



Health Information and Quality Authority

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

Name of Medical Radiological Installation:	UPMC Aut Even Hospital Ltd.
Undertaking Name:	UPMC Aut Even Hospital Ltd.
Address of Ionising Radiation Installation:	Talbots Inch, Freshford Road, Kilkenny, Laois
Type of inspection:	Announced
Date of inspection:	09 October 2025
Medical Radiological Installation Service ID:	OSV-0008874
Fieldwork ID:	MON-0044633

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

UPMC Aut Even Hospital Ltd. is a JCI Accredited Private hospital. The Radiology department, located on the ground and first floor at Aut Even Hospital, is a multi-modality general Radiology department. Diagnostic imaging procedures available include a CT (new service from April 2025), a Digital Radiography X-ray room and two Mobile C-arms used in Theatre. The majority of our workload is Ambulant Out-patients. We are a multi-disciplinary diagnostic imaging team consisting of five Consultant Radiologists, RSM, RPA/MPE, Radiographers, Clerical administration and Healthcare assistants.

How we inspect

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

As part of our inspection, where possible, we:

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

About the inspection report

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

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

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

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

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

1. Governance and management arrangements for medical exposures:

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

2. Safe delivery of medical exposures:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 October 2025	09:30hrs to 15:30hrs	Margaret Keaveney	Lead

Governance and management arrangements for medical exposures

An inspection of the radiological service at the UPMC Aut Even Hospital Ltd. was carried out on 09 October 2025, during which the inspector met with the management team, staff involved in completing the radiological examinations and the medical physics expert (MPE) for the service. UPMC Aut Even Hospital Ltd. is the undertaking for the service, and had established appropriate governance and management arrangements in the service to provide oversight of the radiation protection of service users. However, action is required by the management of UPMC Aut Even Hospital Ltd. to achieve compliance with Regulations 6 and 11. This is discussed further in the report.

The radiology service includes a general X-ray unit, a computerised tomography (CT) unit and two mobile fluoroscopy units which provide medical exposures to out-patient service users. The service is led by the undertaking's General Manager who is also a Designated Manager of the service, while day-to-day operations are overseen by a radiology services manager (RSM) and a senior RSM, who is also a Designated Manager for the service. A contracted medical physics expert is also appropriately involved in the service.

During the inspection, the inspector reviewed a sample of service user radiological records, and noted that only appropriate persons as per the regulations were involved in referring and justifying medical exposures completed at the service. The inspector was also satisfied that only those entitled to act as practitioners, as defined in Regulation 5, were taking clinical responsibility for medical exposures in the service. The inspector noted that the management team completed an annual clinical audit of radiographers professional registration numbers, to ensure that they continue to be appropriately registered and therefore eligible as referrers and practitioners in the service. This monitoring system was identified as an area of good practice within the service. The inspector noted that, in practice, roles and responsibilities were undertaken by appropriate staff in the service, however improvements were required in their documentation to ensure clarity for all relevant staff working in the service. This is further discussed under Regulation 6 below.

On the day of the inspection, the inspector spoke with the MPE currently engaged by the undertaking, and determined that their involvement was proportionate to the radiological risk posed by the service. For example, the inspector was informed that they had been involved in the review of the new quality assurance (QA) programme for radiological equipment and of the radiation protection training policy for staff in the service. A service level agreement between the undertaking and MPE was viewed by the inspector, which demonstrated that arrangements in place to assure the continuity of this expertise and that appropriate responsibilities had been allocated to the MPE.

Notwithstanding the gaps in compliance identified during this inspection, the inspector was assured that service users were receiving a safe radiological service at UPMC Aut Even Hospital Ltd.

Regulation 4: Referrers

From the review of a sample of medical exposures records and discussions with staff, the inspector was satisfied that referrals, for medical radiological procedures, were only accepted from persons defined in Regulation 4.

The undertaking's management team had developed *Radiation Safety Procedures* which stated that referrals were accepted from medical practitioners, and that radiographers could make secondary and adapted referrals, subject to scope of practice. The inspector reviewed a *Protocol for Radiographers Referring for Orbit X-rays to MRI* which clearly outlined the role and responsibilities of radiographers in making such referrals.

Judgment: Compliant

Regulation 5: Practitioners

The inspector was satisfied that only practitioners, as defined in Regulation 5, took clinical responsibility for individual medical exposures in UPMC Aut Even Hospital Ltd. The undertaking had allocated this role to appropriately registered medical practitioners and radiographers.

Judgment: Compliant

Regulation 6: Undertaking

During the inspection, the inspector was informed that the governance and management arrangements in place in the service had recently been reviewed and restructured. The inspector was assured that the new governance and management arrangements continued to provide adequate oversight of matters pertaining to the radiation protection of service users at UPMC Aut Even Hospital Ltd. However, a number of documents, including organisational charts, required review and action to fully reflect the new reporting and oversight pathways.

The undertaking's management team had established a radiation safety committee (RSC), which met every 6 months at a minimum, to discuss items that included local diagnostic reference level (DRL) reviews, equipment quality assurance (QA)

measures, optimisation, radiation safety incidents, and clinical audit. A review of meeting minutes showed that this committee was chaired by the undertaking's chief operations officer (COO), and was also attended by the service's general manager, the undertaking's radiography services lead, a radiologist, the medical physics expert (MPE), the radiology services manager (RSM), a nurse manager and the quality manager. The inspector was informed that the RSC reported into the undertaking's Clinical Governance Committee, and that the undertaking representative was informed of matters discussed at the RSC through the sharing of meeting minutes and weekly meetings with the COO.

Responsibility for oversight of the operational matters in the radiology service was also allocated to a newly formed Radiology Operations Committee (ROC), which was also scheduled to meet every 6 months to supplement RSC meeting frequency and oversight. The ROC had replaced two sub-committees in the radiology service which had previously been allocated this oversight role. Membership of this committee included the RSM, consultant radiologists, radiation protection officer (RPO) and clinical specialist radiographers from each imaging modality. Although the first meeting of this committee was scheduled in the weeks following this inspection, the inspector was informed that arrangements were in place for discussions at this committee to be brought to the Quality Patient Safety Committee.

From a review of service user records and discussions with staff, the inspector was satisfied that the allocation of responsibilities for the radiation protection of services users aligned with the requirements of the regulations. However, the inspector noted these allocations were not clearly documented to guide and support staff. For example, in the *Radiation Safety Procedures*:

- the role of referrer and practitioner did not align with the actual practice in the service
- the practical aspects of a medical radiological procedure were stated as having been delegated, however in practice no practical aspects had been delegated to any person working in the service
- greater clarity was needed to ensure that practitioners were aware of their specific responsibilities for inquiring on the pregnancy status of relevant service users
- some roles allocated in this procedure did not align with the language used in the current regulations, for example, the use of the term "prescriber".

While minor improvements were required in documentation to support staff in their allocated roles and responsibilities, the inspector was satisfied that good radiation protection measures were in place in the radiology department.

Judgment: Substantially Compliant

Regulation 10: Responsibilities

The inspector was satisfied that there were systems in place to ensure that all medical exposures, carried out in this service, took place under the clinical responsibility of a practitioner, and that a referrer and a practitioner were appropriately involved in the justification of individual medical radiological procedures.

In addition, as required by this regulation, the inspector noted that a practitioner and MPE were involved in optimisation of medical exposures.

Judgment: Compliant

Regulation 19: Recognition of medical physics experts

The inspector was satisfied from discussions with staff and a review of documentation that the undertaking at UPMC Aut Even Hospital Ltd. had arrangements in place to ensure access to and continuity of MPE services as required by Regulation 19.

Judgment: Compliant

Regulation 20: Responsibilities of medical physics experts

The inspector was satisfied that the involvement and contribution of the medical physicist in the service met the requirements of this regulation. This review included the professional registration certificate from the Irish College of Physicists in Medicine for the medical physicist providing expertise in the service.

The undertaking's management team had clearly allocated the MPE responsibilities, as specified in Regulation 20(2), across the radiological service. For example, they were involved in acceptance testing and the quality assurance (QA) of medical radiological equipment. The MPE was also involved in the development of recent local diagnostic reference levels (DRLs), attended the local RSC meetings, and was available to provide advice and dose calculations for radiation incidents. The inspector was also informed that the MPE had contributed to a recent review of the local *Radiation Safety Awareness Training Policy*, to ensure that staff in the service received appropriate radiation protection training.

The medical physicist was assigned the role of radiation protection adviser (RPA) at the facility, which satisfied the inspector that the MPE and the RPA liaised as appropriate.

Judgment: Compliant

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

From discussions with staff on the day of inspection, the inspector was satisfied that the MPE was appropriately involved in the radiological service, and that their contribution and involvement to the service was commensurate with the radiological risk posed by the practice.

Judgment: Compliant

Safe Delivery of Medical Exposures

On the day of the inspection, the inspector noted that staff at UPMC Aut Even Hospital Ltd. demonstrated a commitment to the ongoing optimisation of ionising radiation doses, with a number of optimisation projects completed as discussed under Regulation 9, and other projects planned. A multi-disciplinary team approach to the many radiation protection measures was also noted, for example, a team were involved in reviewing the specifications for replacement equipment, and had also recently identified and addressed a gap in establishing diagnostic reference levels (DRLs) for one imaging modality. This gap in the availability of DRL data is further discussed under Regulation 11.

During the inspection, the inspector reviewed a number of referrals and saw that each was in writing, stated the reason for the request and was accompanied by sufficient medical data to allow the practitioner to consider the benefits and the risks of the medical exposure. There was also evidence that justification in advance was recorded for each medical radiological procedure reviewed.

From a review of documentation, the inspector was satisfied that local DRLs had been established based on medical exposures completed in 2024, and reviewed by the MPE, for all radiological equipment in use in the service. These DRLs had been compared with national DRLs and were on display in the console area for use by practitioners. However, DRL records, prior to the 2024 period, were not available for the fluoroscopy units and the inspector was informed that these had not been established. Under Regulation 11 (7), the undertaking must retain a record of DRL reviews and corrective actions, in line with Regulation 11(6), for a period of five years from the date of the review.

On the day of inspection, the inspector was assured that the equipment in use in the service was under strict surveillance with regular and appropriate performance testing being completed and reviewed. From discussions with staff, the inspector was informed that the quality assurance programme had recently been reviewed and updated, and that appropriate checks on the equipment in line with MPE guidance were being performed. The inspector also reviewed records that showed

that the manufacturer and the MPE were involved in testing of the equipment before its first clinical use.

From a review of patient records and clinical audits, the inspector was assured that there was a process in place to determine the pregnancy status of service users, where relevant, and that this process was monitored and adhered to by staff. The management of UPMC Aut Even Ltd. had arrangements in place to record incidents involving, or potentially involving, accidental and unintended exposures to ionising radiation. These arrangements included ensuring that the undertakings' management team were promptly informed of any actual or potential incident that occurred in the service, and that all reportable events were analysed for trends and the efficacy of corrective actions.

Notwithstanding the findings under Regulation 11, the inspector was satisfied that service users at UPMC Aut Even Hospital Ltd. were receiving safe medical radiological exposures on the day of the inspection.

Regulation 8: Justification of medical exposures

All referrals reviewed by the inspector were in writing, stated the reason for the request and were accompanied by sufficient medical data which allowed the practitioner to consider the benefits and the risk of the medical exposure. The inspector also noted that information on the benefits and risks associated with the radiation dose delivered by each imaging type was available in leaflet form, and was easily accessible to service users in waiting areas.

During the inspection, the inspector spoke with staff allocated the role of practitioner, who explained how medical exposures are justified in advance of the medical exposure being completed. From the review of a sample of service user records, the inspector observed that justification in advance, by a practitioner, had been recorded for each medical exposure.

The undertaking's management team had completed a Justification Audit in the previous 12 months, which examined the information included on x-ray referrals to assess their alignment with regulatory requirements, referral guidelines and local referral criteria. This was identified as an area of good practice in the service.

Judgment: Compliant

Regulation 9: Optimisation

The inspector noted good practice in relation to optimisation at UPMC Aut Even Hospital Ltd. For example, the inspector was informed that where the local DRL had increased year-on-year for one sub-set of examinations, the management team had

supported radiography staff to complete an optimisation project on this sub-set. This project had resulted in the development of a *Tips, Tricks and Reminders* information poster on the optimisation of these examinations, which was noted by the inspector to be prominently displayed in the clinical areas for use by staff. This was identified as an area of good practice in the service. A recent review of the QA programme for medical radiological equipment was noted by the inspector as another example of good optimisation in the service. This review had resulted in the purchasing of additional testing equipment and expansion of the QA programme.

Judgment: Compliant

Regulation 11: Diagnostic reference levels

The local *Radiation Safety Procedures* set out the responsibilities regarding the establishment and review of DRLs in the service. This document also outlined that reviews and discussions were to be followed up by staff in circumstances where DRLs consistently exceeded national DRLs.

From a review of documentation, the inspector was satisfied that local DRLs, for all imaging modalities, were established based on data obtained from medical exposures completed in 2024, and compared with national DRLs. Records viewed showed that this DRL data was below national DRLs. During a tour of the clinical areas, the inspector also noted that up-to-date local and national DRL information was available to staff for adult and paediatric service users.

On the day of inspection, the undertaking's management team also provided the inspector with records of X-ray DRL data, that had been established prior to 2025. However, similar previous records of DRL data for theatre fluoroscopy exposures were not available as the undertaking had not established these DRLs prior to 2025. Therefore the undertaking did not meet the full requirements of Regulations 11(6) and (7). An appropriate system of regular review, and record keeping, should be implemented to identify any doses which consistently exceed relevant local and national diagnostic reference levels.

Judgment: Substantially Compliant

Regulation 13: Procedures

Protocols for standard medical radiological examinations were found to be in place and easily accessible to staff at UPMC Aut Even Hospital Ltd. From a review of service user records, the inspector noted that the undertaking's management team had measures in place to ensure that information relating to the dose associated with each procedure was automatically populated in the report of the outcome of

the examination, thereby, meeting the requirements of Regulation 13(2). Staff also demonstrated that they had access to referral guidelines on desktops in the clinical areas, which met the requirements of Regulation 13(3).

The inspector found that the undertaking's team had developed a clinical audit strategy that sought to align with the national procedures on clinical audit, as published by HIQA. A document titled *Clinical Audit Policy and Strategy for Radiology* outlined the local strategy and associated oversight arrangements, and also included information on the audit schedule, communication pathways, allocated resources and the tools to be used when carrying out audit at the service. From a review of audit records, the inspector noted that audits of practitioner's professional registrations, pregnancy declaration and dose information had been completed in the previous 12 months, and that planning for a peer review - image quality audit was underway. Each audit report reviewed by the inspector included a summary of audit findings and recommendations, many of which the inspector noted had been implemented in the service. For example, a new process had been introduced to ensure that all completed pregnancy waiver forms were promptly and appropriately filed in relevant service users' records. Therefore, the inspector was satisfied that the undertaking had appropriate measures in place to meet the requirements of Regulation 13(4).

Judgment: Compliant

Regulation 14: Equipment

An up-to-date inventory of all medical radiological equipment at UPMC Aut Even Hospital Ltd. was provided to HIQA in advance of this inspection. From a review of records and discussions with staff, the inspector was satisfied that medical radiological equipment in the service was kept under strict surveillance as required by Regulation 14(1).

The document *Quality Assurance in Radiology Policy and Procedures* outlined the QA programme in place for all medical radiology equipment in the service. The policy specified the tests to be completed, with tolerances and frequencies, and also assigned responsibility to specific staff groups for completing these tests. The document also specified the frequency of calibration of the tools used during tests, which was identified as an area of good practice in the service. A sample of QA records for equipment were reviewed which demonstrated that the QA programmes was being implemented.

From discussions with staff and a review of documentation, the inspector was informed that the QA programme had recently been reviewed and additional testing introduced to enhance the strict surveillance of equipment in the service. This was identified as an area of good practice in the service.

Judgment: Compliant

Regulation 16: Special protection during pregnancy and breastfeeding

The inspector was satisfied that there was an effective process in place in the service to determine the pregnancy status of service users, and noted that roles and responsibilities around this process were documented in the *Radiation Safety Procedures*. Within UPMC Aut Even Hospital Ltd., practitioners had been appropriately assigned responsibility for inquiring on and recording patients' pregnancy status, where relevant, and responses to these inquiries were recorded on declaration forms. The inspector noted that these forms also contained information on risks of radiation to an unborn child.

The inspector observed that a number of notices, in a variety of languages, were displayed in service user waiting areas, to raise awareness of the special protection required during pregnancy in advance of a medical exposure to ionising radiation, which satisfied the requirements of Regulation 16 (4).

Judgment: Compliant

Regulation 17: Accidental and unintended exposures and significant events

The inspector reviewed the local *Incidents involving Medical Ionising Radiation policy* and an *Incident and Learning Opportunity Policy*, both of which clearly and comprehensively outlined the processes for the management of accidental and unintended exposures and significant events, and the requirement to notify HIQA of certain reportable incidents. Staff who spoke with the inspector were able to describe the process of reporting an incident or near miss involving a medical exposure.

From a review of meeting minutes, the inspector noted that reported incidents and near misses were discussed at the RSC meetings and investigation actions agreed on. The inspector was also informed that reported events, and associated actions and learning, will also be discussed by the newly formed Radiology Operations Committee. A comprehensive incident analysis report was reviewed by the inspector, which detailed and analysed all reported incidents and near misses in the service over the previous 12 months. The report included a summary of improvement actions that had been implemented by the radiology management team following the review of such events.

These oversight and review arrangements assured the inspector that the undertaking's management team had taken all reasonable measures to minimise the

probability and magnitude of accidental and unintended exposures of service users occurring in the service.

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 9: Optimisation	Compliant
Regulation 11: Diagnostic reference levels	Substantially 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 UPMC Aut Even Hospital Ltd. OSV-0008874

Inspection ID: MON-0044633

Date of inspection: 09/10/2025

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
<p>Outline how you are going to come into compliance with Regulation 6: Undertaking: Radiation Safety Procedure (RSP) Policy was updated to consider the observations from the inspection. The new version of the document (V18) is attached, significant updates are detailed in Appendix 1.</p>	
Regulation 11: Diagnostic reference levels	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Diagnostic reference levels:</p> <p>1. Regulation 11 (6) – ‘An undertaking shall ensure that appropriate reviews are carried out...’</p> <ul style="list-style-type: none"> • Specific: DRL section in RSP has been modified to suitably reflect obligations under regulation 11 (6) - [ref. RSP AEH/XRY/013 section 10.5 Diagnostic Reference Levels; “Where results exceed NDRLs or benchmarked LDRLs, an investigation regarding causation and the corrective measures, likely in the form of an optimisation quality improvement plan (QIP) will be actioned.” • Measurable: Audit of Dose data at least annually to produce LDRL and benchmark/analyse data locally and nationally as appropriate. If there is any significant increase or decrease in the doses, this will be reviewed by a Radiographer, Radiologist and Medical Physicist. Corrective actions are included in the dose report. • Achievable: Assign responsibility to Radiation Protection Officer and document 	

presented in the form of audit or QIP report.

- Relevant: Ensures patient safety and compliance with HIQA standards. Already in place in Aut Even with DR DRLs, the same process will be applied to Theatre DRLs.
- Time-bound: All DRL audits are reviewed by the RPA/MPE and annually (at a minimum) by the RSC [ref. RSP AEH/XRY/013 section 10.5 Diagnostic Reference Levels]. Theatre doses will be re-audited in Jan 2026.

2. Regulation 11 (7)

- Specific: Retain a record of reviews and corrective actions carried out under Regulation 11 (6) for a minimum of 5 years.

RSP amended to reflect this requirement [ref. RSP AEH/XRY/013 section 10.5 Diagnostic Reference Levels; "All DRL reviews (in the form of Audit or QIP reports) and documentation of any subsequent corrective actions will be retained by UPMC Aut Even for a minimum of five years from the date of the review."]

- Measurable: This will be monitored through the Radiation Safety Committee.
- Achievable: All Audit/QIP and dose data will be stored for a period of at least 5 years on secure UPMC Network folders.

Proposal to invest in dose management software for automated record retention, in line with EHR implementation.

- Relevant: Facilitates audits and supports continuous dose optimisation.
- Time-bound: RSP amended to reflect requirement to maintain records. Retrospective DRL analysis fully operational. Dose management software operational by 2027 to further improve this process.

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	25/11/2025
Regulation 11(6)	An undertaking shall ensure that appropriate reviews are carried out to determine whether the optimisation of protection and	Substantially Compliant	Yellow	25/11/2025

	<p>safety for patients is adequate, where for a given examination or procedure typical doses or activities consistently exceed the relevant diagnostic reference level, and shall ensure that appropriate corrective action is taken without undue delay.</p>			
Regulation 11(7)	<p>An undertaking shall retain a record of reviews and corrective actions carried out under paragraph (6) for a period of five years from the date of the review, and shall provide such records to the Authority on request.</p>	Substantially Compliant	Yellow	25/11/2025