

2026 MHRA Safety Guidelines for Magnetic Resonance Imaging Equipment in Clinical Use

The 2026 Draft MHRA Safety Guidelines represents a substantial revision of the 2021 guidance. The expanded document shifts from a primarily operational safety manual to a comprehensive governance, risk management, and quality framework for MRI services.

Area	2021 Guidance	2026 Draft	Implications
Governance	Focused on operational responsibilities (Authorised Person, MR Responsible Person, MR Safety Expert)	Introduces a formal governance model including MR Responsible Organisation, MR Responsible Person(s), MR Safety Committee, MR Safety Medical Adviser, MR Clinician, and MR Referring Clinician	MRI services will require clearer organisational accountability, defined reporting structures and multidisciplinary oversight
Risk Management	Emphasis on hazards and safe practice	Risk management is embedded throughout with recommendations linked to legislation, governance and audit	MRI safety becomes an organisational responsibility rather than solely an operational one
Scientific Content	Describes hazards at a practical level	Significantly expanded explanations of static field effects, RF heating, acoustic noise, peripheral nerve stimulation and biological mechanisms, supported by more recent evidence	Better supports justification of local procedures, education and expert decision making
Emerging Technology	Primarily addresses 1.5T and 3T systems	Includes 7 T clinical MRI, low-field/mobile MRI, and expanded discussion of specialist MRI environments	Organisations introducing new technologies will have clearer safety expectations
Quality Systems	Limited reference to accreditation	Introduces Quality Standard for Imaging (QSI) and links MRI safety with organisational quality systems	Safety governance becomes aligned with wider NHS quality assurance and accreditation programmes
Equipment Lifecycle	Procurement, installation and replacement discussed	Entire lifecycle expanded to include procurement, commissioning, maintenance, upgrade, replacement and decommissioning	Greater expectations for documented lifecycle management and engineering oversight
Incident Management	Reporting guidance included	Expanded emphasis on incident reporting, near misses and national reporting taxonomy	Encourages stronger learning culture and trend analysis
Exposure Management	Exposure limits presented largely as numerical guidance	Introduces broader exposure management philosophy for patients, staff, carers and the public	Encourages formal risk assessment rather than reliance on exposure limits alone.