

AI Governance



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This AI Governance Framework covers the use of AI across RCPI operations, training and education activities, and clinical environments in which RCPI members and fellows practice.



Page of Contents

Contents

1. Foreword	3
2. Introduction and Context	4
3. Scope and Application	4
4. Governing Principles	5
4.1 Professional Accountability	5
4.2 Patient Safety and Clinical Effectiveness	5
4.3 Equity and Non-Discrimination	5
4.4 AI Literacy and Professional Competence	5
4.5 Transparency and Academic Integrity	5
4.6 Data Protection and Information Governance	5
4.7 Regulatory Compliance and Institutional Responsibility	5
5. AI in Clinical Practice	6
5.1 Principles for AI in Clinical Practice	6
5.2 RCPI Commitments	6
6. AI in Training & Education	7
6.1 Principles for AI in Training & Education	7
6.2 RCPI Commitments	7
7. AI in Organisational Use	8
7.1 Principles for Organisational Use	8
7.2 RCPI Commitments	8
8. Governance Structure	9
8.1 AI Governance Committee	9
8.2 Membership	10
9. Risk Management	11
9.1 Risk Categories	11
10. Implementation and Review	11
10.1 Implementation	11
10.2 Review	11
11. References	12



1. Foreword

Artificial intelligence is reshaping medicine and medical education. Many of these technologies are already in use in clinical practice, often ahead of the governance, training and oversight required to support their safe and effective adoption.

In Ireland, more than half of physicians report already using AI tools in their clinical practice. Ambient scribing, clinical decision support, and AI-assisted diagnostics are no longer emerging technologies -they are part of everyday clinical environments.

RCPI has a responsibility to lead. As the professional body for physicians across Ireland and internationally, we set standards, shape training, and support the development of professional practice. This framework articulates how RCPI will approach AI across our operations, our educational programmes, and the broader clinical environments in which our members and fellows practice.

The question is not whether AI has a place in medicine, but whether doctors are supported to use it safely, effectively, and in line with their professional responsibilities. This framework is intended to support that goal.

Prof Catherine Quinlan RCPI Clinical Lead for AI
& Chair of RCPI's AI Governance Committee

Louise Ó Gógáin AI Lead, RCPI

2. Introduction and Context

The Royal College of Physicians of Ireland (RCPI) is a postgraduate medical training body dedicated to ensuring that doctors have the skills to provide patients with the best possible care.

AI is increasingly relevant across all areas of RCPI's activity:



RCPI operates within an evolving legal, regulatory and policy environment for artificial intelligence. At a European level, the EU Artificial Intelligence Act (Regulation (EU) 2024/1689) establishes a risk-based framework, with many applications in healthcare and medical education classified as high-risk and subject to requirements relating to transparency, human oversight, data governance and incident reporting.

At a national level, AI for Care – Ireland's AI Strategy for Healthcare 2026–2030 sets strategic direction, while the Medical Council provides principle-based guidance emphasising professional responsibility, clinical judgement, patient-centred care and accountability.

This framework provides a coherent institutional response to AI—one that is ambitious about its potential, grounded in professional values, and aligned with these external expectations.

It forms part of RCPI's broader AI governance approach and supersedes the Guiding Principles for the Use of Generative AI (March 2025). It should be read alongside the following documents, which together form RCPI's AI governance suite:

- AI Governance Committee Terms of Reference
- Acceptable Use Policy (forthcoming)
- Guidance on AI in Clinical Practice (forthcoming)
- Supporting guidance on AI risk assessment and mitigation (to be developed as required)

Together, these documents provide a structured and practical approach to the governance and use of AI across RCPI. This framework will be reviewed as the external environment continues to evolve.

3. Scope and Application

This framework applies to:



It covers the use of AI across:

- RCPI operations
- Training and education activities
- Clinical environments in which RCPI members and fellows practice



4. Governing Principles

RCPI's approach to AI is grounded in the following principles, which apply across all contexts.



4.1 Professional Accountability

AI may support clinical decision-making but does not replace professional judgement. Reliance on AI does not diminish the physician's responsibility to develop and maintain their own clinical competence.

The physician remains fully responsible for the care of the patient. The use of AI does not remove or reduce this accountability. All users of AI, including physicians, learners and staff, are responsible for ensuring that its use is appropriate to their role and aligned with professional standards.



4.2 Patient Safety and Clinical Effectiveness

AI must support (and not compromise) the safety and effectiveness of care. Patient dignity must be respected and patients protected from harm.

The use of AI in clinical practice should be supported by evidence appropriate to its purpose and the population it serves. Where evidence is limited or evolving, this should be recognised and factored into decision-making.



4.3 Equity and Non-Discrimination

AI must not be used in ways that introduce or amplify bias or discrimination. Its use should support equitable outcomes across patient and learner populations.



4.4 AI Literacy and Professional Competence

All users of AI have a responsibility to develop and maintain the knowledge and skills required to use it safely and appropriately.

This includes understanding:

- Capabilities and limitations
- Appropriate use cases
- Risks, including bias and error



4.5 Transparency and Academic Integrity

Transparency in the use of AI supports trust. RCPI expects honesty and openness in how AI is used in educational, clinical and professional contexts, and transparency where it contributes to outputs, decisions or assessments. AI may support learning and professional activity but must not replace critical thinking, clinical reasoning or original work. Unacknowledged use of AI in assessed work is considered a breach of academic integrity.



4.6 Data Protection and Information Governance

All AI activity must strictly comply with applicable data protection and information governance requirements.

Individuals are fully accountable for ensuring that personal, professional, and institutional data is handled lawfully, securely, and appropriately at all times.



4.7 Regulatory Compliance and Institutional Responsibility

AI must be used in accordance with applicable legal, regulatory and professional standards.

RCPI will act as a credible and responsible voice on AI, supporting members and fellows to meet these obligations while holding itself to the same standards.

5. AI in Clinical Practice

AI has the potential to make medicine safer, more efficient and more equitable. RCPI's ambition is that members and fellows are confident, critical users of clinical AI – able to harness its benefits while exercising the professional judgement that patients depend on.

RCPI's role in relation to AI in clinical practice is educational and professional rather than operational within healthcare settings. However, members and fellows are already using AI in clinical environments and look to RCPI for guidance on how to use these tools safely and effectively.

Our survey data show that 58% of physicians in Ireland are already using AI in practice, often without formal training, clear guidance or institutional support. This is the gap that RCPI, as the professional body, is positioned to address.

While RCPI does not control the systems or environments in which clinical AI is deployed, its guidance, training and standards influence how AI is used in practice. This creates an indirect responsibility to ensure that RCPI's outputs support safe, effective and equitable care.

The EU AI Act classifies many clinical AI applications as high-risk, requiring transparency, human oversight and clear accountability. RCPI will ensure that its guidance supports members and fellows to meet these expectations in day-to-day practice.



5.1 Principles for AI in Clinical Practice

Clinical responsibility remains with the doctor. AI tools support decision-making but do not replace clinical judgement or professional accountability and should be used in line with institutional guidance.

AI recommendations should be treated with the same critical scrutiny applied to any clinical decision support tool. The absence of peer review or robust clinical validation data should be treated as a signal for caution.

Interactions between physicians and AI are influenced by cognitive biases including automation bias, anchoring bias, algorithm aversion and conservative bias. Physicians should be aware of the effect of these biases on their interaction with AI.

Patients should be informed where AI has materially contributed to decisions about their care, where appropriate.

Doctors should be aware of the potential for AI to reflect or amplify bias, particularly in systems trained on datasets that under-represent certain populations.

When AI tools are introduced into clinical environments, doctors should advocate for appropriate training, governance and oversight to accompany implementation.

5.2 RCPI Commitments

RCPI will:

- ✓ Develop practical guidance for trainees, learners, members and fellows on the safe use of AI in clinical settings.
- ✓ Support education and training in AI literacy.
- ✓ Engage with national stakeholders, including the Medical Council, HSE and Department of Health.
- ✓ Support physicians in contributing to policy and regulatory development.
- ✓ Advocate for and support physician involvement in the development of AI policy and implementation at national and local level.

6. AI in Training & Education

AI has the opportunity to reshape how doctors learn in clinical and academic settings, how they demonstrate competence, and how they are assessed. Within RCPI, AI is already beginning to influence education delivery, learner behaviour, assessment design and examination systems.

As a postgraduate training body and QQI-validated higher education institution, RCPI has a responsibility to guide the appropriate use of AI by learners and to ensure the integrity, validity and credibility of our training programmes and academic qualifications continue to demonstrate the levels of quality and rigour expected by trainees, learners, members and fellows.

6.1 Principles for AI in Training & Education

AI introduces both opportunities and risks in training and education design. Personalisation, simulation and increased feedback may enhance our offerings. However, RCPI should remain mindful of the risks of over-reliance on AI, narrowing of learning experiences, or reducing the level of challenge for those we train and educate.

AI supports, but does not replace, learning and professional development. AI may support learning, feedback and preparation but must not replace critical thinking, clinical reasoning or professional judgement.

Trainers, faculty and examiners should be supported to use and manage AI tools, understand risks and limitations, and be encouraged to factor AI into training and education design as appropriate to their context.

The integrity and credibility of RCPI assessments and qualifications must evolve in line with advances in AI to ensure the ongoing validity of assessments and authenticity of learner work.

Learners and faculty should disclose the use of AI where appropriate, and RCPI should define expectations around transparency across different contexts (training, learning, assessment and examinations).

6.2 RCPI Commitments

RCPI will:

- ✓ Leverage AI to enhance training and education delivery where it demonstrably improves learning outcomes.
- ✓ Define AI literacy expectations across trainees, learners and faculty.
- ✓ Consider AI within curriculum design, including clinical and academic application, ethical use, limitations and risks.
- ✓ Review and evolve assessment models, including formats, delivery mechanisms and safeguards, to maintain integrity.
- ✓ Assess and mitigate AI-related risks to education and qualifications, including academic integrity, examination security and the credibility of qualifications.
- ✓ Develop clear guidance for learners and faculty.
- ✓ Support faculty and examiners through training, resources and communities of practice.



7. AI in Organisational Use

Within RCPI's own operations, AI is increasingly used to support administrative, operational and corporate functions. This includes applications such as document creation, communication, data analysis and process automation.

While these uses do not directly involve clinical care or assessment, they carry risks relating to data protection, accuracy, confidentiality and organisational decision-making. These risks must be managed appropriately to maintain trust, quality and compliance.

7.1 Principles for Organisational Use



AI should enhance **efficiency** while maintaining **quality** and **accountability**



Outputs should be **reviewed** by appropriate staff before use



AI must not be used in ways that compromise **confidentiality** or **accuracy**



Staff should understand the **limitations** and **risks** of AI tools

7.2 RCPI Commitments

RCPI will:



Provide clear guidance on appropriate use of AI in organisational contexts



Support staff in developing AI capability



Ensure compliance with data protection and governance standards



Monitor organisational risks associated with AI use



8. Governance Structure

RCPI has established an AI Governance Committee to oversee the adoption and use of AI across the organisation.

The Committee provides oversight and accountability, ensuring that AI use is aligned with organisational strategy and supported by appropriate risk management, ethical standards and regulatory compliance. It also acts as a forum for guidance, decision-making and escalation on AI-related matters.

8.1 AI Governance Committee

The Committee will:

- ✓ Oversee implementation and ongoing development of this framework
- ✓ Review and approve AI-related policies, standards and guidance
- ✓ Assess organisational risks associated with AI and ensure appropriate mitigations are in place
- ✓ Support the responsible and effective adoption of AI across RCPI
- ✓ Provide guidance on emerging developments and relevant sector trends
- ✓ Support the development of AI training and education opportunities
- ✓ Enable cross-organisational collaboration and knowledge sharing
- ✓ Act as the physicians' voice on AI



8.2 Membership

The AI Governance Committee has multidisciplinary membership spanning clinical, professional, executive, education, training and data protection expertise, reflecting the breadth of RCPI's activity and responsibilities in relation to AI.

Current membership includes:

Role	Post Holder
Clinical Lead for AI (Chair)	Prof Catherine Quinlan
AI Lead	Louise Ó Gógáin
Chief Executive Officer	Audrey Houlihan
Chief Financial Officer	Sheila Gallagher
Chief Technology Officer (or representative)	Michael Hughes
Director of Healthcare Leadership	Prof Trevor Duffy
Director of Training and Lifelong Learning (or representative)	Diarmuid Breathnach
Director of Business Development and Exams (or representative)	Sinead Lucey
Data Protection Officer	Yvette Fitzgerald
Subject Matter Experts	Members and Fellows of the College Dr Eoin Noctor Dr Ameya C. Jagtap Dr Barbara Burke Dr John Campion Dr Neil Reddy

Members will serve a defined term, with membership reviewed periodically to ensure appropriate expertise and representation.



9. Risk Management

AI introduces organisational and clinical risks that require active management. RCPI's approach is proportionate and focused on enabling safe adoption.

9.1 Risk Categories

Patient safety risk: the risk of harm to patients arising from the use of AI in clinical practice, including where outputs are inaccurate, misleading, biased, or not appropriately interpreted or critically assessed, including risks arising indirectly through RCPI guidance, training or standards.

Data protection risk: the risk of harm arising from inappropriate use, disclosure or processing of personal or confidential data in connection with AI, including breaches of privacy, confidentiality or data protection legislation.

Academic integrity risk: the risk that use of AI in assessment or academic work undermines the validity, fairness or credibility of qualifications and professional standards.

Reputational risk: the risk to institutional credibility and public trust arising from association with AI tools or applications that do not meet appropriate ethical, professional or regulatory standards.

Regulatory risk: the risk of non-compliance with applicable legislation, including the EU AI Act, and with relevant professional and regulatory standards governing the use of AI.

Equity risk: the risk that AI systems perform differently across demographic groups, leading to biased, inequitable or discriminatory outcomes for patients or learners.

These risks should be managed in alignment with professional, legal and regulatory guidance, including that of the Medical Council.

10. Implementation and Review

10.1 Implementation

This framework takes effect on approval by the Senior Leadership Team.

The AI Governance Committee is responsible for overseeing implementation and for commissioning the supporting documents referenced throughout this framework.

Implementation will be phased, with priorities for the first year including:

- Publication of an Acceptable Use Policy
- Development of AI literacy resources for members and fellows
- Publication of guidance on AI in clinical practice
- Engagement with EU AI Act compliance requirements relevant to RCPI
- Development of proportionate risk assessment approaches to support AI use

10.2 Review

This framework will be reviewed annually by the AI Governance Committee.

Given the pace of change in AI technology and regulation, the Committee may recommend more frequent review if required. Any material changes to the framework will be subject to approval by the Senior Leadership Team.



11. References

- Artificial Intelligence in Healthcare: What Clinicians in Ireland Are Saying (RCPI/EY Physician Survey, April 2026)
- AI for Care – Ireland’s AI Strategy for Healthcare 2026 – 2030
- Medical Council of Ireland, *Artificial Intelligence in Healthcare* (Briefing Paper, June 2025)
- EU Artificial Intelligence Act (Regulation (EU) 2024/1689)
- General Data Protection Regulation (EU) 2016/679 (GDPR)
- World Health Organization, Ethics and Governance of AI for Health
- OECD, *Principles on Artificial Intelligence*
- RCPI, *Guiding Principles for the Use of Generative AI* (March 2025)
- RCPI, *AI Governance Committee Terms of Reference*

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