

# Healthcare Professionals



The MHRA established the independent [National Commission into the Regulation of AI in Healthcare](#) in September, bringing together global AI leaders, clinicians and regulators to advise on how the regulatory framework should evolve to be **Safe, Fast and Trusted**.

Healthcare professionals have been central to this work. Through the Commission's health system working group, surveys, sector roundtables, the Call for Evidence and wider [research and engagement](#), professionals were clear about the changes needed to support the safe and effective use of AI in healthcare.

The Commission's report [Recommendations for a future regulatory framework](#), published in September 2026, responds directly to these priorities. The Government has now accepted the recommendations and will take a coordinated, cross-government approach to implementation.

## What this means for you: supporting your judgement, strengthening patient care

- 1 Better evidence and clearer information**  
Clearer information about what AI tools do, their benefits and limitations, and how they perform in real-world care.
- 2 Your professional judgement stays central**  
AI should support your expertise and decision-making, not replace it.
- 3 Clearer responsibilities and better support**  
Greater clarity about your role and the responsibilities of manufacturers and healthcare organisations.
- 4 Training matched to your role**  
Training relevant to your role and the AI technologies you use.
- 5 Tools that work in practice and easier reporting**  
AI designed around clinical practice, with easier ways to provide feedback, raise concerns and support ongoing monitoring.



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full report**

# What this means for you

## Better evidence and clearer information

If you are using AI to support care, you need to understand what it is designed to do, how it has been tested, its known benefits, and limitations, and when it may not be appropriate to rely on its output.

The National Commission has recommended that professionals should be able to find clear up-to-date information about an AI product and how to use it safely.

Practical ways of improving this could include short standard summaries (known as model cards) bringing together information about what the product does, its benefits, risks, alongside important information presented clearly within the product itself and kept up to date as the product changes.

The National Commission also recommended clearer guidance for manufacturers on considering the diversity of the people their products are intended for, with particular attention for underserved groups. Evidence from real healthcare settings would provide better understanding of how products perform in everyday care.

**What this could mean for you:** clearer information to help you understand and interpret AI outputs, with greater confidence in the evidence behind the tools you use and how they perform for different patient groups.



*For a clinician to reasonably rely on an AI tool, there must be transparency about its accuracy, limitations and likelihood of error.*

**Royal College of General Practitioners,  
[Call for Evidence response](#), page 7**



*Vendors should also provide trusts/health boards and clinicians using their AI models with model cards which summarise training data composition and limitations.*

**Royal College of Radiologists,  
[Position paper on AI regulation](#), page 5**

## Your professional judgement and patient care stay central

AI can provide useful information, but its output may not reflect everything you know about an individual patient.

For example, an AI tool might identify a possible abnormality on a scan. You would still consider that alongside the patient's symptoms, history, other clinical information and what matters to them.

The National Commission recommended the development of training and guidance to help you understand and how to question AI outputs, recognise when performance may be changing and know when an output may not be appropriate for a particular patient.

It also recommended a more consistent and proportionate approach to explaining AI use to patients, so you are not left to work this out alone in every consultation.

The roles and responsibilities of clinicians, and the required standard of care, is still evolving in relation to AI. This is an area which requires further collaboration across the health system to make sure you get the clarity you need.

Where beneficial AI can safely reduce routine or administrative work, it also has the potential to give you more time to focus on communication, compassion, shared decision-making and the parts of care where your expertise and human connection matter most.

**What this could mean for you:** AI supporting your professional judgement, rather than replacing it, while keeping you and your patients at the centre of decisions about care.



*AI should always be an augmentation tool in healthcare; it cannot replace professional standards or judgement.*

**Royal College of Nursing,  
[Call for Evidence response, page 5](#)**



*Clear expectations are needed that AI supports, rather than replaces, clinical decision-making, and that accountability for patient care remains with the clinician.*

**Royal College of General Practitioners,  
[Call for Evidence response, page 6](#)**

## Clearer responsibilities and better support

With AI, responsibilities can sit across the manufacturer, your healthcare organisation and the professionals using the product. The National Commission recommended making these clearer before a product is introduced.

While regulators should work together to clarify high-level principles on how professional judgement should be applied to AI use and introduce appropriate controls, manufacturers should also clearly explain what is needed for safe use of a particular device. This could be supported by additional mechanisms such as contracts with healthcare providers, to formalise who will put those safeguards in place as part of safe deployment.

The National Commission also recommended clarity on best practices for communicating transparently on when and how AI supports care for patients. For example, an AI readiness toolbox and national good-practice guidance to help organisations make sure the right governance, infrastructure, monitoring and escalation routes are in place.

**What this could mean for you:** clearer expectations about your role, with risks managed by the people and organisations best placed to understand, control and act on them rather than resting with individual professionals by default.

“ *In the system-level approach to clinical safety management, liability is passed to the organisation(s) that have the ability to best mitigate the risks.*

Royal College of General Practitioners,  
[Call for Evidence response](#), page 7

“ *Liability in AI-related patient harm should be distributed across manufacturers (design), healthcare organisations (implementation and oversight) and clinicians (clinical judgement).*

Royal College of Ophthalmologists,  
[Call for Evidence response](#), page 4

## Training matched to your role and the technology you use

AI literacy is important for healthcare professionals as these tools become more common in healthcare. However, not everyone needs the same AI training.

If you use AI to support diagnosis, you may need different knowledge from someone using it for administration or someone overseeing how an AI product is used within a service.

The National Commission recommended a coordinated approach to professional training, from initial education through to postgraduate training and continuing professional development.

Healthcare providers should also ensure that you receive appropriate training on the particular AI technologies you use, including their purpose, limitations and safe use.

**What this could mean for you:** training that is relevant to your role and the technologies you actually work with, rather than expecting you to develop this knowledge on your own.

“ *At least during early adoption, there may be value in standardised baseline AI safety training for users, refreshed annually, focused on limitations, accountability and reporting.*

Royal College of General Practitioners,  
[Call for Evidence response, page 5](#)

“ *Education and training must be given by healthcare provider organisations (HPOs) to equip healthcare professionals with the knowledge and skills to leverage AIaMD tools effectively and safely.*

Royal College of Ophthalmologists,  
[Call for Evidence response, page 4](#)

## Tools that work in practice and easier reporting

AI needs to work in real world healthcare environments, not just in testing. It should fit into the way care is delivered without creating unnecessary extra work.

The National Commission recommended clearer expectations for user centred design. This means that developers should design AI around the needs of people using it, with information that is easy to understand and simple ways to provide feedback through the product itself.

Sharing experience after a product is introduced can help the healthcare system understand what is working, identify changes in performance early and improve how it is used.

The National Commission therefore calls for a stronger culture of reporting, supported by clear training on what to report and how.

The aim is to make it easier for professionals to share their experience once an AI product is in use. This could include a simple feedback option in the product itself and exploring where reporting could be automated.

The National Commission also recommended that the MHRA should consider how the existing Yellow Card scheme (used to report safety concerns) could be improved for AI-enabled medical devices.

The National Commission also recommended better tracking of the exact products and software version used. Together these changes would help the healthcare system build a clearer picture of how AI performs in everyday care and improve products over time.

**What this could mean for you:** tools designed with real clinical practice in mind, easier ways to raise concerns and better monitoring of what happens after AI is introduced.

“ *A central reporting system that mirrors the MHRA Yellow Card system for the reporting of unexpected outcomes, errors, hallucinations, misdiagnoses, incorrect treatment recommendations is needed.*

Healthcare Professional,  
[Call for Evidence findings report](#), page 17

“ *Reporting mechanisms must be simple, well-signposted, and integrated into existing systems.*

Royal College of General Practitioners,  
[Call for Evidence response](#), page 4

“ *Changes to the algorithm of AIaMD tools can affect their clinical performance. MHRA should be informed of significant updates to AIaMD tools and monitor them as part of PMS.*

Royal College of Ophthalmologists,  
[Call for Evidence response](#), page 4

## Keeping professionals at the centre

The National Commission's recommendations, which the Government is taking forward, aim to give you better evidence, clearer responsibilities, training that fits your role and tools that work in clinical practice. The aim is to help you use beneficial AI with confidence while keeping your judgement and your patients' needs central to decisions about care.

Healthcare professionals helped shape this work through the Call for Evidence, surveys, sector roundtables and wider research and engagement.

The message we heard was clear: you need to know what an AI tool can and cannot do, when to question its output, who is responsible for using it safely and how to raise concerns. Where AI can safely reduce routine work, it could give you more time for the conversations, compassion and shared decisions where your expertise and human connection make the greatest difference.

**“** *This is about creating a future healthcare system that is increasingly tech-enabled but always people-centred.*

**Professor Alastair Denniston**, Chair  
**Professor Henrietta Hughes**, Deputy Chair



**National Commission into the Regulation of AI in Healthcare**  
**[Recommendations for a future regulatory framework](#), page 5**

## The Commission's overall vision

