Magnetic Resonance Safety Expert

The MRSE Certificate of Competence is predominantly designed to evaluate applicants practical experience around MR safety. The portfolio is designed to assess all aspects of the competence and will be scrutinised by at least two experienced MRSEs.
For the initial assessment the fee is £200 and is non-refundable once the process has begun. If the applicant does not fully fulfil the requirements and minor changes/ supplements are required, there is no additional fee for reassessment (providing the portfolio can be re-submitted within 6 months of the rejection). However, if the portfolio requires major changes, it will be rejected and the new, full submission will be required (including a subsequent fee of £200). There will be a comprehensive feedback provided to those applicants.
It is therefore important to follow the guidelines in this document before submitting the portfolio for assessment.

As a general guidance, the portfolio should include the following:

- List of content linking your evidence items to the required categories of the portfolio.
- Additional explanation placing the evidence in the context of the categories.
- Evidence should be dated and the dates should not exceed 5 years prior the submission; well-explained exceptions will be accepted.
- Multi-page evidence should only have the first page attached and a link to the full document; if the document is not available online for public access, the evidence should contain the title, abstract and a clear explanation of the document with the applicant's contributions listed.
- The evidence can be: Correspondence, reports, sequence protocols, clinical notes, meeting minutes, risk assessments, documents and MR safety advice for individual patients.
- All identifiable patient information should be removed. If named medical professionals are shown in the evidence, they can also be removed, however, the job titles should remain.

Portfolio Categories

1. Education
   Theoretical knowledge of MRI Physics with emphasis on MR Safety. If a copy of a diploma is provided (B.Sc., M.Sc., Ph.D.), please include a detailed curriculum focusing on relative aspects of your education.
   Additional courses such as IPEM MRSE course will also be satisfactory.
2. MR safety - framework
   Contribution to a local MR safety governance, framework requirements, Local Rules (LR), Standard Operating Procedures (SOPs).
3. MR safety - training
   Evidence of providing MR Safety Training for other staff members (radiographers, radiologist, healthcare assistants, other clinical scientist and STP trainees).
4. New MR Systems - procurement
   Evidence of involvement and support of the procurement process of new MRI scanners.
5. MRI Safety Advice
   Extensive evidence of providing safety advice for patients. This should be the most extensive part of the portfolio and should only include "off-label" scans. If "off-label" scan is backed up by the local SOP (i.e. scanning patients with piercings), it should be included in Section 2. The evidence in this section should be for individual cases and only one example of the kind is needed (i.e. if a patient with an unknown orthopaedic implant was scanned, no need to include another patient with the same type of implant). This section should include scanning patients with metallic foreign bodies, tattoos (outside of your SOPs), unknown implants etc. It can also include cases, when a metallic foreign body was discovered during the MRI scan. Please include suggested changes to the protocoled sequences and which parameters have been adjusted for those scans.
6. MRI Safety Advice - rejections
   This section is very important as it shows that the Clinical Scientist is not obstructive in patients' care by inflating or failing to minimise the risks of adverse effects.
   6.1. Medical Rejection
      Evidence of scans assessed by the Clinical Scientist to have relatively low risk of adverse effects, but the scan was rejected by a leading radiologist or a vetting

radiographer. These cases should include the risk assessment and advice how to proceed with the scan to minimise the risks of potential adverse effects.

6.2. Clinical Science Rejection

Evidence of scans assessed by the Clinical Scientist that failed the risk vs. benefits assessment. These cases should include the risk assessment and the advice given by the Clinical Scientist.

We strongly encourage all potential applicants to contact us via e-mail to discuss in details the expected evidence. The templates of the portfolio will be listed on the website when available.