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**The Royal Australasian College of Physicians’
submission to Aotearoa New Zealand Accident
Compensation Corporation**

**Working with AI in healthcare – a policy for
ACC-registered providers**

Mahuru | September 2025

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to the Aotearoa New Zealand Accident Compensation Corporation (ACC) on their draft Working with AI in healthcare policy for ACC-registered health providers which sets out ACC expectations for the safe and ethical use of AI to support service delivery.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

Key comments

In medical practice, AI applications offer potential for improving efficiency by saving time for direct patient care, streamlining clinical workflows, enhancing diagnostic and prognostic accuracy, identifying trends and patterns not immediately seen by human observation, optimising treatment selection and personalised care, empowering patient self-management and reducing costs.

The potential applications of AI in the clinical practice of physicians include, where appropriate, and in line with legal and ethical requirements:

- Automating administrative and clerical tasks
- Providing sophisticated and clinical decision-making support
- Risk prediction
- Educating patients
- Remote monitoring devices to assess disease progress and optimise management
- Precision medicine.

AI tools can have a significant impact on ancillary services such as radiology and pathology, on whose results much of physician decision-making relies.

The RACP is undertaking a range of work on artificial intelligence in physician practice, including development of a position statement, case studies and clinical resources, and delivering education on use of artificial intelligence. We welcome the opportunity to engage with the ACC in this work.

The draft policy includes a framework of key principles that should be considered when working with AI. The key principles are:

- Maintaining human oversight and accountability
- Testing and understanding
- Meeting legal, and regulatory requirements and ACC policy requirements
- Transparency
- Informed consent
- Training and education.

The RACP consider that the key principles appear to reflect the current best practice for working with AI in healthcare. Feedback on several of the key principles is outlined below.

Maintaining human oversight

The RACP considers that AI tools and ML systems are tools to be used as an aid to a medical professional and that the human element in healthcare must be preserved.

In the view of RACP, artificial intelligence does not fundamentally change the role of the medical profession, or the obligations of a doctor. We believe that the commitment of the health system, and of each individual doctor to providing equitable healthcare which improves the lives of people in our society, is the same when employing artificial intelligence.

In many cases, this will be to provide a check and balance to the conclusions drawn by artificial intelligence.

Artificial intelligence is a tool to be used in our health system, and by individual doctors; therefore, this technology must not be seen as providing authoritative and infallible answers. Artificial intelligence is fallible, as are the people who design it, and the data from which it draws its conclusion. It may reflect underlying inequities and biases which pervade the Aotearoa New Zealand health system, and doctors must always be cognisant of this.¹

Doctors have an underlying obligation to each patient, and this means that every doctor has an obligation to analyse, and challenge conclusions presented by artificial intelligence. This will ensure that benefits can be realised and avoid harm to patients in Aotearoa New Zealand.

Transparency

In building trust in AI tools on the part of both patients and physicians, the development, testing and use of AI for patient care must be transparent, accountable and collaborative.

Transparency means the ability, as much as possible, to know when AI tools are being used to inform care (with physicians and patients having the right to opt out of using them), to know how personal information is being collected and used, and to know the basic facts of how the model works in generating its outputs.

Accountability means there is proper oversight of tool development and performance, existing and future AI-related policies and guidance are enforced, and mechanisms are in place for rapidly identifying and addressing errors or adverse events resulting from the use of AI tools.

Healthcare providers and patients need to understand how AI tools arrive at their outputs to ensure safe and effective care. Transparency and explainability are crucial. Differences in regulations regarding transparency requirements can complicate the integration of AI into healthcare services, potentially leading to inconsistencies in care quality and increased training and/or compliance costs. Harmonised regulations are needed to maintain high-quality patient care.

Training and education

Since AI is a rapidly evolving field, it is important that medical practitioners frequently upskill so they can use AI tools safely and effectively.

¹ Nicholson Price II W. Risks and remedies for artificial intelligence in health care. [Internet] Washington D.C.: Brookings; 2019. Available from: [Risks and remedies for artificial intelligence in health care](#) Accessed 24 September 2025

This includes staying up to date with the use of AI as recommended practice in their speciality. They should develop knowledge and understanding of how AI tools work, and an understanding of the associated challenges, risks and benefits and how to explain these clearly to their patients.

Meeting legal, and regulatory requirements and ACC policy requirements

The need for safeguards for and continual evaluation of the use of AI tools is greater for healthcare as compared to other sectors.

Factors that may play a role in the need for regulation of AI in healthcare compared to other sectors include the direct impact of physician practice on human lives, the complexity of and sensitivity of patient data, the rigid and complex healthcare regulatory environment, the need for high accuracy and low error margins, ethical considerations, patient consent, explainability, trust and integration with physician expertise.

One of our members noted that there needs to be a recognition of the difference between open generative AI engines such as ChatGPT, and the ambient, curated AI products specifically developed for healthcare such as Heidi. Heidi has been approved by the Privacy Commissioner in New Zealand and is compliant with GDPR (EU/UK), HIPAA (US), and data protection legislation in Australia and Canada.

RACP's October 2024 [submission](#) to the Department of Health and Aged Care (DoHAC) in Australia to the Safe and Responsible Artificial Intelligence in Health Care – Legislation and Regulation Review identifies a range of recommendations that may be of interest.

Informed consent

It is important that the patient is involved in the decision to use AI in their care, including the decision whether to permit the use of an AI tool in their care.

Healthcare data are amongst the most sensitive data that can be held about an individual and the right of the patient, including the right to revoke consent must be observed. Consideration must also be given to indigenous data sovereignty and governance.

Equity

We note that equity is not mentioned in this draft policy.

Equity is a key principle that should be considered in the use of any healthcare tool.

In the context of AI, equity will be even more important to consider, as the systems within which it will function are based on western values, both of care, and of priority. Guidance on the appropriate use of artificial intelligence in health care should leave no room for interpretation on these matters.

Medical practitioners should think about the way they interact with patients and their whanau, and the way the tools they use influence outcomes for different groups.

It is critical not only that artificial intelligence is developed to address the health needs of people who suffer from worse health outcomes, but also that we equip doctors to provide a check and balance in the cases that where conclusions drawn from artificial intelligence do not reflect equitable outcomes.²

² The Artificial Intelligence Forum of New Zealand. Artificial Intelligence for Health in New Zealand. [Internet] Auckland: The Artificial Intelligence Forum of New Zealand; 2019. Available from: [AI-For-Health-in-New-Zealand.pdf](#) Accessed 24 September 2025

Conclusion

The RACP thanks ACC for the opportunity to provide feedback on the draft working with AI in healthcare policy.

To discuss this submission or artificial intelligence work further, please contact Tanya Allen, Senior Policy & Advocacy Officer, of the Aotearoa NZ Policy and Advocacy Unit at policy@racp.org.nz.