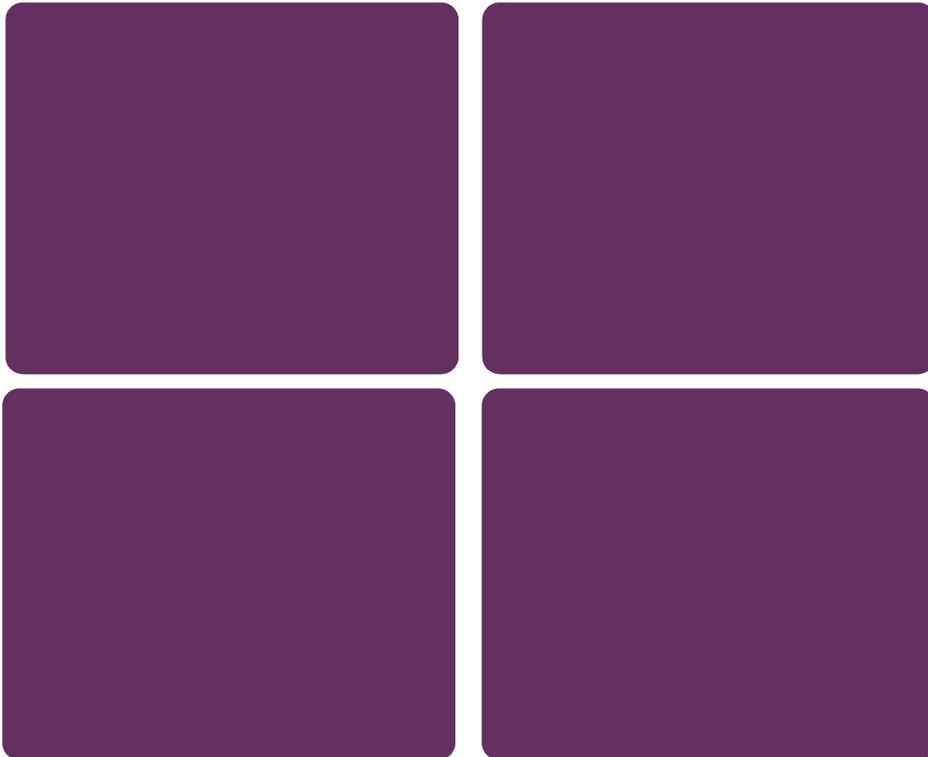


# Enforcement policy

## Ionising Radiation (Medical Exposure) Regulations 2017



June 2019

# The Care Quality Commission

## Our purpose

The Care Quality Commission is the independent regulator of health and adult social care in England. We make sure that health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

## Our role

- We register health and adult social care providers.
- We monitor and inspect services to see whether they are safe, effective, caring, responsive and well-led, and we publish what we find, including quality ratings.
- We use our legal powers to take action where we identify poor care.
- We speak independently, publishing regional and national views of the major quality issues in health and social care, and encouraging improvement by highlighting good practice.

## Our values

Excellence – being a high-performing organisation

Caring – treating everyone with dignity and respect

Integrity – doing the right thing

Teamwork – learning from each other to be the best we can

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# Introduction

This policy sets out the principles and approach that CQC will follow when using our enforcement powers under the Health and Safety at Work Act etc. 1974 (HSWA) and the Ionising Radiation (Medical Exposure) Regulations 2017 as amended (IR(ME)R) in England.

IR(ME)R 2017 sets out the definition for duty holders under IR(ME)R and their responsibilities. For the purposes of this Enforcement Policy, we refer to those employers and others with duties and liabilities under IR(ME)R as 'duty holders'.

IR(ME)R 2017 imposes duties on duty holders and those with responsibilities for carrying out activities covered by the legislation, including optimising and justifying medical exposures and administering ionising radiation. The regulations are intended to protect patients and other people undergoing exposure to ionising radiation as described below.

CQC is the enforcing authority for England under IR(ME)R 2017. This policy explains our powers of enforcement regarding IR(ME)R 2017 and the way in which we exercise them.

We will use the principles in this policy to assess the compliance of IR(ME)R duty holders as defined in the regulations.

Where we find non-compliance, we will use those principles to help us decide:

- which cases should result in enforcement action
- which enforcement powers we should use
- which approach we should take when using our powers.

This policy replaces the previous enforcement policy dated February 2018 and is effective from 3 June 2019. Where enforcement action was started but not completed before this date, we will follow this policy but may refer to the previous policy if that is more appropriate to the facts of an individual case.

We will monitor the effectiveness of this policy and revise it when necessary.

## Background to the regulations

Medical ionising radiation is used extensively in health care and regulations have been established to ensure that it is used safely, in particular:

- **The Ionising Radiations Regulations 2017 (IRR17):** Safeguarding workers and the general public, and enforced by the Health and Safety Executive.
- **The Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R17):** Safeguarding patients and other exposed people, including comforters and carers, and enforced by the Care Quality Commission (CQC). This policy is about CQC's enforcement of IR(ME)R 2017 in England.
- **The Health and Safety at Work Act etc. 1974 (HSWA) and IR(ME)R 2017:** HSWA provides powers to CQC's specialist inspectors to monitor and inspect premises that use ionising radiation, to gather information about whether the requirements of IR(ME)R 2017 are being met and to undertake enforcement where it is appropriate to do so.

### The Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R17)

The Ionising Radiation (Medical Exposure) Regulations 2017 set out the basic safety standards that duty holders must meet to protect people from the risk of harm posed by exposure to ionising radiation.

IR(ME)R 2017 applies to the following types of exposure to medical ionising radiation:

- a) to patients as part of their own medical diagnosis or treatment
- b) to individuals as part of health screening programmes
- c) to patients or other persons voluntarily participating in medical or biomedical, diagnostic or therapeutic research programmes
- d) to carers and comforters
- e) to asymptomatic individuals
- f) to individuals undergoing non-medical imaging using medical radiological equipment.

The regulations apply to both the independent sector and the public sector (NHS).

Medical ionising radiation is used extensively in health care and the main applications are in relation to diagnostic and interventional imaging, nuclear medicine and radiotherapy, but IR(ME)17 covers all modalities and varieties of ionising radiation used for the types of exposure listed above.

**Note:** Non-ionising radiations, such as: lasers, ultraviolet, intense pulsed light (IPL), ultrasound, magnetic, radiofrequency, magnetic resonance imaging (MRI), shock wave, and thermal radiation are outside the scope of IR(ME)R, as well as non-medical ionising radiation such as that used in airport security.

IR(ME)R applies only to individual exposures, which must be justified in accordance with IR(ME)R. Justification of types or classes of practice involving medical and non-medical imaging exposures using medical radiological equipment is covered by the Justification of Practices Involving Ionising Radiation Regulations 2004 as amended by Justification of Practices Involving Ionising Radiation (Amendment) Regulations 2018.

### **The Health and Safety at Work Act etc. 1974 (HSWA) and IR(ME)R 2017**

HSWA provides powers to CQC's specialist inspectors to monitor and inspect premises that use ionising radiation, to gather information about whether the requirements of IR(ME)R 2017 are being met, and to take enforcement action where it is appropriate to do so.

We carry out a number of activities to ensure that organisations providing exposures comply with IR(ME)R. These include carrying out compliance inspections, responding to whistleblowing concerns, investigating notifications made to us of significant unintended or accidental exposures, and responding to concerns from patients and relatives.

To help us reach decisions about compliance with the regulations and taking enforcement action, we may require access to a patient's personal medical records, including requests for exposures, treatment plans, images and other data.

Where we have evidence that duty holders are not currently meeting their legal obligations under IR(ME)R, or have demonstrated repeated non-compliance over time, we will consider taking enforcement action.

This enforcement policy is only for the Ionising Radiation (Medical Exposure) Regulations 2017.

It does not apply to CQC's enforcement functions under Health and Social Care Act 2008 (HSCA 2008) and associated regulations<sup>1</sup>, which is covered by a separate [enforcement policy](#).

To access the full legislation relevant to this policy, please use the following links:

[The Ionising Radiation \(Medical Exposure\) Regulations 2017](#)

[The Ionising Radiation \(Medical Exposure\) \(Amendment\) Regulations 2018](#)

<sup>1</sup> The main associated regulations under HSCA 2008 are Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulations 2009.

# Guiding principles for our enforcement powers

The following seven principles will guide our decision-making:

## 1. Being on the side of people who use regulated services

- We recognise that duty holders often have greater power, control or information than the people being exposed to ionising radiation. Misusing this power can prevent people from receiving high-quality care.
- IR(ME)R lays down the basic safety standards for protecting people against the dangers from exposure to ionising radiation. Our overarching concern and priority is to protect the safety of people who use the services we regulate.
- Where there are failures in the management of medical exposures, we will be prepared to use our enforcement powers.
- We will have regard to the interests of people using healthcare services and others affected by any failure in meeting the requirements of IR(ME)R as part of considering how to use our enforcement powers.

## 2. Proportionality

- We will be proportionate in how we work with duty holders to achieve compliance with IR(ME)R.
- We will carefully assess any risks or potential risk to patients and people undergoing exposures and, where necessary, take enforcement action that is in proportion to those risks. Risks are assessed both on the risk of harm to patients and people arising from their exposure to ionising radiation and from the risks arising from non-compliance with the regulations.
- We will encourage compliance without the need to take enforcement action wherever possible. This includes increasing our monitoring activity and/or site visits to premises where necessary and where resources are available.

## 3. Accountability

- We will be accountable for our decisions. We positively welcome comments and feedback about our enforcement work and how we have used our powers.
- The HSWA provides a means by which duty holders can appeal to the employment tribunal against a decision to serve a notice.

## 4. Consistency

- We will be consistent in applying our enforcement policy. We will ensure consistency by risk-assessing duty holders' non-compliance with IR(ME)R across all our work, including:
  - assessing or investigating notifications made to CQC of significant unintended or accidental significant events
  - assessing the compliance of duty holders with the requirements of IR(ME)R during proactive and reactive inspections
  - as part of investigations in response to allegations or concerns made by whistleblowers, including where we have received evidence of IR(ME)R non-compliance by members of the public or relatives of people exposed
  - in response to formal requests from other authorities to investigate allegations of IR(ME)R non-compliance
  - as part of inspections under the Health and Social Care Act 2008 where the inspection includes diagnostic services or other services performing IR(ME)R exposures
  - in response to reports from colleagues in CQC's inspection or registration teams that relevant providers of IR(ME)R exposures do not meet the regulatory requirements of the Health and Social Care Act, and their compliance with IR(ME)R may be questionable.
- Consistency does not mean that we will use the same enforcement option every time, but it does mean that we will use the same criteria and approach when considering how to respond to non-compliance. These criteria include taking into account:
  - the impact on, and outcomes for, people undergoing IR(ME)R exposures, their carers or families and communities
  - whether we have previously found non-compliance with the same regulation
  - the nature and degree of non-compliance
  - the risks of harm suffered by people undergoing IR(ME)R exposures
  - the regulatory risks and wider impact.

## 5. Transparent

- We will use our powers whenever it is needed or appropriate, and we will be open and transparent about our approach to enforcement. We will publish summary information about our enforcement activity.
- We publish a report on our activities in enforcing the regulations in an annual IR(ME)R report, which also includes the key findings from our inspection activities. CQC also has a complaints procedure that people can use to express concerns about the way we carry out our work and make our decisions. This is available on our website: [www.cqc.org.uk/contact-us](http://www.cqc.org.uk/contact-us).

## 6. Target resources

- We will target our resources where they are most needed. We will gather and review data and trends about our enforcement work, so that we can understand:
  - the scale of non-compliance with the requirements of IR(ME)R 2017 and associated non-statutory guidance
  - how this may translate to other requirements imposed by CQC under the HSWA
  - how we are responding to the above with the resources available
  - how successful the enforcement options are in addressing different situations
  - the outcomes of our enforcement work for people undergoing IR(ME)R exposures, their families or carers and communities, together with that for the wider professional and IR(ME)R community
  - the risks associated with this regulatory function.
- We will use this information to help us manage our resources in the most effective and efficient ways. We will balance the consequences of taking enforcement action against the risks of taking no action.

## 7. Equality and diversity

- We will take equality and diversity into account in our chosen enforcement options where we recognise a relevant characteristic under the Equality Act 2010. We will ensure that we apply this policy consistently regardless of the age, any disability, gender, gender identity, sexual orientation, race and ethnicity, religion or belief of service providers and their staff and people who use their services

# Our enforcement powers and how we will use them

The Health and Safety at Work etc. Act (HSWA) gives civil powers to CQC's IR(ME)R inspectors to enable them to take action where a duty-holder is non-compliant or has not complied with IR(ME)R. They can do this either by making recommendations for improvement or by restricting what the duty holders are allowed to do.

## Writing to employers and making recommendations

We can hold informal discussions and make recommendations to a duty holder under IR(ME)R 2017 about making improvements to achieve compliance if they are non-compliant, or to improve performance where their compliance with IR(ME)R is poor. Our recommendations aim to help them improve their understanding of the regulatory requirements, to improve their compliance in specific areas and improve awareness of radiation doses and patient/client safety.

We will often extend this to making recommendations in a letter or report following an inspection, and will require organisations to confirm that they have acted on these recommendations within a stated timescale.

## Serving formal notices – civil law

We will take civil enforcement action when we need to protect individuals who use services from harm – either by requiring improvements to care or preventing the provision of unsafe care.

A CQC IR(ME)R inspector has the power to serve a formal notice such as an Improvement or a Prohibition Notice.

Where we have started to take action against an duty holder and we subsequently find failure to comply with a different requirement, we can begin additional, separate enforcement action against them for that breach. We will always follow up enforcement action to ensure that improvements are made.

## Improvement Notice

An Improvement Notice will require the duty holder to take remedial action, usually within a specified timeframe consistent with the level of concern and the resources required to rectify the non-compliance(s). We will follow up Improvement Notices to seek assurances from the duty holder and check that they have completed the actions.

## Prohibition Notice

When activities involve, or could involve, a risk of serious personal injury, we may serve a Prohibition Notice. This notice will direct the duty holder to cease carrying out activities in order to protect people from the risk of serious harm.

The effect of the Prohibition Notice is to suspend the activity until remedial action has been implemented and inspectors are satisfied with the outcome. We will ask the duty holder for assurance about the remedial action it has taken. This would normally require a return visit to check that the actions were complete.

Where we have served an Improvement or Prohibition Notice, the duty holder has a [right of appeal](#) against this decision to an Employment Tribunal.

## Criminal powers

CQC can also use criminal law procedures to prosecute duty holders for failing to meet their legal requirements under the HSWA (i.e. for non-compliance with IR(ME)R) or to hold duty holders to account.

We will consider using criminal law enforcement procedures:

- where a person fails to comply with an Improvement or Prohibition notice or a legal requirement imposed by or under the HSWA
- when a person has been obstructive when we have exercised our powers
- when individuals have suffered, or may suffer, serious harm or detriment, or otherwise have been put at undue risk by excessive or inappropriate use of ionising radiation
- when it is appropriate to prosecute the duty holder for a serious failure to comply with IR(ME)R requirements
- when we are satisfied that an offence has taken place and the test set out in the [Code for Crown Prosecutors](#) has been met.

## Prosecution

We have powers to prosecute for certain offences defined in Sections 33 and 36 of the HSWA. Prosecution is an important part of enforcement, as it is both punitive and a deterrent to others, holding people to account for providing unsafe care. It can sometimes be appropriate to prosecute at the same time as taking other enforcement action.

We would not begin prosecution proceedings unless we were satisfied that:

- it meets the standard of a criminal prosecution
- it would be in the public interest to do so, and
- there would be a realistic prospect of conviction.

Where another regulator has the power to prosecute, we will coordinate activity with them to ensure that the right action is taken. This is to avoid duplication and to ensure that any proceedings taken are for the most appropriate offence.

Offences committed under the HSWA can be tried summarily or on indictment.\* Where we successfully prosecute a person under the HSWA, the courts decide whether a fine or a prison sentence is appropriate, depending on the offence. The courts are able to issue a separate fine in relation to each conviction and may decide to impose a prison sentence as well as a fine in relation to a conviction for certain offences.

Summary and indictable offences under the HSWA are set out in Appendix [A](#) and Appendix [B](#).

**Caution**

We can consider offering a simple caution as an alternative to prosecution for a relevant offence. We can caution a person where:

- there is clear evidence of guilt, and
- the offender admits the offence and is prepared to accept a caution.

When deciding whether to caution a duty holder, we will consider the guidance issued by the Ministry of Justice, [Simple cautions for adult offenders: guidance for police officers and Crown Prosecutors](#).

The following table shows the actions we may take when we want a provider to make improvements. This is intended to be a guide, not an exhaustive list, as every situation is unique and making a judgement about the best action to take to protect people using a service will need to take account of the particular circumstances.

Action	When do we use this action	How long do we allow duty holders to put things right?	Who can decide to take this action?
Make a recommendation	Where we feel enforcement action is not appropriate in the circumstances given.	Depends on the nature of the circumstances. We would not normally impose an urgent time constraint but would require a duty holder to carry out actions or reviews that are in line with their planned internal review timescales.	Inspectors have the authority to make recommendations without prior approval

\* Summary and indictable offences indicate the manner in which these offences are tried or dealt with in the courts. A summary offence can only be dealt with by a judge sitting without a jury, while an indictable offence may be or must be tried before a judge and jury.

Action	When do we use this action	How long do we allow duty holders to put things right?	Who can decide to take this action?
Serve an Improvement Notice	<p>When a duty holder fails to confirm that it has put corrective actions in place to meet the recommendations as above</p> <p>OR</p> <p>where a specific non-compliance(s) or overall compliance is considered to be too serious for a recommendation.</p>	<p>The notice will specify a time depending on the seriousness of the concern and the practicalities for the service of putting things right.</p>	<p>Inspectors have the authority to serve an Improvement Notice without prior approval of line or regional management colleagues, but will advise them as soon as possible afterwards.</p>
Serve a Prohibition Notice	<p>When inspectors believe that people are being put at risk of death or serious injury from accidental, unintended or sub-optimal exposures.</p>	<p>The effect of the Prohibition Notice is to suspend the activity until remedial action has been put in place and inspectors are satisfied with the outcome.</p>	<p>Inspectors have the authority to serve a Prohibition Notice without prior approval of line or regional management colleagues but will advise them as soon as possible afterwards.</p>
Criminal law – HSWA	<p>We can prosecute or caution duty holders in respect of offences under sections 33 and 36 of the HSWA. We will only prosecute where it is clearly in the public interest and there is sufficient evidence to do so.</p>	<p>Not applicable</p>	<p>IR(ME)R inspector in consultation with CQC’s legal team and senior CQC inspection managers, and the relationship owner. It must be authorised by the Head of Legal Services or their representative.</p>

## Publication and notification of enforcement action

Under the Health and Safety at Work Act etc. 1974 (HSWA), there is no provision for publishing findings arising from our IR(ME)R inspections or our enforcement actions, except in accordance with the provisions of the Environment and Safety Information Act (ESI) 1988 and the Anti-terrorism, crime and security Act 2001. However, under the Health and Social Care Act 2008 (HSCA), there may be situations where we publish details of compliance with IR(ME)R, where it is considered relevant.

The provisions of the HSWA affect how we conduct IR(ME)R inspections, investigate exposures notified to us under Regulation 8 and how we publish summary reports of our activities in annual reports, to satisfy Regulation 9. In 2012, we stopped publishing individual inspection reports that include the name of the inspected duty holder. Instead, we publish a separate annual summary report that describes inspection findings and provides an overall view of where we have found compliance to be good, poor and in need of improvement.

If we note that compliance is sufficiently poor, we will also publish our findings in a [register of enforcement action](#) on our website, as we are required to do by the ESI Act.

This register comprises a summary of enforcement actions, such as Improvement or Prohibition Notices. It provides information about the regulation that was breached, the nature of the breach, and the details of the duty holders or individual. Any prosecution against duty holders or individuals will also be subject to wider active media awareness at local and national level.

## Working with other organisations

Where CQC and another enforcement body, for example, the police or the Health and Safety Executive, have the power to take action in respect of the same non-compliance, we will work together to ensure that we coordinate our respective action and that it is not duplicated. This includes CQC inspectors enforcing under the Health and Social Care Act. This will avoid inconsistencies and ensure that the most appropriate body takes action.

The voluntary Concordat, which is signed by a number of regulators, provides an opportunity to share data on enforcement action for regulatory purposes. The analysis of the shared data may provide some insight into any inconsistencies between organisations and help to develop new enforcement approaches.

We will work closely with colleagues across CQC to ensure that we share information to enable us to perform our regulatory function under both the Health and Safety at Work Act and the Health and Social Care Act. This includes sharing information from notifications, whistleblowers and complaints that we may need to respond to. We will review the information and decide which inspection team is best placed to respond. By working together, we can help to reduce the workload on duty holders.

We will also share information from inspections, including any actions taken, with the relevant teams and other enforcement agencies so that we have a complete picture of care provided by a duty holder in accordance with relevant data protection legislation and memoranda of understanding.

# Appendix A: Sections 33 and 36, Health and Safety at Work etc. Act 1974

## Section 33: Offences

(1) It is an offence for a person—

(a) to fail to discharge a duty to which he is subject by virtue of sections 2 to 7;

(b) to contravene section 8 or 9;

(c) to contravene any health and safety regulations or any requirement or prohibition imposed under any such regulations (including any requirement or prohibition to which he is subject by virtue of the terms of or any condition or restriction attached to any licence, approval, exemption or other authority issued, given or granted under the regulations);

(d) to contravene any requirement imposed by or under regulations under section 14 or intentionally to obstruct any person in the exercise of his powers under that section;

(e) to contravene any requirement imposed by an inspector under section 20 or 25;

(f) to prevent or attempt to prevent any other person from appearing before an inspector or from answering any question to which an inspector may by virtue of section 20(2) require an answer;

(g) to contravene any requirement or prohibition imposed by an improvement notice or a prohibition notice (including any such notice as modified on appeal);

(h) intentionally to obstruct an inspector in the exercise or performance of his powers or duties [or to obstruct a customs officer in the exercise of his powers under section 25A];

(i) to contravene any requirement imposed by a notice under section 27(1);

(j) to use or disclose any information in contravention of section 27(4) or 28;

(k) to make a statement which he knows to be false or recklessly to make a statement which is false where the statement is made—

(i) in purported compliance with a requirement to furnish any information imposed by or under any of the relevant statutory provisions; or

- (ii) for the purpose of obtaining the issue of a document under any of the relevant statutory provisions to himself or another person;
  - (l) intentionally to make a false entry in any register, book, notice or other document required by or under any of the relevant statutory provisions to be kept, served or given or, with intent to deceive, to made use of any such entry which he knows to be false;
  - (m) with intent to deceive, to use a document issued or authorised to be issued under any of the relevant statutory provisions or required for any purpose thereunder or to make or have in his possession a document so closely resembling any such document as to be calculated to deceive;
  - (n) falsely to pretend to be an inspector;
  - (o) to fail to comply with an order made by a court under section 42.
- (2) Schedule 3A (which specifies the mode of trial and maximum penalty applicable to offences under this section and the existing statutory provisions) has effect.
- (3) Schedule 3A is subject to any provision made by virtue of section 15(6)(c) or (d)
- (5), (6)

### **Section 36: Offences due to fault of other person**

- (1) Where the commission by any person of an offence under any of the relevant statutory provisions is due to the act or default of some other person, that other person shall be guilty of the offence, and a person may be charged with and convicted of the offence by virtue of this subsection whether or not proceedings are taken against the first-mentioned person.
- (2) Where there would be or have been the commission of an offence under section 33 by the Crown but for the circumstance that that section does not bind the Crown, and that fact is due to the act or default of a person other than the Crown, that person shall be guilty of the offence which, but for that circumstance, the Crown would be committing or would have committed, and may be charged with and convicted of that offence accordingly.
- (3) The preceding provisions of this section are subject to any provision made by virtue of section 15(6).

## Appendix B: Offences, mode of trial and maximum penalty

This shows the offences, mode of trial and maximum penalty under Schedule 3A of the Health and Safety At Work etc. Act 1974 as amended by s1(2) schedule 1 of the Health and Safety (Offences) Act 2008.

Offence	Mode of trial	Penalty on summary conviction	Penalty on conviction on indictment
An offence under section 33(1)(a) consisting of a failure to discharge a duty to which a person is subject by virtue of sections 2 to 6.	Summarily or on indictment.	Unlimited fine and/or imprisonment not exceeding six months.	Imprisonment for a term not exceeding two years, or an unlimited fine, or both.
An offence under section 33(1)(a) consisting of a failure to discharge a duty to which a person is subject by virtue of section 7.	Summarily or on indictment.	Unlimited fine and/or imprisonment not exceeding six months.	Imprisonment for a term not exceeding two years, or unlimited fine, or both.
An offence under section 33(1)(b) consisting of a contravention of section 8.	Summarily or on indictment.	Unlimited fine and/or imprisonment not exceeding six months.	Imprisonment for a term not exceeding two years, or unlimited fine, or both.
An offence under section 33(1)(b) consisting of a contravention of section 9.	Summarily or on indictment.	Unlimited fine.	Unlimited fine.
An offence under section 33(1)(c).	Summarily or on indictment.	Unlimited fine and/or imprisonment not exceeding six months.	Imprisonment for a term not exceeding two years, or unlimited fine, or both.

Offence	Mode of trial	Penalty on summary conviction	Penalty on conviction on indictment
An offence under section 33(1)(d).	Summarily only.	Unlimited fine.	Summary only.
An offence under section 33(1)(e), (f) or (g).	Summarily or on indictment.	Unlimited fine and/or imprisonment not exceeding six months.	Imprisonment for a term not exceeding two years, or unlimited fine, or both.
An offence under section 33(1)(h).	Summarily only.	Unlimited fine and/or six months imprisonment.	Summary only
An offence under section 33(1)(i).	Summarily or on indictment.	Unlimited fine.	Unlimited fine
An offence under section 33(1)(j).	Summarily or on indictment.	Unlimited fine and/or six months imprisonment.	Unlimited fine and/or two years imprisonment.
An offence under section 33(1)(k), (l) or (m).	Summarily or on indictment.	Unlimited fine and/or six months imprisonment.	Unlimited fine and/or two years imprisonment.
An offence under section 33(1)(n).	Summarily only.	Unlimited fine.	Summary only.
An offence under section 33(1)(o).	Summarily or on indictment.	Unlimited fine and/or six months imprisonment.	Unlimited fine and/or two years imprisonment.
An offence under the existing statutory provisions for which no other penalty is specified.	Summarily or on indictment.	Unlimited fine and/or six months imprisonment.	Unlimited fine and/or two years imprisonment.

# Appendix C: Non-statutory guidance

## Non-statutory guidance relevant to IR(ME)R 2017:

Department of Health and Social Care, [Guidance on the Ionising Radiation \(Medical Exposure\) Regulations 2017](#), June 2018.

Care Quality Commission, [Guidance on notifications of significant accidental and unintended exposure](#), May 2019.

## Guidance from professional bodies on the requirements of IR(ME)R:

British Institute of Radiology, Society and College of Radiographers, Institute of Physics and Engineering in Medicine, and The Royal College of Radiologists, [A guide to understanding the implications of the Ionising Radiation \(Medical Exposure\) Regulations in diagnostic and interventional radiology](#), May 2015.

Society and College of Radiographers, Institute of Physics and Engineering in Medicine, and The Royal College of Radiologists, [Guide to understanding the implications of IR\(ME\)R in Radiotherapy](#), 2008.

Public Health England, [Guidance on implementing the Ionising Radiation \(Medical Exposure\) Regulations \(IR\(ME\)R\) for the NHS breast screening programme](#), 2014, updated February 2018.

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