26 July 2023

Mr Anthony Murfitt
Technology Strategy Branch
Department of Industry, Science and Resources
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Dear Mr Murfitt

The Royal Australian College of General Practitioners (RACGP) appreciates the opportunity to provide a response to the Department's discussion paper, 'Safe and responsible AI in Australia'. Rather than addressing the specific questions in the consultation paper, many of which are outside of the remit of the RACGP, we provide high level feedback and recommendations.

The RACGP is the voice of general practitioners (GPs) throughout Australia. We support the centre of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians. We cultivate a strong profession by developing resources and guidelines to support GPs provide their patients with world-class healthcare and help with the unique issues that affect their practices.

Our Position statement on artificial intelligence in primary care outlines the significant challenges posed by use of AI technologies to the delivery of medicine. Our position statement on electronic clinical decision support also includes recommendations relevant to AI.

In short, our view is that AI has the potential to revolutionise the delivery of medicine, and regulation must keep pace with these technologies to keep patients safe. Further, GPs must be included and involved in the development and implementation of relevant AI technologies, as well as the regulatory approaches that govern their use in Australia.

As GPs see more than two million patients each week. With almost nine in ten people consulting a GP every year, GP involvement is crucial in ensuring AI technologies in healthcare are safe to use and fit-for-purpose. The utilisation of expertise of GPs in the design, testing, implementation, regulation, and post-market surveillance of relevant AI products will give the best hope these technologies are appropriate for use with patients by clinicians in the Australian primary care setting.

For this reason, while the RACGP supports the risk-based approach to governance outlined in the discussion paper, we suggest that GPs must be involved in assessing and quantifying relevant risks. As touched upon in the discussion paper, using unrepresentative datasets to train AI systems can introduce bias into AI decision-making, a problem that can have deleterious consequences in medicine, including misdiagnosis and underdiagnosis, and can exacerbate health inequality. However, as noted, the solution to this issue is the use of large, high-quality datasets for AI training, and these can only be built with the knowledge and consent of patients who have a right to privacy and security of their health data, which might be both personal and sensitive. GPs have insights into these problems that would be useful to policymakers and/or regulators. GP involvement in risk identification might help prevent the appearance of new and unforeseen problems of safety and quality that arise after

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implementation. GP involvement is also likely to be key in building trust in, and uptake of, AI systems within the primary care setting.

The RACGP is supportive of a risk-based approach for responsible AI to be mandated through regulation, which should be applied to AI developers. While there is potential for AI to present technological advancements that save and enhance patients' lives, the risks to patient safety inherent to many medical AI applications (and potential for related liability to the clinician) are significant. Simply entrusting industry to adhere to a voluntary code of ethics is not enough where there are potential gaps in existing legislation governing high-risk AI use. Moreover, passing the burden of adherence to AI regulation to general practice would disadvantage a sector already under considerable time and financial pressures.

The RACGP would support cross-industry development of a framework for the use of AI in medical settings, where GPs have a seat at the table and can bring their vast knowledge to bear on this topic. We would welcome the opportunity to collaborate on such a project.

In summary, our key recommendations are:

1. A risk-based approach for responsible AI be mandated through regulation
2. An oversight body be established to develop a framework and oversee and monitor developments in healthcare AI
3. GPs must be included and involved in the development, implementation and regulation of AI technologies relevant to general practice.

The RACGP thanks the Department again for the opportunity to provide comment on the discussion paper. Enquiries about this letter can be directed to Mr Stephan Groombridge (National Manager, RACGP eHealth, Quality Care & Standards) at stephan.groombridge@racgp.org.au.

Yours sincerely

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