Report

Principles for the use of Generative AI in healthcare education

Council of Deans of Health

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2. Foreword

The Council's Innovation in Education Strategic Policy Group (SPG) has been leading the development of high-level principles for integrating **generative artificial intelligence (AI)** into healthcare education, recognising its potential to enhance teaching, learning, and student support. As AI tools become increasingly prevalent, the healthcare education sector must collaborate to balance innovation with ethical considerations. Academic integrity and professional standards must be upheld whilst fostering equitable access to AI-driven advancements.

As leaders of professionally regulated programmes, our duty is verifying that students' work is their own, thereby producing healthcare professionals who are highly skilled in healthcare delivery, appraising research evidence, and developing innovative practice. Alignment to codes of professional practice and ethical debates around governance is essential. Intellectual dishonesty such as plagiarism has become a growing concern in education and practice and has resulted in universities and colleges rethinking how they assess students using more authentic methods such as oral examination, in-class tests, and group discussions. This is welcomed but we must also evaluate how effective students are in verifying information derived from AI tools, thus promoting transparency in its use.

Across academic institutions, there has been a plethora of guidance for students and teachers on how to use large language models, such as Chat GPT, Microsoft Copilot and DeepSeek. The high-level principles proposed in this report are aligned to regulatory frameworks and academic institutional guidance. We have also provided practical examples of how AI can support innovative approaches to healthcare education. This is intended to add to the evidence base and understand how students, educators, and healthcare practitioners are applying AI to their professional practice and advancing knowledge in this area.

This report signifies the centrality of innovation to the values and strategic priorities of the Council of Deans of Health. I would like to thank members of the working group formed to develop the principles, as well as the wider Innovation in Education SPG and Council members from across the UK who submitted illustrative examples.

Dr Ruth Paterson

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3. About the Council of Deans of Health

The Council of Deans of Health (Council) represents over 100 university and further education faculties engaged in education and research for nursing, midwifery, and the allied health professions, working across all regions and nations of the UK. Our members teach over 200,000 healthcare students at any one time, accounting for the vast majority of those studying to be future nurses, midwives, and allied health professionals.

4. Introduction

Science and technology are central to health care strategy, and core to current strategic aims across the four nations.[1,2,3,4] AI is one branch of healthcare technology that spans healthcare delivery, education, and policy development and is defined as:

> "artificial intelligence capable of generating text, images, or other media, using generative models. Generative AI models learn the patterns and structure of the initial data they contain and then generate new data that has similar characteristics."
>
> QAA (2025) Generative AI

In 2025, it was reported that 88% of higher education students were using generative AI to support studies, assessments, knowledge and understanding.[5] Generative AI is considered the fourth industrial revolution, and how universities delivering healthcare education will use the technology and how it will inform the development of future and innovative practice is vital to members of the Council of Deans of Health. Higher and further education institutions delivering healthcare education are committed to supporting their academic communities to drive reform whilst operating in human-designated, interprofessional, person centred frameworks.

5. Context

A recent analysis of institutional policy guidance and guidelines suggested that generative AI may offer an opportunity to rethink learning and teaching.[6] For example, generative AI can provide writing support when English is not a student's first language, 'tutor' support for brainstorming or idea clarification, and support those students who have additional learning needs. It is purported that AI is a tool that can level the educational playing field, deepen discussions around critical appraisal, and improve teaching and learning.[7] However, embedding generative AI into healthcare education must be 'real-world', sustainable, and reflect how we educate students.

Access to generative AI should be fair and equitable. Institutions should be cognisant of the positive and negative impact of AI in healthcare education, and the Council is committed to supporting members in navigating a path aligned to academic and professional integrity. Cross sector collaboration that includes key stakeholders, students and people who access services may inform the direction and application of generative AI in healthcare education. Moreover, in accordance with UNESCO's recommendation, to protect human rights, dignity, and well-being, through ethical use of AI, we need to meet global sustainable development goals relating to generative AI.[8] This is vital to acknowledge all aspects of the debate protecting ethical integrity, privacy and security in this emerging area. The role of regulatory and professional bodies is also important, in terms of the standards of education and practice, providing clear guidance for universities, employers, and registrants.

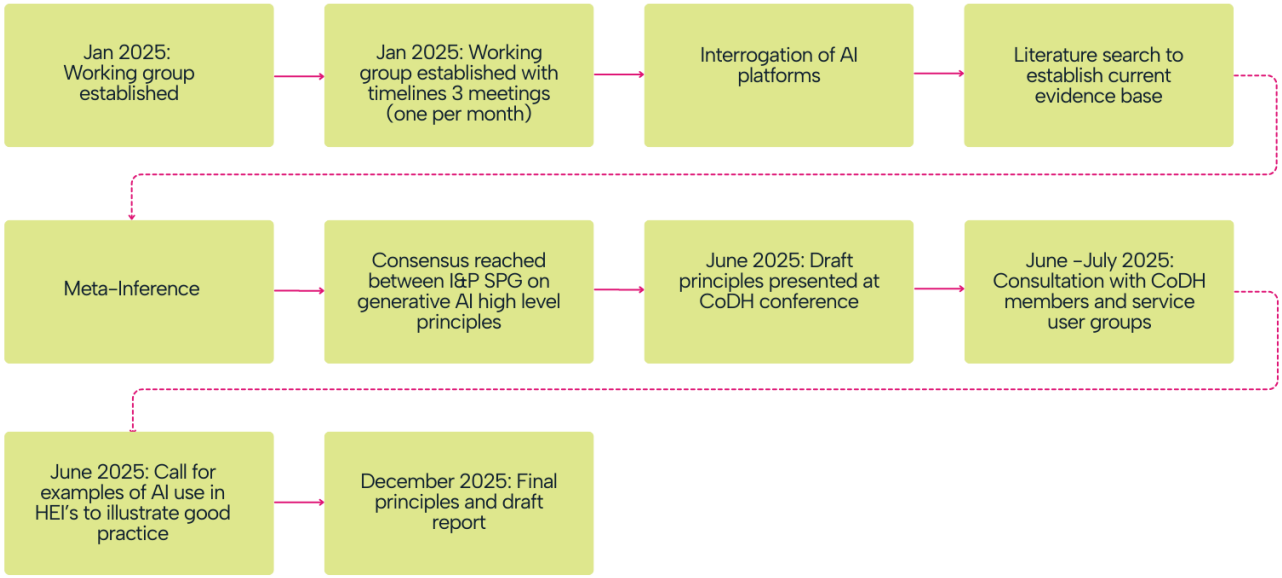
The aim of this report is to provide guidance for students and staff to facilitate the effective and balanced usage of technology and AI across education provision. Our principles for the use of

generative AI aim to reflect the academic and professional integrity underpinning practice. We have also published a supplementary document that provides illustrative examples of how AI can support innovative approaches to healthcare education. Our intention is to add to the knowledge base and share sector learning.

6. Methodology

6.1 Development of the Principles

A staged approach was adopted to develop the principles in a robust and collaborative way.



Scoping

A workshop was convened at the Council of Deans of Health Summer Conference in June 2024 on the challenges and opportunities that AI presents for healthcare education and research. This gathered Council member perspectives and considered the direction of future policy work in this area. The workshop was convened by the Chair of the Innovation and Pedagogy (I&P) Strategic Policy Group (became the Innovation in Education SPG in December 2025), Dr Ruth Paterson, and was member led. It was agreed that the sector would benefit from the development of key principles on the use of generative AI.

Analysis

In January 2025, a generative AI working group was formed with representation from nine Council member institutions and was tasked with developing the principles. The group consulted with experts in AI education, curated AI platforms and carried out a review of literature. Narrative meta-inference synthesised the data offering an interpretation of the degree of consistency between the workshop, AI curation and literature review. Meta-inference identifies whether the findings

demonstrate convergence (i.e., agreement between datasets), divergence (i.e., contradiction or inconsistency), or expansion (i.e., additional insights from one dataset that enrich the findings).[9]

Concurrence

To form the principles, data categorised as convergent and expansion were included in the principles with divergent data excluded. Consensus was then sought from members of the Council's Innovation and Pedagogy SPG, professional regulators and people who access services.

6.2 Data analysis findings

The table below shows the meta-inference from each of the development stages. A total of ten themes emerged with seven identified as convergent or expansion.

	Workshop themes	AI Initial Curation	Literature Sweep	Meta Inference
1	Ethics/Inclusion	Ethical Use	Ethical Use	Convergent
2	Fear	-	-	Divergent
3	Pro-active Leadership	-	-	Divergent
4	Assessment and regulation	Regulation and standards	Professional regulation	Convergent
5	Transparency	Transparency	Transparent and explainable	Expansion
6	Research/evidence	Innovation and research	Sustainability and research focused	Expansion
7	Adaptability	-	-	Divergent
8	-	Collaboration	Collaboration (Key stakeholders)	Expansion
9	-	Education and training	Continuous professional upskilling	Expansion
10	-	Legal	Lawful	Convergent

Following discussions with members and professional regulators (Nursing and Midwifery Council, Health and Care Professions Council and the General Osteopathic Council), it was agreed that sustainability, research and innovation would be split into two principles for greater clarity. This resulted in eight principles.

The principles were discussed in a consultative meeting with the Oxford Brookes University Health Science and Technology Faculty Service User and Caregiver Group. Their insights, which included a valuable contribution from a retired software engineer, were pragmatic and illuminating and have been summarised in a published blog.

6.3 Collection of examples

Consultation with Council members and professional bodies suggested wide agreement with the principles, but there was a request for clarity and illustrative examples to further expand on the

meaning of each principle. The Council undertook a collection of relevant examples amongst its membership from July-October 2025, in order to demonstrate how the principles are being used in current higher education settings across the UK. Members were asked to provide an overview of the intervention, its impact and future innovations in the area.

19 examples were submitted from across a range of UK regions and nations. The full compilation of examples can be found in the supplementary document and have been organised across the eight principles.

7. Principles

Across the stages of development, principles were broadly aligned, person centred and relevant to a variety of key stakeholders. Human oversight, interdisciplinary collaboration and a strong service user voice were central to the principles. The focus of the principles was on addressing the core problem, rather than technological capability. Transparency and explainability were integral to any experimentation with generative AI, as was continuous upskilling to support academics, students and the healthcare workforce through sustainable and evidence-based models.

These principles are guiding, not mandatory, and should be interpreted alongside institutional policy, professional regulatory requirements, and programme level judgement. Each of the eight principles are supported by illustrative examples from a Council member institution found in the supplementary document.

Principle 1: Professionally accountable

- Regulation of AI is essential for appropriate and effective use and for maintaining public trust in healthcare education delivery.[10]
- Generative AI in healthcare education must adhere to standards of professional bodies.[11]
- Continuous regulatory oversight and monitoring should occur to incorporate technological developments.

Example 1 and example 2 in the appendix show how AI tools can be aligned to professional education standards.

Principle 2: Sustainable

- We need to be aware that using AI has a large environmental impact and data centres contribute to the carbon footprint.
- AI may enhance online learning in simulated practice by offering 'real world' learning which may reduce the need for travel, provide a more effective approach to healthcare education particularly in smaller professions (e.g., dietetics).

Example 3 and example 4 show how generative AI can be used to provide students with engaging and authentic practice opportunities.

Principle 3: Innovative

- Research should evaluate real world impact with AI augmenting healthcare education delivery rather than driving it. [12]
- Any innovation in healthcare education should be responsible, minimising the risk of unintended consequences.[13]
- Learners should be taught how to use AI to enhance research and critical thinking skills.

Example 5 and example 6 show how generative AI can be used to develop students critical thinking skills that can be used for both learning and in practice.

Principle 4: Ethical

- Human oversight in any use of AI is essential in healthcare education.
- Students should be provided with equitable and reliable access to AI in healthcare and educational practice.[14]
- AI in healthcare education should prevent harm, reduce bias, uphold person centred care and dignity.

Example 7, example 8 and example 9 show how students can be supported to use generative AI technology ethically and responsibly.

Principle 5: Lawful

- Data protection and privacy for all, including vulnerable populations, are considered when using AI in healthcare education.
- Privacy handling is considered when using AI.

Example 10 and example 11 show how students can be equipped with knowledge to use AI effectively and legally in line with governance frameworks, operational policies and data protection standards.

Principle 6: Continuous upskilling

- Users of AI are appropriately trained, educated, and kept up to date with most recent advances in healthcare education and delivery.
- Higher education institutions should play a role in helping users and professionals to understand the use of AI in healthcare education.

Example 12 and example 13 show how show how staff and students can be upskilled.

Principle 7: Collaborative and inclusive

- Interprofessional collaboration and co-design should be at the centre of educational developments.
- Regular dialogue with employers, placement providers, and service users supports shared understanding of emerging technologies, evolving professional roles and changing service contexts.

Example 14, example 15 and example 16 show improve accessibility and inclusivity of healthcare education.

Principle 8: Transparent

- There is an expectation that users (students and academic) are detailing their sources when using generative AI.
- This will be evidenced through a transparent approach to outline how AI tools are developed and how generative AI has been accessed to develop academic work.

Example 17, example 18 and example 19 show how students can be supported to use AI transparently in their learning.

8. Conclusion

This report has outlined eight key principles for healthcare education providers to consider when using generative AI. It is hoped that the principles and the illustrative examples are a useful resource for Council members across the UK in developing nursing, midwifery and AHP programmes.

We do recognise that this report will have an expiry date as generative AI and wider technological tools are developing extremely rapidly. We therefore recommend continuous ongoing sector collaboration to keep pace with the evolution of technology and changes to healthcare services. The Council will continue to support members in this space through sharing examples of best practice and engaging with key stakeholders and external partners. We will work to ensure that healthcare education and research are using generative AI in an effective, transparent and human-centred way.

9. Further guidance

Allied Health Professions Federation (AHPF): Principles for AI and education

Health AI (The Global agency for responsible AI in health): Knowledge Hub

Health and Care Professions Council (HCPC): Artificial Intelligence in education

Higher Education Policy Institute (HEPI): AI and the future of universities report

JISC: Principles for the use of AI in FE colleges

NHS AI Lab: Learning resources

Russell Group: Principles on the use of generative AI tools in education

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