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Inspections
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To drive improvement

Announced Inspection Report: Ionising Radiation (Medical Exposure) Regulations 2017

Service: Albyn Hospital, Aberdeen

Service Provider: Circle Health Group

11 March 2026

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1 A summary of our inspection

Background

Healthcare Improvement Scotland has a statutory responsibility to provide public assurance about the quality and safety of healthcare through its inspection activity.

Our focus

The focus of our inspections is to ensure each service is implementing IR(ME)R 2017. Therefore, we only evaluate the service against quality indicators that align with the regulations. We want to find out how the service complies with its legal obligations under IR(ME)R 2017 and how the services are led, managed and delivered.

About our inspection

We carried out an announced inspection to Albyn Hospital, Circle Health Group on Wednesday 11 March 2026. Albyn Hospital is in the west end of Aberdeen and is an independent hospital operated by Circle Health Group. It has a maximum of 28 inpatient beds and provides a range of medical and surgical healthcare services. This includes medical consultations, diagnostic tests and surgical treatments for inpatients over the age of 14 years.

This was our first inspection of this service and focused on the breast screening service. The service was provided for private referrals within a defined postcode area around Aberdeen, although private referrals were accepted from GPs out with this area. The service operates one x-ray machine, and the service is offered in the evening from 5pm to 8pm on Mondays and Wednesdays as well as alternative Tuesdays. Both symptomatic and asymptomatic screening is carried out.

The number of patients using the service is relatively low with 20 referrals having been carried out in 2026 up until the day of the inspection.

We spoke with a number of staff during the inspection including the executive director, director of clinical services, clinical services manager (imaging), radiation protection supervisor and mammographers.

The inspection team was made up of three inspectors.

What action we expect Albyn Hospital, Circle Health Group to take after our inspection?

The actions that Healthcare Improvement Scotland expects Albyn Hospital to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of a service to comply with the Regulations. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

This inspection resulted in four requirements and six recommendations. Requirements are linked to compliance with IR(ME)R.

Safety Culture and Leadership	
Requirements	
	None.
Recommendations	
	None.

Implementation of IR(ME)R requirements	
Requirements	
1	Circle Health Group must seek confirmation that consultant radiologists reporting mammograms review at least 5000 images a year to maintain their role and competencies. Regulation 6(3)(b) (see page 11).
2	Circle Health Group must implement a procedure or similar for the entitlement of senior staff where there is no appropriate person available on site. Regulation 6 (1), Schedule 2, 1(b) (see page 12).
3	Circle Health Group must implement a procedure or similar for the entitlement of GPs working outside the of the hospital catchment area or an alternative mechanism to ensure referrals from GPs outside the defined catchment area are referred by an

	appropriately entitled person. Regulation 6 (1) Schedule 2, 1(b) (see page 12).
4	Circle Health Group must detail in the employer's procedures how all referrers outside the designated catchment area will be provided with or have access to the Circle Health Group referral guidelines. Regulation 6 (5)(b) (see page 13).
Recommendations	
a	It is recommended that Circle Health Group as part of their own competency assessment of operators of the mammography equipment are assessed on the practical aspects of equipment use and mammographic techniques by an appropriate assessor (see page 11).
b	It is recommended that the those who meet the criteria to be a supervisor are identified and documented (see page 12).
c	It is recommended that it is defined with in the employer's procedure or similar document who can refer ladies under forty that have a family history of breast cancer (see page 13).
d	It is recommended that a written protocol be put in place to identify the presence of any implantable devices prior to any imaging taking place (see page 15).
e	It is recommended that Circle Health Group amend their employer's procedures to reflect the practice that the operator choose the Eklund technique where reasonably practicable for imaging of women with breast implants (see page 16).
f	It is recommended that Circle Health Group, Albyn Hospital should complete audits on the number of technical recalls (see page 20).

Risk and Communication

Requirements

None.

Recommendations

	None.
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An improvement action plan has been developed by Albyn Hospital, Aberdeen and is available on the Healthcare Improvement Scotland website.

Albyn Hospital must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Albyn Hospital for their assistance during the inspection.

2 What we found during our inspection.

Safety Culture and Leadership

This is where we report on how clear the service's safety culture and how supportive its leadership and culture is.

Key questions we ask:

How clear is the service's vision and purpose?

How supportive is the culture and leadership of the service?

Our findings

A strong sense of safety culture and engagement was noted within the hospital and within the wider Circle Health Group with supportive documents and management structures.

Safety culture

A strongly defined safety culture was noted within the hospital which strengthened the safe use of ionising radiation, reducing unnecessary or unintended radiation doses to patients using its services. The safety culture is demonstrated through the use of measures and procedures in place to ensure entitlement and scope of practice by staff. There is a clear framework through the Employer's procedures, (EPs) for optimisation practices, quality assurance (QA) governance, and audit systems being in place. The safety culture was further evidenced in the drive to optimise image doses below UK levels and to align to the more comprehensive and lower dose reference levels as produced by National Service Scotland.

The breast screening service team at Albyn Hospital communicated well with each other through regular staff meetings and "huddles" and by using online systems and memos. Communication was inclusive for staff working on the service in the evenings. Good communication was also reflected within the wider Circle Health Group management. There were open lines of communication and regular planned meetings and reviews. This open culture results in any incidents being reported through the RADAR system, it also allows for discussions and learning from incidents.

Requirement

- No requirements.

Recommendation

- No recommendations.

Implementation of IR(ME)R requirements

This is where we report on how well the service implements the requirements of IR(ME)R and manages and improves performance.

Key questions we ask:

*How well does the service manage and improve performance?
How does the organisation demonstrate the safe use of ionising radiation (patient exposure)?*

Our findings

Systems and processes were in place for the development of EPs for entitlement of staff and their training. Staff understood their scope of practice. The employer's procedures were well structured and detailed.

Employer's procedures

Schedule 2 of IR(ME)R 2017 sets out the requirements for employers to produce specific written procedures relating to protection of the patient. Albyn Hospital has procedures in place covering the requirements of schedule (2). The procedures are produced nationally by Circle Health Group and adapted locally if required. The hospital EPs are overarching documents with specific documents available relating to the breast screening service which includes work instruction documents. All documentation was well written and clear to understand.

The procedures are online and in a hard copy manual which was made available to us in advance and on the day. The procedures are reviewed by a review panel every two years.

The local documents and procedures were made available for the inspection. All documents we viewed were within their review period. They were detailed, concise and easy to follow.

Requirement

- No requirements.

Recommendation

- No recommendations.

Training

Training records for mammography staff were made available during the inspection. Records included Post Graduate Certifications (PG Cert) in mammography issued by the Scottish Academy of Breast Imaging (SABI), training certificates and equipment manufacturers training certificates. The courses run by SABI are approved by the College of Radiographers (CoR). SABI provides further training modules in advance practice to enable professional and clinical skills development for those who wish to extend their scope of practice within breast imaging. All documents that we viewed were dated and signed off by staff and trainers.

A biannual review of practice meetings is undertaken with clinicians. Consultants provide information to support their annual appraisal. The scope of practice will be linked to their experience; qualifications provided by the clinician.

What needs to improve?

EP2B states, “Staff may be entitled to act as an IR(ME)R duty holder on the grounds of significant previous experience or by having completed appropriate course of training. “. Operators must be trained, assessed as competent and entitled to carry out their roles within a defined scope of practice. Under (Regulation 17(1) (Training), operators and practitioners must have evidence of adequate training and include evidence of the following:

- undertake adequate training required as defined in Schedule 3, and
- receive training on local equipment and techniques.

Operators did have training records in place; however, there was a gap in the mechanism to undertake in house assessment of the practical aspects of the role. There was a reliance on discussion regarding previous experience and knowledge. To perform practical aspects of an exposure, an operator must show evidence of training and competency

It was discussed who should be the designated person to assess competency on behalf Albyn hospital, of mammography staff when carrying out practical aspects of the role if this is not a mammographer.

Within EP2B “Procedure to identify individuals entitled to act as referrer or practitioner or operator within a specified scope of practice” identifies staff “who are competent to supervise (must have attained a Benner model of competency grade 6)” At the time of inspection there was no mechanism or documentation to identify this group of staff.

All radiologists reporting on images have posts within the NHS. Consultant, specialising in reading mammograms are required to review at least 5000 images a year to maintain their role and competencies. HIS has confirmed the consultants are meeting these standards. As part of the annual discussion with radiologist Circle Health Group should be requesting confirmation that the stated criteria are being met annually.

Requirement 1

- Circle Health Group must seek confirmation that consultant radiologists reporting mammograms review at least 5000 images a year to maintain their role and competencies. Regulation 6(3)(b).

Recommendation a

- It is recommended that Circle Health Group as part of their own competency assessment of operators of the mammography equipment are assessed on the practical aspects of equipment use and mammographic techniques by an appropriate assessor.

Entitlement

The entitlement processes is defined within the EPs, “Procedure to identify individuals entitled to act as referrer or practitioner or operator within a specified scope of practice” as required by IR(ME)R 2017 Regulation 6(1) (a).

The executive director can entitle referrers and practitioners but can also delegate responsibility for entitlement. The clinical services manager, (imaging), is responsible for identifying who may act as a referrer and operator, including relevant scope of practice within the imaging services. The lead radiologist will meet with radiologists and discuss their skills and practice. The Medical Advisor committee then reviews the available information and issues an approval. At this point the practitioner is entitled and provided with a scope of practice by the lead radiologist.

Entitlement documents and scope of practice for staff were available at the time of inspection. Entitlement is reviewed regularly to ensure ongoing compliance.

The hospital accepts referrals from GPs that are not based in the hospital. Within defined postcode areas GP practices are provided with group entitlement. The practices within these areas provide a list of doctors who can carry out referrals Checks are carried out on all general practitioners (GPs) to confirm their General Medical Council (GMC) registration. All entitled staff and GPs are entered on to the Radiology Information System (RIS). This is reviewed every two years.

The entitlement arrangements for staff working in Albyn hospital were clear and well managed.

What needs to improve?

The clinical services manager had self-entitled themselves as the most senior radiographer on site. There was no documented procedure in place to define governance arrangements for the approval of entitlement for senior staff. The possibility of cross organisational support arrangements relating to entitlement was discussed as a possible mechanism.

The Circle Health Group Employers Procedures refers to supervisors, but it was unclear which members of staff are designated as supervisors from the documentation provided.

Currently group entitlement is used for GP practices within defined catchment area defined by their postcode. Each individual referrer within the group within the catchment area is identified and their names documented. There was no procedure to define the entitlement of GPs who refer but are outside of Circle Health Group defined postcode area. GPs referrals outside the catchment area are accepted after a check of their GMC registration. Circle Health Group could not provide evidence that referrers had not been appropriately entitled by the organisation, or an alternative pathway for these GP referrals was in place.

Requirement 2

- Circle Health Group must implement a procedure or similar for the entitlement of senior staff where there is no appropriate person available on site. Regulation 6 (1), Schedule 2, 1(b).

Requirement 3

- Circle Health Group must implement a procedure or similar for the entitlement of GPs working outside the of the hospital catchment area or an alternative mechanism to ensure referrals from GPs outside the defined catchment area are referred by an appropriately entitled person. Regulation 6 (1) Schedule 2, 1(b).

Recommendation b

- It is recommended that the those who meet the criteria to be a supervisor are identified and documented.

Referrals

Referrals can be made from in-house GPs, consultants, or external GPs. There are no self-referral mechanisms in place. Referrals are currently paper based, with a plan to move to an online system in the future.

Comprehensive referral guidelines have been developed, “Referral process for Asymptomatic Mammography”. The referral criteria is available online to all referrers to Albyn hospital and a copy is provided to all the GPs in the defined catchment area.

The EPs include referral and screening guidelines for ladies with family history of breast cancer. This stated that the patient must be over 40 years old, has been made aware of the risks, has signed a risk form and has not had a mammogram within the last 12 months.

What needs to improve?

The radiology department/breast screening service can accept referrals from outside their organisation. It was identified that referrers outside of the catchment are not provided with the specified referral guidelines or have access to online guidance.

Within the employer’s procedure it provides referral and screening guidelines for ladies with family history of breast cancer “Screening from 5 yrs younger than the youngest case but not younger than 25yrs. However, the Justification Guidelines for Radiographic Staff to Authorise Mammography Referrals under Set Criteria” referenced Symptomatic Mammogram for ladies over 40 years old. We were advised that this criteria for under 40 was only for specialist consultants and not all referrers. It was therefore unclear within the EP’s who can utilise the referral criteria for women under 40

Requirement 4

- Circle Health Group must detail in the employer’s procedures how all referrers outside the designated catchment area will be provided with or have access to the Circle Health Group referral guidelines. Regulation 6 (5)(b).

Recommendation c

- It is recommended that it is defined with in the employer’s procedure or similar document who can refer ladies under forty that have a family history of breast cancer.

Justification

Justification is carried out by the operator using the authorisation guidelines. If the information provided in the referral does not match the justification guidelines, then the operator must not authorise the procedure and contact an entitled consultant radiologist to confirm the justification. Referrals can be made to NHS boards through exchange portals if required.

As part of the process operators will review any previous imaging history of patients, where available, to ensure that no previous imaging has been taken during the last 12 months. Operators can request imaging from NHS boards and the image exchange portal if required.

If the information given in the referral matches the guidelines, then the operator should authorise the scan by initialling and dating the authorised box on the referral form.

Technical repeats, further images are taken if the quality of the initial image is deemed inadequate by appropriately entitled operators at the time of screening.

Requirement

- No requirements.

Recommendation

- No recommendations.

Optimisation

The service has implemented robust optimisation practices including clinical audits to assess dose and image quality. An established QA manual was present that included structured equipment testing and planned maintenance schedules.

Circle Health Group have a clear procedure in place for operators to review the dose administered and take action if any dose is above a defined threshold. EP CHG-IMG-EP2E Procedure for the Assessment of Patient Dose and Administered Activity stated, "Action should be taken if National DRLs are exceeded or where results are found to be more that $\pm 20\%$ of any established local DRL."

Another positive finding was that the recorded doses were lower than the Diagnostic Reference Levels (DRLs). Albyn Hospital bases their DRL on the UK DRL mammography. This demonstrated the principle of adhering to a policy of As Low as Reasonably Practicable (ALARP). We were told that there was a drive within the hospital to introduce the Scottish diagnostic reference levels (DRLs) which are lower than the UK DRL's, as set by National Services Scotland (NSS) and is currently awaiting Board Management approval.

Optimisation procedures and strategies are discussed at the Circle Health Group national radiation protection committee meetings as a regular topic.

Circle Health Group had a procedure in place outlining the management of instances where a DRL is exceeded.

What needs to improve?

Currently there is no information provided as part of the referral or specific written examination protocol for implantable devices. For example, a cardiac implantable device. As the device will affect the performance of the AEC and may increase the milliampere-seconds (mAs) significantly, this information should be gathered prior to exposure. However, the radiographers all stated they did ask all patients if they had an implantable device and would modify the exposure factors based on her experience but confirmed that there were no written protocols in place.

Requirement

- No requirements

Recommendation d

- It is recommended that a written protocol be put in place to identify the presence of any implantable devices prior to any imaging taking place.

Operator

Staff discussed their role as operators in mammography services and the procedures and policies that they follow.

They described the process for ID check, where a normal 3-point check is carried out. They also ask additional questions to make sure patients are aware of the imaging they are receiving and the area in which they are being imaged.

The patient information and referrals are carried out on paper and signed by the operator at the appointment to confirm that the ID checks have been carried out, and that they meet the referral criteria for screening. The paper referral form and mammography history forms are then scanned into the patient's online record. A record of ID, pregnancy status, operator and justification is also recorded online using Computed Radiology Information System (CRIS).

What needs to improve?

The Circle Health Group document Xray operator protocol for mammography on ladies with breast implants" states "It may be possible to perform modified views i.e.: Eklund Technique

The Eklund technique should be seen as the optimal method of imaging and the employers procedures and practices should reflect the guidance document NHS Breast Screening Programme women with breast implants that "Eklund technique is mandatory for all women with breast implants who attend for breast screening" and all women attending for breast screening that present with breast augmentation must be offered the Eklund technique.

It was confirmed by the operators that they use the Eklund techniques as standard first option for all ladies with breast implants. If this is not possible or refused by the patient, then the standard technique is attempted.

Wording for the Eklund technique within Circle Health Group guidance should be amended to reflect best practice to use the Eklund technique unless it cannot be undertaken.

Requirement

- No requirements.

Recommendation e

- It is recommended that Circle Health Group amend their employer's procedures to reflect the practice that the operator choose the Eklund technique where reasonably practicable for imaging of women with breast implants.

Records

We observed a good standard of record keeping both on paper and digitally. Albyn Hospital is currently in the process of moving to a fully digitalised system for all record keeping.

Requirement

- No requirements.

Recommendations

- No recommendations.

Patient identification

Mammographers carrying out imaging use the three-point check for patient identification. We were told that Circle Health Group operators will also ask patients additional questions to confirm that the appropriate examination is being carried out in line with the pause and check system. We were told interpretation services could be made available for patients whose first language is not English.

IDs checks are recorded on the paper referral form and on CRIS.

Requirement

- No requirements.

Recommendation

- No recommendations.

Clinical evaluation

All images acquired at Circle Health Group, Albyn Hospital, are read by two readers. The reading is all carried out by radiologists onsite. There are no third-party services used for image reading.

The report for imaging is carried out initially on PACS and then copied automatically to CRIS when it is verified. If further imaging is required, this is carried out and referred into a one stop breast clinic under the symptomatic pathway for patients.

Arbitration is carried out in house by a third reader should it be required when there is no clear consensus on the outcome from the first two readers.

Expert advice

MPE support services are contracted out as the clinic is operating after normal office hours MPE support is minimal. An emergency number is available; however, it is not always possible to contact them. If there are any issues, staff use handover forms for the morning staff. Communication is also made to the imaging clinical services manager to inform of any faults or equipment issues that need MPE or engineer attention.

Requirements

- No requirements.

Recommendation

- No recommendations.

Contracted services

MPE services are contracted out. See Expert Advice section above.

Requirement

- No requirements.

Recommendation

- No recommendations.

General duties in relation to equipment

QA is carried out on a daily, weekly and monthly basis. QA is undertaken by selected radiographers, the clinical services manager, (imaging) and by the mammographers who are working in the service out of hospital clinic operational hours. Staff reported that QA is always carried out before any imaging is performed on patients.

Equipment QA manuals are used to document all relevant tests. The manuals contain full guidance on completing QA tests and has been checked and approved by the external QA Company. All results are recorded on an online spreadsheet. The spreadsheet has clear parameters that must be met which may cause QA checks to be repeated; Repeated fails will lead to the equipment being taken out of use.

MPEs oversee archived documents quarterly and are available for advice should equipment fail.

Requirement

- No requirements.

Recommendation

- No recommendations.

Clinical audit

It was confirmed to us that clinical audits are carried out as part of the Hospital's audit programme within Circle Health Group and at a local level. All staff are encouraged to carry out audits. Audits are structured upon an audit calendar which is available in the RADAR IT system.

All mammography staff undertake a self-assessment audit on previous images they have taken using the Perfect, Good, Moderate Inadequate (PGMI) image evaluation system established by the SBSP). Staff reported that patient numbers are low therefore all images acquired are used in the self-assessment. Additionally, as it is difficult to compile enough numbers each month for self-assessment, assessment is therefore carried out on a quarterly basis. The clinical services manager for imaging, also reviews the data on a quarterly basis. Plans are being made to organise quarterly meetings with all mammography staff to peer review images in a group setting. Operators we spoke to are also working in the public NHS hospital in mammography and therefore are meeting the self-assessment PGMI standards monthly through their NHS posts.

Other audits included turnaround times, QA audits and request/referral information. There was no audit of technical recall and technical repeat data, a programme should be instigated and programmed for these two areas.

What needs to improve?

Circle Health Group, Albyn Hospital monitor a wide variety of parameters but currently do not include the monitoring of technical recall and technical repeat examinations.

Requirement

- No requirements.

Recommendation f

- It is recommended that Circle Health Group, Albyn Hospital should complete audits on the number of technical recalls.

Accidental or unintended exposure

EPs were viewed for significant accidental or unintended exposure (SAUE). All adverse events are raised on RADAR System. The RPS and CSM are informed and it is raised with MPEs who manage the investigation if required. The MPEs will follow up with any recommendations resulting from the investigation. We were told that all incidents resulted in shared learning locally and on an organisational level. This is communicated by an online page that is shared across the Circle Health Group.

Staff we spoke to were aware of the reporting procedure. A RADAR report can be raised by the medical staff, and we were advised that staff felt comfortable raising incidents or issues to senior members of staff.

Requirement

- No requirements.

Recommendation

- No recommendations.

Risk and Communication

This is where we report on what difference the service has made and what it has learned.

Key questions we ask:

How well does the organisation communicate with service users?

Our findings

There was effective communication noted within the breast screening service and other departments within the hospital. A strong link between Circle Health Group national operations and MPE services from St. George's Hospital was also noted.

Risk benefit conversations.

Risk benefit conversations take place with the referrer GP at the point of referral. Operators may also be involved with questions prior to imaging taking place. Information is also provided in pre-attendance documentation and on posters observed within the imaging suites.

Requirement.

- No requirements.

Recommendation

- No recommendations.

Making enquiries of individuals who could be pregnant.

This is not considered contraindicated within mammography imaging. Questions are asked by the operator for the age range 12yrs-55yrs. An in-house form is completed and information is entered on to CRIS.

Requirement

- No requirements.

Recommendation

- No recommendations.

Carers and comforters' procedures

A procedure is present for the use of carers and comforters as well as an in-house register to detail repeat carers, however we were informed that patients did not generally use carers and comforters.

Requirement

- No requirements.

Recommendation

- No recommendations.

Appendix 1 – About our inspections

Our approach

Healthcare Improvement Scotland has a statutory responsibility to provide public assurance about the quality and safety of healthcare through its inspection activity.

How we inspect services that use ionising radiation for medical exposure

The focus of our inspections is to ensure each service is implementing IR(ME)R 2017. Therefore, we only evaluate the service against quality indicators that align to the regulations.

What we look at

We want to find out:

- how the service complies with its legal obligations under IR(ME)R 2017 and addresses the radiation protection of persons undergoing medical exposures, and
- how well services are led, managed and delivered.

Complaints

If you would like to raise a concern or complaint about an IR(ME)R service, you can directly contact us at any time. However, we do suggest you contact the service directly in the first instance.

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