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:	Naas General Hospital
Undertaking Name:	Health Service Executive
Address of Ionising Radiation Installation:	Craddockstown Road, Naas East, Naas, Kildare
Type of inspection:	Announced
Date of inspection:	07 March 2024
Medical Radiological Installation Service ID:	OSV-0007367
Fieldwork ID:	MON-0037519

About the medical radiological installation:

The Radiology Department at Naas General Hospital provides diagnostic imaging services to inpatients, Emergency Department and Medical Assessment Unit patients, outpatients and patients referred from Primary Care in the Kildare/ West Wicklow region and the surrounding counties.

The radiology service is provided utilising the following imaging modalities:
Main Radiology Department:
-2 x DR General X-ray rooms
-1 x DR/ Fluoroscopy room
-1 x CT scanner
-1 x DEXA scanner
-1 x MRI scanner
-2 x Ultrasound scanners

Outside the Radiology Department:
-1 x DR/ wireless DR X-ray room
-2 x DR mobile X-ray units

Routine services are provided from 9am to 5pm, Monday to Friday. There is a full out-of-hours on-call cover for Emergency Department and inpatient X-ray. There is also full out-of-hours on-call cover for CT. On-call services are provided on a rostered basis by radiologists and radiographers.

Radiation protection and medical physics services are provided by staff from the Department of Medical Physics and Bioengineering at St. James's Hospital. There is on-site presence of the medical physics expert (MPE) three days a week and the radiation protection adviser (RPA) in Naas General Hospital one day per week, with additional visits for the purposes of quality assurance (QA) and equipment commissioning.

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
Thursday 7 March 2024	09:30hrs to 15:00hrs	Noelle Neville	Lead
Thursday 7 March 2024	09:30hrs to 15:00hrs	Margaret Keaveney	Support

Governance and management arrangements for medical exposures

An inspection of Naas General Hospital was carried out on 7 March 2024 by inspectors to assess compliance with the regulations at the hospital. As part of this inspection, inspectors visited the general X-ray, computed tomography (CT), fluoroscopy and dual-energy X-ray absorptiometry (DXA) units, spoke with staff and management and reviewed documentation. Inspectors noted that the undertaking, the Health Service Executive (HSE), demonstrated compliance during this inspection with Regulations 4, 11, 13, 14, 16, 17, 19, 20 and 21, substantial compliance with Regulation 5, 6 and 10 and was not compliant with Regulation 8.

Inspectors noted involvement in, and oversight of, radiation protection by the medical physics expert (MPE) at the hospital across a range of responsibilities. Inspectors were satisfied that referrals for medical radiological exposures were only accepted from individuals entitled to refer. While a practitioner took responsibility for the majority of medical exposures at Naas General Hospital including general X-ray, CT and DXA medical exposures, inspectors were not satisfied that a practitioner took responsibility for some fluoroscopy medical exposures at the hospital.

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

Regulation 4: Referrers

A document titled *Receipt of Referrals and Justification/Approval of Medical Exposures*, the most recent version of which was published in June 2023, was in place at Naas General Hospital. This document outlined who was entitled to make a referral for a medical radiological exposure at the hospital. Inspectors were satisfied from discussions with staff and management and from reviewing a sample of referrals that medical radiological exposures were only accepted from individuals entitled to refer as per Regulation 4.

Judgment: Compliant

Regulation 5: Practitioners

Inspectors were satisfied from a review of documentation and speaking with staff that only individuals entitled to act as practitioner as per Regulation 5 took clinical responsibility for the majority of medical exposures at Naas General Hospital including general X-ray, CT and DXA medical exposures. However, inspectors were not satisfied that a practitioner, as defined in the regulations, took clinical responsibility for some fluoroscopy medical exposures at the hospital.

Judgment: Substantially Compliant

Regulation 6: Undertaking

Inspectors reviewed documentation including a governance structure organogram (organisational chart that shows the structures and relationships of departments in an organisation) and spoke with staff and management in relation to governance arrangements in place at Naas General Hospital. Inspectors noted involvement in, and oversight of, radiation protection by the medical physics expert (MPE) at the hospital across a range of responsibilities. Inspectors found that there was a clear allocation of responsibilities for the protection of service users from medical exposure to ionising radiation as required by Regulation 6(3) for the majority of medical exposures carried out at Naas General Hospital. However, inspectors noted that further work was required with regard to the clear allocation of responsibilities for some fluoroscopy medical exposures.

A radiation safety committee (RSC) was in place at Naas General Hospital and this committee met twice a year. Inspectors reviewed the terms of reference for this committee and noted that it had a multi-disciplinary membership including the hospital's general manager, radiography services manager, medical physics expert, radiologist, and the quality, risk and patient safety manager. Inspectors noted that the committee had a standing agenda and items such as incidents, equipment and clinical audit were discussed. The committee was incorporated into local governance structures, chaired by the hospital's general manager and reported to the hospital's executive management team. Inspectors were informed that there was also a radiation protection unit (RPU) in place at the hospital. This unit was responsible for operational issues relating to radiation protection and its membership included a radiation protection adviser, medical physics expert, radiography services manager and radiation safety officer.

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

Judgment: Substantially Compliant

Regulation 10: Responsibilities

Inspectors noted that the majority of medical exposures, including general X-ray, CT and DXA, took place under the clinical responsibility of a practitioner as defined in the regulations. However, some fluoroscopy medical exposures did not take place under the clinical responsibility of a practitioner. For example, from discussions with staff and review of records, inspectors found that the clinical evaluation of the outcome, which is an aspect of clinical responsibility, was not carried out by a practitioner as defined in Regulation 5 for some fluoroscopy procedures.

The practical aspects of medical radiological exposures were only carried out at the hospital by individuals entitled to act as practitioners in the regulations. Practitioners and the MPE were found to be involved in the optimisation of medical exposure to ionising radiation. In addition, inspectors were also satisfied that referrers and practitioners were involved in the justification process for individual medical exposures as required by Regulation 10.

Judgment: Substantially Compliant

Regulation 19: Recognition of medical physics experts

Inspectors were satisfied from speaking with staff and management and reviewing documentation that adequate processes were in place to ensure continuity of medical physics expertise at Naas General Hospital.

Judgment: Compliant

Regulation 20: Responsibilities of medical physics experts

Inspectors reviewed the professional registration certificate of the MPE at Naas General Hospital and were satisfied that the MPE gave specialist advice, as appropriate, on matters relating to radiation physics as required by Regulation 20(1). Inspectors noted MPE involvement in radiation protection across a range of responsibilities outlined in Regulation 20(2) at the hospital. The MPE was a member of the hospital's radiation safety committee and radiation protection unit. The MPE gave advice on medical radiological equipment, contributed to the definition and performance of a quality assurance programme and acceptance testing of equipment. The MPE was involved in optimisation, including the application and use of diagnostic reference levels (DRLs). In addition, the MPE carried out dose calculations for any incidents relating to ionising radiation and contributed to the training of staff in relevant aspects of radiation protection. Inspectors noted that the

MPE liaised with the hospital's radiation protection adviser and so met the requirements of Regulation 20(3).

Judgment: Compliant

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

From documentation reviewed and discussion with staff, inspectors were satisfied that the level of MPE involvement at the hospital was commensurate with the radiological risk posed by the facility as required by Regulation 21.

Judgment: Compliant

Safe Delivery of Medical Exposures

Inspectors visited the general X-ray, CT, fluoroscopy and DXA units at Naas General Hospital, spoke with staff and management and reviewed documentation to assess the safe delivery of medical exposures at the hospital. While Regulations 11, 13, 14, 16 and 17 were compliant, inspectors noted that there was further work required to bring Regulation 8 into compliance.

In relation to Regulation 8, inspectors noted that justification in advance as required by Regulation 8(8) was not recorded as required by Regulation 8(15) for all medical exposures. The Health Service Executive, as the undertaking for this hospital, should ensure that all individual medical exposures carried out on its behalf are justified in advance and that records evidencing this are retained to ensure compliance with Regulations 8(8) and 8(15).

Inspectors noted examples of good practice in relation to Regulation 11 including the establishment, regular review and use of local diagnostic reference levels (DRLs), having regard to national DRLs. Inspectors also noted a good example of optimisation as a result of a DRL review and a DRL awareness week took place at Naas General Hospital to raise awareness and information in relation to DRLs with staff at the hospital.

Regulation 13(2) states that an undertaking shall ensure information relating to the patient exposure forms part of the report of the medical radiological procedures. Since the previous inspection in December 2019, inspectors noted that improvements had been made in relation to meeting the requirements of Regulation 13(2). A technical solution, as outlined in the previous compliance plan, had been implemented at Naas General Hospital to meet compliance with Regulation 13(2). Inspectors reviewed a sample of reports for general X-ray, CT, and DXA and found

that information relating to the patient exposure formed part of the report for these modalities.

Overall, noting that improvements were required to bring Regulation 8 into compliance, inspectors were satisfied that the hospital had systems and processes in place to ensure the safe delivery of medical radiological exposures to service users.

Regulation 8: Justification of medical exposures

Inspectors were satisfied that all referrals were in writing, stated the reason for the request and were accompanied by sufficient medical data to facilitate the practitioner when considering the benefits and risks of the medical exposure. Information about the benefits and risks associated with the radiation dose from medical exposures was available to service users and displayed on posters throughout the facility.

A document titled *Receipt of Referrals and Justification/Approval of Medical Exposures*, the most recent version of which was published in June 2023, was in place at Naas General Hospital. This document outlined the justification procedure in place at the hospital for each modality. Inspectors reviewed a sample of records for general X-ray, CT, DXA and fluoroscopy and noted that while justification in advance was recorded for all CT and DXA exams reviewed, it was not recorded for general X-ray or fluoroscopy records reviewed. This was similar to the finding of the previous inspection in December 2019, where the compliance plan response noted that a technical solution would be sought to record justification in advance for all medical exposures. However, inspectors were informed that this technical solution for recording justification in advance for all medical exposures, as identified in the previous compliance plan had not been implemented at Naas General Hospital.

Inspectors were informed that since the previous inspection in December 2019, a new paper-based process had been put in place for recording of justification in advance in general X-ray through the triple identification process. Inspectors were informed that a sample of triple identification forms were audited periodically and uploaded to the system and forms not included in these audits were disposed of. While inspectors noted that recent justification audits demonstrated compliance of 100%, these audits are not sufficient to meet the requirements of Regulations 8(8) and 8(15), with Regulation 8(15) stating that a record should be available for a period of five years from the date of the medical exposure. The undertaking, the Health Service Executive, should ensure that all individual medical exposures carried out on its behalf are justified in advance and that records evidencing this are retained to ensure compliance with Regulations 8(8) and 8(15).

Judgment: Not Compliant

Regulation 11: Diagnostic reference levels

A document titled *Patient dose audit and the establishment and review of local diagnostic levels*, the most recent version of which was published in September 2022, was in place at Naas General Hospital. This document set out the responsibilities of staff in respect of diagnostic reference levels (DRLs) and also the method for establishing and using DRLs. It stated that local DRLs should be reviewed annually or after the introduction of new equipment, software or techniques. Inspectors found that local DRLs had been established, regularly reviewed and used, having regard to national DRLs at the hospital as required by Regulation 11(5).

Inspectors reviewed a document titled *Review of Patient Dose and Diagnostic Reference Levels* dated October 2023. This document included an annual review of typical doses received by service users at the hospital and a local DRL for each commonly performed exam. In addition, the document included detail of an optimisation study which was carried out following a DRL review carried out in 2022. A particular fluoroscopy medical exposure dose was noted to exceed the national DRL, the protocol was changed to reduce service user dose which made a significant difference and brought the dose to within the national DRL for this medical exposure. Inspectors noted this as a good example of using DRLs to optimise medical exposures at Naas General Hospital.

Inspectors were also informed that a DRL awareness week was held at Naas General Hospital. This included a talk for staff with information about DRLs and also an exercise for staff to complete in assessing whether the DRL for a particular exam was above or below the national DRL. Inspectors noted that staff had a good awareness of DRLs at Naas General Hospital.

Judgment: Compliant

Regulation 13: Procedures

Written protocols were in place at Naas General Hospital for standard radiological procedures as required by Regulation 13(1). Referral guidelines were adopted at the hospital and were available to staff and referrers as required by Regulation 13(3). In addition, inspectors noted a range of clinical audits which were ongoing and complete at Naas General Hospital. These audits included triple identification, image quality and justification**.** As required by HIQA's recently published national procedures for clinical audit, a document titled *Strategy for clinical audit of radiological procedures involving medical exposures to ionising radiation* was also in place at the hospital since February 2024. This document outlined the essential criteria needed to perform clinical audit at Naas General Hospital and set out an audit schedule for the next three years at the hospital.

Regulation 13(2) states that an undertaking shall ensure information relating to the patient exposure forms part of the report of the medical radiological procedures. Since the previous inspection in December 2019, inspectors noted that improvements had been made in relation to meeting the requirements of Regulation 13(2). A technical solution, as outlined in the previous compliance plan, had been implemented at Naas General Hospital to meet compliance with Regulation 13(2). Inspectors reviewed a sample of reports for general X-ray, CT, and DXA and found that information relating to the patient exposure formed part of the report for these modalities.

Judgment: Compliant

Regulation 14: Equipment

Inspectors were satisfied that equipment was kept under strict surveillance at Naas General Hospital as required by Regulation 14(1). Inspectors received an up-to-date inventory of medical radiological equipment in advance of the inspection and noted that appropriate quality assurance programmes were in place for equipment as required by Regulation 14(2). There was a document in place titled *Medical Radiological Equipment: safety and performance testing procedures*, the most recent version of which was published in May 2021, which set out the quality assurance tests required and the frequency of tests for each modality in use. Inspectors reviewed records of regular performance testing and were satisfied that testing was carried out on a regular basis as required by Regulation 14(3) and there was a process in place to report any equipment faults or issues arising if needed. In addition, inspectors were satisfied that acceptance testing was carried out on equipment before the first use for clinical purposes as required by Regulation 14(3).

Judgment: Compliant

Regulation 16: Special protection during pregnancy and breastfeeding

A document titled *Policy for the Protection of the Unborn Child arising from Ionising Radiation received during medical diagnostic or therepeutic procedures* was in place at Naas General Hospital, the most recent version of which was published in November 2023. This policy included information on the pregnancy procedures in place at the hospital including the practitioner and referrer role in ensuring that all reasonable measures are taken to minimise the risks associated with potential fetal irradiation during medical exposure of female patients of childbearing age. From a sample of records reviewed, inspectors were satisfied that a referrer or practitioner inquired as to the pregnancy status of service users and recorded the answer to this inquiry in writing. In addition, inspectors noted multiple notices in the waiting areas

of the facility to raise awareness of the special protection required during pregnancy and breastfeeding in advance of medical exposures.

Judgment: Compliant

Regulation 17: Accidental and unintended exposures and significant events

Inspectors were satisfied from discussions with staff and management and a review of documents that an appropriate system for the recording and analysis of events involving or potentially involving accidental or unintended exposures was implemented in Naas General Hospital. The incident management process in place at the hospital was outlined in a document titled *Incident Reporting and Investigation in Radiology*, the most recent version of which was published in June 2023. This document included information on the requirement to notify HIQA of certain notifiable incidents and the timeframe for completing same. Inspectors noted that seven incidents were reported to HIQA since the commencement of the regulations. Inspectors were informed that a new form for reporting near misses was introduced in Naas General Hospital in November 2023 with the aim of increasing near miss reporting and efficiency of reporting for staff. Inspectors noted that near misses had been tracked and trended since the introduction of the new form and steps had been taken to address any trends arising such as education and training of staff in relation to referral related near misses.

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 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	Substantially Compliant
Regulation 6: Undertaking	Substantially Compliant
Regulation 10: Responsibilities	Substantially 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	Not 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 Naas General Hospital OSV-0007367

Inspection ID: MON-0037519

Date of inspection: 07/03/2024

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 5: Practitioners	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Practitioners: To ensure that a practitioner as defined in the regulations takes responsibility for all medical exposures, the radiographer will remain as the practitioner for justification and optimisation of the sub-set of fluoroscopy procedures identified. The practitioner for reporting has been identified as a Consultant Radiologist who will include dose information in the report, in addition to the evaluation currently provided.	
Regulation 6: Undertaking	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Undertaking: To ensure there is clear allocation of responsibilities for the sub-set of fluoroscopy procedures identified, the practitioner for justification and optimisation remains the radiographer while a Consultant Radiologist has been identified as the Practitioner for radiological reporting of these examinations, in addition to the evaluation currently provided.	
Regulation 10: Responsibilities	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Responsibilities: In order to all ensure that the subset of fluoroscopy procedures identified are performed under the responsibility of the Practitioner the radiographer will remain the practitioner	

for justification and optimisation. A Consultant Radiologist has been identified as the Practitioner for radiological reporting of these examinations, in addition to the evaluation and assessment provided.

Regulation 8: Justification of medical exposures	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Justification of medical exposures:
No change is required to the current practice of recording justification in advance for CT and interventional radiology using the national NIMIS vetting module.
Justification in advance for all general X-ray examinations and the sub-set of Fluoroscopy procedures identified, will be recorded by the Radiographer (Practitioner identified for the practical aspects of performing these examinations) in the patient Radiology Information System (RIS) examination record. The Radiographer will add the comments '3-ID ('3-point Identification performed')/JIA' ('Justified In Advance') with their CORU registration number to the RIS order prior to proceeding, once they have checked the patient ID and are satisfied that the examination is justified. The change is saved and available for future review. The Receipt of Referrals and Justification_Approval Of Medical Exposures Protocol will be updated to reflect these changes

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 5(a)	A person shall not take clinical responsibility for an individual medical exposure unless the person taking such responsibility ("the practitioner") is a registered dentist within the meaning of the Dentists Act 1985 (No. 9 of 1985),	Substantially Compliant	Yellow	31/05/2024
Regulation 5(b)	A person shall not take clinical responsibility for an individual medical exposure unless the person taking such responsibility ("the practitioner") is a registered medical practitioner within the meaning of the Medical Practitioners Act 2007 (No. 25 of 2007), or	Substantially Compliant	Yellow	31/05/2024
Regulation 5(c)	A person shall not take clinical responsibility for	Substantially Compliant	Yellow	31/05/2024

	an individual medical exposure unless the person taking such responsibility ("the practitioner") is a person whose name is entered in the register established and maintained by the Radiographers Registration Board pursuant to section 36 of the Health and Social Care Professionals Act 2005 (No. 27 of 2005).			
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	31/05/2024
Regulation 8(8)	An undertaking shall ensure that all individual medical exposures carried out on its	Not Compliant	Orange	31/05/2024

	behalf are justified in advance, taking into account the specific objectives of the exposure and the characteristics of the individual involved.			
Regulation 8(15)	An undertaking shall retain records evidencing compliance with this Regulation for a period of five years from the date of the medical exposure, and shall provide such records to the Authority on request.	Not Compliant	Orange	31/05/2024
Regulation 10(1)	An undertaking shall ensure that all medical exposures take place under the clinical responsibility of a practitioner.	Substantially Compliant	Yellow	31/05/2024