General Osteopathic Council

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Policy and Education Committee
10 October 2024
Artificial intelligence and implications for osteopathic regulation

Classification	Public
Purpose	For discussion
Issue	The purpose of the paper is to update committee members on engagement undertaken on Artificial Intelligence (AI) since the June committee meeting.
Recommendations	1. To consider stakeholder views on the use of AI in osteopathic practice and implications for our approach to regulation. 2. To note next steps.
Financial and resourcing implications	This AI project is currently being managed in house and engagement costs are covered in our Professional Standards budget for 2024/25. If, in the future, we decided to fund research to support our understanding and approach to regulation, this would need to be agreed separately by Council from funds designated for research purposes.
Diversity implications	We will ensure that our engagement work in this area considers the views of different groups and all have the opportunity to participate. One of the areas that has come through in our in our engagement to date is the risk of in-built bias in artificial intelligence due to systemic inequalities that already exist. But there are also potential enablers to inequalities if they broaden access to opportunities that would not otherwise have been there. We will be beginning an equality impact assessment to think through these issues fully with expert and stakeholder collaboration.
Communications implications	None at this stage, but once we have built a greater understanding, we will need to consider how we communicate our organisational position on AI to the sector. In the meantime, we are liaising closely with other health professional regulators to inform and develop our thinking collaboratively.

Annex None

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Key messages from this paper

- The purpose of this paper is to update PEC on work that has been undertaken to further our understanding of issues in AI since the June Policy and Education Committee (PEC) meeting.
- We have engaged with other regulators, with colleagues across different functions in GOsC and with Osteopathic Education Institutions (OEIs).
- Our discussion with other regulators has helped us to understand their approaches and their thinking about benefits, risks and risk mitigations and how we need to work together to ensure a collaborative, consistent approach to regulation in this area.
- We plan to continue to build our knowledge in this space through continuing to engage with regulators; explore in more detail OEIs' approaches to the use of AI in osteopathic education; and to seek patient views on the use of AI in osteopathy.

Background

1. In our business plan, one of our objectives is to "Review the impact of changes in the delivery of healthcare including artificial intelligence on osteopathic education and osteopathic care and the use of artificial intelligence in health care for patients and to consider impact on osteopathic standards and regulation."

2. In order to move this work forward, we presented a paper to PEC in June, outlining the work we had done so far in understanding how the regulation of Artificial Intelligence (AI) was being dealt with by central government and other healthcare regulators as well as our regulatory approach to the use of AI in osteopathy.

3. PEC had concerns about the impact of AI on osteopathic education and the need to maintain standards as well as the effect AI may have on assessment. It was considered that this needed to be thought about in the context of quality assurance of OEIs in the future.

4. It was noted that there is a broader area of risk for regulators including student applications for placements, the appointment to teaching positions, fitness to practise, and governance recruitment. The issue is to what extent is AI to be tolerated and the development and implementation of policy.

5. Conversely, PEC also noted that AI could bring many benefits for those that may be disadvantaged culturally (language) or through health issues (physical and neuro-diverse). It was suggested that the GOsC also needed to consider what support they needed to provide to the profession to ensure that AI is used responsibly and inline with professional standards.

6. In reading this paper, committee members may wish to consider:

- Taking into account the feedback from stakeholders: What is your response to the information outlined in this paper?
- What are the potential risks and opportunities of AI and how should GOsC response to this to promote innovation and assure patient safety?
- What kinds of competences do we think osteopaths may need to assure patient safety in a future where AI may contribute to how patients are informed about their own needs and treatment options?
- How best should we engage to keep the profession up to date in a fast paced environment?
- What gaps are present in our thinking or approach?
- What are committee members' views on what we should be doing to understand and approach AI within osteopathic education?
- Do you agree with our next steps?

Discussion

7. Given the early stage we are at, we have taken the approach to build our understanding of how AI is and may be used in osteopathy through engaging with internal and external stakeholders in order to ensure that our approach is evidence informed. We have worked collaboratively with OEIs, stakeholders and other healthcare regulators, heard and considered their views and used this to help build our knowledge and evidence for any future decisions we take in this space.

8. The engagement work we have undertaken since June 2024 is set out below.

Our work with regulators

9. We are currently involved in a group convened by the Health and Care Professions Council (HCPC) to consider the use of AI in education. From discussions amongst other healthcare regulators all seem to be in the early stages of developing their thinking in this area. Some have said they have received queries regarding interpretation of their standards in relation to AI, whereas others haven't.

10. In general across the other regulators, we are in agreement that we should consider reducing any regulatory overlap where we can, with some keen to share work and to explore the potential for a joint statement on AI in education. We are due to discuss AI at the next education inter-regulatory group which will be hosted by GOsC.

Internal workshops

11. Since the June PEC meeting we have held two internal workshops to discuss and understand the challenges. The first workshop considered the future use of AI in osteopathic education and practice. The aim was to improve colleagues understanding of AI and to start to create an initial vision around how AI will be used in the future in osteopathy, and also by us an organisation.

12. Our second workshop built on the first by considering how AI may affect the future of osteopathic education and practice and sought to identify the associated risks and the benefits for each.

13. Thinking around how AI might be used in osteopathic education in the future, some examples identified by GOsC staff were:

    a. It will free up time for teaching staff to focus on teaching rather than administrative tasks;

    b. Students will use it increasingly for their coursework;

    c. It could be used to teach non-clinical aspects of the course; and

    d. It could be used to tailor communication and learning to individual student needs.

14. Some of the risks and benefits that staff identified through the use of AI in osteopathic education were:

Risk	Benefit
Potential negative impact on students' skills and knowledge through inappropriate use or over reliance.	The ability to test out and learn more techniques through using virtual patients.
The cost of AI systems and the potential for the creation of inequalities between smaller and larger institutions.	It would be more inclusive as would provide better support for students with additional needs.
The creation of potential unintended of consequences of lack of student and patient contact.	It would improve the consistency in teaching/assessment as would be less subjective.

15. One of the biggest risks identified was the potential for biased systems to create discrimination and this was identified by staff as a key risk we needed to consider.

16. Additionally, some of the ways staff thought AI might be used in osteopathic practice in the future were:

a. It could help osteopaths capture relevant information prior to the consultation in order for them to better understand the profile of the patient, their needs and requirements;

b. It could be used to improve communications between patient and osteopath; and

c. It could free up osteopaths time by taking on administrative tasks.

17. Some of the risks and benefits identified were:

Risk	Benefit
Data issues (eg. bias, quality control, GDPR) leading to incorrect diagnosis and/or patient confidentiality issues.	A reduction in admin and more time to spend with patients.
The profession gets left behind through non-engagement, with the only systems available developed for other allied health professionals.	Production of personalised information for patients in a way they can understand. Eg. exercise plans that are more likely to be followed.
An over reliance on AI systems and not having the skills to question the system.	Improved experience in engaging with their osteopath without having to speak to them directly eg. book appointments, seek some general advice.

18. Some of the ways we thought the GOsC might use AI internally in the future would be to allow AI to take over some administrative tasks to improve efficiency and save time, to help with horizon scanning and foresight when developing strategy and policy, and to improve efficiencies in the international registration process.

19. This was a useful exercise to consider some of the issues we will need to consider as a regulator moving forward and the use of AI within the sector.

Regulator and Educator Liaison Meeting (RELM) workshop

20. On 24 September we held a workshop with OEIs to discuss how they were seeing AI being currently used in osteopathic education and to consider some of the challenges that have come about through the use of AI. We also asked OEIs to tell us what further support would be useful.

21. The majority are embracing the use of AI within their institutions, but acknowledged that there are differing views on the extent to which AI should be used. Those who are using the technology feel that they are going through a

learning journey, alongside their students and agreed that they were at the early stages of thinking about how this technology can be used appropriately.

22. In responding to the use of AI in their institutions, some are thinking about assessment and how that needs to be adapted given that they are seeing AI being used by students as a positive learning tool in their course work. It was acknowledged that AI can be very accurate, but there is the potential for it to make things up and OEIs highlighted the importance of students checking references and facts to ensure accuracy. Overall, the view was that critical thinking skills would become even more important in the future.

23. We also discussed accountability and what would happen if an AI system made a wrong diagnosis, which caused harm to a patient. This was considered in the context of critical thinking skills and it was questioned whether becoming too reliant on technology, without continuing to learn the basic skills, would diminish the ability of future osteopaths to think critically.

24. There was a view that AI should be used to augment osteopathy, but the human element of the profession will still be important and is what makes osteopathy different to other professions. It was thought that in the future everyone will be using AI and it is important to prepare students for future practice and the use of AI.

25. OEIs agreed that a longer and more detailed workshop in the near future would be really helpful and would welcome further support and guidance.

26. The information we have gathered through our engagement activities has helped to further develop our thinking and identify the next steps outlined in the section below.

Implications for osteopathic regulation and next steps

27. Moving forward, it is important that we continue to speak to stakeholders and gather information on how AI systems are being utilised currently and may be in the future in osteopathy.

28. With regards to the central government approach to the regulation of AI, there has been no change signalled by the current government and therefore we expect the approach the previous government set out in their White Paper to continue.

29. Over the next few months we will continue to engage with regulators, OEIs and to discuss AI internally. We will hold a workshop with OEIs to help us identify further OEI's approaches to AI, their capacity to cope with developments in this area, where there may be gaps in our standards and any further support OEIs may need.

30. Internally, we aim to continue to keep staff informed of the advancements of AI. In line with our strategic priority of embracing innovation. We will also seek

patient views on AI and their reflections on its potential use during a consultation.

31. The information we gather will be used to inform our strategic approach, with a discussion paper presented to committee for consideration early next year.

Recommendations:

1. To consider stakeholder views on the use of AI in osteopathic practice and implications for our approach to regulation.
2. To note next steps.