AI in Clinical Medicine

- AI used to diagnose, triage, prescribe, and monitor conditions
- No established standard for how AI operating with limited physician supervision should be governed
- How should boards define accountability while protecting the public

Software and Clinical Judgement

- AI systems that can independently interpret information and generate care recommendations
- No regulatory categories for systems that behave like supervised/semi-autonomous health practitioners
- Scope of practice, supervision, liability, and any emerging AI standard of care remain unsettled

Core Regulatory Questions

- Accountability
- Competency
- Transparency / Consent
- Bias / Equity
- Data Governance / Experimentation

Regulatory Gaps

- Defining autonomous AI vs assistive AI
- Defining pathway for Board review
- No framework for competency, scope, or oversight
- No standard reporting for near misses, bias, or adverse events
- No clear boundary between pilots, deployment, and experimentation

National Work

- FSMB: governance, accountability, physician oversight, board guidance
- Academic thought leaders: transparency, accountability, risks of experimentation
- Licensure model: defined scope, competency, supervised deployment

Utah AI Work Group

- Multidisciplinary input for AI issues in practice of medicine
- Review of proposed AI scope
- Review evidence on competency, oversight, monitoring
- Ongoing review of governance issues that arise with future pilots
- Provide recommendations to Medical Board