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:	Vhi Swiftcare Clinic Cork
Undertaking Name:	Vhi Health & Wellbeing DAC
Address of Ionising Radiation Installation:	Vhi Swiftcare Clinic, City Gate, Cork
Type of inspection:	Announced
Date of inspection:	08 October 2025
Medical Radiological Installation Service ID:	OSV-0008346
Fieldwork ID:	MON-0046256

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

VHI Swiftcare Clinic, Mahon Point, Cork, is an urgent care service for VHI clients. It includes a diagnostic X-ray service. There is one X-ray room within the facility. Outsourced diagnostic services provide a complete radiology service to VHI Health and Wellbeing Designated Activity Company (DAC), from 08:00 to 22:00 Monday to Sunday, 365 days of the year. The X-ray service in VHI Swiftcare Clinic Cork is staffed by the outsourced diagnostic services company which includes an X-ray Regional Clinical Lead Radiographer and Senior X-Ray Radiographers who are supported by a Radiology Services Manager, a Radiation Protection Officer and a Head of Operations. Approximately 8800 medical radiological procedures (X-Ray) are performed annually in VHI Swiftcare Clinic Cork.

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
Wednesday 8 October 2025	10:00hrs to 13:10hrs	Kay Sugrue	Lead

Governance and management arrangements for medical exposures

An inspection of the radiological service at the Vhi Swiftcare Clinic Cork was completed on 8 October 2025, to assess the undertaking's compliance with the regulations. On the day of inspection, the inspector visited the X-ray room, spoke with staff and the management team, and reviewed relevant radiation protection documentation, including records of completed medical radiological procedures. The evidence gathered demonstrated good regulatory compliance and also showed that there was a strong commitment by staff towards the radiation protection of service users attending for X-rays at this facility.

The undertaking, VHI Health & Wellbeing DAC, had engaged an external company to provide a full radiology service at this facility. The inspector found from a review of documentation and discussions with staff, that there were effective communication pathways established between the external imaging company engaged to carry out medical exposures at the facility and the undertaking. There was also a direct reporting line from the designated manager of VHI Swiftcare Clinic Cork up to the undertaking. Governance, management and leadership arrangements in place, demonstrated that there was strong oversight of radiation protection of service users.

From the evidence gathered, the inspector was satisfied that only individuals entitled to act as a referrer, under the regulations, could request an X-ray to be completed at this facility. Similarly, only recognised practitioners, as per Regulation 5, were entitled to take clinical responsibility for medical exposures carried out there. The inspector noted that there were appropriate arrangements in place to ensure the continuity of a medical physics expert (MPE) and that MPE involvement was proportionate to the radiological risk in the service.

Notwithstanding the allocation of responsibilities mentioned above, minor gaps in documentation required improvements. For example, the allocation of the roles and responsibilities for the oversight, management and approval pathway for applications of new types of practice for submission to HIQA needs to be clearly defined, to ensure compliance with Regulation 7. In addition, some inconsistencies were identified by the inspector in the radiation safety procedures documentation viewed that need to be addressed. However, overall, the level of compliance with the regulations was very good and the processes in place provided assurance in relation to the radiation protection of service users attending for X-ray at this facility.

Regulation 4: Referrers

The inspector found that all referrals, from a sample of referrals viewed, were from individuals entitled to refer as per the regulations. This provided evidence of compliance with Regulation 4.

Judgment: Compliant

Regulation 5: Practitioners

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

Judgment: Compliant

Regulation 6: Undertaking

The inspector reviewed the governance and management arrangements for the radiation protection of service users at VHI Swiftcare Clinic Cork as part of this inspection. From discussions with staff and a review of documentation, the inspector was satisfied that the governance structure in the organisation charts provided outlined the forums for oversight of radiation protection and communication pathways between the contracted external imaging company and the undertaking. These arrangements were verified by staff during discussions with the inspector.

VHI Health & Wellbeing DAC had a multidisciplinary radiation safety committee (RSC) which met twice a year. The minutes from meetings held for this committee showed that agenda items in relation to radiation protection were discussed to ensure oversight and regulatory compliance. The undertaking was also represented at the radiation protection unit meetings by the MPE which facilitated the sharing of radiation protection matters and learning across all sites managed by the external imaging provider.

The inspector reviewed a suite of documents as part of this inspection and noted that there were some minor inconsistencies that should be reviewed, to ensure that the information provided aligns fully with the regulations and HIQA's regulatory role. Additionally, while the allocation of responsibilities for the conduct of medical exposures was clear in general, the inspector noted a gap in the oversight, management and approval pathway for applications of any new types of practice for submission to HIQA. Therefore, this must be addressed to provide greater assurance of compliance with Regulation 7 requirements.

Overall, the inspector was satisfied that there were effective management structures in place for the delivery of medical exposures to ensure the radiation protection of service users.

Judgment: Substantially Compliant

Regulation 10: Responsibilities

On the day of inspection, all medical exposures were found to take place under the clinical responsibility of a practitioner, as defined in the regulations. The inspector was satisfied that referrers and practitioners were involved in the justification process for individual medical exposures. There was also evidence to show that practitioners and the MPE were involved in the optimisation process as per the requirements of this regulation.

Judgment: Compliant

Regulation 19: Recognition of medical physics experts

The inspector was satisfied from speaking with staff and management and reviewing formal arrangements for the MPE service that there were adequate processes in place to ensure the continuity of medical physics expertise at VHI Swiftcare Clinic Cork.

Judgment: Compliant

Regulation 20: Responsibilities of medical physics experts

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

The inspector found that the MPE role and responsibilities aligned with the requirements of Regulation 20(2) and MPE contribution and involvement was evident across many aspects of medical radiological practices. For example, MPEs contributed to the definition and performance of a quality assurance programme and acceptance testing of equipment, and also gave advice on medical radiological equipment, including the selection of equipment to be replaced in the service. There was evidence to show that an MPE was involved in optimisation and the establishment of diagnostic reference levels (DRLs), carried out dose calculations for

any incidents relating to ionising radiation and contributed to the training of staff in relevant aspects of radiation protection. In addition, the MPE was also the radiation protection adviser (RPA) at the facility, thereby, meeting the requirements of Regulation 20(3).

Judgment: Compliant

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

From documentation reviewed and discussions with staff including the MPE, the inspector found that there was appropriate involvement of an MPE in all aspects of medical radiological procedures carried out, in line with the level of radiological risk at this facility.

Judgment: Compliant

Safe Delivery of Medical Exposures

The systems and processes in place to ensure the protection of service users undergoing medical exposures at VHI Swiftcare Clinic Cork were reviewed by the inspector during this inspection. Discussions with staff and management and documentation reviewed, demonstrated to the inspector that the staff working in this service had strong local ownership and a commitment towards the radiation protection of service users.

The inspector noted several areas of good practice during this inspection which are discussed under each regulation under the safe delivery of medical exposures. These included good practices in relation to the strict surveillance and quality assurance of medical radiological equipment. The processes in place for the referral and justification of medical exposures provided assurance that requested X-rays aligned with recognised referral criteria, were justified, and the determination of service user pregnancy status was also completed before carrying out a medical exposure. Additionally, adult and paediatric facility DRLs were applied in clinical practice, regularly reviewed and investigated, if deemed to be consistently above national DRLs. Good practices were also observed in the identification and the management of radiation incidents and near misses in the service. In relation to the clinical audit of medical radiological practices, the inspector found that audits were carried out in accordance with the national procedures and noted that audit topics were focused on monitoring compliance with local processes and improving practices, if needed, in the service.

Overall, the inspector found the undertaking was compliant with all the regulations assessed under this dimension and was assured from the evidence gathered that there were appropriate systems and processes in place to ensure the safe delivery of medical radiological exposures to service users at VHI Swiftcare Clinic Cork .

Regulation 8: Justification of medical exposures

During the inspection, the inspector reviewed a sample of written referrals which showed that appropriate information to inform the justification process was included in each referral viewed. Medical exposures were justified in advance by practitioners and a record of this was kept on the radiology information system. The inspector also spoke with radiographers conducting medical exposures who demonstrated a good understanding of their role in the justification process.

A clinical audit report completed in July 2025 demonstrated that in the 89 referrals assessed, 98% were justified and complied with referral criteria for each requested procedure. This audit also looked at the reason for cancelled referrals which were mainly due to insufficient clinical information provided and incorrect referrals where a medical exposure was not indicated. The inspector found this to be a comprehensive assessment of the referral and justification practices at this facility and noted that the target of compliance was set at 100% and therefore, a follow up audit was due to be carried again out again in six months time.

Posters informing service users of the risks and benefits associated with exposure to ionising radiation from X-rays were displayed in the X-ray room and in each of the service users cubicles in the waiting area of the facility. Information leaflets were also made available.

Judgment: Compliant

Regulation 11: Diagnostic reference levels

The inspector found that DRLs for adult and paediatric medical radiological procedures were established and used at this facility. The inspector noted that facility DRLs were established following a collation of data by staff, and a review and establishment by the MPE which were then signed off by the practitioner-in-charge.

Staff described the process followed for the review of local DRLs found to be above the national DRLs and provided an example of one such review to the inspector. The inspector noted that this review was carried out by a multidisciplinary team which found that facility DRLs were calculated for pelvis X-rays based on a protocol for one view or exposure, the anteroposterior (front to back) pelvis. However, the report noted that additional views of the hip were required and performed for a number of pelvic X-rays which potentially accounted for the increase in the DRL for this

procedure. The resulting recommendation was that staff were to record when an extra view was taken and modify the request. This change to the process was shared with staff via staff meetings and an electronic group messaging platform.

From the evidence gathered, the inspector was satisfied that the requirements of this regulation were met and from discussions with staff, it was clear that staff demonstrated good awareness of the use and application of DRLs in day-to-day practices.

Judgment: Compliant

Regulation 13: Procedures

Written protocols were evident for standard adult and paediatric medical radiological procedures carried out in this facility, and these were available to staff in the X-ray room. From discussions with staff, it was evident to the inspector that staff were familiar with the protocols and how they were used to aid in the optimisation of adult and paediatric medical radiological procedures.

The inspector also reviewed a sample of reports on medical exposures carried out in the service, and found that information relating to patient exposure formed part of the report as required by Regulation 13(2).

Referral guidelines were accessible to staff and referrers within the facility, meeting the requirements of Regulation 13(3).

The inspector noted that a clinical audit strategy was in place at VHI Swiftcare Clinic Cork and clinical audit of medical radiological practices was carried out in accordance with the principals and essential criteria outlined in the national procedures established by HIQA. The clinical audit programme viewed by the inspector showed that audits of structure, process and outcome were included in the 2025 audit plan. This programme also detailed the individual responsible for each audit and the forums with oversight and overall responsibility for clinical audit within the facility.

Judgment: Compliant

Regulation 14: Equipment

The inspector was provided with an up-to-date inventory of medical radiological equipment which was verified on site. Documentation reviewed by the inspector showed that an appropriate QA programme was in place, including regular performance testing which had been implemented for the general X-ray unit in line with the QA programme's scheduled time lines. The inspector noted that there was

a process in place to provide additional assurance from the MPE that ageing equipment continued to remain fit for clinical use which was also discussed at the RSC. Management and staff informed the inspector that a tender for the replacement of the general X-ray equipment was ongoing at the time of the inspection. A contingency arrangement was also in place with a plan to replace the current X-ray equipment, should it fail, with a mobile unit from an external source, to ensure the continuity of the service.

The inspector was satisfied from the evidence gathered that equipment was kept under strict surveillance at Vhi Swiftcare Clinic Cork as required by Regulation 14(1).

Judgment: Compliant

Regulation 16: Special protection during pregnancy and breastfeeding

The inspector reviewed the process to be followed to confirm the pregnancy status of relevant service users which was outlined both in the *Radiation Safety Procedures-VHI 360 Health Centres* and the document *Patient Last Menstrual Period and Pregnancy Policy-VHI 360 Centres.* The records reviewed showed that in all cases, both the referrer and the practitioner had inquired about the pregnancy status and documented the answer. A pregnancy declaration form was signed by the practitioner and the service user and this form was uploaded onto the radiology information system under the relevant patients record of the medical radiological procedure.

Posters to raise awareness of the special protection required during pregnancy before undergoing a medical exposure were observed in the X-ray room and service user waiting areas. The inspector noted that adherence to the pregnancy policy was audited in January and July 2025 and showed compliance to be generally very good, with some improvements identified in the July audit that required a follow up action. The reports also showed where pregnancy could not be ruled out, re-justification was carried out and the form saved to the service user record.

The inspector was satisfied that there were effective processes in place to monitor compliance with the requirements of this regulation at this facility.

Judgment: Compliant

Regulation 17: Accidental and unintended exposures and significant events

Following a review of documentation and discussion with staff, the inspector was satisfied that there was a system in place to record all radiation safety incidents. Minutes from committee meetings from various forums within the radiology and

hospital governance structures showed that radiation incidents and data were regularly discussed. Staff informed the inspector that there was an effective electronic system for the reporting and management of incidents that could be streamlined into categories such as radiation incidents, near misses and cancellation of requests.

There was evidence to show that trending from near misses were followed up. As previously mentioned under Regulation 8, a clinical audit report *Near Miss - Incorrect Referral Audit* from July 2025 provided an example where trending and analysis from incident reporting helped to identify a clinical audit topic which resulted in the implementation of a quality improvement measure with the aim of improving referral practices at this facility. The inspector noted that learning from this audit and incidents were also shared with staff and found the approach taken to be an example of good practice.

Overall, the inspector was satisfied that the arrangements in place to manage radiation incidents and near misses were appropriate and met regulatory requirements.

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	Compliant
Regulation 21: Involvement of medical physics experts in medical radiological practices	Compliant
Safe Delivery of Medical Exposures	
Regulation 8: Justification of medical exposures	Compliant
Regulation 11: Diagnostic reference levels	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 Vhi Swiftcare Clinic Cork OSV-0008346

Inspection ID: MON-0046256

Date of inspection: 08/10/2025

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: Since our inspection on the 8th October, our Radiation Safety Procedures document has been reviewed and updated to ensure it aligns fully with the regulations and HIQA's regulatory role. While Vhi Health & Wellbeing DAC does not anticipate the introduction of any new Radiological Procedures, a new policy document named Policy for Introducing a New Type of Radiological Procedure was compiled, outlining steps to be followed should a new type of Radiological Procedure be introduced in any of the Vhi Health & Wellbeing DAC Clinics. The content of both were discussed and agreed by our Radiation Safety Committee.	

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	20/11/2025