Category	Sub-category (2020 - 2025)	Sub-category (2025 - present)	Comments on changes
1. Provide advice on the development and continuing evaluation of a safety framework for the MR environment.	1.1 Contribute to a local MR safety assurance framework	1.1 Contribute to specifying a local MR safety governance mechanism.	Emphasized that this category is about organisational level duties and establishing the overall framework, rather than single processes or the content of single documents. The two new sub-categories now separate to different aspects: 1) governance mechanisms 2) framework requirements.
	1.2 Contribute to requirements for MR safety documents	1.2 Contribute to defining MR safety framework requirements.	
<ol> <li>Provide advice for the development of local rules and procedures to ensure the safe use of MR equipment.</li> </ol>	2.1 Contribute to local rules and procedures within the MR unit	2.1 Contribute to local rules and procedures within the MR unit.	No changes. Clarified the meaning of auditing documents as separate from auditing equipment or facilities.
	2.2 Audit local rules and SOPs for compliance with national guidance and legislation	2.2 Audit local rules and SOPs for compliance with national guidance and legislation.	
3. Provide safety advice on the modification of MR protocols including diagnostic effectiveness linked to safety.	3.1 MR protocol modification for an individual patient	Merged into one sub-category.	There are no sub-categories (meaning that there is one sub-category coinciding with the main category). A minimum of two independent pieces of evidence are required for this category. Evidence may include advice for single subjects or for groups of subjects. Clarified that prococol modifications relate to MR sequence parameter changes to specifically address MR safety issues. This is now reflected in the title of the main category. Consideration of the effects of these changes on the diagnostic quality of the images must be included in the evidence.
	3.2 MR protocol modification for specific patient groups	Removed.	
4. Provide safety advice regarding MR procedures for individual subjects and specific subject groups including diagnostic effectiveness linked to safety. This includes advice regarding safety related to implanted devices, metallic foreign bodies, tattoos, and other similar issues.	4.1 Provide advice for adhering to MR conditions of implanted medical devices with an MR Conditional label	4.1 Provide advice for adhering to MR conditions of implanted medical devices with an MR Conditional label.	In all sub-categories evidence may include advice for single subjects or for groups of subjects. Consideration of diagnostic effectiveness is not required, and this is now reflected in the title of the main category. The order of sub-categories 4.2 and 4.3 has been swapped.
	4.2 Provide advice for non-medical implants and body adornments	4.3 Provide advice for non-medical implants and body adornments.	
	4.3 Provide advice for MR Unlabelled medical devices or MR Conditional devices where the MR conditions cannot be met	4.2 Provide advice for MR Unlabelled medical devices or MR Conditional devices where the MR conditions cannot be met.	
	4.4 Provide advice for specific subject groups	Removed.	
5. Provide advice on MR Safety training programs and MR Quality Assurance programs.	5.1 Review and revise training needs for different staff groups, and/or produce appropriate training material	5.1 Review and revise training needs for different staff groups, and/or produce appropriate training material.	Removed QA as not part of adopted definition of MR safety. This change is also now reflected in the title of the main category.
	5.2 Provide advice on adverse incident investigations	5.2 Provide advice on adverse incident investigations.	
	5.3 Propose or audit an MR QA program	Removed.	
<ol> <li>Provide safety advice regarding the selection, procurement, siting and installation of the MR system and related equipment.</li> </ol>	6.1 Contribute to the specification or selection of MR systems or related	6.1 Contribute to the specification or selection of MR systems or related	No changes.
	equipment 6.2 Contribute to design and siting and/or installation of an MR system	equipment 6.2 Contribute to design and siting and/or installation of an MR system	
7. Provide safety advice as part of acceptance testing and, prior to the first clinical or human research use of the MR equipment, provide advice regarding performance testing procedures and testing following any major maintenance procedure.	7.1 Contribute to safety related acceptance tests of an MR unit	7.1 Contribute to safety related acceptance tests of an MR unit.	Removed performance testing procedures as not part of adopted definition of MR safety. This change is also now reflected in the title of the main category.
	7.2 Contribute to regular post installation MR unit safety checks	7.2 Contribute to regular post installation MR unit safety checks.	
8. Establish and maintain links with any appropriate district, regional, and/or professional bodies.	8.1 Attend/contribute to MR safety update / training events organised by national or international professional bodies	Attend/contribute to MR safety update / training events organised by national or international professional bodies and reflect on learning.	Emphasized the need for a reflection on learning.
	8.2 Active engagement with relevant specialist groups, professional bodies, or other relevant organisations	8.2 Active engagement with relevant specialist groups, professional bodies, or other relevant organisations.	

This table compares the new and old sub-categories, highlighting the changes. When the title of a main category has been revised in the new guidance, the revised portion is marked in red for easy identification.