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:	Mater Private Cork
Undertaking Name:	Mater Private Hospital
Address of Ionising Radiation Installation:	City Gate, Mahon, Cork
Type of inspection:	Announced
Date of inspection:	11 February 2025
Medical Radiological Installation Service ID:	OSV-0007969
Fieldwork ID:	MON-0042857

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

Mater Private Network is a leading private operator for high acuity care and operates two acute hospitals in Dublin and Cork, advanced Cancer Centres in Limerick and Liverpool, two day-hospitals and a number of satellite outpatient clinics, directly employing 2,500 staff with 300 consultant staff and clinicians. The network is renowned for medical innovation and the provision of high acuity care and is a national leader for heart and cancer specialties.

Mater Private Cork (MPC) is an acute hospital specialising in Heart and Vascular, Spine and Orthopaedic, Ophthalmology, Urology, Pain, Plastics, General Surgery and Women's Health, with a range of medical services such as Gastroenterology, Respiratory Medicine, Older Persons, Endocrinology and Rheumatology.

In April 2024 the hospital established Mater Private ownership of the radiology service which had previously been outsourced. The MPC radiology department provides a full radiology service for both in-patients and out-patients. The radiology services include computed tomography (CT), Magnetic Resonance Imaging (MRI), general radiology, cardiac catheterisation, theatre and mobile services as well as DXA and ultrasound. These services are provided for a variety of referrers which include internal hospital consultants, external consultants in the Cork and Munster region and general practitioners (GPs).

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 11 February 2025	09:30hrs to 14:30hrs	Kirsten O'Brien	Lead
Tuesday 11 February 2025	09:30hrs to 14:30hrs	Kay Sugrue	Support

Governance and management arrangements for medical exposures

An inspection of the Mater Private Hospital at the Mater Private Cork was carried out on the 11 February 2025. On the day of inspection, inspectors reviewed a sample of records and documentation and spoke with staff and management working at the Mater Private Cork.

The governance and management arrangements in place to ensure the safe delivery of medical exposures were reviewed on the day of inspection. Inspectors found that line management arrangements were in place in addition to oversight from a committee structure within the governance structure for the Mater Private Cork and the Mater Private Hospital Network.

Inspectors reviewed a sample of referrals and spoke with staff and management at the facility on the day of inspection. From the evidence reviewed inspectors were satisfied that only referrals for medical radiological procedures from those who were entitled to refer had been carried out. Similarly, only those entitled to act as a practitioner had taken clinical responsibility for medical exposures and this allocation of clinical responsibility was clearly documented. The hospital was also found to have appropriate medical physics involvement in line with the level of radiological risk.

On the day of inspection, inspectors were satisfied that appropriate governance and management arrangements were in place to ensure the safe delivery of medical exposures at the Mater Private Cork. Additionally, inspectors noted that the arrangements in place facilitated the sharing of information and learning from previous inspections in other services under the remit of this undertaking to improve regulatory compliance which inspectors considered evidence of effective oversight and also good practice.

Regulation 4: Referrers

Inspectors reviewed a sample of referrals for medical exposures that had been carried out and spoke with staff working at the facility. The inspectors found that referrals were only accepted at the Mater Private Cork from those entitled to refer in line with Regulation 4.

Judgment: Compliant

Regulation 5: Practitioners

On the day of inspection, a sample of records and other documentation was reviewed. Inspectors also spoke with staff working at the hospital and found that only persons entitled to act as a practitioner were found to take clinical responsibility for medical exposures.

Judgment: Compliant

Regulation 6: Undertaking

Inspectors spoke with staff and management working at the hospital, and reviewed documentation and other records, to assess if the appropriate governance and management arrangements were in place for the safe delivery of medical exposures. The Mater Private Cork is part of the Mater Private Network and documentation was provided to inspectors which included a diagram of the governance structures in place at the hospital for medical exposures. The Mater Private Hospital had taken over the full range of medical exposures at the Mater Private Cork in April 2024 and inspectors noted that the new governance and management arrangements had been promptly established and implemented to ensure the safe delivery of medical exposures at the hospital.

The radiology services manager (RSM) reported directly to the chief executive officer (CEO) of the Mater Private Cork. A radiation safety committee (RSC) had been established which reported into the Mater Private Cork's Quality Using Effective Safe Treatment (QUEST) Committee. The Director of Radiology who is the lead radiologist was the chair of the RSC. The RSC also included representation from different departments within the Mater Private Cork in addition to the radiology department. The QUEST committee in turn reported to the Mater Private Network Board's Quality and Patient Safety Committee.

From speaking with staff and management, inspectors were assured that only appropriate individuals who were recognised as referrers, practitioners and MPEs carried out the roles and responsibilities as required by the regulations. The allocation of responsibility for the radiation protection of service users was communicated to inspectors on the day of inspection by staff working at the hospital. Clear documentation outlining the delineation of practitioner clinical responsibility was provided to inspectors on the day of inspection.

Inspectors also reviewed documentation and were satisfied that the Mater Private Cork had implemented a system to determine if a new practice requires generic justification before being generally adopted at the hospital. Generic justification was a standing item on the RSC agenda which provided oversight to senior management at the hospital and inspectors were informed that all new practices involving medical exposure must be raised with the RSC.

Overall, inspectors were satisfied that there was a clear allocation of responsibility

for the radiation protection of service users in place at the hospital on the day of inspection which resulted in a high level of compliance with the regulations assessed during this inspection.

Judgment: Compliant

Regulation 10: Responsibilities

On the day of inspection, clinical responsibility was shared between radiologists, radiographers and non-radiology doctors who had completed additional radiation protection training as per the Mater Private Cork's local training requirements. These shared allocations were clearly documented in the hospital's policies. As an additional assurance, Mater Private Cork also required the presence of radiographers for all medical radiological procedures carried out at the hospital by a non-radiology doctor. In the absence of training requirements prescribed by an approved training body as per Regulation 22, this is viewed as good practice by the undertaking to ensure the protection of service users from medical exposure to ionising radiation.

Practitioners and MPEs were found to be involved in the optimisation process for medical exposure to ionising radiation. The practical aspects of medical radiological procedures were also found to be only carried out by those entitled to act as practitioners at the hospital.

Judgment: Compliant

Regulation 19: Recognition of medical physics experts

Inspectors were satisfied from communicating with staff, and a review of documentation, that adequate processes were in place to ensure the continuity of medical physics expertise at the hospital.

Judgment: Compliant

Regulation 20: Responsibilities of medical physics experts

Inspectors reviewed documentation and spoke with staff and management working at the hospital. The medical physics team were employees of the Mater Private Network which provided an assurance that arrangements were in place at the Mater Private Cork to ensure that the involvement and contribution of a medical physicist was in line with the requirements of Regulation 20. For example, medical physicists

were found to be involved in quality assurance (QA) programmes, optimisation, acceptance testing and staff training.

Judgment: Compliant

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

On the day of inspection, inspectors were satisfied from the evidence reviewed that a medical physicist was appropriately involved at the hospital in line with the radiological risk.

Judgment: Compliant

Safe Delivery of Medical Exposures

Inspectors reviewed records and other documentation and communicated with staff and management to assess the safe delivery of medical exposures at the Mater Private Cork.

Signage in the form of posters containing information about the benefits and risks associated with medical exposure to ionising radiation and to raise awareness of pregnancy were observed in the waiting area and patient changing rooms. Inspectors were satisfied that a practitioner carried out an inquiry as to the pregnancy status of service users, where appropriate, and this inquiry was recorded in writing.

Information relating to patient exposure was included on all of the reports of medical radiological procedures reviewed on the day of inspection. Written protocols were available for standard medical radiological procedures and diagnostic reference levels (DRLs) were found to be established for medical radiological procedures and were available for use by radiographers in control areas.

All referrals reviewed as part of the inspection were in writing. Staff working at the facility informed the inspectors that a practitioner justified all medical exposures in advance and a record of justification by a practitioner was found on all records reviewed on the day of inspection. However, not all referrals reviewed on the day of inspection included the reason for requesting the particular procedure and or sufficient medical data.

Inspectors reviewed documentation and records relating to the medical radiological equipment at the hospital and was assured that it was kept under strict surveillance with regards to radiation protection. An up-to-date inventory was provided in advance of the inspection. In addition, arrangements were found to be in place

regarding recording incidents involving, or potentially involving accidental and unintended exposures to ionising radiation.

Notwithstanding the issues identified to come into full compliance with the regulations, inspectors found a high level of compliance with the regulations assessed on the day of inspection.

Regulation 8: Justification of medical exposures

Inspectors observed information about the benefits and risks associated with the radiation dose from medical exposures available to patients in the form of posters and information leaflets in the X-ray waiting area. On the day of inspection, inspectors spoke with practitioners who explained how medical exposures were justified in advance and how this justification was recorded. The hospital's *Process for referral and justification of medical radiological procedures* was also reviewed as part of this inspection and inspectors noted, as an area for improvement, that the process for carrying out and recording justification in advance should be outlined in this document for the benefit of staff.

A sample of records of medical exposures were reviewed and referrals were available in writing. However, while the required information as per Regulation 8 was included on most of the reviewed referral records, inspectors found that reason for the medical exposure request and sufficient medical data were not included on all referral records for medical exposures reviewed on the day, in particular for medical exposures conducted in the theatre department. Inspectors also noted that this finding had also been identified in clinical audits completed by the undertaking prior to the inspection at the Mater Private Cork.

To achieve full compliance with the regulations, all referrers must ensure that each referral states the reason for requesting the particular procedure and is accompanied by sufficient medical data to enable the practitioner to carry out a justification assessment.

Judgment: Substantially Compliant

Regulation 9: Optimisation

The optimisation of medical exposures was discussed with staff on the day of inspection. Documentation and other records, such as policies and clinical audit reports, were also reviewed. A policy for ensuring the radiation protection of carers and comforters was found to be in place.

Staff described how they optimise medical radiological procedures to ensure the adequate production of diagnostic information to obtain the required diagnostic

information through the use of specific software available on equipment, for example in computed tomography and the cardiac catheterisation laboratory. Inspectors found there was good multidisciplinary team involvement in optimisation which included relevant practitioners and MPEs. For example, optimisation of some protocols involved input of practitioners working across multiple sites within the Cork region, resulting in consistency and optimisation in practices between facilities for the benefit of patients.

The Mater Private Cork's *Optimisation and Diagnostic Reference Level (DRL) Policy* was also reviewed as part of the inspection. The use of DRLs at the hospital demonstrated the commitment of staff in the optimisation of medical radiological procedures and is discussed under Regulation 11. Inspectors reviewed a sample of clinical audits conducted at the Mater Private Cork. These included DRLs, completed quality assurance (QA), and reject analysis audits. Where necessary, corrective actions to ensure the optimisation of the practical aspects were put in place.

The Mater Private Cork had also established and implemented a QA programme as described in Regulation 14. A high radiation dose interventional procedures policy was also established and implemented as discussed under Regulation 15. The findings from reviewing optimisation processes under multiple regulations during this inspection demonstrated to inspectors that optimisation of medical radiological procedures was prioritised at the hospital by staff, to ensure the radiation protection of service users.

Judgment: Compliant

Regulation 11: Diagnostic reference levels

Inspectors reviewed documentation submitted in advance of the inspection, and also spoke with staff and management on the day of inspection, to determine how DRLs were established, used and reviewed at the hospital. Inspectors also observed DRLs were available for use in the control areas on the day of inspection. Inspectors reviewed the findings of the annual review of DRLs at the Mater Private Cork and found that these were compared to national DRLs, where available.

In addition, while all facility DRLs currently established were below available national DRLs, inspections found that a process was in place to review DRLs should any changes occur, for examples, should doses begin to consistently exceed the relevant DRL to ensure all medical exposures are adequately optimised.

Judgment: Compliant

Regulation 13: Procedures

Inspectors found that written protocols had been established for standard medical radiological performed at the hospital. Inspectors reviewed a sample of medical radiological procedures and found that information relating to patient exposure formed part of the report of these medical radiological procedures as required by Regulation 13(2).

The Mater Private Cork had established and implemented clinical audit strategy as required by Regulation 13(4). This strategy included an overarching Mater Private Hospital Network approach to clinical audit in addition to a specific radiology clinical audit strategy for the Mater Private Cork. A clear governance structure for clinical audit of radiological procedures involving medical exposure to ionising radiation was in place through a clinical audit steering committee. The clinical audit steering committee had oversight for all clinical audits conducted in the Mater Private Hospital Network, and reported to QUEST. Clinical audits were also discussed as part of the RSC with current clinical audits and findings including actions for quality improvement discussed.

The integration of the radiology clinical audit strategy into the Mater Private Hospital Network's wider service provision was seen as an example of good practice, consistent with the essential criteria for clinical audit as per the *National procedures for the clinical audit of radiological procedures involving medical exposure to ionising radiation.* Additionally, the Mater Private Cork had a clinical audit schedule for required audits for each year with scope for other potential or optional audits as appropriate to service needs. The clinical audit schedule encompassed each clinical audit type for example, process, structure and outcome as required by the national procedures. Inspectors also reviewed samples of clinical audit reports from completed audits as part of the inspection**.**

Judgment: Compliant

Regulation 14: Equipment

The Mater Private Cork had established an appropriate QA programme to ensure that medical radiological equipment was kept under strict surveillance. An up-to-date inventory was also provided in advance of the inspection. Where equipment had been recently installed, acceptance testing had been completed by a medical physicist before first clinical use.

A QA programme, which included an annual QA assessment by an MPE, was implemented and maintained. Regular maintenance servicing by equipment manufactures was scheduled and timetables were available in control areas visited on the day of inspection. Documentation reviewed on the day of inspection demonstrated that quality control was also routinely performed and timely completion of all elements of QA was audited annually to ensure compliance. This provided an assurance to the inspectors that the medical radiological equipment at

the facility is maintained in good working condition.

The inspectors were informed about on-going plans at the hospital to ensure that medical radiological equipment which had passed its nominal replacement date was replaced to ensure that all medical exposures were optimised in line with technical advances. Equipment lifetime status and replacement programme, including QA programme status, was a standing agenda item on the RSC which provided an assurance that management at the Mater Private Cork had good oversight of medical radiological equipment at the hospital.

Judgment: Compliant

Regulation 15: Special practices

On the day of inspection, staff working in the Mater Private Cork informed inspectors about the radiation protection measure in place for service users undergoing medical exposures involving interventional radiology, such as in the cardiac catheterisation laboratory and computed tomography areas.

In particular, inspectors noted that a high radiation dose interventional procedures policy was in place. Inspectors were also satisfied that this policy was used by staff to ensure that special attention was given to the assessment of dose if specific thresholds were reached. In situations where specific high dose thresholds were reached, the practitioner followed up with the patient two weeks after the procedure to enquire if any tissue reactions had been experienced. Information on risks and benefits associated with cardiology interventional procedures were given by the practitioner to the patient and also included in the information leaflet provided prior to each procedure.

Staff also provided informed inspectors about how dosimetry and optimisation techniques, available on recently replaced equipment, were utilised and assessed through QA programmes and additional education and training, for example, user working groups and applications training with the equipment vendor.

Judgment: Compliant

Regulation 16: Special protection during pregnancy and breastfeeding

On the day of inspection, multiple notices to raise awareness of the special protection required during pregnancy in advance of medical exposure to ionising radiation were observed in the X-ray waiting area and changing areas at the facility. These notices included information about pregnancy and medical exposures in a number of languages which was seen as good practice in increasing awareness at

the hospital.

In the *Radiation Safety Procedures,* radiographers had been allocated responsibility as the practitioner for ensuring that pregnancy status had been established prior to any medical exposure. On the day of inspection, radiographers were found to take primary responsibility for carrying out the inquiry and recording of patients' pregnancy status, where relevant, in line with the regulations. Inspectors also reviewed the hospital's *Policy for the Protection of the Unborn Child Arising from Ionising Radiation Received During Medical Diagnostic Procedures (Pregnancy policy)* which allocated responsibility to the referrer to enquire as to the pregnancy status of their patients prior to a medical exposure and to provide this information to the practitioner. The policy then outlined that the practitioner should ensure that the *Pregnancy Status Declaration Form* is completed and sign as a witness. While compliant with the requirements of this regulation, as an area for improvement, inspectors noted that the pregnancy policy should be reviewed in conjunction with the *Radiation Safety Procedures to ensure full alignment with regards the conduct of the enquiry*.

Inspectors reviewed a sample of referral records and found that an inquiry regarding the pregnancy status of the patient had taken place, where required, and this was recorded in writing. Inspectors also observed how pregnancy status was checked prior to a computed tomography procedure and how the Mater Private Hospital's High, Low and Lowest Foetal Dose Procedure notices were used in everyday practice. These notices, which were a visual and condensed aide for radiographers, were observed in the control areas visited and were noted as an example of good practice to facilitate adherence to the hospital's pregnancy policy. Adherence of staff to the facility's pregnancy policy was also found to be audited.

Judgment: Compliant

Regulation 17: Accidental and unintended exposures and significant events

The Mater Private Cork had a system in place to facilitate the reporting and recording of actual or potential accidental or unintentional exposures. Staff and management who spoke with inspectors on the day of inspection communicated and demonstrated to inspectors how they could report incidents on the hospital's new software system.

The inspectors also spoke with staff and management about the process for reporting and management staff demonstrated the system to inspectors. Inspectors also noted that an automated notification system was built into the incident reporting module which notified key staff in the radiology department when an incident was reported. In addition, the new system had a dedicated radiation incident category to facilitate timely external reporting to HIQA, and other relevant agencies, where necessary which was noted as a positive measure.

During the inspection, staff communicated to inspectors that there were some issues identified where near misses or good catches may not always be recorded when identified during day-to-day practice. However, staff informed inspectors that the new electronic reporting system commenced in December 2024, should facilitate improved reporting overall once fully embedded in practice. While from a review of documentation, in particular the minutes of a recent RSC, inspectors were satisfied that the undertaking was meeting its regulatory requirements, management staff at the Mater Private Cork should assure themselves that the level of reporting of actual, and potential, accidental and unintended exposures, is reflective of the activity levels for medical exposures conducted at the hospital 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	Compliant
Regulation 10: Responsibilities	Compliant
Regulation 19: Recognition of medical physics experts	Compliant
Regulation 20: Responsibilities of medical physics experts	Compliant
Regulation 21: Involvement of medical physics experts in medical radiological practices	Compliant
Safe Delivery of Medical Exposures	
Regulation 8: Justification of medical exposures	Substantially Compliant
Regulation 9: Optimisation	Compliant
Regulation 11: Diagnostic reference levels	Compliant
Regulation 13: Procedures	Compliant
Regulation 14: Equipment	Compliant
Regulation 15: Special practices	Compliant
Regulation 16: Special protection during pregnancy and breastfeeding	Compliant
Regulation 17: Accidental and unintended exposures and significant events	Compliant

Compliance Plan for Mater Private Cork OSV-0007969

Inspection ID: MON-0042857

Date of inspection: 11/02/2025

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 8: Justification of medical exposures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Justification of medical exposures:
MPC-PP-RAD-004 is to be reviewed and updated. This process for referral and justification of medical radiological procedures document will be updated for each modality including image guided interventional procedures in theatre and cath lab. The procedure to be followed by radiographers/practitioners when carrying out and recording justification in advance will be detailed. A flow chart for each modality will be developed, outlining the individual process to be followed for each modality.

Following review of MPC-PP-RAD-004, training will be carried out and documented for all radiographers.

To ensure referrals are acceptable and in line with SI 256, a comprehensive communication and training plan is to be implemented.

The Mater Private Cork Quality & Risk Manager will send communication direct to all referrers within the hospital to reiterate the need to include reason for exposure request and adequate clinical details to allow justification.

Internal communications, via WorkVivo to which all staff have access, will also highlight the requirements of SI 256 in relation to referrals with a focus on theatre and cath lab image guided fluoroscopy procedures.

Communication will also be sent to external referrers via Healthlink SMS and a mailshot, highlighting the requirement for adequate clinical indications and reason for exam to be stated on every referral.

There is currently a webpage on the Mater Private website for external referrers detailing how to refer for an exam https://www.materprivate.ie/for-healthcare-professionals/how-to-refer. This webpage will be updated to explicitly include the requirements of SI 256 for

referrals and highlight the important of including reason for exam and sufficient medical data to allow justification by the practitioner.

Audits will continue as per the audit schedule to assess ongoing compliance.

In relation to Reg 8 (15) – all referrals form part of the Electronic Health Record for our patients and as such, records will be retained for a minimum period of 5 years.

The timeline set for completion of all of the above actions is 9th June 2025, following the next scheduled Radiation Safety Committee meeting in May.

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 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	09/06/2025
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	09/06/2025
Regulation 8(15)	An undertaking shall retain records evidencing compliance with this Regulation for a period of five	Substantially Compliant	Yellow	09/06/2025

	years from the date of the medical exposure, and shall provide such records to the Authority on request.			