



Health Information and Quality Authority

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

Name of Medical Radiological Installation:	Bantry General Hospital
Undertaking Name:	Health Service Executive
Address of Ionising Radiation Installation:	Bantry, Cork
Type of inspection:	Announced
Date of inspection:	19 October 2021
Medical Radiological Installation Service ID:	OSV-0007344
Fieldwork ID:	MON-0031221

About the medical radiological installation:

Bantry General Hospital is a statutory hospital owned and managed by the Health Service Executive (HSE). The hospital is a member of Cork University Hospital Group and is part of the South/South West Hospital Group governance structure. The hospital is managed by the Hospital Manager who reports to the Chief Executive Officer of Cork University Hospital Group. The hospital provides acute general hospital services to the population of a geographical area encompassing West Cork and South Kerry. Service delivery:

- 24/7 department of medicine treating medical patients via the Medical Assessment Unit (MAU)
- 50 Acute In-patient beds including High Dependency & Stroke Unit
- Rehabilitation Unit
- Day Surgery
- General, Plastic and Gynaecology
- Injuries Unit (IU)
- Out-Patient services to approximately 10,000 patients per annum. The Radiology department at Bantry General Hospital provides a 24 hour, seven days per week diagnostic general service with rising activity levels across all modalities including General Radiography, Fluoroscopy, CT and Ultrasound year on year. An off-site Diagnostic Radiology reporting service is provided to Bantry General Hospital by a third party organisation.

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 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. 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 October 2021	10:00hrs to 15:40hrs	Maeve McGarry	Lead
Tuesday 19 October 2021	10:00hrs to 15:40hrs	Noelle Neville	Support

Governance and management arrangements for medical exposures

Bantry General Hospital (BGH) is part of the Cork University Hospital (CUH) group. The general manager of BGH had overall responsibility for radiation protection at the hospital and was a member of the local radiation safety committee (RSC). The general manager of the hospital reports to the chief executive officer of the CUH group who in turn reports to the South/South West Hospital Group. Inspectors were satisfied that effective governance arrangements were in place for the radiation protection of service users.

The hospital had engaged an external service to provide 24/7 radiologist support. The arrangement included off-site support to radiographers over the phone, performing justification of certain computed tomography (CT) procedures and reporting on all medical radiological exposures. Management informed inspectors that they were satisfied with the arrangement in place as it gave them 24/7 cover but that a blended approach with access to both an off-site and on-site radiologist would be the optimal arrangement. Inspectors were informed that business cases for such a service were being progressed with the group.

Inspectors identified that the allocation of responsibilities could be strengthened, particularly in the context of the multiple practitioner groups and the reliance on support provided remotely. The local justification and referral policy should be strengthened to further outline the roles and responsibilities of personnel in line with day-to-day practice, for example, the staff responsible for justification and the allocation of clinical responsibility of medical exposures. Furthermore, the allocation of responsibility for optimisation should include medical physics experts (MPEs) and radiologists to ensure adequate multidisciplinary involvement.

In addition, inspectors identified that improvements were required in the development and approval of policies and procedures to support the service. Some policies such as the pregnancy policy and radiation safety procedures were adopted for use locally from national or group level, and should be aligned to reflect both local day-to-day practices at Bantry General Hospital and current legislation.

Inspectors were informed that MPEs had reviewed diagnostic reference levels (DRLs) for Bantry General Hospital and were involved in aspects of the service such as equipment quality assurance and incident analysis. However, resource constraints meant they were not recently involved in the training of practitioners or aspects of ongoing optimisation. The scope and involvement of the MPE at the hospital should be improved to ensure regulatory requirements are met with respect to Regulation 10, 20 and 21.

Overall, while inspectors were satisfied with the formal oversight and governance arrangements in place at Bantry General Hospital, the clear allocation of responsibilities for all aspects of radiation protection should be improved.

Regulation 4: Referrers

A sample of electronic and hardcopy referrals were reviewed by inspectors. Inspectors found that referrals were accepted from persons in line with Regulation 4. Inspectors were informed that radiographers were entitled to adapt and perform secondary referrals where necessary.

Judgment: Compliant

Regulation 5: Practitioners

On the day of inspection, only persons entitled to act as practitioners were found to have clinical responsibility for individual medical exposures as per the regulations.

Judgment: Compliant

Regulation 6: Undertaking

The governance arrangements in place for radiation protection at Bantry General Hospital were outlined in documentation and communicated by staff and management to inspectors. An organogram outlined that the hospital manager was the designated manager with overall day-to-day responsibility for the radiation protection of service users. The hospital manager reported to the CEO of the Cork University Hospital group. The designated manager communicated to inspectors how issues relating to radiation safety were escalated to the Health Service Executive (HSE).

The hospital manager was a member of the local radiation safety committee (RSC). An organogram outlined that the RSC reported into the Quality and Patient Safety Committee. Staff informed inspectors that this committee had not been meeting in light of challenges posed by the COVID-19 pandemic. In the interim, issues relating to radiation protection were directly reported from the RSC to the local Executive Management Board and inspectors were satisfied that this interim arrangement provided a line of reporting from minutes of meetings reviewed. The local Bantry General Hospital Executive Management Board was chaired by the CEO of the CUH group and attended by the designated manager.

Bantry General Hospital had engaged an external radiology service to support the service remotely by means of 24 hour access to an off-site radiologist for consultation and to report on all medical exposures. Inspectors were informed this service was provided through a formal service level agreement as a result of a

tender process. Management informed inspectors that business cases for radiologist posts for Bantry General Hospital were being progressed and that a blended approach to on-site and off-site radiologist support would be deemed optimal for their service.

On the day of inspection, only individuals entitled to act as practitioners were found to have taken clinical responsibility for medical exposures. However, staff did not consistently communicate the allocation of responsibilities assigned to the practitioners at the hospital. In addition, documentation did not fully align to the day to day practices seen by inspectors. For example, staff demonstrated how justification for CT was performed by the clinical specialist radiographer for specific routine procedures and all other requests were justified by the off-site radiologist. This did not fully align with the documentation which stated that justification of CT exposures could be performed by the clinical specialist radiographer.

Furthermore, inspectors identified that policy development, review and approval was an area for improvement at the hospital. Some policies were developed locally and others were adopted for use such as the pregnancy policy and the radiation safety procedures. Inspectors found that the development of policies would be strengthened by further multidisciplinary involvement and by ensuring that documentation is aligned to current legislation. For example, the pregnancy policy was not in line with current legislation. A number of policies were in draft format and the ratification process was described to inspectors but was not fully evident from the documents reviewed. Policies should be aligned to day to day practices and clearly outline the allocation of responsibilities for the radiation protection of service users.

While inspectors were satisfied that governance and management arrangements are in place to ensure the safe delivery of medical radiological procedures at Bantry General Hospital, opportunities to strengthen these arrangements were identified.

Judgment: Substantially Compliant

Regulation 10: Responsibilities

Inspectors were satisfied that medical exposures took place under the clinical responsibility of a practitioner, as defined in the regulations. Radiographers and radiologists, including off-site radiologists, were recognised as practitioners at Bantry General Hospital. The practical aspects of medical radiological procedures were only carried out at Bantry General Hospital by individuals entitled to act as practitioners in the regulations. In addition, inspectors found that referrers and practitioners were involved in the justification process for individual medical exposures.

However, inspectors found from discussions with staff that there could be greater clarity in the delineation of clinical responsibilities as defined locally. Clinical responsibility for medical exposure was shared between practitioner groups but this

was not consistently communicated by staff. For example, where a medical exposure was re-justified when pregnancy could not be ruled out, the allocation of clinical responsibility by a practitioner was not consistently communicated to inspectors.

Evidence reviewed by inspectors and discussions with staff demonstrated that the optimisation of medical exposures was primarily undertaken by radiographer practitioners. Staff identified that further involvement of radiologist practitioners and medical physics experts (MPEs) in optimisation for medical exposures and protocol development was an area for potential improvement.

Judgment: Substantially Compliant

Regulation 19: Recognition of medical physics experts

Inspectors were informed that MPE support was provided by the medical physics department at Cork University Hospital. Inspectors were satisfied that contingency arrangements were in place and cover was available when required at Bantry General Hospital.

Judgment: Compliant

Regulation 20: Responsibilities of medical physics experts

Documentation reviewed by inspectors and discussions with staff indicated that the role of the MPE focused on quality assurance of medical radiological equipment, incident analysis and reviewing DRLs. However, inspectors were informed that MPEs were not involved in optimisation of protocols and that training on relevant aspects of radiation protection had not taken place since 2018 due to MPE resource deficits in the CUH group. Inspectors determined that management at the hospital should review the existing MPE arrangements and address any deficiencies in relation to the same to ensure full compliance with this regulation.

Judgment: Substantially Compliant

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

Inspectors were satisfied with the level of involvement of MPE relative to the possible risks of general X-ray procedures but it was found that there was potential to increase the level of involvement for the CT service, in particular optimisation of

procedures and training of practitioners. Furthermore, the hospital's radiation safety procedures clearly outlined the involvement of the radiation protection advisor (RPA) in the service but not the MPE. The relevant documentation should be updated to ensure the involvement of the MPE in respect of medical radiological procedures as distinct from the role of the RPA.

Judgment: Substantially Compliant

Safe Delivery of Medical Exposures

Inspectors were satisfied that there were systems and processes in place for the safe delivery of medical exposures at Bantry General Hospital. Medical radiological equipment was kept under strict surveillance regarding radiation protection and a quality assurance programme was established and was up to date at the time of inspection. Diagnostic reference levels had been established, used and reviewed and all local facility DRLs were below national levels. Furthermore, written protocols for standard procedures were available in clinical areas for staff to reference. For service users, posters relating to pregnancy and the risks associated with CT and X-ray procedures were displayed, and information leaflets were available.

From discussions with staff, inspectors were satisfied that justification of medical exposures was carried out in advance of procedures taking place. However, samples of records reviewed found that justification in advance was not documented for many of the procedures carried out, particularly in CT. Inspectors were informed that justification carried out by off-site radiologists was communicated to radiographers over the phone as they did not have access to the local system to record justification as per local procedure. Management acknowledged that the system in place should be reviewed to ensure compliance with Regulations 8(8) and 8(15).

Inspectors found that there were systems in place locally to report and record accidental and unintended exposures. Management informed inspectors that reporting of near misses had increased and the evidence indicated that a culture of reporting was encouraged. While compliant with Regulation 17, the trending of incidents and near misses was limited and could be expanded to ensure opportunities for learning are identified. In addition, local policies should be updated to ensure the process for reporting incidents is in line with regulations.

Similarly, the local pregnancy policy should be updated to ensure that the allocations of responsibility align with current legislation and actual day-to-day practice at this facility. Furthermore, the hospital should clarify the justification process in the policy in situations when pregnancy cannot be ruled out.

Inspectors found that information relating to patient exposure did not form part of the report of medical radiological procedures as required by Regulation 13(2). The

HSE, as the undertaking for Bantry General Hospital should ensure that appropriate measures are put in place to come into compliance with this requirement of the regulation.

Inspectors acknowledged the positive work which had been done in relation to clinical audit at Bantry General Hospital. Clinical audit is an important tool as it helps to monitor the performance of services and to identify opportunities for improvement. Inspectors reviewed evidence of how clinical audit was used as a tool to monitor compliance with local policy and to effect positive change.

While areas for improvement were identified, overall inspectors were assured by the systems and processes in place for the safe conduct of medical exposures at Bantry General Hospital.

Regulation 8: Justification of medical exposures

On the day of inspection, all records of referrals reviewed were in writing, stated the reason for the request and were accompanied by sufficient medical data. Staff demonstrated that previous imaging from Bantry General Hospital and from the CUH group were available for review. Information in relation to the risks and benefits associated with radiation was available to individuals undergoing medical exposures by means of posters on display and information leaflets available in the waiting areas.

Staff described the processes in place for justifying medical exposures by practitioners to inspectors. However, inspectors reviewed records in CT and general X-ray and justification in advance was not recorded for half of the records reviewed. Staff informed inspectors that many of the CT procedures had been justified by the off-site radiologist and that they did not have access to local system to document justification. In these situations, justification was communicated verbally via a phonecall placed to the radiographer. Inspectors were informed that the documentation of justification in advance was recognised as an area for improvement and was subject to a recent quality improvement initiative. For hardcopy referrals, a stamp was introduced to record justification in advance and for electronic referrals a remark was to be inserted into the radiology information system. While inspectors acknowledged the work done to date, some records reviewed on the day were not in line with regulations. The local initiative needs to be progressed further and embedded into practice to ensure compliance with Regulations 8(8) and 8(15).

Inspectors were informed that justification of certain CT procedures were performed by clinical specialist radiographers while other procedures by the off-site radiologist. For general X-ray procedures, senior radiographers were responsible for justification. However, the local referral and justification policy did not fully align to the allocation of responsibilities seen in practice. Documentation should accurately reflect the locally determined scope of practice for the specified staff groups.

Judgment: Not Compliant

Regulation 11: Diagnostic reference levels

Inspectors found that DRLs for medical radiological procedures were established, recently reviewed and used at the hospital. On the day of inspection local facility DRLs were on display in the clinical areas and these were below national levels.

Inspectors reviewed the draft "*Policy and procedure on dose reference levels in radiology*" which had been adopted locally from the CUH group. The policy included an outline of how DRLs were to be established by teams in each departmental area. Inspectors noted that this policy could be expanded to include the process for reviewing and optimising exposures in instances where a given examination or procedure is found to consistently exceed the relevant DRL as outlined in Regulation 11(6).

Judgment: Compliant

Regulation 13: Procedures

Written protocols were available in the clinical area and staff demonstrated an awareness of, and an ability to access these. Referral guidelines for medical imaging were available for referrers electronically on hospital computers.

Inspectors reviewed a sample of clinical audits conducted at the hospital. The recommendations from audits were found to have been implemented in practice and were informing positive quality improvements for service users. For example, compliance with the pregnancy policy was audited and found 79% compliance in CT and 82% in general X-ray. The audit informed actions including increasing the number of scanners available to upload records of pregnancy checks and displaying posters throughout the department. Audit findings were disseminated to staff and a re-audit was planned to evaluate the impact of changes made.

Inspectors found that information relating to patient exposure did not form part of the report of medical radiological procedures as required by Regulation 13(2). The HSE, as the undertaking for Bantry General Hospital should ensure that appropriate measures are put in place to come into compliance with this requirement of the regulations.

Judgment: Substantially Compliant

Regulation 14: Equipment

Inspectors reviewed an up-to-date inventory of equipment provided to HIQA in advance of the inspection. Documentation reviewed demonstrated that a quality assurance (QA) programme had been implemented at Bantry General Hospital. Annual QA was carried out by an MPE and regular performance testing by radiographers. Records reviewed demonstrated that acceptance testing was carried out before the first clinical use of the equipment. Inspectors were also informed that a system was in place for reporting and recording equipment faults and processes were in place to take equipment out of service where it was deemed necessary for patient safety.

Inspectors were informed that the replacement of the CT scanner in late 2019 was a positive development for optimisation of medical exposures. The MPE noted that the new CT scanner did not have dose surveillance software which meant that MPEs based remotely did not readily have access to dose data from the scanner. Inspectors were satisfied however that DRL data had been collected and that equipment was kept under strict surveillance regarding radiation protection.

Judgment: Compliant

Regulation 16: Special protection during pregnancy and breastfeeding

Arrangements for the special protection of pregnant women were in place at the hospital including the use of multilingual pregnancy awareness notices in the public waiting areas. Inspectors were also satisfied that a referrer or practitioner inquired regarding an individual's pregnancy status where relevant and recorded the answer to the inquiry in writing.

Inspectors reviewed the *"Guidelines for obtaining informed consent from women of childbearing age when undergoing certain X-ray procedures"* which was adapted for use locally from a national policy. Inspectors noted that this policy should be reviewed and fully aligned to current legislation and the local scenario at Bantry General Hospital, to include the specific personnel involved in inquiring about pregnancy status. The policy should also clearly outline the process for when pregnancy cannot be ruled out and where responsibility lies in that instance, as discussed in Regulation 10.

Judgment: Substantially Compliant

Regulation 17: Accidental and unintended exposures and significant events

Arrangements were in place to minimise the risk of accidental and unintended exposures at Bantry General Hospital. Inspectors reviewed records of accidental and unintended exposures and spoke with staff about how incidents were reported. Management informed inspectors that the reporting of near misses had improved and minutes of meetings demonstrated that incident reporting was encouraged. While potential and actual incidents were recorded, there was opportunity to improve the trending of events to ensure that learning was identified to minimise any future risk.

A hospital incident management policy was in place and a workflow was on display in the clinical area outlining the process for reporting an incident. Staff demonstrated a knowledge of the process to report an incident. However, the hospital could update documentation to reflect current practice and ensure it is aligned to legislation including notifications to HIQA.

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	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	Substantially Compliant
Regulation 21: Involvement of medical physics experts in medical radiological practices	Substantially Compliant
Safe Delivery of Medical Exposures	
Regulation 8: Justification of medical exposures	Not Compliant
Regulation 11: Diagnostic reference levels	Compliant
Regulation 13: Procedures	Substantially Compliant
Regulation 14: Equipment	Compliant
Regulation 16: Special protection during pregnancy and breastfeeding	Substantially Compliant
Regulation 17: Accidental and unintended exposures and significant events	Compliant

Compliance Plan for Bantry General Hospital OSV-0007344

Inspection ID: MON-0031221

Date of inspection: 19/10/2021

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
<p>Outline how you are going to come into compliance with Regulation 6: Undertaking:</p> <ul style="list-style-type: none"> • The Referral/Justification Policy will be amended to reflect day to day practice and to clarify allocation of responsibility for justification with specific reference to CT. A breakdown of specific procedures will be included with responsibility for justification allocated to either the CT Radiographer Practitioner or the Radiologist. • The Pregnancy policy will be revised to reflect current legislation. • All future and reviewed policies will be transcribed in line with the National Policy template. A flowchart / algorithm will be developed to clarify the ratification process for Radiation Safety Policies, to include MDT involvement. 	
Regulation 10: Responsibilities	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Responsibilities:</p> <ul style="list-style-type: none"> • Pregnancy policy to be updated to provide clarity on the re-justification process. The Re-justification form will include the Radiographer Practitioner signature as means to reflect clinical responsibility for justification. • Exam protocols will be circulated to the Radiologist Practitioners and Medical Physics Experts for review with regard to optimisation. • A Radiology Governance Committee will recommence in BGH, with a Radiologist and MPE included in the membership. Policy and procedure development and review, quality initiatives, audit and training will be the focus of this group. Meetings will be held bi-annually commencing in the first quarter of 2022. 	

Regulation 20: Responsibilities of medical physics experts	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Responsibilities of medical physics experts:</p> <ul style="list-style-type: none"> • BGH Management have written to the CEO of the Cork University Hospital Group to highlight the deficit in MPE resources within the Medical Physics department and to outline BGH MPE requirements, demands on their service, including training and optimisation requirements. • Exam protocols will be forwarded for review by the MPE for optimisation input. 	
Regulation 21: Involvement of medical physics experts in medical radiological practices	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Involvement of medical physics experts in medical radiological practices:</p> <ul style="list-style-type: none"> • CT exam protocols will be forwarded for review by the MPE for optimisation input. • Once MPE deficits are addressed, the MPE will be included in the RGC for proactive involvement in optimisation of protocols. A regular training schedule for practitioners will be introduced at this stage also. 	
Regulation 8: Justification of medical exposures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Justification of medical exposures:</p> <ul style="list-style-type: none"> • Further progression of the local initiative to improve justification of medical exposures by: • Referral / Justification Policy will be reviewed and updated to included specific allocation of responsibilities for justification of all CT procedures. 	

- CT Justification audit will be completed and results will be shared with Radiographer Practitioners in the following team meeting and will be saved to the Radiology Shared folder.
- Education will be provided around the correct justification process for CT exams, including the Radiographer Practitioner comment in the 'Exam Remark' section of the referral.
- The CT Radiographer will include the Radiologist name and date in the 'Exam Remark' comment when vetting and justification has been carried out by the offsite Radiologist by telephone.

Regulation 13: Procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 13: Procedures:

- It has been agreed that the BGH Reporting Radiology service provider will include information relating to patient exposure as part of the medical radiological report. Statement will be added to footer of report templates indicating the typical radiation dose & risk associated with an examination. Awaiting National Radiation Safety Committee guidance on agreed wording before implementation.

Regulation 16: Special protection during pregnancy and breastfeeding	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 16: Special protection during pregnancy and breastfeeding:

- Pregnancy policy will be reviewed to align fully with current legislation and terminology and to reflect local practice.
- Revision of the policy will ensure clarification of the re-justification process in the event that pregnancy cannot be ruled out.

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	31/01/2022
Regulation 8(8)	An undertaking shall ensure that all individual medical exposures carried out on its behalf are justified in advance, taking into account the	Not Compliant	Orange	31/03/2022

	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	31/03/2022
Regulation 10(1)	An undertaking shall ensure that all medical exposures take place under the clinical responsibility of a practitioner.	Substantially Compliant	Yellow	31/03/2022
Regulation 10(2)(a)	An undertaking shall ensure that the optimisation process for all medical exposures involves the practitioner,	Not Compliant	Orange	31/03/2022
Regulation 10(2)(b)	An undertaking shall ensure that the optimisation process for all medical exposures involves the medical physics expert, and	Not Compliant	Orange	30/06/2022
Regulation 13(2)	An undertaking shall ensure that information relating to patient exposure forms part of the report of the medical	Not Compliant	Orange	30/06/2022

	radiological procedure.			
Regulation 16(2)	If pregnancy cannot be ruled out for an individual subject to medical exposure, and depending on the medical radiological procedure involved, in particular if abdominal and pelvic regions are involved, special attention shall be given to the justification, particularly the urgency, and to the optimisation, taking into account both the expectant individual and the unborn child.	Substantially Compliant	Yellow	31/01/2022
Regulation 20(2)(c)	An undertaking shall ensure that, depending on the medical radiological practice, the medical physics expert referred to in paragraph (1) contributes, in particular, to the following: (i) optimisation of the radiation protection of patients and other individuals subject to medical exposure, including the application and use of diagnostic reference levels;	Substantially Compliant	Yellow	30/06/2022

	<p>(ii) the definition and performance of quality assurance of the medical radiological equipment;</p> <p>(iii) acceptance testing of medical radiological equipment;</p> <p>(iv) the preparation of technical specifications for medical radiological equipment and installation design;</p> <p>(v) the surveillance of the medical radiological installations;</p> <p>(vi) the analysis of events involving, or potentially involving, accidental or unintended medical exposures;</p> <p>(vii) the selection of equipment required to perform radiation protection measurements;</p> <p>and</p> <p>(viii) the training of practitioners and other staff in relevant aspects of radiation protection.</p>			
Regulation 21(1)	An undertaking shall ensure that, in medical radiological practices, a medical physics	Substantially Compliant	Yellow	30/06/2022

	expert is appropriately involved, the level of involvement being commensurate with the radiological risk posed by the practice.			
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