 17 and action was needed to comply with Regulations 6, 8, 11, 13, 14, 19, 20, and 21.

In relation to the clear allocation of responsibilities for the protection of service users from medical exposures to ionising radiation, the undertaking had ensured that referrals for medical radiological exposures were only accepted from individuals entitled to refer. Similarly, only individuals entitled to act as a practitioner took clinical responsibility for medical radiological exposures. Inspectors were informed that medical physics expertise was provided by the Health Services Executive (HSE) Mid-West medical physics department located in University Hospital Limerick. However, in the absence of formalised arrangements, it was unclear to inspectors what the allocated resources were, and if the current available medical physics expert (MPE) resources were sufficient to ensure the stability of MPE continuity arrangements at the hospital. Furthermore, as detailed under the relevant regulations in this report, gaps were also identified regarding some of the MPE responsibilities, specifically, in relation to the annual quality assurance of the medical radiological equipment and the review and establishment of some facility diagnostic reference levels (DRLs), in line with established timelines. This meant that the requirements set out under Regulations 19(9), 20 and 21 were not fully met by the undertaking, and therefore, need to be addressed**.**

From the review of the governance, management and leadership arrangements within the radiology service, it was clear to inspectors that there were effective reporting pathways to ensure that radiation protection matters were communicated through these structures to the undertaking, St John's Hospital. Despite the gaps in compliance identified during this inspection, inspectors noted that there was a culture of radiation protection embedded in practices at the hospital, for the benefit of service users attending there for medical exposures involving ionising radiation.

Regulation 4: Referrers

Inspectors found, following a review of a sample of referrals and discussions with staff, that only those entitled to act as a referrer under the regulations could request a medical radiological procedure to be carried out in this facility.

Judgment: Compliant

Regulation 5: Practitioners

Inspectors were satisfied that individuals allocated with practitioner roles and responsibilities at St John's Hospital met the requirements of this regulation.

Judgment: Compliant

Regulation 6: Undertaking

Radiology governance arrangements and communication pathways were presented in diagrammatic format and reviewed by inspectors. These arrangements showed that a radiation protection unit (RPU), with the responsibility of operational oversight of radiological practices, reported into a radiation safety committee (RSC). The RSC was chaired by the chief executive officer (CEO) of the hospital who was also the undertaking representative. The CEO membership of the RSC provided assurance that issues relating to the radiation protection of service users were reported upwards, as required, to the undertaking, at the level of the Board of Management of St John's Hospital. Minutes from these committees showed there were appropriate multidisciplinary representatives attending these forums and discussion topics included a wide range of agenda items that covered the spectrum of radiation protection and regulatory conformity.

Inspectors were provided with a suite of policies and procedures to view that supported staff carrying out medical radiological procedures at the hospital. It was clear from these documents and discussions with staff and management that responsibilities were allocated to appropriate individuals as per the requirements of the regulations. This meant that referrers and practitioners aligned with Regulations 4 and 5, and MPE responsibilities were detailed in documentation as per Regulation 20. However, as discussed under Regulations 19, 20 and 21, the undertaking must address MPE resource deficiencies identified by the hospital prior to this inspection, to ensure compliance with regulatory requirements. In addition, inspectors noted that information relating to Regulation 7: Justification of Practices, should be expanded in local policy to outline the process for staff to follow for the submission of an application to HIQA for the generic justification of any new type of practice, if required.

Judgment: Substantially Compliant

Regulation 10: Responsibilities

Following a review of documentation and speaking with staff and management, inspectors were satisfied that staff at St John's Hospital had ensured that all medical exposures took place under the clinical responsibility of a practitioner. There was also evidence to demonstrate to inspectors that a practitioner and the MPE were involved in the optimisation process and that a practitioner and referrer were involved in the justification of individual medical radiological procedures.

Judgment: Compliant

Regulation 19: Recognition of medical physics experts

Inspectors were informed that MPE services were provided by the HSE Mid-West from the medical physics department based at University Hospital Limerick. Inspectors were informed that continuity arrangements were understood and in place at the hospital but not formalised. Minutes from different committees within the radiology governance arrangements viewed by inspectors had stated that the lack of MPE resources was on ongoing issue and was a recurrent agenda item discussed at these multiple forums. MPE resource deficiencies were also confirmed by both staff and management during discussions with inspectors. Inspectors noted from these discussions, that numerous recruitment campaigns had been held, however, inspectors were informed that the medical physics staffing levels were still below the number required as identified within the medical physics department**.** Staff informed inspectors that St John's Hospital had looked to recruit a physics resource specifically for the hospital, however, the required funding was not available to proceed with this initiative. Inspectors were informed that recruitment efforts were ongoing and management at the hospital planned to revisit arrangements for MPE resources allocated to St John's Hospital. This is essential to ensure that arrangements are put in place so that MPE resources are strengthened and sustained in a stable way for the service, to comply with Regulation 19(9).

Judgment: Substantially Compliant

Regulation 20: Responsibilities of medical physics experts

The professional registration certificates from the Irish College of Physicists in Medicine (ICPM) for the medical physicists were reviewed by inspectors and were up-to-date.

Inspectors found from discussions with management and staff, including the MPE, that MPE responsibilities were met in the majority of areas with some exceptions. For example, inspectors noted from the minutes viewed, that the MPE attended the RSC, RPU and radiation clinical audit meetings and contributed to the review and

development of documents related to radiation protection. One of the two MPEs supporting this facility, at the time of this inspection, was also the radiation protection adviser (RPA), thereby, meeting the requirements of Regulation 20(3). The evidence showed that the MPE contributed to the establishment and review of the QA programme. Records showed that acceptance testing was completed as required and all annual QA was up-to-date with the exception of the CT equipment, which was last completed in August 2024. Staff informed inspectors that QA was planned for December of this year and the delay in this annual QA was due to the lack of MPE resources. The lack of medical physics resources was also identified by staff as a contributory factor for gaps in the approval of some 2024 facility DRLs and the delay in reviewing data for the establishment of 2025 facility DRLs, which had not been approved by the MPE at the time of this inspection.

Overall, some gaps in relation to MPE responsibilities were identified during this inspection, therefore, the undertaking must ensure there are appropriate MPE resources, maintained at a stable level, to ensure MPE responsibilities are fulfilled in line with this regulation.

Judgment: Substantially Compliant

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

As per the findings discussed under Regulation 20 and following discussions with management, staff and the MPE, inspectors found there was scope to improve MPE contribution and involvement that is proportionate to the radiological risk of the service, to ensure full regulatory compliance.

Judgment: Substantially Compliant

Safe Delivery of Medical Exposures

Inspectors reviewed the systems and processes in place for the safe delivery of medical exposures at St John's Hospital and found that while compliance was demonstrated with Regulations 16 and 17, improvements were required to achieve full regulatory compliance with Regulations 8, 11, 13, and 14.

Medical radiological records viewed by inspectors showed that the pregnancy status of relevant service users was established and recorded by a practitioner prior to carrying out each medical exposure, as per the regulations. Information relating to pregnancy and the risks associated with CT and X-ray procedures was displayed on notices in service user waiting areas. Staff at the hospital had implemented a process for justifying each medical exposure in advance of carrying out the

procedure. Inspectors observed that justification in advance was recorded in the majority of records viewed, however, in a small sample of records, the record to demonstrate that justification in advance on the triple identification form was not present. Therefore, greater care is required when recording that justification has been completed in line with the requirements of Regulation 8(15). In addition, the clinical data provided by referrers in a small sample of referrals for medical exposures conducted in theatre procedures was very limited and requires improvement to comply fully with Regulation 8(10)(c).

Inspectors saw evidence that referral guidelines and protocols for standard procedures were available in clinical areas for staff to reference. From a sample of medical radiological procedure records, inspectors saw that information relating to the patient exposure was included in the majority of reports viewed, however, this was not the case for reports of medical exposures carried out for intra-operative screening procedures. Therefore, these gaps need to be addressed to comply with the requirements of Regulation 13(2). Inspectors noted good examples in relation to clinical audit which showed that the undertaking had adapted its approach to clinical audit to align with HIQA's national procedures. However, to ensure full regulatory compliance with Regulation 13(4), a clinical audit strategy must be developed that incorporates the principles and essential criteria of the national procedures.

Inspectors found that a QA programme was established to ensure that medical radiological equipment is meeting the necessary standards and is fit for continued clinical use. However, as detailed under Regulation 14, action was needed regarding the strict surveillance of medical radiological equipment at the hospital to meet the requirements of this regulation.

Following a review of documentation and speaking with staff, inspectors were not satisfied that facility DRLs were reviewed and approved for use in a timely way. For example, inspectors found there were gaps in the review and approval of 2024 facility DRLs for general X-ray and paediatric procedures and 2025 facility DRLS had not been approved for use at the time of this inspection. The undertaking must address these gaps to ensure the requirements of Regulation 11(5) are met.

In relation to Regulation 17, inspectors were satisfied that there were systems in place to report and record accidental and unintended exposures. While meeting regulatory requirements, inspectors noted from discussions with staff, that there was potential to improve the levels of reporting of near misses and good catches.

Despite the gaps in compliance identified during this inspection, inspectors noted that many of the non-compliances identified were related to gaps in documentation and did not impact the safe delivery of medical exposures. In addition, inspectors noted that medical radiological practices at this facility were underpinned by a strong commitment by staff towards the radiation protection of service users which was demonstrated to inspectors through out this inspection.

Regulation 8: Justification of medical exposures

Information about the benefits and risks associated with the radiation dose from medical exposures was available to service users on a range of notices displayed throughout the facility and also provided in information leaflet format in service users' waiting areas.

Inspectors were satisfied that all referrals reviewed were in writing and stated the reason for the request, however, in the case of a small number of medical exposures carried out in theatre, not all referrals were accompanied by sufficient medical data to inform the justification process.

Inspectors noted that individual roles and responsibilities and the procedure for the justification of all medical exposures in each modality were outlined in the document titled *Policy for the Justification of Medical Ionising Radiation Exposures & Communication of Radiation Risk to Patients.* In the majority of medical radiological records viewed by inspectors, the record to show that justification in advance had been carried out by a practitioner was recorded for each medical exposure, with some exceptions. For example, for general X-ray procedures, a triple identification form was used, with a tick box to record that justification in advance which was completed and signed by the practitioner before uploading the form onto the radiology information system. However, in a small sample viewed, inspectors observed that the form was signed by the practitioner, however, the justification in advance box was not ticked, as per the identified process, and therefore, the evidence to show that justification had been completed was not there in these records. The undertaking must address the documentary gaps identified in relation to Regulations 8(10)(c) and 8(15) to achieve full compliance with Regulation 8.

Judgment: Substantially Compliant

Regulation 11: Diagnostic reference levels

Inspectors noted that facility DRLs were displayed and accessible to staff in the clinical areas visited. In the CT area, the 2024 facility DRLs were on display and were based on data collected between January and October 2023, but inspectors noted that they were only approved for use by the RSC on 5 November 2025. In general X-ray and the local injury units, the DRLs displayed and in use, were established in 2023, and based on data gathered between January and December 2022. Similarly these facility DRLs were only approved for use on 4 September 2023. Inspectors noted from documents provided that the establishment of facility DRLs was monitored by staff as a key performance indicator (KPI) at the hospital. It was clear from the KPI metrics reviewed by inspectors that only 60% of DRLs were approved for 2024 (based on data gathered in 2023) and none of the 2025 DRLs were approved at the time of this inspection. Inspectors were informed that data for the 2025 DRLs had been gathered and was awaiting approval by the MPE. Inspectors found that there were significant delays between the completion of the collection of data and the approval of facility DRLs for application to practices in

2024 and 2025. Consequently, there was insufficient evidence to show that facility DRLs were consistently established and reviewed based on contemporary data. The undertaking must ensure that facility DRLs are regularly reviewed within appropriate timeframes, in line with the hospital's policy and KPIs in order to improve compliance with Regulation 11(5).

Evidence provided demonstrated to inspectors that reviews were carried out where facility DRLs were found to consistently exceed national DRLs. For example, facility DRLs for one type of chest X-ray were found to be above the national DRL in 2022 (data collected in 2021) and 2023 (data collected in 2022). A clinical audit to investigate the image quality and dose to patients undergoing this procedure was carried out. Corrective actions were implemented including parameter adjustments made by the application specialist, changes to field of view and staff training and a follow-up audit of the field of view was carried out in 2022. Inspectors noted that this audit highlighted the benefits gained from the annual collection and analysis of data for each exam to compare with the national DRLs. Staff informed inspectors that there had been a reduction in the facility DRL for this procedure, however, this reduction was not evident to inspectors as facility DRLs for 2024 and 2025 had not yet been established.

Judgment: Not Compliant

Regulation 13: Procedures

Inspectors viewed a sample of written protocols for standard radiological procedures carried out at St John's Hospital which were available in hard copy and electronic format thereby demonstrating compliance with Regulation 13(1). Referral guidelines were also available to staff and accessible on desk tops in clinical areas, as per Regulation 13(3).

Inspectors observed that information relating to the patient exposure was referenced in the majority of medical radiological procedure reports viewed, however, a small number of exceptions were seen in reports of medical radiological intra-operative procedures carried out in the theatre setting. This regulatory gap must be addressed to fully comply with Regulation 13(2).

Inspectors were satisfied that a clinical audit programme was implemented at St John's Hospital with appropriate oversight by the hospital's radiation clinical audit committee. There was a clinical audit plan in place for 2025 which included audits of structure, process and outcome. Inspectors noted that there were good examples of clinical audits completed in 2024 and 2025. For example, clinical audit was used to assess the occurrence of duplicate scans from cross-site duplicate referrals originating from the rapid access lung clinics. These audits resulted in the introduction of quality improvement measures such as a new standard operating procedure and checklists for clerical staff, to reduce the risk of duplicate scans occurring. Inspectors noted that a re-audit was carried out to assess the

effectiveness of these new measures and considered the approach taken to be a good example of clinical audit practice. In another example, clinical audit was used to optimise the radiation dose of low dose thorax CT exams while maintaining image quality. Notwithstanding the good practices described here, the undertaking must develop a clinical audit strategy aligned with the principles and essential criteria set out in the national procedures to fully comply with Regulation 13(4).

Judgment: Substantially Compliant

Regulation 14: Equipment

Inspectors found that a QA programme for the medical radiological equipment was implemented at the hospital and this outlined the frequencies for regular performance testing and annual QA by the MPE. Records viewed verified that acceptance testing by an MPE had been completed as required. Service checks and maintenance by an engineer were also evident, as were routine quality performance testing. In general, inspectors noted that performance testing carried out by radiography staff adhered to the QA programme's timeline frequencies, with the exception of tests completed in quarter three of 2025, which were completed one month after they were due. A timeline gap was also identified in the annual QA of CT equipment by the MPE, which on the day of the inspection, had not been completed in line with its scheduled QA due in August 2025. Staff informed the inspectors that CT QA was planned to be completed in mid-December 2025 and this delay was attributed to the lack of available MPE resources at the hospital.

Inspectors found that delays in completing scheduled performance testing meant that action is required by the undertaking to comply with Regulation 14(3)(b) and to provide greater assurance that all medical radiological equipment in use is kept under strict surveillance as required under Regulation 14(1).

Judgment: Substantially Compliant

Regulation 16: Special protection during pregnancy and breastfeeding

Inspectors spoke with staff and discussed the process for determining the pregnancy status of female patients of childbearing age before carrying out a medical exposure. The procedures described by staff aligned with hospital policy. Records reviewed consistently showed that a scanned pregnancy declaration form, signed by the practitioner making the enquiry and the service user, was maintained under the patient record on the radiology information system. Notices to increase awareness of individuals to whom Regulation 16 applies were also observed by the inspectors in service user waiting areas throughout the radiology department.

Judgment: Compliant

Regulation 17: Accidental and unintended exposures and significant events

Inspectors viewed a document named *Standard Operating Procedures for recording Near Miss or Actual Radiation Incidents,* approved by the RSC in May 2024, that outlined the incident management processes in place at the hospital. These processes were consistent with those described by staff in discussions with the inspectors. Staff informed the inspectors that there were good systems and checks in place to catch any potential issues that could lead to an incident occurring. While complying with the requirements of this regulation, inspectors noted from documentation provided that the level of incidents and near misses reported each year were relatively low when compared to the number of medical exposures carried out. Therefore, there was potential to increase the reporting of near misses and good catches to further enhance incident reporting levels at the hospital.

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	Substantially Compliant
Regulation 20: Responsibilities of medical physics experts	Substantially Compliant
Regulation 21: Involvement of medical physics experts in medical radiological practices	Substantially Compliant
Safe Delivery of Medical Exposures	
Regulation 8: Justification of medical exposures	Substantially Compliant
Regulation 11: Diagnostic reference levels	Not 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 St John's Hospital OSV-0006428

Inspection ID: MON-0038630

Date of inspection: 13/11/2025

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: MPE Resources: A quality improvement plan was put in place to address the shortage of medical physicists in 2024 and outcomes are continuously being monitored by the CEO, HSE Mid-West Acute and Older Persons Services. Most recently, 5 posts were advertised on the 20th October 2025 which includes principal and senior physicist grades. The MPE responsibilities will be reviewed following recruitment of these additional resources. In the interim, the 2 MPEs support the clinical services, including attending the 6 monthly Radiation Protection Unit meetings and the bi-annual Radiation Safety Committee and Radiology Clinical Audit meetings in St. John's Hospital. The Chief Physicist (MPE) reviews all submissions to the HSE Mid-West Region Research Ethics Committee and attends meetings as appropriate. Justification of Practices: The revised Radiation Safety Procedures (V6, 2025) refers to the 2023 HIQA publication "Methods for Generic Justification of new practice in ionising radiation" in Appendix 1. A specific policy on the matter is being drafted and will be approved by end of Q1 2026.	
Regulation 19: Recognition of medical physics experts	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Recognition of medical physics experts: A quality improvement plan was put in place during 2024 and it is under regular review by the CEO, HSE Mid-West Acute and Older Persons Services. While some tasks have	

been outsourced to external MPEs, management recognise the importance of recruiting staff to ensure continuity of expertise. Most recently, 5 Medical Physics posts were advertised on 20th October 2025; 1 at Principal grade, 2 at Senior grade and 2 at Basic/Staff grade. The Principal and Senior job descriptions require applications from registered MPEs or physicists eligible to apply for registration within 12 months of appointment. UHL are managing this recruitment campaign.
The Basic/Staff Grade interviews have been scheduled for the 7th and 8th January 2026.

In the interim, the CEO, St. John's Hospital is investigating engagement with external MPEs to progress the outstanding work which includes review of DRL data and policy development.

Regulation 20: Responsibilities of medical physics experts	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Responsibilities of medical physics experts:
The outstanding QA testing on the CT scanner has been completed on the 17/12/2025.

CEO St. John's Hospital is investigating engagement with external MPEs to progress the review of outstanding DRLs while the HSE Mid-West Medical Physics Department progresses the recruitment campaign referred to in response to Regulation 19.

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

Outline how you are going to come into compliance with Regulation 21: Involvement of medical physics experts in medical radiological practices:
Significant efforts have been made by the CEO, HSE Mid-West Acute and Older Persons Services to recruit experienced medical physics resources since 2024. However, it has been a challenge to recruit experienced staff. Principal and Senior medical physics posts were advertised in October 2025, recruitment is still in progress.

The CEO of St. John's Hospital recognises the importance of MPE support and outsourced some tasks including the annual QA programme in 2024 and review of policies, procedure and protocols in 2025 due to limited local resources. The CEO is exploring engagement with external MPEs to progress the current outstanding work while the recruitment campaign is progressing.

An MPE SLA has been drafted by the Chief Physicist, HSE Mid-West Region and will be circulated to St. John's Hospital for review and approval when the additional MPE resources are made available.

Regulation 8: Justification of medical exposures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Justification of medical exposures:
Communication has been made to referrers 16/12/2025 that all requests must be accompanied by sufficient medical data so the practitioner can consider the benefits and risks of medical exposure for each examination.

Communication was issued to practitioners on 15/12/2025 that 'justified in advance' must be recorded for each medical exposure. The tick box on the triple ID form for justified in advance must be ticked.

Regulation 11: Diagnostic reference levels	Not Compliant

Outline how you are going to come into compliance with Regulation 11: Diagnostic reference levels:
The CEO is exploring engagement with external MPEs to progress the review of the outstanding DRL work while the recruitment campaign is progressing.

Regulation 13: Procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: Procedures:
Dose recorded on report: A statement regarding dose on the theatre exam reports has been introduced on 16/12/2025.

Audit strategy: The Audit Strategy has been drafted by radiography staff. Input will be

obtained from the Lead Radiologist and Chair of the Radiology Audit Committee prior to sign-off.

Regulation 14: Equipment	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Equipment: The annual QA testing of the CT scanner was completed on the 17/12/2026. The frequency of in-house QC testing will be undertaken in line with the criteria detailed in the In-House QC testing policy.	

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	31/03/2026
Regulation 8(10)(c)	A referrer shall not refer an individual to a practitioner for a medical radiological procedure unless the referral is accompanied by	Substantially Compliant	Yellow	16/12/2025

	sufficient medical data to enable the practitioner to carry out a justification assessment in accordance with paragraph (1).			
Regulation 8(15)	An undertaking shall retain records evidencing compliance with this Regulation for a period of five years from the date of the medical exposure, and shall provide such records to the Authority on request.	Substantially Compliant	Yellow	31/03/2026
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	31/03/2026
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	16/12/2025

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	31/03/2026
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	17/12/2025
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.	Substantially Compliant	Yellow	10/12/2025
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.	Substantially Compliant	Yellow	31/03/2026
Regulation 20(2)(c)	An undertaking shall ensure that,	Substantially Compliant	Yellow	31/03/2026

	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 technical specifications for medical radiological equipment and installation design; (v) the surveillance of the medical radiological installations; (vi) the analysis of events involving, or potentially involving, accidental or unintended			

	medical exposures; (vii) the selection of equipment required to perform radiation protection measurements; and (viii) the training of practitioners and other staff in relevant aspects of radiation protection.			
Regulation 21(1)	An undertaking shall ensure that, in medical radiological practices, a medical physics expert is appropriately involved, the level of involvement being commensurate with the radiological risk posed by the practice.	Substantially Compliant	Yellow	31/03/2026