

Summary Statement

The Federation of Medical Regulatory Authorities of Canada (FMRAC)'s Working Group on Artificial Intelligence and the Practice of Medicine believes it is premature for medical regulatory authorities (MRAs) to recommend minimum guidance to physicians on the use of artificial intelligence (AI) tools in patient care. This position reflects its consideration of a broad range of issues since its formation in 2019, including a breadth of consultations. The Working Group believes that gathering additional evidence and real-world experiences on the integration of AI in patient care would be beneficial prior to identifying any specific issues that may require guidance or minimum expectations of physicians. This also recognizes the time lag between the regulatory approval of AI by Health Canada and its integration into clinical care.

While the Working Group acknowledges there are real benefits to the use of assisted and augmented AI¹ tools for improving patient outcomes and the quality of care provided by physicians, there are also risks. These include, but are not limited to, algorithmic bias and their potential deleterious impact on treatment decisions; the commodification of data and competing interests; and the privacy and security of patient data and related issues. These concerns will warrant further consideration, along with expert input and engagement with stakeholders. The need to stay abreast of legislative developments that may impact patient privacy or care, or any other aspects of medicine, will also be key.

In the interim, the Working Group feels it is important to remind physicians that AI is similar to any other treatment modalities, such as technologies and drugs. Physicians should therefore, at a minimum, adhere to the fundamental aspects of good medical practice and be aware of the risks and limitations of AI; stay abreast of current clinical practice guidelines; and ensure their competence, skills and knowledge are up to date. The values and duties of the medical profession, including ethics, collaborative care, and an effective physician-patient relationship, remain at the core of good medical practice. The introduction of any new, evidence-based tools such as AI will not alter these professional and ethical obligations or standards of care. Furthermore, AI tools, like other technologies such as new imaging modalities or even new subspecialty disciplines, will increasingly provide a consultative role on the health care team but will not supplant the role of the physician; the physician's clinical judgment will be the final arbiter.

Evidence, collaboration, education, and vigilance will continue to be critical as MRAs learn to navigate this evolving landscape. The "right touch" regulation of physicians in this space will also be critical, while simultaneously recognizing that the MRAs' legislated mandates are to regulate physicians and the practice of medicine in the best interests of patients, and not to regulate technologies including AI. As such, it will be important that medical regulators stay acutely focused on the mandate and remit of core regulatory work, and not be distracted by interesting developments in AI.

Innovation and change to improve the prevention, diagnosis and care of patients will continue to be integral to ensuring progress in the practice of medicine; this has been the case for centuries. While the medical profession has an enduring responsibility to ensure these approaches are evidence-based, the MRAs also remain committed to their statutory obligation to ensure safe and competent care by physicians, in the best interests of the public. This includes or will include the use of AI.

¹ Reference: *Artificial Intelligence as a Continuum: The Three Levels of Artificial Intelligence*. FMRAC, August 2021.