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REVIEWING AN AI TOOL

30 questions for family doctors

AI tool _____ **Reviewed by** _____ **Date** _____

Family doctors may not be able to answer all of the following questions when considering the use of an AI tool, or it may not be clear whether an AI tool meets a minimum standard for use in primary care based on these questions. In such cases, caution is recommended when implementing an AI tool.

1 · EVIDENCE

- ☐ 1 Has the AI tool been through some form of validation, internally or externally?
- ☐ 2 What evidence is available, and what is the quality of the available evidence?
- ☐ 3 Is information available on the performance of the tool in real-world settings?
- ☐ 4 Has the tool been tested specifically in primary care settings?
- ☐ 5 What is known about the tool's reliability?

2 · RISK OF HARM

- ☐ 6 What are the possible risks of using this tool for patients, and how can they be mitigated?
- ☐ 7 Are any risks presented and communicated by the AI provider in a clear and transparent way?
- ☐ 8 Could the tool negatively affect clinical judgement, well-being, and workload?
- ☐ 9 Might it disrupt workflows or widen existing system inequities?

3 · DATA REVIEW

- ☐ 10 Was this tool trained on data from relevant settings?
- ☐ 11 Is the tool applicable to the target population, or are adjustments needed?
- ☐ 12 Are there risks of bias when using this tool in this patient population?
- ☐ 13 Are privacy and confidentiality protected sufficiently? Is the tool secure?

4 · CO-DESIGN

- ☐ 14 Were end users involved in the design and development process?
- ☐ 15 Is the tool designed for use in general practice, and if not, do any adaptations need to be made for this use?
- ☐ 16 Are there any processes in place for clinicians and patients to provide feedback on the AI tool?

5 · PATIENT INFORMATION AND CONSENT

- [ ] 17 Is explicit patient consent required for the use of this AI? If so, how will this be handled appropriately?
- [ ] 18 How will the use of the tool be explained to patients in a transparent way?
- [ ] 19 What are the consequences of opting out, and how will opt-out be handled?

6 · INCLUSION AND EQUITY

- [ ] 20 Would certain patient populations encounter barriers in using this AI application, e.g., older adults, non-English speakers, rural populations?
- [ ] 21 Could its use have any negative consequences for certain populations, and if yes, how could these be addressed?
- [ ] 22 Is the AI tool culturally safe and appropriate?

7 · SUSTAINABILITY AND PLANETARY HEALTH

- [ ] 23 What is the impact of the tool on carbon emissions and water use?
- [ ] 24 How do the potential benefits weigh up against the negative impact in terms of planetary health?

8 · INTEGRATION AND IMPACT ON WORKFLOW

- [ ] 25 How will the integration of this AI tool impact workflow processes?
- [ ] 26 Do any changes need to be made to existing processes?
- [ ] 27 Could it lead to job loss, and if so, how would it be handled?
- [ ] 28 How will this tool change clinical processes? Will it ease the workload or add new complexity or burdens?

9 · ONGOING MONITORING

- [ ] 29 Is a process in place to monitor the AI tool's performance and safety, log concerns, document possible harms, and refine use over time?
- [ ] 30 If harm occurs, how will it be managed?

ABOUT THIS CHECKLIST

These questions are Table 1 of the WONCA *Guidance document on the ethical use of artificial intelligence in primary care*, developed by the WONCA Working Party on Ethics and Professionalism and endorsed by the WONCA Executive Committee. Read the full guidance at **www.globalfamilydoctor.com/Resources/ethical-ai-primary-care.aspx**