West Midlands School of Anaesthesia, Intensive Care Medicine, and ACCS

The role of Artificial Intelligence (AI) in workplace-based assessments and reflective practice on the Lifelong Learning Platform (LLP)

1. Role of AI

AI tools (for example ChatGPT, Gemini or Claude) may support aspects of written communication in the LLP, particularly the structuring, phraseology and readability of workplace-based assessments (WPBAs) and reflective entries and may help prompt consideration of additional learning points. In line with RCoA and CICM guidance, the key question for any use of AI is:

"How much of this is my own work?"

AI should never replace the resident doctor's own clinical experience, judgement, and reflective insight. It should be used as if it were someone helping you think, not something doing the thinking or writing for you.

2. Acceptable use

Resident doctors may use AI to:

- Generate prompts to guide thinking and focus reflection
- Explore alternative perspectives on a genuine clinical experience
- Adjust phraseology and edit or refine their own writing for clarity
- Check language, grammar and structure
- Guidance as part of self-directed learning and CPD
- Prepare generally for interviews and portfolio pathway (CESR) applications (see section 3 on recruitment)

3. Unacceptable use

Resident doctors in training must not use AI to:

- Fabricate or embellish clinical experiences (e.g. artificial patient scenarios or encounters that did not occur)
- Generate a reflection in its entirety, or submit AI-generated WPBAs/reflections as if they were personal work
- Avoid engaging in the genuine reflective process – AI must complement, not substitute, personal insight and clinical reasoning
- **Patient Privacy:** Uploading any identifiable patient data or clinical histories into public AI chatbots is strictly prohibited.
- Use AI prompts live during a recruitment interview – this is a probity issue and a breach of recruitment rules; AI may only be used in preparation beforehand, and all interview answers must be genuinely delivered from the candidate's own capacity

Information governance

Resident doctors in training must not:

- Contravene any local Trust, Health Board or employer policy on the use of AI
- Enter patient-identifiable information into AI tools or external platforms, including anything that could indirectly identify a patient, colleague or themselves

Users should also consider the confidentiality, information governance and NHS England data protection requirements of their own organisation, and any locally approved/assured AI tools, before using AI to support portfolio work.

4. Transparency

Where AI tools have been used to support an entry in line with section 2, this should be declared within the WPBA or reflective entry itself, for example:

> ***"AI was used to assist with structuring and editing this reflection."***
>
> ***"AI prompts were used to help focus my reflection and consider alternative perspectives in addition to my own."***

The RCoA and CICM support innovative, open and ethical use of AI in training, and encourage good practice in declaration to be shared widely.

5. Educational and Clinical Supervisors' responsibilities

Educational Supervisors (ES) and College/Faculty Tutors should consider whether entries demonstrate genuine, individual learning consistent with the resident's actual clinical experience. Entries which do not, or which are inconsistent with the experience described, should be challenged and should not be signed off.

Supervisors are encouraged to accept that AI has a legitimate purpose in training, and to promote the positive aspects of genuine, authentic reflective practice, whether or not AI has been used to support it. Where concerns arise, the ES should discuss the use of AI with the resident doctor in training directly, using this document as the basis for that conversation.

Responsible officers, appraisers and ARCP panels may explore submitted content to assess authenticity and meaningful engagement, while remaining mindful that automated AI-detection tools are themselves prone to error and should not be relied upon in isolation.

6. Use of AI in recruitment

For CT1/ACCS, ST4 and ICM ST3 national recruitment, and for portfolio pathway/CESR applications:

- AI may only be used as preparation before an interview; in the same way a candidate might seek advice from a colleague beforehand
- AI must never be used live during an interview – this constitutes a breach of recruitment rules and a probity issue
- All interview answers must be genuinely delivered by the candidate from their own knowledge and experience, not read or recalled from AI-generated prompts

7. Implications for ARCP and revalidation

If there are concerns that AI has been used inappropriately and/or has not been declared, this should be flagged to the resident and their Educational Supervisor to discuss its acceptable use, referencing this document.

Any clinically significant reflections (for example, those declared on Form R or relied upon as supporting evidence for revalidation) which are deemed unacceptable due to inappropriate use of AI should be redone in line with section 2 above, before being relied upon for ARCP, CESR or revalidation purposes.

Using AI to produce content without meaningful personal contribution, or to fabricate patient encounters or clinical experience, may be considered a breach of probity and professional standards, and may be managed in line with local and GMC processes for probity or Good Medical Practice concerns.

8. Alignment with national guidance

This guidance reflects, and should be read alongside, the following current national and specialty positions:

- Royal College of Anaesthetists (RCoA) guidance on AI tools in training and recruitment
- Faculty of Intensive Care Medicine (FICM, now College of Critical Care Medicine, CICM) interim guidance on Generative AI in ICM Training and Revalidation, and the CICMPosition Statement on Medical AI
- General Medical Council (GMC) Good Medical Practice, including the principles of honesty, integrity and accurate record-keeping that apply equally to AI-assisted portfolio entries; the GMC's dedicated guidance on generative AI in medical education and training remains under development at the time of writing
- NHS England expectations on information governance, data protection, and the use of locally assured digital/AI tools within NHS systems
- Conference of Postgraduate Medical Deans (COPMeD) principles for postgraduate training, which support a consistent, UK-wide approach to the responsible and transparent use of AI across specialties

Where any conflict arises between this document and updated guidance from the GMC, NHS England, RCoA, FICM or COPMeD, the most recent national guidance takes precedence. This document will be reviewed as national policy develops.

9. Summary

- Ask yourself: “How much of this is my own work?” Use AI as if it were someone helping you, not doing the work for you.
- Never fabricate experiences, never submit AI-generated reflection as your own, and never include patient-identifiable information in an AI tool.
- Always declare AI use within the entry itself.
- Don't miss out on the developmental value of genuine reflection – for your own benefit and, ultimately, that of your patients.
- Remember the principles of openness, responsibility, and ethical use of AI at all times.

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References

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General Medical Council. Good Medical Practice (current edition), gmc-uk.org.

RCGP statement on the use of artificial intelligence (AI) in postgraduate training, examinations and registration. Royal College of General Practitioners, Sept 2024.

RCEM position on the use of AI in reflective logs. Royal College of Emergency Medicine, Sept 2025.

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

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