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:	South Infirmary Victoria University Hospital
Undertaking Name:	South Infirmary Victoria University Hospital
Address of Ionising Radiation Installation:	Old Blackrock Road, Cork
Type of inspection:	Announced
Date of inspection:	08 July 2025
Medical Radiological Installation Service ID:	OSV-0007405
Fieldwork ID:	MON-0044721

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

The South Infirmary-Victoria University Hospital (SIVUH), has 192 beds and caters for approx. 38,400 admissions and 72,500 outpatient attendances each year. The Radiology Department provides diagnostic services to cater for patient referrals from the hospital main specialities (Ear, Nose and Throat (ENT), Elective Orthopaedic, Chronic Pain services, Rheumatology, Endocrinology, Plastic Surgery, Ophthalmology, Oral and Maxillofacial Surgery, and elective Gynaecology). The Radiology department has two general digital X-ray rooms, one CT scanner, one Fluoroscopy room, one DEXA room, two ultrasound rooms, one OPG unit, and has two digital mobile X-ray units for use in the hospital. We also have three mobile C-arms for use in the two orthopaedic theatres and one mobile C-arm for use in the pain medicine unit. An EOS Edge whole body scanner, was installed in 2023 which is used for whole spine and full leg length imaging. We provide a radiographer led service for functional swallowing assessment (video-fluoroscopy) in the department. We accommodate a rotating student (MSc in Radiography course, UCC) in the department for tuition. We are one of the hospitals in the HSE Southwest Hospital Group that is on the National PACS (NIMIS) system, allowing us to share and view other referring hospitals' imaging via CD's/desktop study share application. We carry out approximately 19,568 exams/year involving radiation.

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
Tuesday 8 July 2025	09:05hrs to 14:55hrs	Noelle Neville	Lead
Tuesday 8 July 2025	09:05hrs to 14:55hrs	Kay Sugrue	Support

Governance and management arrangements for medical exposures

An inspection of South Infirmary Victoria University Hospital (SIVUH) was carried out on 8 July 2025 by inspectors to assess compliance with the regulations at the hospital. As part of this inspection, inspectors followed up on the compliance plan from the previous inspection in July 2022 and noted that the majority of actions set out had been completed. Inspectors visited the computed tomography (CT), fluoroscopy and general X-ray units, spoke with staff and management and reviewed documentation. Inspectors noted that the undertaking, SIVUH, demonstrated compliance during this inspection with Regulations 4, 5, 9, 10, 16 and 19 and substantial compliance with the remainder of the regulations reviewed.

Inspectors were satisfied that referrals for medical radiological exposures were only accepted from individuals entitled to refer and only individuals entitled to act as practitioner took clinical responsibility for medical radiological exposures. While an external off-site medical physics expert (MPE) was involved in radiation protection at the hospital, inspectors noted that a business case for increased on-site MPE resourcing submitted following the previous inspection in July 2022 had not yet progressed to an approved resource.

While the undertaking, SIVUH, had a clear allocation for the majority of responsibilities for the protection of service users from medical exposures to ionising radiation, inspectors determined that there was scope to improve documentation to ensure full compliance with Regulation 6(3). Overall, despite the areas for improvement noted in the report, inspectors were satisfied that a culture of radiation protection was embedded at SIVUH and clear and effective management structures were in place for medical exposures to ensure the radiation protection of service users.

Regulation 4: Referrers

A document titled *Policy for Accepting Radiology Referrals*, which was implemented in May 2022, was in place at SIVUH. This document outlined who was entitled to make a referral for a medical radiological exposure at the hospital. Inspectors were satisfied from discussions with staff and management and from reviewing a sample of referrals that medical radiological exposures were only accepted from individuals entitled to refer as per Regulation 4.

Judgment: Compliant

Regulation 5: Practitioners

Inspectors were satisfied from a review of documentation and speaking with staff that only individuals entitled to act as practitioner as per Regulation 5 took clinical responsibility for medical exposures at SIVUH.

Judgment: Compliant

Regulation 6: Undertaking

Inspectors reviewed documentation and a governance structure organogram (organisational chart that shows the structures and relationships of departments in an organisation) and spoke with staff and management in relation to governance arrangements in place at SIVUH. A radiation safety committee (RSC) was in place at SIVUH and this committee met three times a year. Inspectors reviewed the terms of reference for this committee and noted that it had a multi-disciplinary membership. This membership included the hospital chief executive officer (CEO) who also acted as designated manager for the hospital, a radiologist, a medical physics expert (MPE) and radiation protection adviser (RPA), a radiographic services manager (RSM), a radiation protection officer (RPO) and representatives from other areas of the hospital including orthopaedics and speech and language therapy. Inspectors noted that the committee had a standing agenda and items such as equipment quality assurance, clinical audit and training were discussed. The committee was incorporated into local governance structures, chaired by a radiologist and reported to a clinical governance committee which in turn reported to the board of the hospital.

From records reviewed and discussions with management and staff, inspectors were satisfied that systems and processes were in place to ensure that referrals were only accepted from those entitled to refer an individual for medical radiological procedures. The practical aspects of medical radiological procedures were only carried out by individuals entitled to act as practitioners and clinical responsibility for medical exposures was under the responsibility of a practitioner, as per the regulations. While an external off-site medical physics expert (MPE) was involved in radiation protection at the hospital, inspectors noted that a business case for increased on-site MPE resourcing submitted following the previous inspection in July 2022 had not yet progressed to an approved resource.

Inspectors found that some improvements could be made to the clear allocation of responsibilities for the protection of patients from medical exposure to ionising radiation as required by Regulation 6(3). For example, inspectors noted that policy development, oversight and approval had improved since the previous inspection in July 2022 and policies were now part of a document management system. However, inconsistencies were noted in some policies which required correction. In addition,

inspectors noted that some guidelines reviewed were not version controlled and there was a lack of evidence that these had been formally approved for use.

In relation to Regulation 7: Justification of Practices, inspectors found that the hospital had engaged with HIQA and submitted an application for the generic justification of a new type of practice. However, inspectors found that there was scope to document the allocation of responsibility for identification, oversight, management and approval of new types of practice and applications to HIQA, when required.

Overall, despite areas for improvement, inspectors were satisfied that a culture of radiation protection was embedded at SIVUH and clear and effective management structures were in place for medical exposures to ensure the radiation protection of service users.

Judgment: Substantially Compliant

Regulation 10: Responsibilities

Inspectors noted that all medical exposures took place under the clinical responsibility of a practitioner, as defined in the regulations. The practical aspects of medical radiological exposures were only carried out at the hospital by individuals entitled to act as practitioner in the regulations. The undertaking, SIVUH, had retained the presence of radiographers in areas where medical exposures were conducted outside of the radiology department, for example, theatre. In the absence of new training requirements being implemented as per Regulation 22, this was viewed as good practice to ensure the radiation protection of service users at the hospital. Practitioners and the MPE were found to be involved in the optimisation of medical exposure to ionising radiation. In addition, inspectors were also satisfied that referrers and practitioners were involved in the justification process for individual medical exposures as required by Regulation 10.

Judgment: Compliant

Regulation 19: Recognition of medical physics experts

Similar to the previous inspection in July 2022, inspectors were informed that MPE services were provided by an external off-site MPE through a formal service level agreement (SLA). Inspectors noted that an informal continuity arrangement was in place to access MPE cover from a colleague at another hospital should the need arise. However, the SLA did not have detail of this arrangement and therefore should be updated to outline and formalise the contingency arrangements so as to

provide greater assurance that access to medical physics expertise is maintained at the hospital.

Judgment: Compliant

Regulation 20: Responsibilities of medical physics experts

Inspectors reviewed the professional registration certificate of the MPE at SIVUH and were satisfied that the MPE gave specialist advice, as appropriate, on matters relating to radiation physics as required by Regulation 20(1). Inspectors also noted that the MPE acted as the radiation protection adviser at the hospital and so met the requirements of Regulation 20(3).

Inspectors noted MPE involvement in radiation protection across the majority of responsibilities outlined in Regulation 20(2) at the hospital. The MPE was a member of the radiation safety committee in place at the hospital, gave advice on medical radiological equipment and contributed to the definition and performance of a quality assurance programme and acceptance testing of equipment. In addition, the MPE carried out dose calculations for any incidents relating to ionising radiation. The MPE was involved in optimisation, including the application and use of diagnostic reference levels (DRLs). However, inspectors noted that there was scope for improvement in the sign-off of DRLs and performance testing records and the training of staff in relevant aspects of radiation protection.

Judgment: Substantially Compliant

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

From documentation reviewed, discussion with staff and as outlined in Regulations 11, 14 and 20, inspectors noted that there was scope for improvement in the level of MPE involvement at the hospital to be commensurate with the level of radiological risk posed by the facility as required by Regulation 21.

Judgment: Substantially Compliant

Safe Delivery of Medical Exposures

Inspectors visited several areas during the inspection, including computed tomography (CT), fluoroscopy and general X-ray which included a new unit used for full spinal imaging and approved by HIQA as a new type of practice since the

previous inspection in July 2022. In addition, inspectors spoke with staff and management and reviewed documentation to assess the safe delivery of medical exposures at the hospital and noted compliance with Regulations 9 and 16 and scope for improvement across Regulations 8, 11, 13, 14 and 17.

Inspectors noted several areas of compliance with the regulations at the hospital. Staff demonstrated a strong commitment to optimisation and keeping doses to service users as low as reasonably achievable consistent with obtaining the required medical information. Facility DRLs had been established, regularly reviewed and used for the majority of modalities at the hospital. A technical solution had been implemented at SIVUH to meet compliance with Regulation 13(2) since the previous inspection in July 2022. In addition, inspectors were satisfied that a referrer or practitioner inquired as to the pregnancy status of service users and recorded the answer to this inquiry in writing as required by Regulation 16.

Several areas for improvement with the regulations were also noted by inspectors. Further improvements were required in relation to fluoroscopy and theatre records to meet full compliance with Regulation 8. Inspectors noted that there was scope for improvement in aligning clinical audit to HIQA's national procedures, published in November 2023. Further improvement was also required in relation to the strict surveillance of equipment at SIVUH as required by Regulation 14(1). In addition, a new system for reporting incidents and near misses was recently introduced at SIVUH with the aim of increasing reporting and efficiency of reporting for staff and inspectors determined that this system should be fully implemented and embedded to ensure compliance with Regulation 17.

Overall, noting that improvements were required to bring all regulations into compliance, inspectors were satisfied that systems and processes were in place at the hospital to ensure the safe delivery of medical radiological exposures to service users.

Regulation 8: Justification of medical exposures

Inspectors were satisfied that information about the benefits and risks associated with the radiation dose from medical exposures was available to service users on posters in the hospital. Staff demonstrated to inspectors that previous diagnostic information from procedures which took place in the hospital and other local hospitals was available for review on the hospital's radiology information system.

A document titled *Policy on Justification of Ionising Radiation within the radiology department of the South Infirmary Victoria University Hospital*, the most recent version of which was implemented in June 2024, was in place at SIVUH. This document outlined the justification procedure in place at the hospital for each modality. Inspectors reviewed a sample of records for CT, general X-ray, DXA, theatre and fluoroscopy procedures and noted that justification in advance as required by Regulation 8(8) was recorded for each modality as required by Regulation 8(15) with the exception of a small number of fluoroscopy procedures. In

addition, inspectors were satisfied that the majority of referrals 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. However, inspectors noted that a small number of theatre and fluoroscopy records reviewed did not state the reason for the request and were not accompanied by sufficient medical data as required by Regulation 8(10)(b) and 8(10)(c).

Overall, inspectors determined that further work was required in relation to fluoroscopy and theatre records to ensure full compliance with Regulation 8.

Judgment: Substantially Compliant

Regulation 9: Optimisation

A document titled *Policy on Optimisation during Ionising Radiation Examinations in the South Infirmary Victoria University Hospital*, the most recent version of which was implemented in July 2024, was in place at SIVUH. This document set out the roles and responsibilities in relation to optimisation and several considerations for optimisation including a quality control programme, technique factors and diagnostic reference levels (DRLs).

Inspectors noted several examples of good practice in relation to optimisation at SIVUH. For example, facility DRLs were found to be higher than national DRLs for two particular general X-ray exams. Staff at the hospital carried out a review as required under Regulation 11(6) and identified that the weight-bearing version of each exam exceeded the national DRL. As a result, several recommendations were made including separating the facility DRL for these exams to weight-bearing and supine (lying down) and staff education in relation to centring points and collimation. Another example of good practice in relation to optimisation noted by inspectors involved an audit to show the reduction of service user radiation dose since the introduction of a new unit of equipment which was used for full spinal imaging. The audit results demonstrated a dose reduction of over 80% using the new unit of equipment compared to standard X-ray imaging of the equivalent body areas. An informative poster was also developed by staff to present the audit and results and this was displayed in the clinical area where full spinal imaging took place.

Inspectors noted that staff at SIVUH demonstrated a strong commitment to optimisation and keeping doses to service users as low as reasonably achievable consistent with obtaining the required medical information.

Judgment: Compliant

Regulation 11: Diagnostic reference levels

A document titled *SIVUH DRL Guidelines 2024* was in place at SIVUH. This document set out the method for establishing and using DRLs at the hospital. Inspectors noted that facility DRLs had been established, regularly reviewed and used for the majority of modalities in the hospital. These facility DRLs were displayed prominently in the majority of areas in the hospital as a reference for staff. However, inspectors were informed that facility DRLs for CT were awaiting sign-off by the MPE and data collection was underway for theatre and pain management procedures and facility DRLs would be calculated and signed-off by the MPE once this data collection was complete.

Judgment: Substantially Compliant

Regulation 13: Procedures

Written protocols were in place at SIVUH for standard radiological procedures as required by Regulation 13(1). Regulation 13(2) states that an undertaking shall ensure information relating to the patient exposure forms part of the report of the medical radiological procedure. Since the previous inspection in July 2022, inspectors noted that improvements had been made in relation to meeting the requirements of Regulation 13(2). A technical solution had been implemented at SIVUH to meet compliance with Regulation 13(2). Inspectors reviewed a sample of reports across modalities and found that information relating to the patient exposure formed part of the report. Referral guidelines were adopted at the hospital and were available to staff as required by Regulation 13(3).

Regulation 13(4) requires that an undertaking shall ensure that clinical audits are carried out in accordance with national procedures established by the Authority. HIQA's national procedure document, published in November 2023, sets out the principles and essential criteria that undertakings must follow to ensure compliance with Regulation 13(4). Inspectors reviewed a sample of audits carried out at the hospital including audits of justification, pregnancy forms and three point check. Inspectors were informed that discussions were underway to align the current approach to clinical audit at the hospital to HIQA's national procedures. While inspectors noted that some work had been carried out in relation to clinical audit, there was scope for improvement in aligning to HIQA's national procedures. For example, the development of an overarching clinical audit strategy, which should identify how clinical audit is prioritised, including based on risk and information from incidents or near misses. In addition, inspectors noted that further work was required in auditing the full medical exposure pathway of the service user, which should also be addressed in the clinical audit strategy.

Judgment: Substantially Compliant

Regulation 14: Equipment

Inspectors spoke with staff and reviewed documentation in relation to medical radiological equipment at SIVUH. A strong commitment to the radiation protection of service users was demonstrated by staff in relation to investigating a data transfer issue identified with the previous dual X-ray absorptiometry (DXA) unit which lead to replacement of the unit since the previous inspection in July 2022.

Inspectors received an inventory of medical radiological equipment in advance of the inspection as required by Regulation 14(10) and noted when comparing with information contained in other documents that one unit of equipment was not listed on this inventory. Inspectors were informed that the equipment inventory had been updated subsequently and was noted to be correct on the day of the inspection.

A document titled *Quality Assurance programme for X-ray equipment*, which was implemented in April 2024, was in place at SIVUH. This document set out the quality assurance tests required and the frequency of tests for modalities in use at the hospital. Inspectors noted that appropriate quality assurance programmes were in place for equipment as required by Regulation 14(2) and acceptance testing was carried out on equipment before the first use for clinical purposes as required by Regulation 14(3). However, on review of records of regular performance testing, inspectors noted that quarterly performance testing had been signed-off as complete for one unit of equipment even though there were inconsistencies and gaps in information contained in the record.

Overall, inspectors noted that further improvement was required by the undertaking to ensure the strict surveillance of equipment at SIVUH as required by Regulation 14(1).

Judgment: Substantially Compliant

Regulation 16: Special protection during pregnancy and breastfeeding

A document titled *Policy for the protection of the unborn child arising from Ionising Radiation received during medical diagnostic procedures*, the most recent version of which was implemented in July 2023, was in place at SIVUH. This policy included information on the pregnancy procedures in place at the hospital including the practitioner and referrer role in ensuring that all reasonable measures are taken to minimise the risks associated with potential fetal irradiation during medical exposure of female patients of childbearing age. From a sample of records reviewed, inspectors were satisfied that a referrer or practitioner inquired as to the pregnancy status of service users and recorded the answer to this inquiry in writing. In

addition, inspectors noted multiple notices in the hospital to raise awareness of the special protection required during pregnancy and breastfeeding in advance of medical exposures.

Judgment: Compliant

Regulation 17: Accidental and unintended exposures and significant events

The incident management process in place at the hospital was outlined in a document titled *Radiation Incident Reporting Policy*, which was implemented in February 2025. This document included information on the requirement to notify HIQA of certain notifiable incidents and the timeframe for completing same. Inspectors noted that there had been no incidents reported to HIQA since the previous inspection in July 2022. From discussions with staff and a review of documentation, inspectors determined that there was scope for improvement in relation to the identification, reporting and analysis of incidents and near misses, as required by Regulation 17(1)(c), in the context of the number and type of procedures taking place at the hospital each year. Inspectors were informed that staff had already identified the potential to increase reporting and a new system for reporting incidents and near misses had been recently introduced at SIVUH with the aim of increasing reporting and efficiency of reporting for staff. The undertaking should ensure that this new system is fully implemented and embedded at the hospital to ensure full compliance with Regulation 17.

Judgment: Substantially 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	Substantially Compliant
Regulation 9: Optimisation	Compliant
Regulation 11: Diagnostic reference levels	Substantially Compliant
Regulation 13: Procedures	Substantially Compliant
Regulation 14: Equipment	Substantially Compliant
Regulation 16: Special protection during pregnancy and breastfeeding	Compliant
Regulation 17: Accidental and unintended exposures and significant events	Substantially Compliant

Compliance Plan for South Infirmary Victoria University Hospital OSV-0007405

Inspection ID: MON-0044721

Date of inspection: 08/07/2025

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: The Business case for increased on-site MPE resource will be tabled again at next Radiation Safety Committee (RSC) meeting on the 9/10/2025. The Business Case was re-submitted to the HSE Southwest in June 2025. Inconsistencies in policies have been corrected for each policy. These policies are on the agenda for approval at the next RSC and clinical governance meetings at SIVUH. Guidelines to be version controlled: A review of all guidelines at SIVUH to be completed and presented at the next RSC and Clinical Governance meeting. Terms of reference to be version controlled.	
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: Sign off of DRLs for CT: These are on the agenda for bi-monthly Radiation Protection Group meeting in September. A review of all 2024 DRLs by MPE is ongoing. Performance testing sign off: A review of all 2024 In House Quality Assurance is ongoing. Staff training MPE involvement: A review of training records to identify areas requiring further staff training is being carried out.	

Increase the Radiation Protection virtual meetings with MPE/RPA/RPO/RSM to bi-monthly, commencing in September 2025.

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:
A table outlining the level of MPE involvement required for all areas of the radiology department commensurate with the radiation risk of said area to be compiled at the next Radiation Protection virtual meeting.

The Business case for increased on-site MPE resource will be tabled again at next Radiation Safety Committee (RSC) meeting on the 9th October 2025. The Business Case was re-submitted to the HSE Southwest in June 2025.

Regulation 8: Justification of medical exposures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Justification of medical exposures:
Radiographers at points of contact will speak directly with referrers regarding the mandatory requirements of making a referral. When ticking the justification in advance tick box on the triple id radiographers will document the procedure type patient is undergoing to further justify the requirement for radiation guidance in theatre and pain medicine.

A new prompt has been added to NIMIS stating clinical justification is a mandatory requirement for all imaging requests requiring ionising radiation. The RPO has disseminated an online course regarding "Making a Referral" to all the new NCHD, ANP and Nurse Referrers at SIVUH. A poster advertising the same is displayed in radiology and internet access has been granted by IT at SIVUH for this course to be completed on SIVUH PCs.

Audit referral processes for justification of medical exposures in all areas where ionising radiation is in use prioritising Theatre & Pain Medicine Unit (PMU). Remind staff of their responsibilities to be compliant in regulation 8 i.e. to only accept referrals where

appropriate clinical information is documented. In conjunction with quarterly audits the Clinical specialist in each modality will perform unannounced spot checks for compliance.

Regulation 11: Diagnostic reference levels	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Diagnostic reference levels: Sign off of DRLs for CT: These are on the agenda for bi-monthly Radiation Protection Group virtual meeting in September. A review of all 2024 DRLs by MPE is ongoing. Data collection of Theatre and Pain Medicine Unit DRLs for 2025 is ongoing and proposed completion for end of December 2025.

Regulation 13: Procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: Procedures: Develop a Clinical Audit Strategy to support the Radiology Clinical Audit Policy for SIVUH aligning to HIQA's National Audit Procedure document. A table outlining priority of audit for all areas of the radiology department commensurate to the radiation risk of that area and information from incidents or near misses to be compiled at the next RP meeting. Finalise the draft Radiology Clinical Audit Policy for SIVUH and bring to RSC and Clinical Governance Committee for approval.

Regulation 14: Equipment	Substantially Compliant

Outline how you are going to come into compliance with Regulation 14: Equipment: A review of in House QA of all equipment is ongoing with RPO and MPE/RPA. In-house QA of all Equipment is a standing agenda item for RP virtual meetings and will be reviewed bi- monthly from September 2025.

Regulation 17: Accidental and unintended exposures and significant events	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Accidental and unintended exposures and significant events: A new "near miss" NIMIS code has been added to capture numbers of near miss events more effectively (CODE RAD NM). These incidents are then added to the online NIMS portal as incidents. This amendment will be reflected in the Radiation Incident Reporting Policy at SIVUH for approval at the next RSC and clinical governance meetings.	

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	31/10/2025
Regulation 8(8)	An undertaking shall ensure that all individual medical exposures carried out on its behalf are justified in advance, taking into account the	Substantially Compliant	Yellow	31/10/2025

	specific objectives of the exposure and the characteristics of the individual involved.			
Regulation 8(10)(b)	A referrer shall not refer an individual to a practitioner for a medical radiological procedure unless the referral states the reason for requesting the particular procedure, and	Substantially Compliant	Yellow	31/10/2025
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 sufficient medical data to enable the practitioner to carry out a justification assessment in accordance with paragraph (1).	Substantially Compliant	Yellow	31/10/2025
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	31/10/2025
Regulation 11(5)	An undertaking shall ensure that diagnostic	Substantially Compliant	Yellow	30/01/2026

	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.			
Regulation 13(4)	An undertaking shall ensure that clinical audits are carried out in accordance with national procedures established by the Authority.	Not Compliant	Orange	27/03/2026
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	31/10/2025
Regulation 14(2)(a)	An undertaking shall implement and maintain appropriate quality assurance programmes, and	Substantially Compliant	Yellow	31/10/2025
Regulation 14(3)(b)	An undertaking shall carry out the following testing on its medical radiological equipment, performance testing on a regular basis and	Substantially Compliant	Yellow	31/10/2025

	after any maintenance procedure liable to affect the equipment's performance.			
Regulation 14(10)	An undertaking shall provide to the Authority, on request, an up-to-date inventory of medical radiological equipment for each radiological installation, in such form and manner as may be prescribed by the Authority from time to time.	Substantially Compliant	Yellow	31/10/2025
Regulation 17(1)(c)	An undertaking shall ensure that for all medical exposures, an appropriate system is implemented for the record keeping and analysis of events involving or potentially involving accidental or unintended medical exposures, commensurate with the radiological risk posed by the practice,	Substantially Compliant	Yellow	19/12/2025
Regulation 20(2)(c)	An undertaking shall ensure that, depending on the medical radiological practice, the medical physics expert referred to in paragraph (1)	Substantially Compliant	Yellow	19/12/2025

	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	31/10/2025