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FOR THE ATTENTION OF THE CHIEF EXECUTIVE

ARTIFICIAL INTELLIGENCE AND PUBLIC STANDARDS REPORT: REGULATORS SURVEY

I am writing to draw your attention to the Committee's recently published report on *AI and Public Standards*, which sets out steps to ensure that high standards of public service are upheld as AI is adopted more widely across the public sector.

It is our view that technology has the potential to revolutionise the delivery of public services, creating an opportunity for more innovative and efficient public service delivery. But it is the way that technology is used and governed that will determine this. There are high profile risks if things go wrong and there is clear, recent evidence that not all current practice is sufficiently robust.

As part of our follow up work, the Committee would like to understand better how existing regulators are adapting to the challenges posed by AI. Our research found that successful AI governance is a matter of clear regulation and proper controls for managing and mitigating risk. To that end, all regulators should consider and respond to the impact of AI in the fields for which they have responsibility.

I would be grateful therefore if you, or an appropriate representative from your organisation, would complete the attached brief progress update by **28 November 2020** and return it by email to public@public-standards.gov.uk.

If you have any questions about this piece of work, please do not hesitate to contact my Secretariat who will be happy to assist you.

Yours sincerely,
Lord Evans of Weardale, KCB DL

Chair, Committee on Standards in Public Life

REGULATOR QUESTIONS

Name of organisation: The General Medical Council
Name and contact details of respondee: David Winks (david.winks@gmc-uk.org)
Role of respondee: Policy Manager, Regulation Policy Team

Our report on AI and public standards did not recommend the creation of a specific AI regulator, but recommended that all existing regulators should consider and respond to the regulatory requirements and impact of the growing use of AI in the fields for which they have responsibility.

1. Do you know where to go for guidance and advice on the use of AI in the public sector (yes or no)? If yes, please provide details.

Yes. Primarily the Government Digital Service, the Office for Artificial Intelligence, and the Alan Turing Institute, as well as NHSX. We would also look to relevant national and international regulatory documents, including those that address issues of equality, data protection and automatic decision making in relation to AI. And finally, we would consult primary research published in peer-reviewed journals that addresses the challenges posed by applying AI in the public sector.

2. To what extent are you ensuring that you are equipped to deal with the regulatory challenges posed by AI technology? How are you adapting your practices accordingly?

We actively monitor developments in relation to AI in order to consider implications for our regulatory model and whether changes are required – particularly in relation to the educational and ethical standards that we set for doctors (further details about these are provided in our response to question 3).

We are also looking for opportunities to innovate our operations across the organisation by using AI/machine learning to improve efficiency and reduce human error. In each of these areas, it will not to be to replace human decision making, but to support it. To this end, we are considering different applications of AI to support internal operational processes by reducing reliance on burdensome or manual processes, by replacing or augmenting them with intelligent automation. Examples of this include the use of Chat bot for FAQs in the Contact Centre, and DarkTrace for AI driven information security monitoring on our network, which are currently both live, and Docuvision which offers AI driven redaction that we are hoping to launch soon. These are intended to increase efficiency by reducing the time staff spend on these processes. We review whether our AI-related research complies with data protection and equality regulations.

We also engage on a regular basis with key stakeholders, including Care Quality Commission and NHSX, to contribute to system efforts to improve regulatory assurance relating to new technologies.

3. To what extent are you ensuring that the bodies for which you have responsibility have in place robust controls and mechanisms for mitigating potential risks associated with AI?

For example, ensuring that bodies for which you have responsibility are:

- *using AI in ways that are legal and legitimate – i.e. is the use of AI justified and does it comply with relevant laws and regulations?;*

- *setting clear responsibility for the use of AI – establishing who is responsible for which part of the AI system/process and where overall accountability lies (i.e. senior leadership);*
- *establishing monitoring systems and processes to identify and evaluate issues relating to the performance of the technology;*
- *establishing proper oversight mechanisms for the use of AI;*
- *enabling members of the public to challenge decisions and seek redress using procedures that are fair and transparent, whether AI is used or not.*

The General Medical Council (GMC) is the regulator of doctors in the UK. We are an independent organisation that helps to protect patients and improve medical education and practice. The standards and the outcomes for medical education and training that we set for doctors include requirements that are of relevance to new technologies, including artificial intelligence.

Our guidance document Generic Professional Capabilities sets out the essential generic capabilities doctors need to demonstrate for safe, effective and high quality medical care in the UK. It relates to postgraduate medical education and training, but we expect it to support all phases of UK medical education and continuing professional development. It includes content that is of relevance in the context of this question – in relation to the safe use of medical devices; communication and interpersonal skills; clinical skills; and understanding and managing risk.

Outcomes for graduates sets out the baseline knowledge, skills and behaviours that new UK medical graduates must be able to show. A number of points included in the document are of relevance to the use of AI, including about biomedical scientific principles; diagnosis and medical management; and using information safely and effectively.

Promoting Excellence sets out the standards that we expect organisations responsible for educating and training medical students and doctors in the UK to meet. Excellence by Design sets out the standards for the development and design of postgraduate medical curricula. They require curricula to describe generic, shared and specialty-specific outcomes, to support doctors in understanding what is expected of them.

When designing postgraduate curricula, current and future workforce service needs have to be considered, recognising there has to be a balance between curricula designed for the learner and the profession and the expectation that it can evolve to meet current and future advances, service needs and opportunities. A relevant example in the context of this question can be found in the curricula of Clinical Radiology, a specialty where the use of technology may be more prevalent. Here there is explicit reference to consultant radiologists requiring the skills necessary to understand and critically appraise new technological developments, including radiological applications of AI.

There are further key principles, covered in our guidance on *Good Medical Practice*, *Consent*, *Practising During an Emergency* and *Financial and Commercial Arrangements and Conflicts of Interest* that we would expect doctors to follow when using AI technologies and interacting with patients/the public in relation to them.

We keep these documents under review and will in due course consider how changes in the use of technology impact on them.

It should be noted that the ability of doctors to meet the capabilities and standards we set out for them in this context is contingent on the technology and the system through which it's approved for

use providing sufficient guidance and information. They need to understand what the technology does; its strengths and limitations; how it works; and how to use it.

Finally, in respect of products utilising AI whose potential utility we have begun to explore, the GMC's Chief Statistician is operationally accountable for their statistical robustness, as well as their performance and compliance with relevant regulations (in particular the General Data Protection Regulation, or its post-Brexit equivalent, and the Equality Act). If we were to deploy such products (which we have never done), the chain of oversight would extend from the GMC's Strategy and Policy Directorate up to the organisation's Senior Management Team. Any such deployment would involve full, prior engagement with relevant stakeholders: transparency is one of our core organisational values and it is essential to trust in the regulatory process that any use of AI is openly communicated and subject to appropriate challenge and oversight.