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:	Midland Regional Hospital Portlaoise
Undertaking Name:	Health Service Executive
Address of Ionising Radiation Installation:	Block Road, Ballyroan, Portlaoise, Laois
Type of inspection:	Announced
Date of inspection:	19 September 2023
Medical Radiological Installation Service ID:	OSV-0007364
Fieldwork ID:	MON-0038629

About the medical radiological installation:

Midland Regional Hospital Portlaoise (MRHP) is a Model 3 hospital which serves a population within the counties of Laois, Kildare, Carlow, Offaly and North Tipperary and has 168 patient beds which includes inpatient, critical care, Acute Medical Assessment Unit (AMAU), Acute Surgical Assessment Unit (ASAU) and day services beds.

MRHP provides acute-care hospital services including:

• 24-hour Emergency Department service

• 24 hour Maternity Assessment Unit

• A range of inpatient and outpatient General Medical, Surgical, Urology, Obstetrics, Gynaecology, Paediatric, Special Care Baby Unit, AMAU/ASAU, Coronary Care Unit (CCU), Intensive care Unit (ICU) Transitional Care unit and Endoscopy services.

MRHP has academic links to Trinity College Dublin Approximately 50,000 imaging examinations per annum are performed including X-ray, CT and fluoroscopy.

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 and 2019. 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. Governance and management arrangements for medical exposures:

[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.

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 19 September 2023	10:44hrs to 15:55hrs	Kay Sugrue	Lead
Tuesday 19 September 2023	10:44hrs to 15:55hrs	Kirsten O'Brien	Support

Governance and management arrangements for medical exposures

An inspection of the radiology department at the Midland Regional Hospital Portlaoise (MRHP) was carried out on the 19 September 2023 to assess compliance against the regulations. On the day of inspection, inspectors reviewed documentation and records and spoke with staff working in the radiology department.

Inspectors found that there were appropriate pathways within the radiology governance structure to ensure communication of issues relating to the radiation protection of service users attending for medical radiological procedures at the hospital. Forums described to inspectors included a radiation protection unit, a radiation safety committee (RSC) and a radiology quality and safety speciality committee with representation from senior hospital management and this was evident in the minutes viewed.

On the day of inspection, systems and processes were in place to ensure that medical exposures were only carried out at the MRHP when referred by a person entitled to refer as per Regulation 4. Similarly, inspectors were assured that clinical responsibility for medical exposures was only taken by personnel entitled to act as practitioners in line with Regulation 5. The undertaking had ensured that a medical physics expert (MPE) was appropriately engaged for this facility and continuity arrangements were evident to inspectors during the inspection. In discussions with inspectors, staff were clear on their individual roles and responsibilities for the radiation protection of service users which in general, aligned with the documented allocation of responsibilities viewed by inspectors. However, one exception was noted following the review of a medical exposure conducted in the the fluoroscopy service. In the record reviewed, the process was not consistent with the hospital's allocated roles and responsibilities detailed in the procedure *Making and accepting referrals for medical exposures*. Therefore, action is required to ensure adherence with local procedure to improve compliance with Regulation 6(3).

Inspectors found that overall, there was potential to strengthen oversight of the delivery of medical exposures at MRHP. Areas that required improvements were identified by inspectors and included the review, update and approval of policies, procedures and guidelines and greater assurance that protocols for standard medical radiological procedures for adults and paediatrics are developed and approved in a timely way for clinical use. Additionally, management at the hospital need to ensure that regular performance testing of medical radiological equipment is completed within time frames outlined in the hospital's quality assurance (QA) programme and reportable significant events are notified in line with HIQA's guidance.

Regulation 4: Referrers

The policy document *Making and accepting referrals for medical exposures* was reviewed by inspectors before the inspection. This document had recently been updated in September 2023 and outlined a defined process for making and accepting referrals for medical exposures at MRHP.

Staff were clear in their understanding of the referral process and outlined to inspectors the steps taken to ensure that referrals for medical exposures were only accepted from individuals entitled to refer in line with this regulation. Staff explained to inspectors that external referrer details were uploaded on the hospital's radiology information system (RIS) on receipt of the first referral from a new referrer once professional registration details were confirmed.

A list of nurse referrers was also included in the policy document viewed and maintained by management. Inspectors were informed that nurse referrers could only refer for specific examinations within their speciality.

Judgment: Compliant

Regulation 5: Practitioners

Inspectors spoke with staff and reviewed a sample of medical radiological procedure records and were satisfied that only those entitled to act as practitioners under this regulation had taken clinical responsibility for individual medical exposures at MRHP.

Judgment: Compliant

Regulation 6: Undertaking

Inspectors reviewed documentation that detailed the governance, leadership and management structures in place for the radiation protection of service users. The Health Service Executive (HSE) was the undertaking for MRHP and the organisational structures viewed in documentation provided showed there were communication pathways from staff working in this facility upwards to hospital management, the hospital group and to the undertaking representative at HSE level.

There was a RSC in place that met twice a year. Terms of reference were viewed and had been updated since the 2020 inspection to align with the regulations. Inspectors were informed that a radiation protection unit consisting of the MPE, radiography service manager (RSM) and radiation protection officer (RPO), had responsibility for daily operational issues relating to radiation protection. The RSC reported into the radiology quality and safety speciality committee and upwards to the overarching quality and safety executive committee. A representative from

senior management attended each of these forums.

In the document *Radiation safety policy*, overall responsibility for the radiation protection of service users undergoing medical exposures to ionising radiation and regulatory compliance rested with the hospital manager, who was also the designated manager in this hospital. Inspectors viewed the procedure *Making and accepting referrals for medical exposure* that identified radiographers and radiologists as practitioners with responsibility for justifying medical exposures at this facility. Clinical responsibility roles for both the radiographer and radiologist were also clearly delineated in this document. For example, radiographers justified and took clinical responsibility for plain film X-rays and radiologists justified and were clinically responsible for computed tomography (CT) and fluoroscopic examinations. However, following a review of records from the fluoroscopy service, inspectors identified that stronger oversight was required when allocating clinical responsibility to individuals providing locum cover within the radiology service to ensure consistency with the roles outlined in this procedure.

Inspectors found that the management of hospital policies, procedures and guidelines regarding radiation protection required action. Several of the documents viewed by inspectors had not been reviewed in over three years. All the protocols for medical radiological procedures were also in draft. Inspectors identified an area of improvement regarding paediatric fluoroscopy procedures which could be expanded to provide additional details about individual procedures that are conducted at the hospital.

Inspectors identified from the evidence gathered and outlined above that the governance and management of radiation protection needs to be strengthened to ensure that daily practices align with policy and guidance documentation is up-to-date to support staff working in the radiology department.

Judgment: Substantially Compliant

Regulation 10: Responsibilities

Inspectors found that only those recognised as practitioners under Regulation 5 took clinical responsibility for medical exposures carried out at MRHP. There was evidence of appropriate delegation of the practical aspects in line with Regulation 10(4) which was documented in hospital policy. Evidence showed that practitioners and the medical physics expert (MPE) were involved in the optimisation process. In addition, the referrer and practitioner were involved in the justification process as required by Regulation 10.

Judgment: Compliant

Regulation 19: Recognition of medical physics experts

Inspectors viewed documentation detailing the service level agreement for MPE services provided at the hospital. From documentation reviewed and discussions with staff, inspectors were satisfied that the undertaking at MRHP had ensured continuity of MPE services in line with Regulation 19.

Judgment: Compliant

Regulation 20: Responsibilities of medical physics experts

Inspectors reviewed the professional registration certificate of the MPE at MRHP and were satisfied that the MPE gave specialist advice, as appropriate, on matters relating to radiation physics as required by Regulation 20(1).

The role and responsibilities of the MPE detailed in the service level agreement and described by staff to inspectors was consistent with MPE contribution and involvement evident across a range of responsibilities as set out in Regulation 20(2). For example, the evidence gathered showed that the MPE, who also had the dual role of radiation protection adviser at the hospital, was responsible for dosimetry and had completed the review and establishment of facility diagnostic reference levels (DRLs) in November 2022. RSC minutes, policy documentation and records viewed demonstrated that the MPE carried out annual quality assurance testing and acceptance testing of equipment. The MPE also contributed to the training of staff in radiation protection through the provision of an online training module and onsite staff training sessions.

Judgment: Compliant

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

From documentation reviewed and discussion with the MPE and staff, inspectors were satisfied that the MPE provided advice on matters relating to the radiation protection of service users and the level of involvement was appropriate to the radiological risk posed by the facility as required by Regulation 21. Staff informed inspectors that the MPE was onsite a minimum of one day a week and was easily contactable by phone or email as required.

Judgment: Compliant

Safe Delivery of Medical Exposures

Since the previous inspection, inspectors found that staff at the hospital had implemented measures to comply with Regulations 8(8) and 8(15). Evidence of justification in advance was now retained in the hospital's radiology information system for all modalities, therefore meeting the requirements of Regulations 8.

Inspectors found that staff at the hospital had processes in place to ensure compliance with Regulations 11 and evidence gathered showed that facility diagnostic reference levels (DRLs) had been established and used with reference to national DRLs in each area visited.

Good practice was also seen regarding Regulation 16 where there was evidence to show that appropriate inquiries were made by a practitioner to establish and record the pregnancy status of individuals to whom this regulation applies.

Some improvements were required in relation to Regulations 13, 14 and 17. Inspectors found that compliance levels with respect of Regulation 13(2) had not changed since the inspection in April 2020. Despite evidence of a communication from the HSE in early September 2023 which detailed a number of measures available to staff at the hospital to facilitate compliance with Regulation 13(2), information relating to patient exposure was not evident in medical radiological reports viewed since the 5 September up to the day of the inspection. Additionally, protocols currently in draft should be reviewed to ensure that every standard type of standard medical radiological procedures are approved with out delay to comply with the requirements of Regulation 13.

Inspectors found that the strict surveillance of equipment was an area that required action to ensure that regular performance testing is completed within the defined time frames outlined in the hospital's QA programme and to comply with Regulations 14(1) and 14(3)(b). Finally, while inspectors noted that there was a system in place to ensure that radiation incidents and potential incidents are identified, trended and analysed, management must ensure that significant events that meet the reporting thresholds defined by the Authority are consistently reported within the time frames set out in HIQA guidance.

Overall, while compliance needs to improve with respect of Regulations 13, 14 and 17, the gaps identified do not present a risk to service users and inspectors were satisfied that systems were in place to support the safe delivery of medical exposures at MRHP.

Regulation 8: Justification of medical exposures

Policy documentation reviewed described the process to justify each medical

exposure by a practitioner before carrying out the procedure. For example, radiologists were responsible for justifying CT examinations with the exception of CT brain procedures which were justified by a clinical specialist radiographer. The record of justification was documented on the radiology information system (RIS). Similarly, justification of general radiography was completed by the radiographer and also recorded on RIS. Justification in the emergency department was documented by the practitioners in hard copy on the triple identification checklist form and then uploaded onto RIS. These processes were consistently described by staff to inspectors and verified that the process applied in practice was in line with local policy.

Overall, inspectors found that sufficient actions had been taken by staff at this facility since the 2020 inspection to comply with the requirements of Regulation 8.

Judgment: Compliant

Regulation 11: Diagnostic reference levels

Inspectors viewed the document *Guidelines for establishing DRLs* which was last revised to take account of HIQA guidance documents on DRLs and approved for use in January 2023. A dose audit to establish facility DRLs for all modalities was carried out and completed by the MPE in November 2022. This report was viewed by inspectors and showed that facility DRLs for adult and paediatric procedures were established. Facility DRLs were compared with and found to be below national DRLs. These DRLs were displayed in each of the control rooms visited during the inspection. Staff explained to inspectors the actions that would be taken should a facility or national DRL be consistently exceeded, which were consistent with those outlined in the policy.

Judgment: Compliant

Regulation 13: Procedures

Referral guidelines for medical imaging were available on desk top computers in the radiology department and staff demonstrated to inspectors how these could be accessed in the general X-ray control room.

Written protocols were also available but were found to be past their review date and referenced previous regulations. Inspectors were shown updated protocols in draft format which were due to be updated at the next RSC meeting. Inspectors were informed that the RSC had been deferred from September to October 2023, hence the delay in approving the protocols. On review of existing and draft protocols, inspectors identified scope to review the information provided in relation

to paediatric protocols for fluoroscopy procedures conducted at the hospital. Protocols should be approved and updated regularly in line with revision dates outlined in documentation viewed.

Inspectors viewed a number of completed clinical audits and one ongoing audit during this inspection and found while clinical audits were conducted at the hospital, the audit programme was relatively limited and had potential to be expanded and improved upon following this inspection.

Inspectors identified non compliance with Regulation 13(2) during this inspection and this was also identified during the 2020 inspection. Inspectors were shown communication from the undertaking at HSE level which was issued to hospital group chief executive officers on 5 September 2023 and included a number of measures available to staff to facilitate compliance with this regulation. Inspectors viewed several reports of medical radiological procedures carried out in CT, general radiology and fluoroscopy services since the date of this communication and observed that information relating to patient exposure did not form part of these reports. Staff also confirmed to inspectors that none of the measures outlined by the HSE had been implemented at the hospital. Consequently, inspectors were not satisfied that management and staff at the hospital had availed of the solutions offered by the undertaking to comply with Regulation 13(2) and consequently had not improved compliance with this regulation since the previous inspection. Following this inspection, measures must be implemented without delay to ensure that information relating to patient exposure forms part of the report of the medical radiological procedure to ensure regulatory compliance.

Judgment: Not Compliant

Regulation 14: Equipment

Inspectors were provided with an up-to-date inventory of the medical radiological equipment in use before the inspection which was verified on site. The inventory itemised when each piece of medical radiological equipment was commissioned for use, in addition to the nominal replacement date. Since the last inspection, two equipment units had been replaced including the CT scanner and a mobile X-ray unit which demonstrated that an equipment replacement programme was implemented and maintained at this facility.

A documented QA programme was viewed that listed the frequencies for QA and performance testing of each unit. Records viewed showed that annual QA testing by the MPE was completed in line with defined time lines outlined in the QA programme. Inspectors discussed the QA programme with staff and were informed that there had been gaps in completing regular quality control testing of medical radiological equipment. Inspectors were informed that this issue related to key resource deficiencies in the radiology department but this had been addressed towards the end of quarter two of 2023. However, inspectors found that gaps were

still evident in internal regular performance testing records where the frequencies in the QA programme were not consistently adhered to. Therefore, to ensure the continuity of the QA programme and that the strict surveillance of all medical radiological equipment in use is maintained as per Regulation 14(1), regular performance testing should be completed in line with frequencies outlined in the QA programme.

Judgment: Substantially Compliant

Regulation 16: Special protection during pregnancy and breastfeeding

The procedure for establishing the pregnancy status of women of child-bearing age was reviewed in the document *Policy for the protection of the unborn child arising from ionising radiation received during medical diagnostic or therapeutic procedures* and verified by inspectors in discussions with staff. A sample of referrals and completed pregnancy declarations of relevant service users performed in advance of conducting a medical exposure were viewed and were consistent with this policy. Posters were observed throughout the radiology department to help increase the awareness of the special protection required during pregnancy prior to undergoing a medical exposure.

From the records reviewed, inspectors were satisfied that pregnancy inquiries involving the referrer and or practitioner were appropriately documented, ensuring that all reasonable measures were taken to prevent the unnecessary exposure of a foetus during a medical exposure of a pregnant individual.

Judgment: Compliant

Regulation 17: Accidental and unintended exposures and significant events

A guideline was in place that outlined the procedure, including the roles and responsibilities for staff, on how to report and manage all radiation incidents and near misses. Staff demonstrated awareness of their individual role and what to do should an incident or near miss occur. Minutes from the RSC meetings reviewed demonstrated that incidents were discussed as a standard agenda item.

Regulation 17(1) requires that HIQA is notified of significant events within specific time frames defined by the Authority in HIQA guidance. Inspectors reviewed significant events involving accidental and unintended exposures reported to HIQA by MRHP since 2019 and found several of the initial notifications of significant events were not submitted within these time lines. This finding was discussed with senior management at the hospital where it was highlighted by inspectors that action was required to ensure that future significant events, should they occur, are

notified promptly in line with HIQA guidance to comply with Regulation 17(1)(e).
Judgment: Substantially Compliant

Appendix 1 – Summary table of regulations considered in this report

This inspection was carried out to assess compliance with the European Union (Basic Safety Standards for Protection against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations 2018 and 2019. 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	Not Compliant
Regulation 14: Equipment	Substantially Compliant
Regulation 16: Special protection during pregnancy and breastfeeding	Compliant
Regulation 17: Accidental and unintended exposures and significant events	Substantially Compliant

Compliance Plan for Midland Regional Hospital Portlaoise OSV-0007364

Inspection ID: MON-0038629

Date of inspection: 19/09/2023

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 and 2019.

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: Radiology clinical lead, in conjunction with senior departmental figures and permanent radiologist staff, will develop and introduce an induction process for visiting radiologists, which would include orientation materials and policy documentation for review and signing, with particular reference to ionising radiation protection matters. Clinical protocols will be reviewed and approved at Radiology Quality and Safety (Q&S) 4th Quarter 2023 and 1st Quarter 2024 and then at senior management level before uploading to Q Pulse A new document 'Fluoroscopic examination guidelines (Paediatric)' has been created. This document provides additional details about individual procedures of this type that are conducted at the hospital. It covers aspects such as required staffing, justification, vetting, patient identification, consent, pregnancy checks, exam protocols and required image quality. A new document 'MRHP New Radiographer General' has been developed and will be approved at Radiology Q&S 4th Quarter 2023 and utilised for all new radiography staff.	
Regulation 13: Procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 13: Procedures: On the 13/10/2023, MRHP implemented an interim solution whereby the required text was included on the radiology report and locum radiologists were informed of the required changes. This was superseded on the 16/10/23 when a national solution was put in place to populate the dose in the report. This is available to use through the report dictation software. This solution is currently being implemented in the radiology department in the MRHP.	

Regulation 14: Equipment	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Equipment: A full time radiation safety officer was appointed to the Radiology Department in mid-2023. The department is currently in the process of training a number of other radiographers to perform routine QA testing when the RSO is absent.	
Regulation 17: Accidental and unintended exposures and significant events	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Accidental and unintended exposures and significant events: The department's radiation incident policy states that significant incidents must be reported to HIQA within three days. It is acknowledged that some significant incidents in 2023 were not reported within this timeframe. This was due to a lack of clarity about roles and responsibilities during the transition phase between radiation safety officers. Gaining access to the HIQA portal was also a challenge. Roles and responsibilities have now been clarified and access to the HQIA portal has now been given to the appropriate staff members.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 6(3)	An undertaking shall provide for a clear allocation of responsibilities for the protection of patients, asymptomatic individuals, carers and comforters, and volunteers in medical or biomedical research from medical exposure to ionising radiation, and shall provide evidence of such allocation to the Authority on request, in such form and manner as may be prescribed by the Authority from time to time.	Substantially Compliant	Yellow	31/12/2023
Regulation 13(1)	An undertaking shall ensure that written protocols for every type of standard medical radiological procedure are established for	Not Compliant	Orange	30/11/2023

	each type of equipment for relevant categories of patients.			
Regulation 13(2)	An undertaking shall ensure that information relating to patient exposure forms part of the report of the medical radiological procedure.	Not Compliant	Red	01/11/2023
Regulation 14(1)	An undertaking shall ensure that all medical radiological equipment in use by it is kept under strict surveillance regarding radiation protection.	Substantially Compliant	Yellow	30/11/2023
Regulation 14(3)(b)	An undertaking shall carry out the following testing on its medical radiological equipment, performance testing on a regular basis and after any maintenance procedure liable to affect the equipment's performance.	Substantially Compliant	Yellow	30/11/2023
Regulation 17(1)(e)	An undertaking shall ensure that the Authority is notified, promptly and as soon as possible, of the occurrence of any significant event, as defined by the Authority in guidelines issued for that purpose,	Not Compliant	Orange	30/11/2023

	and			