

The Use of Artificial Intelligence in Irish General Practice

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Introduction

Artificial intelligence (AI) has the potential to become transformative for healthcare in the next few years, and it is likely that AI will be used by Irish GPs on a daily basis to assist their practice. While there are many different ways AI may be used (see Table 1), use of AI in any sense will likely bring both benefits and challenges.

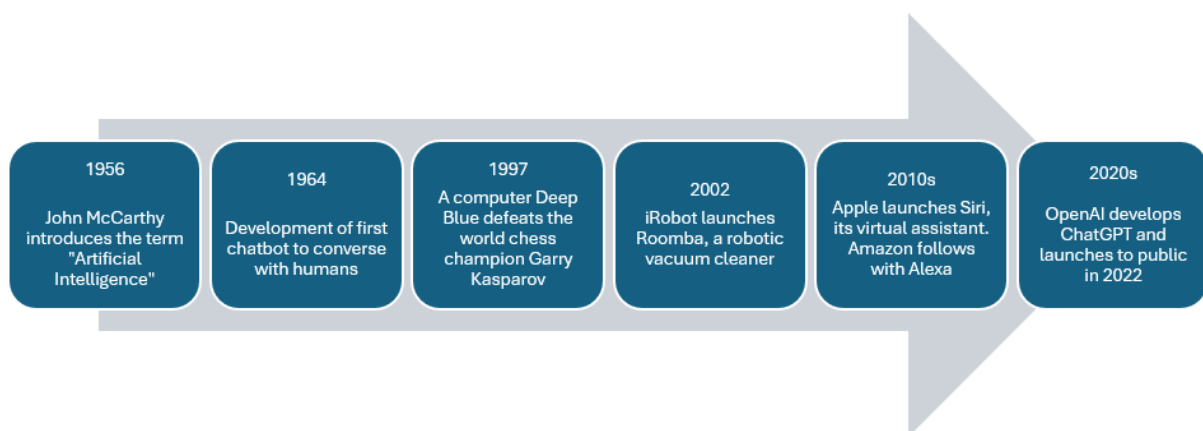
Importantly, a key area for College and the profession to consider is how AI tools can be introduced safely and on an evidence-based basis, in ways that improve patient care and reduce unnecessary workload without eroding clinical judgement, professional skills or continuity of care. There is a real risk of technosolutionism here; assuming that technology can solve problems that are fundamentally related to workforce, capacity, infrastructure or system design.

Proponents of AI point out the opportunities that may be presented to general practice by access to high quality clinical information, automation of tedious clerical processes and better patient experience. Equally there are concerns about accuracy, data security and privacy, and the loss of human involvement. This is occurring at a time when regulation, evaluation and governance are lagging behind AI development and implementation.

There is no universal, simple definition of artificial intelligence because it covers a range of technologies which will be outlined below. However, a common theme is that AI can receive information and process it based on previous learning and experience, resulting in the generation of outputs such as predictions, content, recommendations and decisions.¹

The concept of AI has existed for many years, particularly where the scope has been limited to very specific functions – we call this “Narrow AI”. This could range from powerful chess playing computers² to the simpler algorithms used for automated ECG or blood pressure monitoring which are becoming more sophisticated. In contrast, artificial general intelligence, or AGI, describes a hypothetical system capable of performing a broad range of cognitive tasks. There is no consensus on whether or when AGI will be achieved. This document is concerned with the narrower AI systems already being used or considered in general practice.

Historical Evolution of AI



¹ <https://artificialintelligenceact.eu/article/3/>

² <https://www.chess.com/terms/deep-blue-chess-computer>

Uses of AI in General Practice

This document will focus on the evolving use cases for artificial Intelligence in general practice – its benefits, its risks, and what GPs can do to ensure that AI can be used safely and effectively in their practices.

Potential applications for AI are particularly broad in general practice, given the specialty's information-rich nature and the volume and variety of clinical data handled in everyday care. AI is starting to be used in general practice in an effort to reduce administrative workload.

The most visible example is the AI scribe, which listens to a consultation and produces a draft clinical note, referral letter, patient summary or suggested coding. There is a separate section in this document on AI scribes.

Other current or potential uses include drafting routine correspondence, summarising long records, translating or simplifying patient information, searching clinical guidance, helping practices respond to straightforward messages.

The area of clinical decision support has many attractions, however clinical applications are developing more cautiously. AI has the capability to help with

- interpretation of images, ECGs and other test results
- suggesting possible diagnoses or treatments
- flagging drug interactions
- use of wearables and home devices to enable earlier detection of deterioration
- finding patients at increased risk, predicting demand and targeting preventive care

In general practice, however, these systems may perform less reliably when symptoms are vague, several conditions interact or social context is important.

Internationally, there are AI triage tools for patients of general practice which use structured symptom questionnaires and natural language processing to assess patient urgency, streamline online or phone consultations, and route patients to the correct clinical care pathway.³

There are also AI tools that may assist with the purely business side of general practice such as management of rotas, employer's responsibilities, contracts and practice policies. It is essential to recognise that practice staff information is also subject to appropriate standards of data privacy and security under the relevant legislation

The greatest benefit of AI is likely to come from reducing clerical work and improving access to information, but not in replacing the GP or practice staff. Over-reliance on AI and associated deskilling remain significant potential risks.

Safe use will require good evidence, secure handling of patient data, clear accountability, human oversight and continued attention to the relationship and judgement at the heart of general practice. Table 1 illustrates potential use cases, their practical application and what should be considered before use in clinical practice. Uses lower in the table carry greater clinical risk.

³ Alamoudi A, Kontopantelis E, Zghebi SS, Brown B
AI Triage in Primary Care: Building Safer and More Equitable Real-World Evidence
J Med Internet Res 2026;28:e88396

Table 1 – Potential near-term uses for AI in Irish general practice

#	Area	Potential use	Example / practical application	Items to consider before use in practice
1	Patient communication	Translation and tailored information	Prepare personalised information, after-visit summaries, translations and administrative guidance.	Approved tool and defined purpose; patient information handled within an appropriate data-processing arrangement; GP review of clinically relevant output; process for checking translation accuracy and identifying patients requiring professional interpretation.
2	Coding & data quality	Structured coding and data extraction	Suggest diagnostic coding and convert relevant clinical information into more usable structured data.	Integration or secure data transfer with clear controller/processor arrangements; validation against local coding standards; GP/team ability to review and correct suggested coding; audit trail of changes.
3	Population health & CDM	Recall, prevention and cohort identification	Identify patients due review, detect gaps in monitoring and support recall, prevention and chronic disease programmes.	Defined patient cohort and clinical rules; assurance that data use is compatible with the purpose for which it is held; validated searches; human review of recalls/exclusions; monitoring for missed or incorrectly identified patients.
4	Consultation support	Ambient documentation and consultation summarisation ("Scribes")	Draft consultation notes, problem lists, plans and patient instructions for GP review and sign-off.	Practice-approved product; clear patient information and an appropriate process for patient agreement where consultations are recorded or transmitted; DPIA/risk assessment where indicated; clarity on where audio/text is processed, retained and whether it is used to train models; secure transfer; GP review and sign-off before notes enter the clinical record.
5	Clinical correspondence	Summarising and drafting correspondence	Summarise discharge letters and hospital correspondence; draft referral letters; extract outstanding actions.	Approved secure connection or workflow; minimum necessary information shared; no automatic sending without clinician review; clear responsibility for identifying and acting on outstanding clinical tasks.
6	Pre-consultation support	Structured history gathering	Collect and organise symptom/history information before the GP consultation, while preserving clinician oversight.	Approved patient-facing system; clear explanation to patients that AI is being used; secure authentication/data transfer; defined escalation process for urgent or high-risk responses; GP retains responsibility for interpreting the information.
7	Results management	Triage and communication support	Highlight potentially important abnormalities, group routine results and draft patient messages for GP review.	Validated system with agreed thresholds and escalation rules; human review before patient communication or clinical action; fail-safe process for unreviewed results; auditability and monitoring for false negatives/positives.
8	Prescribing support	Medication safety and review	Drug-interaction checking, renal-dose prompts, polypharmacy review and identification of potentially inappropriate medicines.	Appropriate clinical validation and, where relevant, medical-device regulatory status; current medicines/renal/allergy data available; recommendations remain advisory; prescriber reviews and accepts/rejects suggestions; monitoring for inappropriate alerts or omissions.
9	Selected diagnostic support	AI-assisted interpretation of clinical data	Support interpretation of ECGs, dermatological images or other selected clinical data where appropriately validated and governed.	Evidence of validation for the intended population and setting; appropriate regulatory/medical-device status where applicable; staff training; known limitations and thresholds for onward referral; clinician interpretation rather than autonomous diagnosis.

Note: Across all uses, the GP should retain appropriate clinical oversight. AI should support rather than displace professional judgement, continuity of care, or responsibility for work initiated elsewhere.

AI for information

With the explosion of data available to computers via the Internet and with ever increasing computer power, AI has become increasingly complex since the start of the 2020s. This has been most obviously seen in the development of large language models (LLM) such as Chat GPT, Microsoft Copilot, Google Gemini, Grok and Anthropic's Claude. At a technical level, large language models (LLMs) work by analysing vast libraries of text to identify patterns and relationships between words. They aim to predict and generate plausible language based on the input or "prompt" that the user enters.

LLMs can generate fluent and often useful responses, but fluency is not evidence of accuracy. Outputs may be incorrect, incomplete, outdated or fabricated, particularly when a question is ambiguous or outside the model's reliable domain. Information used in patient care should therefore be checked against trusted, current sources and interpreted for its applicability to Irish general practice.

LLMs have the capability to provide GPs with huge amounts of information at their fingertips. Clinically oriented LLMs designed for healthcare will not only use trusted sources of information but also will be able to incorporate up to date research and developing trends. However, good responses from LLMs should reference their information sources, and GPs will continue to need the skill to assess the reliability and local applicability of such responses as models trained on data from other contexts or countries may not be suitable for general practice in Ireland.

Generally, the better and more complete the prompt, the better the output/answer. Many GPs already use AI for clinical queries, however doctors should be aware that patient identifiable information must never be entered as a prompt into a general purpose LLM, since processing and storage of information could lead to breaches of confidentiality, which is the cornerstone of the doctor-patient relationship. Even when AI is incorporated into clinical softwares, GPs have responsibilities under GDPR to ensure from the vendors that patient information is truly anonymised.

With the use of LLMs as general information sources, it is inevitable that users/patients will also seek information about health. A US trade report estimated that over 5% of all ChatGPT messages globally now relate to healthcare. The larger AI companies are now developing specific AI models both for patients/users and for use by healthcare professionals, either as stand-alone tools or as LLMs incorporated into more familiar clinical softwares.

AI education

The next generation of GP will likely use AI regularly in their daily lives and will expect to use it in their professional lives as well.

Training of registrars should include the following practical competencies⁴:

- distinguishing practice-approved or authorised from public or unapproved AI tools
- avoiding inappropriate disclosure of identifiable information
- checking sources, currency and applicability to an Irish GP setting

⁴ <https://www.irishcollegeofgps.ie/Home/Training-Assessment/Curriculum/Clinical-Chapters/Medical-Technology-and-Artificial-Intelligence>

- recognising hallucination, omission and bias
- understanding when AI use should be documented
- knowing how to report an error, incident or unexpected deterioration in performance
- maintaining the ability to work safely when the tool is unavailable

However, it equally requires GP trainers and indeed all established GPs to consider their own familiarity with AI. The link at the foot of this page to the College [training curriculum](#), also directs GPs to learning opportunities related to AI.

The Medical Council states that “as AI becomes more prevalent in clinical practice, it is the responsibility of the doctor to ensure they undertake appropriate training to understand what AI can and cannot do, to develop sufficient understanding of how such tools work, their appropriate uses, and the ethical considerations involved.”⁵

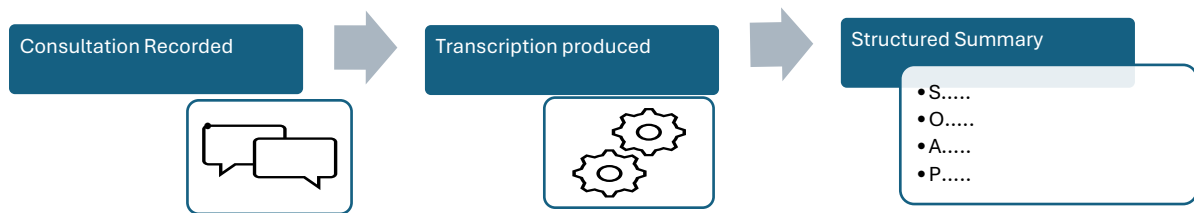
Table 2. Key points for GPs

Key points for GPs
• The GP’s primary duty is safe and effective care of their patients. • Across all uses, the GP should retain appropriate clinical oversight. • AI should support rather than displace professional judgement, continuity of care, or responsibility for work initiated elsewhere. • Clinical decision support may perform less reliably in a GP setting, when symptoms may be vague, several conditions interact or social context is important. • AI tools remain assistants, and their output should be checked before it is entered in the record or sent to a patient. • Security of any potentially patient-identifiable data is of the utmost importance. • When AI is used, responsibility and liability remains with the GP. • GPs should ensure that their use of AI is compliant with relevant legislation. • Practice staff should be trained in the safe and responsible use of AI.

⁵ <https://www.medicalcouncil.ie/public-information/artificial-intelligence-in-medicine/medical-council-position-statement-on-artificial-intelligence.html>

Digital (AI) Scribes

AI scribes are considered separately because they are part of the first emerging technologies that are available in general practice. Ambient Voice Technology (AVT) is now familiar to many GPs as an AI Scribe, which is a tool that listens to a patient consultation and turns the conversation into structured, summarised notes. It uses advances in speech recognition, natural language processing (NLP) and AI to capture the dialogue, identify key medical terms, and produce outputs like consultation summaries, referral letters, or even task lists.⁶ A number of digital scribe tools are available on the market to use as stand-alone AI tools, however increasingly they are becoming integrated into GPs' clinical softwares alongside other features incorporating AI.



AI scribes have been marketed strongly to GPs as tools to make clinical documentation easier, of better quality and time-saving. Further quoted benefits include less burnout for doctors and better patient interaction as GPs spend less time looking at their screens.^{7 8} While some GPs undoubtedly see these benefits, these may not be consistent.⁹

Like any other AI tool, a digital scribe will not have 100% accuracy, be that error or omission, therefore it is essential that the scribe output is checked and edited, though checking and editing may reduce or, in some cases, negate time savings. A further concern is that although the scribe can be excellent at summarising what is spoken, the clinical note often includes non-verbal observation and deductive reasoning and commentary that may be absent in transcription. GPs who use AI scribes may need to be aware of consultations that are more or less appropriate for these tools. Practices should monitor accuracy and have processes for reporting errors.

The Medical Council advises that if a doctor is using an AI tool to record consultations, they would need to provide information to patients about how the AI works and of any impact with respect to its collection and use of their personal information. The GP should also give patients the opportunity to decline use of the scribe.

As well as being compliant with GDPR, there are also questions as to whether AI scribes should be classified as medical devices. Current debate relates to “intended purpose”. An AI scribe may not be a medical device if purely for transcription and summarisation, but may be if functionality moves towards clinical decision support (suggests diagnoses, investigations or treatments).

⁶ Coiera, E., Kocaballi, B., Halamka, J. *et al.* The digital scribe. *npj Digital Med* **1**, 58 (2018). <https://doi.org/10.1038/s41746-018-0066-9>

⁷ van Linschoten, R.C.A., van Loon, C.M., Joanknecht, L. *et al.* Ambient scribe in general practice: a multi-perspective before-after longitudinal mixed-methods study. *npj Digit. Med.* **9**, 299 (2026). <https://doi.org/10.1038/s41746-026-02454-3>

⁸ Blease C, Kharko A, Sanchez CG, Navarro D, McMillan B, Gaab J, Locher C, Coiera E. Ambient AI in primary care: an exploratory mixed methods survey of UK general practitioners. *BMJ Health Care Inform.* 2026 Jul 1;33(1):e101847. doi: 10.1136/bmjhci-2025-101847. PMID: 42386325; PMCID: PMC13331185.

⁹ Ladds E, Barry E, Dixon S, Dakin FH. Ambient scribes in general practice - help or hindrance? *Br J Gen Pract.* 2026 Jul 30;76(769):376-379. doi: 10.3399/BJGP.2026.0097. PMID: 42532861.

Governance and Regulation in AI (reviewed August 2026)

AI in Irish healthcare is governed by several overlapping rules rather than one single law. For GPs, the main requirements come from the EU AI Act, GDPR, medical-device legislation and national guidance from bodies such as HIQA, the Data Protection Commission and the Health Products Regulatory Authority (HPRA). (see *Table 2*)

This is a difficult area for GPs. General practices often are reliant upon information from vendors, therefore it is necessary to have confidence and trust in those vendors combined with knowledge of the right questions to ask.

In practical terms, a GP practice should understand what an AI tool does, what patient information it uses, where that information is stored and whether it is shared with other organisations. A data protection impact assessment (DPIA) may be needed, particularly where sensitive health data or automated decision-making is involved.

Some clinical AI systems may also be regulated as medical devices and should have the appropriate CE marking and supporting documentation. Administrative tools, such as AI scribes, may not always be medical devices but still require proper privacy, security and governance checks.

HIQA's National Guidance is intended for all services providing health and social care in Ireland, including general practice. It emphasises that governance should be proportionate and context specific, taking account of the size and complexity of the service and the purpose and risk of the AI tool.

Practices should also address "shadow AI" - the use of AI tools without formal approval or oversight. Practices should identify which AI tools are authorised for clinical or administrative use, and staff should use only authorised tools when handling patient information.

Most importantly, the GP remains responsible for their clinical decisions and for appropriately scrutinising AI output. The practice, healthcare organisation, vendor and manufacturer also retain their respective legal, data-protection, safety and regulatory responsibilities. AI should support rather than replace clinical judgement, and its outputs should always be reviewed before being used in patient care.

Table 3. Key regulation sources

Sources of guidance and regulation on the use of AI in Irish healthcare	
Organisation	
Medical Council	Medical Council Position Statement on Artificial Intelligence
Dept of Health	AI for Care - The Artificial Intelligence (AI) Strategy for Healthcare in Ireland 2026 - 2030
Health Service Executive	HSE AI Implementation Framework
HIQA	National Guidance for the Responsible and Safe Use of Artificial Intelligence in Health and Social Care Services
Also relevant to the use of AI in Ireland	
European Union	EU Artificial Intelligence (AI) Act
Government of Ireland	The AI Office of Ireland
Government of Ireland	Regulation of Artificial Intelligence Act 2026

Implementation of AI

Not all GPs will be experts on the use of AI, but it will be helpful to nominate an individual in every practice who can support the safe and effective use of AI at a local level.

Table 4 below provides a short checklist for GPs as to how best to implement AI, remembering that their own practice remains responsible and liable when AI is used. Maintaining a local log will help to ensure compliance with regulations and provide reassurance to all that AI is being used in your practice in a safe and responsible manner. This is particularly important for data handling - the DPC advises organisations to understand what personal data an AI system uses, where it goes, whether it is retained or reused, and how the system supports their GDPR obligations before starting to use it.¹⁰

Table 4. Practice Checklist

What should a practice do now?	
Responsibility	Nominate a clinical or governance lead
Inventory	- Create an inventory of AI tools - Address the potential use of “shadow AI” (the use of AI by practice staff without approval or oversight)
Purpose	Define each tool’s intended purpose and prohibited use
Governance	Complete data-protection, contractual and regulatory checks (see Table 5 below)
Audit	- Audit samples of the output of AI tools - Maintain an incident and review log - Have a policy for human review and escalation
Patient Information	Provide patient information where appropriate, e.g. website or noticeboards, specific patient friendly information leaflets.
Training	Ensure that all clinical and administrative staff have relevant and appropriate training with AI tools in use

The practice will also want reassurance from vendors that AI tools are safe. That is equally true not only for stand-alone AI tools but also for familiar products like GP practice softwares which incorporate AI into their services.

Table 5 below is a checklist of questions to ask the supplier of any software that the practice uses which has AI features or tools. GPs need to know that the tool is suitable for their practice and be prepared to ask for evidence to support that decision. It is also important to recognise that AI tools and agents will change over time, therefore review of AI tools in existing use is part of this process.

¹⁰ Irish College of GPs. Processing of Patient Personal Data: A Guideline for General Practitioners, v3. 2025

Table 5. Vendor Checklist

Vendor Checklist	
Purpose	• What is the intended use of this AI tool or feature? • What does it explicitly not do (for example, no diagnosis, prescribing, triage or clinical decision-making)?
Data Sharing	• Have the parties' controller/processor roles been established, and is an Article 28 data-processing contract in place where required? • Have they a Data Protection Impact Assessment (DPIA) template? (for the practice to complete)
Data Security	• What categories of data are collected and why? • Is data anonymised and how? • Where does all processing, storage and backups occur? (What lawful transfer mechanism if outside the EEA?) • Which subprocessors are involved? • What security measures are in place to protect patient data? • Is the system compliant with EU data protection standards? • Is there any certification of the above?
Data Retention	• Is any data retained? • If so, what is kept, where and for how long? • Is patient data used to train or improve AI models, or for any other secondary purpose?
Regulation	• What is the tool's classification under the EU AI Act? • Is it a medical device for its intended purpose and if so, is it appropriately CE marked?
Governance	• Is the tool authorised for the intended clinical or administrative purpose? • Who is responsible for monitoring performance, incidents and complaints? • Is there an audit trail and a process for suspending or withdrawing the tool if problems arise?
Ongoing monitoring	• How are accuracy, reliability, bias and changes in performance monitored after deployment? • Is there a data breach policy and are regular audits performed? • How will the practice be informed of significant changes to the model, intended use or data processing?
Implementation	• What training for staff is there to ensure safe and efficient use? • What support is provided in case of problems? • What updates for future improvements are planned?
Customisation	• How customisable is this for your needs as a GP? • Can this AI tool integrate seamlessly with your existing Electronic Health Record (EHR) system?