

Health Information and Quality Authority

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

Name of Medical Radiological Installation:	Bantry General Hospital
Undertaking Name:	Health Service Executive
Address of Ionising Radiation Installation:	Bantry, Cork
Type of inspection:	Announced
Date of inspection:	04 December 2024
Medical Radiological Installation Service ID:	OSV-0007344
Fieldwork ID:	MON-0043756

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

Bantry General Hospital is a statutory hospital owned and managed by the Health Service Executive (HSE). The hospital is a member of Cork University Hospital Group and is part of the South/South West Hospital Group governance structure. The hospital is managed by the Hospital Manager who reports to the Chief Executive Officer of Cork University Hospital Group. The hospital provides acute general hospital services to the population of a geographical area encompassing West Cork and South Kerry. Service delivery:

- 24/7 department of medicine treating medical patients via the Medical Assessment Unit (MAU)
- 50 Acute In-patient beds including High Dependency & Stroke Unit
- Rehabilitation Unit
- Day Surgery
- General, Plastic and Gynaecology
- Injuries Unit (IU)
- Out-Patient services to approximately 10,000 patients per annum. The radiology department at Bantry General Hospital provides a 24 hour, seven days per week diagnostic general service with rising activity levels across all modalities including general radiography, fluoroscopy, CT and ultrasound year on year. An off-site diagnostic radiology reporting service is provided to Bantry General Hospital by a third party organisation.

How we inspect

This inspection was carried out to assess compliance with the European Union (Basic Safety Standards for Protection against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations 2018, as amended. The regulations set the minimum standards for the protection of service users exposed to ionising radiation for clinical or research purposes. These regulations must be met by each undertaking carrying out such practices. To prepare for this inspection, the inspector¹ reviewed all information about this medical radiological installation². This includes any previous inspection findings, information submitted by the undertaking, undertaking representative or designated manager to HIQA³ and any unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- talk with staff and management to find out how they plan, deliver and monitor the services that are provided to service users
- speak with service users⁴ to find out their experience of the service
- observe practice to see if it reflects what people tell us
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

About the inspection report

In order to summarise our inspection findings and to describe how well a service is complying with regulations, we group and report on the regulations under two dimensions:

¹ Inspector refers to an Authorised Person appointed by HIQA under Regulation 24 of S.I. No. 256 of 2018 for the purpose of ensuring compliance with the regulations.

² A medical radiological installation means a facility where medical radiological procedures are performed.

³ HIQA refers to the Health Information and Quality Authority as defined in Section 2 of S.I. No. 256 of 2018.

⁴ Service users include patients, asymptomatic individuals, carers and comforters and volunteers in medical or biomedical research.

1. Governance and management arrangements for medical exposures:

This section describes HIQA's findings on compliance with regulations relating to the oversight and management of the medical radiological installation and how effective it is in ensuring the quality and safe conduct of medical exposures. It outlines how the undertaking ensures that people who work in the medical radiological installation have appropriate education and training and carry out medical exposures safely and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Safe delivery of medical exposures:

This section describes the technical arrangements in place to ensure that medical exposures to ionising radiation are carried out safely. It examines how the undertaking provides the systems and processes so service users only undergo medical exposures to ionising radiation where the potential benefits outweigh any potential risks and such exposures are kept as low as reasonably possible in order to meet the objectives of the medical exposure. It includes information about the care and supports available to service users and the maintenance of equipment used when performing medical radiological procedures.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 4 December 2024	09:05hrs to 14:43hrs	Kay Sugrue	Lead
Wednesday 4 December 2024	09:05hrs to 14:43hrs	Noelle Neville	Support

Governance and management arrangements for medical exposures

An inspection was carried out at Bantry General Hospital on 4 December 2024 to assess compliance with the regulations and to determine if actions outlined in the compliance plan following the previous HIQA inspection on 19 October 2021 had been implemented. Inspectors visited the general radiography X-ray service and the computed tomography (CT) unit during this inspection.

Inspectors found from a review of documentation and discussions with management and staff, that measures had been implemented since the last inspection to improve compliance with Regulations 8, 10, 13 and 16. Compliance was also demonstrated with Regulations 4, 5, 9, 14, 17 and 19. While noting improvements in compliance achieved by staff at the hospital, inspectors found that further action was required by the undertaking to comply with Regulations 6, 11, 20 and 21.

Inspectors reviewed documentation outlining radiology governance arrangements for the radiation protection of service users at the hospital and spoke with staff and management. It was clear to inspectors that staff were familiar with local leadership and management arrangements in place and the forums such as the radiation safety committee (RSC) and the hospital quality and safety committee which were responsible for oversight of the radiation protection of service users. There was also defined reporting lines from the hospital up to the chief executive officer (CEO) of Cork University Hospitals Group (CUHG) and the undertaking, the Health Service Executive (HSE). Inspectors noted some disparity between documentation that detailed radiology governance arrangements from what was described by staff to inspectors at the time of the inspection, therefore this should be addressed. Although there were notable improvements in policy development since the last inspection, inspectors again observed inconsistencies in the review, approval and in some cases content, in a small number of documents viewed.

In relation to the allocation of responsibilities for the radiation protection of service users, inspectors were satisfied from the evidence gathered that individuals recognised under the regulations acted as referrers as per Regulation 4, and practitioners as per Regulation 5. Additionally, only those entitled to act as practitioner took clinical responsibility for medical exposures in the service. The undertaking had ensured that a medical physics expert (MPE) was engaged for the service with continuity arrangements also evident.

While inspectors found that an MPE contributed to, and was involved at the facility across a range of responsibilities, there was scope to enhance the MPE contribution in relation to optimisation and training practitioners on radiation protection. This was an outstanding issue from the 2021 inspection. In addition, and as an aspect relating to the allocation of responsibilities, a process should be established to ensure that the introduction of a new type of practice is managed in line with Regulation 7.

Overall, while some aspects in relation to the allocation of responsibilities for the radiation protection of service users required action to comply with regulations, most related to gaps in documentation. Inspectors found that staff at Bantry General Hospital showed a strong commitment to the radiation protection of service users attending for medical exposure at its facility.

Regulation 4: Referrers

Inspectors reviewed a sample of referrals from both the CT and general X-ray services and found that all referrals viewed were from individuals entitled to refer, as per the regulations.

Judgment: Compliant

Regulation 5: Practitioners

From the review of documentation and discussion with staff delivering medical exposures, inspectors were satisfied that only those entitled to act as a practitioner took clinical responsibility for medical exposures in line with this regulation.

Judgment: Compliant

Regulation 6: Undertaking

Inspectors reviewed the governance, management and leadership arrangements in place at Bantry General Hospital, including the allocation of responsibility for the radiation protection of service users, to determine compliance with this regulation.

The designated manager was also the general manager at Bantry General Hospital. An RSC was in place that was responsible for the oversight of the radiation protection of service users. The RSC reported to the hospital's quality and safety committee and had multidisciplinary representation in attendance at each meeting which were held twice a year. There was sufficient evidence gathered to satisfy inspectors that there were appropriate leadership and management arrangements in place to ensure the oversight of medical radiological practices at the hospital. This included established lines of communication from the hospital via the Cork University Hospitals Group (CUHG) to inform the undertaking at HSE about any issues relating to the radiation protection of service users that may arise.

Inspectors were assured from speaking with staff and following a review of documentation, that referrals were only accepted from those entitled to refer an

individual for medical radiological procedures. Similarly, inspectors found that clinical responsibility for medical exposures was only taken by personnel entitled to act as practitioners as per the regulations. Since the 2021 inspection, staff at the hospital had taken action to improve the clarity in relation to the allocation of responsibilities for the justification of medical exposures and the re-justification of medical exposures where pregnancy could not be ruled out.

While noting the measures implemented to improve compliance with this regulation since the last inspection, more work was required to fully comply with Regulation 6(3). For example, the processes and procedures to approve an application of a new type of practice that may require generic justification by HIQA which was not evident during the inspection. This is an important aspect in relation to the allocation of responsibilities, to help ensure that all new practices introduced since January 2019 are managed in line with Regulation 7. Furthermore, documentation outlining radiology governance structures provided to inspectors before the inspection did not fully align with those described by staff at the time of the inspection. In addition, gaps in document quality management arrangements identified during the previous inspection required further action to ensure consistency and quality control for policy development and approval. Therefore, documentation should be reviewed and updated to address the gaps identified during this inspection.

Inspectors concluded that overall, staff working in this facility were aware of their responsibilities for the safe delivery of medical exposures and who they were accountable to within the service. While noting the measures implemented to improve compliance with this regulation since the last inspection, more work was required to fully comply with Regulation 6(3).

Judgment: Substantially Compliant

Regulation 10: Responsibilities

Following a review of documentation and speaking with staff and management, inspectors were satisfied that staff at Bantry General 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 support was provided by the medical physics department at Cork University Hospital (CUH) which was similar to the arrangement in place during the last inspection. Inspectors were satisfied that contingency arrangements were in place and MPE cover was available when required at Bantry General Hospital.

Judgment: Compliant

Regulation 20: Responsibilities of medical physics experts

Inspectors found that the responsibilities of the MPE, as outlined under this regulation, were largely met which was a similar finding from the inspection in 2021. The evidence gathered by inspectors demonstrated that an MPE carried out quality assurance of medical radiological equipment each year, provided incident analysis if required, was involved in the review of diagnostic reference levels (DRLs) and attended the RSC meetings. Inspectors were informed that MPEs were involved in optimisation, however, staff said that the level of involvement in optimisation could potentially be improved by taking a more structured approach which was due to commence via optimisation meetings to be held in January 2025.

In relation to the gap in MPE contribution to training identified in 2021, inspectors found this remained an issue during this inspection which was again attributed to MPE resource deficiencies in the CUHG medical physics service. Inspectors determined that the undertaking should review the existing MPE arrangements to ensure the identified gaps in compliance, ongoing since 2021, are addressed.

Judgment: Substantially Compliant

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

Inspectors found that MPE involvement in the development of CT protocols had improved since the previous inspection, however, as discussed under Regulation 20, MPE contribution to training remained an outstanding issue. Therefore, the undertaking must ensure that the appropriate steps are taken in Bantry General Hospital to ensure MPE involvement and contribution is proportionate to the radiological risk associated with medical radiological practices at the hospital.

Judgment: Substantially Compliant

Safe Delivery of Medical Exposures

Inspectors were satisfied that there were systems and processes in place for the safe delivery of medical exposures at Bantry General Hospital. Under the safe delivery of medical exposures, the hospital demonstrated compliance with Regulations 8, 9, 12, 13, 14, 16 and 17 while substantially compliant with Regulation 11. This meant that measures implemented since the previous inspection had successfully improved compliance with Regulations 8, 13 and 16.

Following a review of documentation and speaking with staff, inspectors found that medical radiological equipment was kept under strict surveillance regarding radiation protection. A quality assurance programme was established and was up-to-date at the time of inspection. 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 report for each record viewed, as per Regulation 13(2).

Justification in advance was evident in each of the records reviewed during this inspection. Assurance was also provided 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 were displayed in notices in service user waiting areas and this information was also provided in information leaflets.

Inspectors found there was an established clinical audit programme in place at Bantry General Hospital with evidence to show that clinical audits were carried out in line with the National Procedures published by HIQA in November 2023. An area of good practice was observed by inspectors in how clinical audits were focused on improving or changing practices not only in the radiology service but across other departments within the hospital. Clinical audits, such as annual dose audits, compared doses between the two units in the general radiography X-ray service and disparities identified are to be addressed as part of an optimisation project to commence in January 2025. The reports of completed audits viewed by inspectors demonstrated the commitment by staff involved in the delivery of medical exposure to the radiation protection of service users.

In relation to Regulation 17, inspectors were satisfied that there were systems in place to report and record accidental and unintended exposures. While compliant with this regulation, inspectors noted that the levels of reporting were relatively low when considered against the numbers of procedures carried out each year, therefore, enhancing the levels of reporting should be an area for improvement going forward.

DRLs had been established, used and reviewed and all local facility DRLs were below national levels. However, inspectors noted that some facility DRLs were reviewed every second year and not annually in accordance with local policy. Furthermore, the data used to establish facility DRLs in 2024 was based on data collated by the

dose management system in 2023. These were areas that require review and improvement by the undertaking to fully comply with Regulation 11(5).

Since the previous inspection, staff at the hospital had implemented measures and had achieved improvement in regulatory compliance. Overall, inspectors were satisfied that systems were in place to support the safe delivery of medical exposures at this facility.

Regulation 8: Justification of medical exposures

Inspectors were satisfied that all referrals reviewed were in writing, stated the reason for the request and were accompanied by sufficient medical data to facilitate the practitioner when considering the benefits and risks of the medical exposure. 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 user's waiting areas.

Inspectors found that Bantry General Hospital had followed through on completing the actions outlined in the hospital's previous compliance plan, to improve the justification of medical exposures. Inspectors viewed the document titled *Policy for Radiology Referral and Justification of Referrals in Bantry General Hospital* which had been updated since the previous inspection and approved by the RSC in April 2022. Inspectors noted that individual roles and responsibilities and the procedure for the justification of all medical exposures in each modality, was outlined in this document which also aligned with justification practices described by staff. Medical radiological records viewed by inspectors demonstrated that justification in advance had been carried out by a practitioner for each medical exposure in line with this regulation.

Inspectors noted that referrals for some procedures were justified well in advance of the date the medical exposure was carried out. Staff informed inspectors that a further check to ensure that the referral was still justified was completed and documented on the radiology information system as part of the triple identification check before carrying out each procedure. While meeting regulatory requirements, local policy should be updated to include this final, but important step taken by radiographers in the justification process.

Judgment: Compliant

Regulation 9: Optimisation

From a review of documentation and speaking with staff, inspectors were satisfied that staff performing medical exposures at Bantry General Hospital were committed

to the optimisation and the radiation protection of service users. This was evident in the provision of protocols for medical exposures, the management and maintenance of medical radiological equipment, clinical audit focused on optimising procedures and training provided by the radiation protection officer (RPO) to staff in relation to radiation protection.

Inspectors were informed of a clinical audit carried out that resulted in a change of practice leading to a significant reduction in the need for a chest X-ray to confirm the location of a fine bore naso-gastric feeding tube following insertion. This audit involved a multidisciplinary approach to change not only referral practices, but also the clinical management of the patient, to ensure alignment with recognised best practice. This audit was viewed by inspectors as an area of good practice where clinical audit has benefited the wider service. Inspectors found that scoliosis assessment had ceased at the hospital when an audit identified that another site provided an alternative system to evaluate the complete curvature of the spine which involved less exposure to ionising radiation. Finally, recent dose audits identified potential differences in doses for similar procedures performed on different general X-ray units. Inspectors were informed that the noted disparities would be investigated further to determine the reason for the variation in doses which will be addressed in optimisation project to commence in the new year.

Overall, inspectors found that there was a proactive approach taken by staff at the hospital to ensure the optimisation and radiation protection of service users.

Judgment: Compliant

Regulation 11: Diagnostic reference levels

Inspectors viewed the document titled *Policy and Procedure on Dose Reference Levels in Radiology Bantry General Hospital* which was developed by radiology physics in CUH, however, it was unclear from this document when or how this document was approved for use in Bantry General Hospital or when it should be reviewed. This local policy detailed individuals with responsibility for establishing diagnostic reference levels (DRLs) at the hospital, the procedure for reviewing facility DRLs annually and the process to follow when a DRL level consistently exceeded or was significantly lower than national DRLs.

Inspectors found that some facility DRLs had been established for 2024 and prior to that in 2022. Inspectors noted that facility DRLs were available to staff in each service area visited and staff described to inspectors how facility DRLs were applied in practice. Inspectors identified that these DRLs were not reviewed on an annual basis in line with local policy.

In the CT unit, inspectors observed that both facility DRLs for 2022 and 2024 were available in the CT control area. Staff explained to inspectors that both sets of data were kept in this service area as the 2022 CT DRLs included the national DRLs for

reference which were absent from the 2024 facility DRLs. Inspectors were also informed by staff that facility DRLs were established from the previous year's data which meant that the CT DRLs established in November 2024 were based on data collected in 2023. Staff explained that although a dose management system was in place, its configuration meant that data had to be manually downloaded. This was described by staff as challenging particularly when considered in the context of relatively limited available MPE resources allocated to the hospital and time required to collate the data.

Inspectors observed that CT DRLs for 2024 were well below national DRLs and this issue was highlighted by the MPE as an area to be looked into further. Staff informed inspectors that an optimisation project was planned for January 2025 and would include a review of the image quality to ensure diagnostic value has not been compromised by the low dose levels seen in this service.

Overall, to fully comply with this regulation, the review of facility DRLs should align with local policy and DRL values applied in practice are based on the most contemporaneous available data relevant to current practice.

Judgment: Substantially Compliant

Regulation 12: Dose constraints for medical exposures

Inspectors were satisfied that staff at the hospital had a process to ensure the optimisation of protection and safety of carers and comforters who provided support to service users during the conduct of a medical exposure. Staff informed inspectors that the occasions when a child or older person might require assistance during an X-ray was relatively rare, however, when it occurred, a record was kept and scanned onto the radiology information system.

Judgment: Compliant

Regulation 13: Procedures

Protocols for standard procedures were found to be in place and available to staff in the radiology service.

Measures were implemented since the previous inspection to ensure that information relating to the dose associated with each procedure was automatically populated in the report of the outcome of the examination. This information was observed in a sample of reports from medical radiological procedures viewed by inspectors, thereby, meeting the requirements of Regulation 13(2). Staff had access to referral guidelines on desk tops in clinical areas, as per Regulation 13(3).

Inspectors were satisfied that a programme of clinical audit was implemented at Bantry General Hospital which was underpinned by a clinical audit strategy. It was evident to inspectors that sufficient action had been taken at the hospital to ensure that clinical audits were carried out in line with the National Procedures published by HIQA in November 2023, as per Regulation 13(4).

Judgment: Compliant

Regulation 14: Equipment

Inspectors found that the undertaking had ensured that a QA programme was in place and records verified that annual QA and acceptance testing by an MPE had been completed. Records viewed by inspectors also showed that regular performance checks and maintenance was completed in line with the QA programme. Inspectors were satisfied from the evidence gathered that medical radiological equipment was kept under strict surveillance as required under this regulation.

Judgment: Compliant

Regulation 16: Special protection during pregnancy and breastfeeding

Inspectors observed multiple notices to raise service user awareness of the special protection required during pregnancy before an X-ray or CT scan in waiting areas at the facility. A document titled *Policy for the Protection of the unborn child arising from ionising radiation received during medical diagnostic procedures* was reviewed and inspectors noted that this policy had been revised and updated in March 2022. This policy now aligned with current regulations and as per the compliance plan from the previous inspection and compliance with this policy was also audited. From a sample of records reviewed, inspectors found that the pregnancy status of relevant service users undergoing medical exposure to ionising radiation was made and recorded by a practitioner and this record was uploaded onto the radiology information system. The evidence viewed demonstrated compliance with the requirements of this regulation.

Judgment: Compliant

Regulation 17: Accidental and unintended exposures and significant events

Inspectors were satisfied from the evidence gathered, through a review of documentation and speaking with staff, that a system was in place at Bantry General Hospital to record and analyse potential or actual accidental unintended medical exposures. This included an electronic incident reporting system for radiation incidents and log books for staff to record near misses and good catches which were observed by inspectors in the X-ray control areas. A diagram outlining the radiology incident report workflow was also available and was consistent with the procedure described by staff on how they reported an incident or near miss if one occurred. Radiation incidents were discussed at the RSC meetings with additional oversight provided by the quality and safety committee and quality patient safety and risk manager.

While Bantry General Hospital complied with this regulation, inspectors identified potential scope to improve reporting rates as the levels of incidents and near misses being reported maybe considered low when considered against the number of procedures performed at the facility each year.

Judgment: Compliant

Appendix 1 – Summary table of regulations considered in this report

This inspection was carried out to assess compliance with the European Union (Basic Safety Standards for Protection against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations 2018, as amended. The regulations considered on this inspection were:

Regulation Title	Judgment
Governance and management arrangements for medical exposures	
Regulation 4: Referrers	Compliant
Regulation 5: Practitioners	Compliant
Regulation 6: Undertaking	Substantially Compliant
Regulation 10: Responsibilities	Compliant
Regulation 19: Recognition of medical physics experts	Compliant
Regulation 20: Responsibilities of medical physics experts	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	Compliant
Regulation 9: Optimisation	Compliant
Regulation 11: Diagnostic reference levels	Substantially Compliant
Regulation 12: Dose constraints for medical exposures	Compliant
Regulation 13: Procedures	Compliant
Regulation 14: Equipment	Compliant
Regulation 16: Special protection during pregnancy and breastfeeding	Compliant
Regulation 17: Accidental and unintended exposures and significant events	Compliant

Compliance Plan for Bantry General Hospital OSV-0007344

Inspection ID: MON-0043756

Date of inspection: 04/12/2024

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
<p>Outline how you are going to come into compliance with Regulation 6: Undertaking:</p> <p>S: This HIQA evaluation drew attention to the need for further action to ensure consistency and quality control for policy development and approval, including documentation outlining radiology governance structures.</p> <p>The processes and procedures to approve an application of a new type of practice that may require generic justification by HIQA also required clarification.</p> <p>M: Radiology Governance Committee, with membership from BGH and Medica (external radiology reporting organisation) will be added to the BGH organisational chart, internally reporting to the hospital Quality and Patient Safety Committee.</p> <p>While very unlikely that a new type of radiological procedure will be first introduced in BGH, a paragraph will be added to the existing Justification policy to reflect the process for application for generic justification by HIQA.</p> <p>ART: All PPPGs for the hospital will be developed and formatted in line with our document control management system as they are due for renewal. The document control management system was introduced to BGH in October 2024.</p>	
Regulation 20: Responsibilities of medical physics experts	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Responsibilities of medical physics experts:</p> <p>S: This HIQA evaluation drew attention to the need for MPE involvement in optimisation and training.</p>	

<p>M: A meeting will be held on 6th February to follow-up on analysis of previous dose audit and address issues raised. The minutes will provide a record of the issues discussed and the actions intended to address these.</p> <p>ART: This will have multi-disciplinary input considering image quality and diagnostic value as well as radiation doses. MPE contribution to training will be addressed as outlined under Regulation 21.</p>	
Regulation 21: Involvement of medical physics experts in medical radiological practices	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Involvement of medical physics experts in medical radiological practices:</p> <p>S: This HIQA evaluation drew attention to the need for training. A new series of training presentations for Bantry General Hospital by radiology physics staff commenced with staff dosimetry in November 2024.</p> <p>M: BGH will maintain records of staff attendance at these presentations.</p> <p>ART: The next two scheduled topics are on DRLs and Patient Contact Shielding. The former has been arranged for 6th February and the latter will be delivered in May 2025, coinciding with the next Radiation Safety meeting. BGH staff can also complete two modules on HSELandD:</p> <ul style="list-style-type: none"> • An Introduction to Radiation Safety Awareness • Ionising Radiation – Protecting Our Patients in the Healthcare Setting <p>The latter is targeted at clinical staff who refer patients for radiological procedures.</p>	
Regulation 11: Diagnostic reference levels	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Diagnostic reference levels:</p> <p>S: This HIQA evaluation drew attention to the improvements needed to be fully compliant with this regulation.</p> <p>M: The DRL Policy for BGH was approved at the most recent Radiation Safety Committee meeting in November 2024. The approval and review dates will be clarified in the policy.</p>	

ART: The 2022 CT DRL sheet will be removed and the national DRL values will be added to the 2024 DRL sheet. Significant work on DRLs has been undertaken by Radiology Physics in CUH in the last year. The new strategy is to complete DRLs in the first quarter for the previous year.

- An audit will also be undertaken in Q1 of 2025 to review the image quality to ensure diagnostic value of CT scans has not been compromised by the low dose levels seen in this service.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 6(3)	An undertaking shall provide for a clear allocation of responsibilities for the protection of patients, asymptomatic individuals, carers and comforters, and volunteers in medical or biomedical research from medical exposure to ionising radiation, and shall provide evidence of such allocation to the Authority on request, in such form and manner as may be prescribed by the Authority from time to time.	Substantially Compliant	Yellow	01/06/2025
Regulation 11(5)	An undertaking shall ensure that diagnostic reference levels for radiodiagnostic examinations, and where appropriate for interventional	Substantially Compliant	Yellow	01/06/2025

	radiology procedures, are established, regularly reviewed and used, having regard to the national diagnostic reference levels established under paragraph (1) where available.			
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 technical specifications for medical	Substantially Compliant	Yellow	01/06/2025

	<p>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 21(1)	<p>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.</p>	Substantially Compliant	Yellow	01/06/2025