Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Public Consultation Feedback Form

The Health Information and Quality Authority (HIQA) is an independent statutory body established to promote safety and quality in the provision of health and social care services. HIQA has a responsibility to develop standards, recommendations and guidance to support the Irish digital health and health information landscape to ensure safer, better care for people using health and social care services.

HIQA has been requested by the Department of Health to develop national guidance to promote and drive a responsible and safe approach to the use of Artificial Intelligence (AI) in the health and social care sector in Ireland. The national guidance aims to support services to promote and drive a responsible and safe approach to the use of AI. The main purpose of the guidance is to promote awareness and build good practice among services and staff about the responsible and safe use of AI in their services. The guidance will also be of use to people using services by educating and empowering them on what their expectations should be in respect of how AI can be used safely and responsibly while engaging with health and social care services.

The six-week public consultation gives people an opportunity to provide feedback on the draft national guidance and become involved in the development process by submitting their views.

Please note: the focus for this consultation is the content and structure of the draft National Guidance. The final design and layout of the guidance will be developed after the public consultation.

HIQA will carefully assess all feedback received and use it, where appropriate, along with other available evidence, to inform the final version of the National Guidance for the Responsible and Safe Use of AI in Health and Social Care. Before you complete this consultation feedback form, please read the instructions for submitting feedback on the following pages. The draft guidance has been informed by extensive stakeholder engagement. HIQA has also conducted an evidence review to inform the development of the draft national guidance and it is published on the HIQA website www.hiqa.ie.

The consultation closes at 5pm on 05 March 2026.

Data Protection and Freedom of Information (FOI)

This consultation is being conducted in accordance with data protection law, including the GDPR and Data Protection Act 2018.

HIQA will only collect and store personal information during this consultation for the purposes of verifying your feedback. For further information on how HIQA uses personal information, please see our Privacy Notice available here. If you have any concerns regarding your personal information, please contact HIQA's Data Protection Officer on dpo@hiqa.ie.

Following the consultation, HIQA will publish a report summarising the responses received, which will include the names and types of organisations that submitted feedback. For that reason, it would be helpful if you could explain if you regard the information you have provided as being confidential or commercially sensitive.

Please note that HIQA is subject to the Freedom of Information (FOI) Act and the statutory Code of Practice for Public Bodies in relation to FOI. HIQA cannot give you an assurance that confidentiality can be maintained in all circumstances, due to the requirements of the FOI Act.

By submitting your feedback, you are agreeing to participate in this consultation.

Instructions for submitting feedback

- If you are commenting on behalf of a service or organisation, please combine all feedback from your organisation into one submission form and include the details of the service or organisation.
- Please do not paste other tables into the boxes already provided — type directly into the box.
- Hard copy: If you are handwriting responses, please feel free to use additional paper.
- Qualtrics: Please ensure that you click through all pages of the form, you will know you have reached the end of the questionnaire when you click the complete button.
- Please spell out any abbreviations that you use.
- When commenting on a specific section of the document, it would help if you can identify which part you are commenting on and the relevant page number.
- The questions are not intended in any way to limit your feedback, and other comments relating to the draft national guidance are welcome.

1. About you

1.1 Are you providing feedback as:

☐ an individual

☒ on behalf of an organisation (for verification purposes, please provide your name and your role in the organisation and your contact details).

Name of the organisation: Irish Medical Organisation

Your name: Vanessa Hetherington

Your role in the organisation: Assistant Director, Policy and International Affairs

Your contact details: vhetherington@imo.ie Tel: 01 676 7273

1.2 Are you commenting?

☐ In a professional capacity (*Please specify your role, discipline and the organisation you work for*)

Your role:

Your discipline:

The organisation you work for:

☐ As a member of the public/user of health and social care services

If you would like to provide any additional details, please share below:

2. General feedback on the draft National Guidance

2.4 Do you think the introduction (section 1) to the document will help staff understand the wider context regarding the responsible and safe use of AI in health and social care services in Ireland?

Yes ☐ No☐

If no please specify how the guidance can be improved

While the projected benefits of AI are acknowledged, the draft underestimates several significant downstream consequences, particularly in relation to workload, governance, and professional accountability.

Potential positives:

- Greater consistency in defined tasks – ideally suited to repetitive admin workflows and tasks.
- Earlier detection in selected conditions – this must be balanced with the risk of over sensitivity / over detection and the risk of increased use of resource resulting from detection.
- Reduction of low-value administrative burden

Potential negatives, if unmanaged:

- Diagnostic cascades and follow-up inflation
- Increased documentation and governance overhead
- Higher cognitive load and alert fatigue
- Juniorisation of decision-making with risk of bias in outputs being undetected and significant ramping up of investigations arising from given cases.
- Defensive practice driven by liability ambiguity – staff fearful of both not acting on advice/acting on poor advice (non detection of AI error)

Downstream workload escalation

The document highlights AI's capacity to improve detection, flag abnormalities, and predict risk (e.g., falls, loneliness, care stress). However, it does not adequately consider the inevitable downstream activity generated by these alerts.

Increased detection does not occur in a vacuum. Each flagged risk or abnormality potentially generates:

- Additional diagnostic testing

- Further imaging
- Laboratory investigations
- Referrals
- Monitoring requirements
- Documentation and review cycles

While AI may accelerate initial triage or decision-making, it risks expanding total workload through the multiplication of follow-on tasks. There is a genuine risk of prompt burden /proliferation of alerts requiring acknowledgement, interpretation, or action — leading to decision fatigue and paradoxical inefficiency.

Importantly, many identified risks (e.g., loneliness, falls risk, care stress) are not currently undetected due to diagnostic failure. They remain unmet largely due to resource constraints. Systematically unmasking unmet need without parallel investment risks overwhelming already stretched services.

The guidance would benefit from recommending formal stress-testing of AI deployment in high-demand environments to assess cumulative downstream impact.

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3. Feedback on the principles underpinning the draft National Guidance

3.1 Please provide your feedback on the principle of accountability below:

> *When commenting on a specific aspect of the principle it would help if you can identify which part you are commenting on and the relevant page number.*

Accountability and Governance

The draft correctly emphasises accountability and governance. However, its allocation of responsibility creates a problematic dual burden on frontline staff.

Management is described as responsible for deployment and oversight, yet staff are assigned responsibility for:

- Interpreting AI outputs
- Critically evaluating outputs
- Mitigating bias
- Ensuring compliance with regulatory frameworks

- Monitoring safety in real time

Requiring clinicians simultaneously to follow AI outputs and critically appraise their validity places them in an untenable position. This effectively transfers governance risk from the deploying authority to the end user.

If a clinician follows AI advice and harm occurs, liability may rest with them. If they reject AI advice and harm occurs, liability may again rest with them. This is structurally unreasonable.

Oversight, validation, bias mitigation, and performance monitoring must rest primarily with the deploying organisation — particularly the Health Service Executive (HSE) or equivalent employer — rather than with individual clinicians at the point of care.

Institutional Misuse

The document does not address the risk of institutional misuse of AI in pathway management.

In order to reduce headline waiting lists, AI systems could potentially be used to "optimise" waiting lists by rapidly triaging patients away from waiting lists or diverting them to alternative providers. There is however a real risk that such systems could create indirect barriers to higher-level investigation, particularly where referrals originate from other specialists such as Community General Practitioners .

Any deployment of AI for batch processing referrals or managing waiting lists should therefore be subject to explicit ethical review, governance approval, and full transparency to the referrer and user of the service. The methodology, triage criteria, and intended downstream effects must be clearly communicated to patients and referrers to prevent opaque rationing or access restriction disguised as efficiency.

Human Agency and Practical Realities

The guidance insists that AI must augment rather than replace human judgement and that a human must remain "in the loop."

In practice, this creates layered decision-making:

- The clinician's independent assessment
- The AI's output
- The reconciliation of both

Where outputs are partially aligned but not identical, the clinician must arbitrate between competing models of risk or diagnosis. This increases cognitive load rather than reducing it.

The illustrative case study ("Anna's story") suggests that clinicians will routinely explain AI systems in detail and seek individualised understanding and reassurance at each interaction**.** This is unrealistic for institutionally approved systems. Education and public communication should be delivered at system level, not devolved to individual clinicians at every encounter.

3.2 Please provide your feedback on the principle of a human rights-based approach below:

When commenting on a specific aspect of the principle it would help if you can identify which part you are commenting on and the relevant page number.

The human rights-based approach and emphasis on inclusivity and non-discrimination are welcome and appropriate. However, the practical burden of identifying and mitigating bias is again placed at clinician level. Bias testing and algorithmic fairness validation are system-level responsibilities and require technical audit capacity — not bedside judgement.

3.3 Please provide your feedback on the principle of safety and wellbeing below:

When commenting on a specific aspect of the principle it would help if you can identify which part you are commenting on and the relevant page number.

The draft guidance encourages staff to report any incidents arising from AI use. While appropriate in principle, there is risk of disproportionate burden if reporting obligations expand without dedicated support systems.

Safety governance must not default to frontline vigilance alone. Structured monitoring, audit, indemnity clarity, and centralised review are essential.

3.4 Please provide your feedback on the principle of responsiveness below:

When commenting on a specific aspect of the principle it would help if you can identify which part you are commenting on and the relevant page number.

3.5 Do you think the guidance will be implementable in practice? What will support services and staff to implement the guidance?

When commenting on a specific aspect of the guidance it would help if you can identify which section you are commenting on and the relevant page number.

The draft guidance is aligned with European regulatory developments and correctly identifies governance, accountability, and human rights as foundational pillars.

However, it underestimates:

- Downstream workload amplification
- Prompt burden and cognitive overload
- Decision fatigue
- Resource mismatch following risk detection
- Liability ambiguity
- The governance burden placed on individual clinicians

AI implementation in an already overstretched Irish health service carries substantial risk of complexity ramp-up. Without explicit modelling of downstream effects and clear organisational assumption of risk, AI may intensify — rather than relieve — frontline pressure.

The guidance should be strengthened by:

1. Formal downstream workload modelling
2. Clear indemnity and liability frameworks
3. Organisational ownership of bias mitigation and system validation
4. Realistic expectations of consent and explanation
5. Dedicated implementation resources

AI has potential to support care. Without structural safeguards, it may instead accelerate workload, amplify unmet demand, and redistribute governance risk onto individual staff.

A more explicit recognition of these risks would significantly strengthen the final document.

3.6 Any final thoughts or feedback to add:

Thank you for taking the time to give us your views on the draft National Guidance for the responsible and safe use of AI in health and social care services.

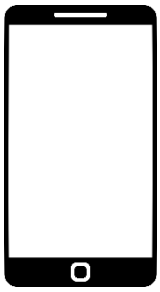
You can **email** the completed form to hist@hiqa.ie

OR

Print the consultation feedback form and **post** the completed form to:

National Guidance for the Responsible use of AI in Health and Social Care Services

Health Information and Quality Authority
George's Court
George's Lane
Smithfield
Dublin 7
DO7 E98Y



If you have any questions on this document, you can contact the HIQA Health Information Standards Team either by:

Phoning: **(01) 814 7400**

Or

Emailing: **hist@hiqa.ie**

Please ensure that you submit your form online or return it to us either by email or post by 05 March 2026