Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Frequently asked questions (FAQs)

About the National procedures for clinical audit of radiological procedures involving medical exposure to ionising radiation.

What is clinical audit?

Clinical audit is a tool used for quality improvement and is an essential part of making sure people receive good care and service.

What is the purpose of the *National procedures for clinical audit of radiological procedures involving medical exposure to ionising radiation*?

National procedures for clinical audit of radiological procedures involving medical exposure to ionising radiation were established by the Health Information and Quality Authority (HIQA) in November 2023. The purpose of this document is to provide all undertakings (regardless of the size and complexity of the services provided) with the principles and essential criteria that need to be in place within their service to ensure they are compliant with the regulations.

Where can I find the *National procedures for clinical audit of radiological procedures involving medical exposure to ionising radiation*?

The national procedures document is available on HIQA's website www.hiqa.ie or by clicking on this link here.

Where can I find the recording of HIQA's webinar on *the National procedures for clinical audit of radiological procedures involving medical exposure to ionising radiation*?

The webinar is available on HIQA's website here. In addition, the word version of the templates contained in the national procedures — including the clinical audit strategy template, the clinical audit checklist template and the sample audit report template — are also available on that webpage.

What is HIQA's role in relation to clinical audit of medical radiological procedures?

Since January 2019, HIQA is the competent authority for regulating medical exposure to ionising radiation. An amendment to S.I. No. 256 of 2018[1] in October 2022 through S.I. 528 of 2022 gave HIQA the role of establishing 'national procedures' for clinical audit. HIQA will also inspect and monitor compliance with the implementation of national procedures into clinical audit practices in facilities.

[1] S.I. No. 256 of 2018 is the European Union (Basic Safety Standards for Protection Against Dangers Arising from Medical Exposure to Ionising Radiation) Regulations 2018

I am an undertaking and a sole trader, I operate a small dental practice with one dentist, are the national procedures applicable to me?

Yes. Under the regulations, specifically Regulation 13(4), all undertakings must ensure that clinical audits are carried out in accordance with the national procedures established by HIQA. Inspectors will be assessing compliance with this regulation during inspections.

I am a radiographer working in a busy radiology department in a private imaging centre, does this document apply to me?

Although the undertaking has responsibility to ensure clinical audit of medical radiological procedures is implemented, this document also applies to all staff involved in medical radiological procedures in both dental and medical settings. This includes radiographers, radiologists, dentists and other medical and dental professions carrying out medical radiological procedures. All staff working in radiological facilities play an important role in supporting clinical audit practices. Staff participation in clinical audit and in the implementation of recommendations from clinical audit is critical to help improve the quality and safety of the services they provide to people using those services.

Clinical audit of radiological procedures is an established practice in my facility, what do I need to do to ensure I comply with the regulations?

An undertaking has responsibility to ensure compliance with S.I. No. 256 of 2018 by having a clinical audit strategy in place which considers the principles and essential criteria set out in the national procedures document. Undertakings should review the existing clinical audit practices in place and compare these to the principles and essential criteria provided in the national procedures. This review should determine if the current clinical audit programme in place is sufficient to meet the requirements set out in the national procedures. The level of radiological risk in the service should also be considered in this review.

In our facility, we are using a clinical audit cycle that is not exactly the same as the one in the document, is that OK?

Yes of course. There are numerous audit cycles available varying in complexity and some of these are referenced in the document. You may wish to use the clinical audit cycle endorsed by your professional body or organisation, or a clinical audit cycle that you have used previously. The important thing is that the basic principles of the audit cycle are followed, which includes implementing recommendations, closing the audit loop and beginning the next audit cycle if that is what is deemed appropriate.

What is an outcome audit?

In medical radiological procedures, an outcome refers to the results of the examination or treatment as they apply to the patient. Therefore, an outcome audit will look at the outcome of a diagnostic procedure or the clinical outcome of therapy. For example, in dental and radiological settings, an outcome audit may assess if the medical ionising procedure or examination achieved the intended outcome and diagnosis of the presenting complaint. In radiotherapy settings, an outcome audit might look at the treatment side-effects and complications or the disease-free survival time.

The national procedures document provides examples of outcome audits for each setting in **appendices 6 to 9** of the document. It is important to carry out outcome audits as poor or unanticipated outcomes may be an indication that the quality and safety of the service needs to be improved.

How can clinical audit be carried out with limited resources?

Limited resources are identified in literature as a potential barrier to the implementation of clinical audit. When working with limited resources, services can:

- identify the limited resources available
- consider any contingencies that can be built in to comply with regulations
- prioritise which audits should be carried out.

This may mean carrying out audit where there is known risk or known issues within a service. Consideration should also be given to including a small amount of audit activity in to day-to-day practice. This approach might work better for services than carrying out large infrequent audits.

Audits may also help to identify where processes can be made more effective and efficient, therefore freeing up resources to focus on other aspects of patient care.

Where will we get training and education on this?

The national procedures identifies some resources for training and education. These are sign-posted within the document and are also available in the references and in the setting specific **appendices 6-9**. Professional bodies and associations may also have audit training to offer.

What are standards?

A standard is a level of quality or attainment – there should always be a target that you are aiming for in mind. Professional bodies and the literature can help to set

standards of good practice. Sometimes there may be no published standards for a part of the patient cycle you wish to audit. In this case, services need to decide what standard they are aiming for so that they have an agreed target in mind.

For example, in dental settings, an audit may assess the percentage of exposures that are expected to be grade 1 versus grade 3 in relation to image quality, when assessed with a quality standard of the professional body. Another example may be an audit of the number of repeat X-rays required to identify a pathology.

When is HIQA going to start assessing compliance in relation to clinical audit on inspection?

The specific requirements for clinical audit of medical radiological procedures identified in this document will be required to be implemented as part of clinical audit practice in each facility. Regulation 13(4) specifies compliance with the national procedures to be evident when HIQA goes into services. HIQA will review this evidence from early 2024 onwards. This means that all steps along the patient pathway for medical radiological procedures will need to be included in the clinical audit strategy.

More detail on how HIQA inspects services providing medical exposure to ionising radiation and how services can comply are available in guidance documents available on www.hiqa.ie. These guidance documents include:

- the guide for medical and dental services which details what undertakings can expect in relation to the inspection process
- the assessment-judgment framework, which sets out the lines of enquiry (questions) to be explored by inspectors in order to assess compliance with the regulations being monitored or assessed
- the guidance on the assessment of compliance provides information to undertakings about how the regulations are assessed and how compliance is measured.

Published by the Health Information and Quality Authority (HIQA).

Health Information and Quality Authority
George's Court
George's Lane
Smithfield
Dublin 7
D07 E98Y

+353 (0)1 814 7400
info@hiqa.ie www.hiqa.ie