**GOC response to the National Commission into the Regulation of AI in Healthcare: Call for Evidence**

**Copy of response submitted through consultation platform, 29 January 2026**

## Q4: How might the UK's framework for regulation of AI in healthcare be improved to ensure the NHS has fast access to safe and effective AI health technology?

The thinktank, Reform, notes that eye care is increasingly the front runner of the AI healthcare revolution because diagnosing eye conditions depends heavily on imaging. AI algorithms now equal or exceed expert diagnostic accuracy for many conditions, particularly when the diagnosis is based on image interpretation. AI is beginning to change the way eye care is delivered in primary care. The range of uses of AI include booking and managing appointments, chatbots to support engagement with patients, writing patient correspondence, taking notes/summarising patient consultations, interpreting scans or results, supporting diagnosis of conditions, and managing treatment of conditions. Enhancing diagnostic ability so eye diseases such as wet AMD and diabetic retinopathy are found at an earlier stage and treated sooner could help to reduce the burden on secondary care.

In the GOC's 2025 business registrant survey 11% of respondents currently used AI (an increase from 5% in 2024) and a further 28% intended to do so in the next two years. We anticipate that the numbers using AI in some form will increase in future.

In this context, to ensure the potential of AI to improve eye care is maximised and the risks are appropriately managed, regulation of AI in healthcare must strike the right balance between supporting responsible innovation and protecting the public. Many of our core regulatory functions, including setting standards of education and training, ensuring professionals maintain and develop knowledge and skills via our Continuing Professional Development (CPD) scheme, setting standards of practice and issuing guidance, and using our fitness to practise mechanisms where appropriate, supported by policy and research activities, are all relevant.

We do not have a role in approving products or services before businesses can use them, nor are we directly involved in the regulatory framework which oversees the regulation of AI in healthcare. There needs to be good integration between MHRA and healthcare regulation with clear delineation of responsibilities. As we address in Q7 below, developing a clear underpinning legal framework will also be important.

AI has the potential to improve access to eyecare, for example by lowering costs of services, supporting the shift in care from hospitals to communities and enabling delivery of remote care models in rural and coastal communities. However, there are

risks of widening inequalities, including among those with protected characteristics. This includes creating a two-tiered care system benefiting those who can afford to pay for services using superior diagnostic capabilities and issues with algorithm bias. Therefore, the Commission's work should have a strong focus on health inequalities.

**Q5: How should the regulatory framework manage post-market surveillance for AI health technologies?**

Any system of post-market surveillance must recognise the vital role that all healthcare staff, both regulated and unregulated, play in reporting issues and concerns about any kind of technology, including those involving AI. Healthcare professionals need to feel safe to report AI errors or issues. They must also be equipped with the relevant knowledge and training to be able to identify issues that should be reported. As the regulator, we have a role to foster safe reporting cultures and ensure registrants are appropriately trained to work with AI safely and effectively in clinical practice. This could be achieved by setting appropriate standards for the qualifications we approve and via our CPD scheme. However, the unregulated workforce is also likely to use AI products in the future, so appropriate training for all staff is essential.

There are concerns that AI may become 'black boxes' where proprietary algorithms mean that the system and its workings are a mystery to users, making it impossible to understand how the system comes to a recommendation or output. In those circumstances, it would be more difficult for staff to be able to identify an issue that should be reported. Transparency therefore is a vital part of the regulatory framework for AI, to help staff to understand and use AI appropriately.

**Q6: Which statement best reflects your view on the current legal framework for establishing liability in healthcare AI tools?**

Insufficient: existing laws are unfit for AI

**Q7: How could manufacturers of AI health technologies, healthcare provider organisations, healthcare professionals, and other parties best share responsibility for ensuring AI is used safely and responsibly? Word limit: 500 words**

Government, manufacturers, healthcare provider organisations, healthcare professionals, insurers and other parties, including statutory regulators, all have a role to play in ensuring AI is used safely and effectively. Clear responsibilities are important so that there are no gaps in accountability between parties.

Collaboration between healthcare regulators, and between the regulators and other stakeholders, to ensure consistency and maximise impact of efforts will be important. GOC has participated in cross-regulator initiatives, including as a member of the Professional Standards Authority's Regulatory Data and AI Group and as a signatory to a joint position statement on AI in education.

We can place regulatory controls through the standards and guidance we set for our individual registrants and optical businesses. In our standards for optical businesses we expect, for example, that when optical businesses introduce new technological interventions, including AI, patient care is not compromised, and professional standards continue to be met. As AI is a fast moving, complex area to regulate effectively, we think the most agile response is to regulate via the standards and guidance we set, which provides registrants with underlying principles that they must meet. However, we recognise that as AI develops, we need to be flexible in our approach in regulating it and will keep this under review.

The PSA published their report *Safer Care for all - solutions from professional regulation* and beyond in 2022, which looked at the biggest challenges affecting the quality and safety of health and social care across the UK. This included looking at the emergence of technology on the delivery of care, and the potential risks to patients as well as the impact on healthcare professionals as the boundaries of accountability become increasingly blurred. They acknowledged the challenges that governments and regulatory bodies have in being aware of developments and assessing the risks and benefits. They recommended developing reliable mechanisms for anticipating changes in service provision that open up public protection gaps across the sector and identify ways to address them.

**Q8:In the event of an adverse patient outcome where an adverse patient outcome involved an AI tool, where do you think liability should lie? Word limit:**

Clarity of responsibilities is important to ensure accountability for professionals and businesses, and redress for patients, but also to prevent a chilling effect that would deter use of AI and thus fail to fully realise its potential benefits. Regulators are experienced in adapting to technological developments to support responsible innovation, but aspects of AI – including its decision-making and self-learning capabilities, as well as lack of transparency in algorithms – raise novel issues.

Regulation sits alongside a developing legal framework for AI, including emerging case law, which lacks clarity. A joint project between the UK's law commissions to establish a clear underpinning legal framework would provide the clarity needed.

Our standards make clear that as healthcare professionals, our registrants have a responsibility to ensure the care and safety of their patients and the public and to

uphold professional standards. They are professionally accountable and personally responsible for their practice and for what they do or do not do, no matter what direction or guidance they are given by an employer or colleague. This means they must always be able to justify their decisions and actions.

In January 2025 we launched new standards for the eye care professionals and businesses that we regulate. The new standards require registrants to keep updated on developments in digital technologies and apply their professional judgement when utilising the data they generate to inform decision making (Standards of practice for optometrists and dispensing opticians, Standard 7.8).

We could receive a concern raised about an adverse patient outcome where one of our registrants had used an AI tool to inform the care or advice they provided to their patient. We consider each case individually, based on the seriousness of the concern and the evidence provided. Concerns that are minor, have been resolved locally, or are not relevant to professional practice may not be investigated further. As such, we cannot say for certain what the outcome of such a case would be. However, any investigation would include exploring the circumstances of the case and the extent to which the registrant involved recognised an issue with the AI tool and then applied their professional judgement to decide what action to take.

Registrants have also told us that as AI involves a culture shift in current working practices, they need to be competent in the use, interpretation and limitations of AI to deliver safe patient care. Once the Commission has reported, we plan to develop guidance for our registrants to support safe use of AI in eye care. Our registrants do not work in a vacuum and other parties, such as professional bodies, employers, manufacturers and the MHRA play a vital role in ensuring that all technology accessed by our registrants is safe and effective.

We regulate some, but not all, optical businesses. We are due to begin a substantive review of our business standards this year and anticipate that AI (including the responsibilities of businesses in procuring safe and effective AI) will be an issue we return to in the review of those standards.

**Q9: Do you have any other evidence to contribute? You can submit written evidence in the comment box. Note: please confirm that you have the necessary permissions prior to sharing any documents in this way.**

We do not have anything further to contribute at this stage.

**Question 10: You can upload documents to be considered as part of this call for evidence. Note: please confirm that you have the necessary permissions prior to sharing any documents in this way**

No documents to be uploaded.

I hope the commentary above is of assistance to your Call for Evidence and we are happy to be named as a respondent. Please contact me if we can provide further information.

Yours sincerely

Steve Brooker
Director of Regulatory Strategy