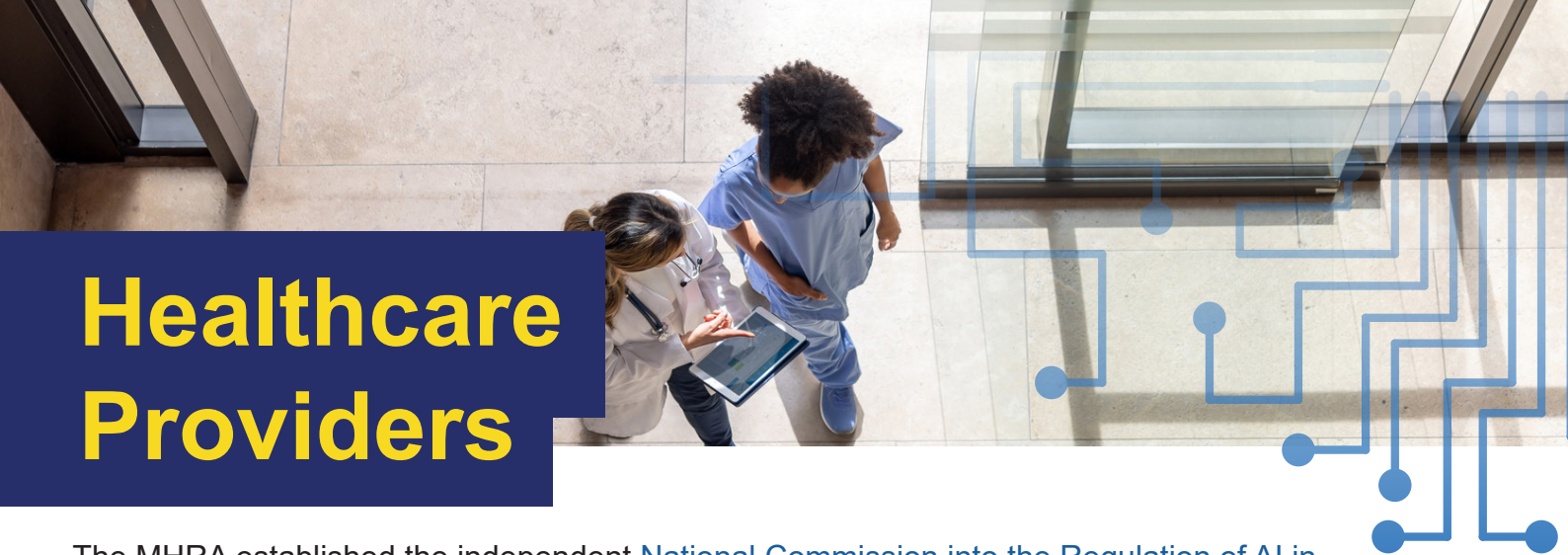




Healthcare Providers

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 providers have been central to this work. Through the Commission's Health Systems Working Group, surveys, sector roundtables, the Call for Evidence and wider [research and engagement](#) providers 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 decisions, strengthening safe AI adoption

- 1 Practical help to choose the right products**
Better information and evidence to help you compare AI products and choose those that are right for your patients and services.
- 2 Clear responsibilities before AI is introduced**
Clearer expectations about the safeguards needed for safe deployment and who is responsible for putting them in place.
- 3 Tools to prepare and adopt AI safely**
Practical tools, national good practice and shared learning to help you assess readiness and introduce AI safely.
- 4 Training that reflects what your staff need**
Training matched to staff roles and the particular AI technologies they use or oversee.
- 5 Clearer support to manage AI throughout its use**
Better support for monitoring, updates, reporting and managing AI safely once it is in use.



Read the full report

What this means for you

Practical help to choose the right products

When you are deciding whether to introduce an AI product, regulatory authorisation is only part of the picture. It assures the safety and performance of a device, but you also need to know whether the product is right for your patients, your services and the way your organisation works.

The National Commission recommended better access to independent information about the clinical effectiveness and value of AI products, including for those not subject to device regulation. Where useful, this could include bringing existing evidence together, comparing products designed for the same purpose or independent testing to help organisations understand which product best fits their needs.

What this could mean for you: better information to support procurement decisions, with less need for individual organisations to repeat the same assessments independently.

“ *A priority should be developing an infrastructure for rapid evaluation of AI tools in real-world NHS settings that patients and clinicians can trust.*

The Health Foundation
[The public's views on the regulation of AI in health care](#), page 45

“ *Clear, practical guidance with worked examples would reduce duplication and hesitation for both adopters and developers.*

Health Innovation Network
[Call for Evidence response](#)

Clear responsibilities before AI is introduced

The National Commission recommended that manufacturers clearly set out the conditions needed for safe deployment. These might include staff training, cybersecurity controls, performance monitoring and routes for escalating concerns.

Before you introduce an AI product, you need to familiarise with that information to understand what is required to use it safely and who is responsible for putting those safeguards in place.

Contracts between manufacturers and providers are a mechanism that can help clarify who is responsible for delivering each safeguard and meeting relevant commitments. Manufacturers should also disclose when a product depends on an underlying general-purpose AI model, including the related risks, safeguards and continuity arrangements.

What this could mean for you: clearer expectations from the outset, and a better understanding of what you need to have in place before AI is introduced.

“ *Responsibility for safe AI use should be shared, explicit, and proportionate, rather than implicitly pushed onto frontline clinicians. A clear division of responsibility could include Manufacturers designing AI systems that are transparent, usable, and robust in real clinical contexts; providers ensuring safe deployment and governance; and clinicians retaining accountability for clinical judgement.*

Public Body,
[Call for Evidence findings, page 12](#)

“ *Clear articulation of professional accountability, who is responsible or liable, for what, and at which point, would increase professional confidence and support faster, safer adoption of AI in healthcare.*

Professional Standards Authority
[Call for Evidence response, page 3](#)

Tools to prepare and adopt AI safely

Introducing AI safely depends on more than the product itself. Your governance, workforce, digital infrastructure and ability to monitor and manage the technology all matter.

The National Commission recommended an adaptable **AI readiness toolbox** to help you assess whether your organisation is ready to deploy a particular product, identify the capabilities and safeguards you need and set out the governance arrangements that should be in place to deploy AI products safely.

This would involve providers sharing their evolving approaches for the safe deployment and use of AI technologies. And in return, you would benefit from access to a repository of peers' emerging practices.

What this could mean for you: access to reusable governance tools, shared learning on how to deploy different devices safely, and national good practice rather than having to build every part of your approach from scratch.

“ *This will require clarity on the capabilities NHS providers and companies will need to develop to test and monitor new AI tools effectively and implement them safely in the NHS.*

The Health Foundation
[The public's views on the regulation of AI in health care, page 45](#)

“ *When these are supported by standardised implementation checklists, model policies and shared learning platforms, the NHS can adopt innovation with greater consistency and less burden.*

Health Innovation Network
[Call for Evidence response](#)

Training that reflects what your staff need

Different staff will interact with AI in different ways, so a single approach to training will not be appropriate.

The National Commission recommended that manufacturers specify any user training needed for the safe deployment and use of individual devices. This would help you tailor training to the technology, the context in which it will be used and the responsibilities of different staff. Your staff would be supported to understand what a product is designed to do, its limitations and how to use it safely. Clear guidance and escalation pathways would also help them know what to do and where to go with questions or concerns.

Alongside this, a nationally coordinated approach would build professional capability in the safe and effective use of AI, from initial education through to postgraduate training and continuing professional development. Together, these measures would support you to ensure that your healthcare professionals and wider staff are equipped to use the AI technologies introduced within your organisation, without expecting you to develop every aspect of training independently.

What this could mean for you: clearer information from manufacturers, nationally coordinated support and training tailored to your staff and the technologies they use.

“ *Regulatory expectations should ensure healthcare professionals receive continual training to understand the strengths, limitations, and risks of AI relevant to their practice.*

Professional Standards Authority
[Call for Evidence response, page 3](#)

“ *Professional bodies and training colleges should support training in AI implementation and shared learnings.*

Health Innovation Network
[Call for Evidence response](#)

Clearer support to manage AI throughout its use

Your responsibilities do not end when an AI product is deployed. AI can change through software updates and other lifecycle changes, and their accuracy, safety and effectiveness may vary across healthcare services, patient groups and clinical settings.

As well as access to a national learning function for approaches to assessing readiness and meeting operational requirements, the National Commission recommended that you are supported with national best-practice guidance covering the full lifecycle, including procurement, implementation, monitoring, reporting, updates and eventually withdrawing or replacing products.

It also recommended clearer information-sharing, better product and software-version tracking and greater use of automated, low-burden reporting.

What this could mean for you: better oversight of AI once it is in use, easier ways to share learning and less avoidable duplication and manual reporting.

“ *There should be clear responsibilities on developers and providers to share updates and on healthcare organisations and professionals, and regulators to monitor real world performance.*

Professional Standards Authority
[Call for Evidence response](#), page 4

“ *Once adopted, building AI-specific monitoring into existing surveillance requirements can help maintain that trust and support ongoing learning from real-world use.*

Health Innovation Network
[Call for Evidence response](#), 26 February 2026.

Supporting safer adoption across your organisation

The National Commission's recommendations, which the Government is taking forward, aim to give healthcare providers better evidence, clearer responsibilities and practical tools to introduce and manage AI. This could help your organisation use beneficial technologies with confidence while protecting patients and supporting your workforce.

Healthcare providers helped shape this work through the Call for Evidence, surveys, sector roundtables and wider research and engagement. The message we heard from providers was clear: you need reliable information to choose the right products, clarity about the safeguards you must put in place, training that fits your staff's roles, and practical support to monitor AI throughout its use.

“ *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

