College of
HEALTH AND CARE
PROFESSIONALS OF BC

Artificial Intelligence Resource

Updated November 2025

The following resource provides context and answers to common questions regarding the use of artificial intelligence (AI). It is intended as an ***interim*** resource for registrants working in areas where research and current practice are evolving or changing rapidly. The College may develop further standards or guidelines related to AI use.

CHCPBC recognizes that health professionals may be interested in using AI as a supportive tool in their practice. However, it is not a substitute for your critical thinking and clinical judgement.

AI models are continually learning and may inherently have bias or generate false information. If you are considering using AI in your practice, know that it is your responsibility to verify and use the information generated by AI, especially culturally sensitive content, with caution.

Q1: What is Artificial Intelligence (AI)? What are AI tools?

Artificial intelligence (AI) generally refers to a machine's ability to carry out functions that are usually associated with cognition performed by human minds. There are different levels of conceptual AI ranging from generative AI to spell-checking and auto-correct algorithms.

Generative AI refers to AI systems that can generate new content, including text, audio, and video files, in response to prompts from human users. Generative AI relies on massive datasets and underlying algorithms and computer models.

The term AI is often used interchangeably to refer to Large Language Models (LLMs), a more limited form of AI that relies on human-mediated training to generate predictive outputs. LLMs may serve as word predictors and give the appearance of cognitive awareness; however, these models rely on pre-set weights and biases to "predict" the most likely word one after another, and may not always provide reflective, self-aware, and factual information.

AI technology enables computers and machines to simulate human learning, comprehension, problem solving, decision making, creativity, and autonomy; however, it does not replace the need for human involvement to verify it is being used in an accurate and ethical manner. It is important that registrants who seek to use AI or similar tools in

practice, including LLMs, are sure to understand and manage the potential risks associated with AI use (see Q5 and Q6 for more information).

Q2: What are some potential uses of AI in clinical practice?

AI is used in various ways to provide efficient client care. Integrating AI into practice can expand the ways you can help improve client care outcomes, but it is essential to use professional judgment and adhere to the standards of your profession.

The use of technology, including AI tools, must be approached in a way that supports human autonomy. Individuals must retain authority over decision-making, especially concerning client outcomes. Consider potential risks associated with AI use before integrating AI into your practice (see Q5).

Some examples of AI use in clinical practice include the following:

- **Assessment and analysis:** AI tools can help you analyze health data, identify risk factors, and detect patterns that may impact client care.
- **Personalized care plan:** AI-driven software can make personalized treatment or management plans tailored to your client's health conditions, lifestyle, and preferences.
- **Clinical decision support**: AI algorithms can assist with decision-making by providing recommendations based on client needs.
- **Monitoring and evaluation**: AI software can track health trends and provide data that allow you to make changes to support client engagement with treatment plans. AI can help predict potential health outcomes based on individual data.
- **Education**: AI software may provide you with resources that you can recommend to your clients so that they can learn more about their health conditions.
- **Documentation**: Digital scribing tools may help automate the documentation process for some professions.

These are ways that you can potentially use AI in your daily practice; however, you need to verify the information obtained is accurate, evidence-informed, and a good fit for your client's needs based on your professional experience, regulatory guidelines, and the clinical context.

AI models are still learning, and some have a bias towards generic information that will not be appropriate for clients and require you to prompt it with more specificity. AI

output may vary based on prompts entered, and results may not be reproducible. In addition, AI may "hallucinate" or generate content that is not based in fact or reality. **AI is a supportive tool for your practice, not a substitute for your knowledge, experience, and clinical judgement.** Be sure to review all output generated by AI with a critical lens.

Q3: Does the College have a list of AI models that I can use?

The College cannot recommend or endorse any specific Artificial Intelligence models. Guidance on AI models for use in healthcare is likely to be developed and revised over the coming months. Check with your employer, health authority and/or professional association (as applicable) to determine which tools may be used in your practice setting.

Q4: Will AI replace my professional expertise?

AI is meant to complement your skills, not replace them. When AI is used in healthcare, health and care professionals are required to ensure that the AI output is correct and complete. In addition, health and care professionals provide human autonomy and empathy and have a deeper understanding of their client's needs, which AI cannot mimic. The use of AI outlines an important continuing education need for professionals to refine their analysis and questioning skills, and to be discerning of the quality and validity of the information shared by AI models.

Q5: What are the risks and benefits of using AI in practice?

AI software can offer many healthcare risks, challenges, and benefits.

Risks and challenges:

- **Privacy and security**: AI software may collect and store client health data, which can raise ethical concerns about the privacy, security, and incorrect use of information. Potential risks of allowing AI to access client health data include non-compliance with privacy legislation requirements, sharing of data to third parties without consent, and data breaches. As we start using AI, it is important to understand how, where, by whom, and for how long data shared with AI is accessed, used, stored, and managed.

  The location of data storage can affect who has legal rights to access and use the information, including whether the data may be shared with third parties or retained beyond its intended use. AI models may store and process data in servers

located outside of Canada. Before using an AI tool, evaluate where any inputted or generated data is be stored and the tool's compliance with privacy legislation.

See Q7 for more information on ethical implications of AI use.

- **Mosaic effect**: Personal information, including but not limited to medical records, dates of birth, and insurance claim numbers, may identify an individual and should be protected. A person may also be identified through the accumulation of data that appears to be non-identifiable, like piecing together a puzzle. This is known as the mosaic effect. Some AI models may be able to re-identify anonymized data.

- **Lack of personalization**: AI software does not currently reflect the different needs of clients from different socio-economic classes, races, cultures, genders, comorbidities, etc. In addition, AI software is unable to respond to human emotions, show empathy, or resolve ethical dilemmas. This is where educated human input is needed. In addition, you are responsible for delivering evidence-informed information, considering the clinical context, and providing individualized care which is personalized to the client's needs.

- **Accuracy and reliability**: AI software may not be accurate as it uses algorithms that rely on existing data to make predictions. If the input in data is inaccurate or incomplete, the output will likely be incorrect. Some AI models may produce different outputs even when identical or similar inputs are used.

- **Client trust and communication/erosion of the therapeutic relationship**: Clients may not trust, and feel comfortable with, the services they receive if provided by AI. It is important to be transparent about this use of AI and how it is integrated into care. Respect client wishes to opt out of AI use.

- **Introduction of bias**: AI models are based on data they've been trained on, which can introduce bias, and may not be able to correctly generate treatment plans that are sensitive to individual needs of different socio-economic races, cultures, genders, or other factors.

- **Cultural sensitivity**: AI software may assist with considering cultural preferences to better understand how to meet your client's needs. However, depending on the source data used, AI output may be less reliable when concerning marginalized and less-represented people and cultures. Registrants are encouraged to use extra caution when interpreting AI generated content regarding Indigenous clients and populations. See the CHCPBC Indigenous Cultural Safety and Humility page for more information**.**

Benefits:

- **Efficiency:** AI systems can help you save time on repetitive tasks, such as record keeping and updating educational resources, allowing for increased work productivity. This may enable you to focus more on client care.
- **Personalized treatment plans and improved client outcomes:** AI may help create customized recommendations and suggestions.
- **Client engagement and education**: AI tools may help educate clients about their conditions, allowing for improved engagement and understanding.
- **Analyzing data:** AI software can collect and analyze client data to help monitor progress. The data analysis may assist with care planning.
- **Clinical support**: While you provide the final care plan, AI software may support informed clinical decision making. Decisions should not be made solely using AI models.

Q6: Are AI recommendations reliable?

Although AI applications can be reliable, registrants must consider how they use AI to support rather than replace aspects of their practice. This is because it doesn't replace the knowledge and experience of health and care professionals and may not understand the socio-economic factors that affect clients such as income, employment, and life skills. In addition, AI software is still new and relies on algorithms and clinical data that may not represent the target populations. Therefore, health and care professionals play a crucial role in ensuring the appropriateness of their care plans, which may include a combination of AI recommendations and clinical judgement. Registrants should request and validate the references that support the responses generated by AI and evaluate their relevance, quality, and currency.

Q7: What are the ethical implications of using AI in practice?

Using AI applications in practice can have ethical implications unless you take steps to ensure that you are using your clinical judgment in combination with the information obtained from the AI software.

Questions to ask yourself:

1. *Is your feeling of competence inflated with the use of AI?*

You may feel competent to practice outside of your legal and personal scope because of the suggestions and knowledge you gained from AI software, however, competent service provision requires professional experience and judgement in combination with education and training from reputable sources.

2. *Are you relying heavily on AI software?*

   Relying on AI may

   - Weaken your competence level in specific areas. Overreliance on the software could mean that that you make less effort to gain knowledge and understanding to maintain your skills.
   - Limit your ability to offer recommendations of more than one option for a service or product (including cost differences, regional availability, or conflict of interest—see below) as applicable.
   - Recognize actual conflicts of interest but not identify perceived conflicts of interest.
   - Generate marketing materials that do not meet the regulatory requirements.

3. *Is there a risk of privacy breach?*

   When AI software is used, there is a risk of personal health information becoming part of the public and/or private data pool for future enquiries. AI software/models rely on being trained by comprehensive data sets that may access and incorporate client information to generate outputs. This may pose risks to confidentiality where a client may not be aware or have consented to their personal information being used in this way.

4. *Are you obtaining informed consent?*

   Clients may have differing levels of understanding when it comes to AI use. You may miss disclosing relevant information when obtaining client consent. For example,

   - Does your client understand how the AI tools are used and its potential risks?
   - Have you included consent for how client information may be used in generating AI outputs and shared to third parties for “teaching” other AI models?

- What safeguards are in place to protect personal information and manage bias?

5. *Is the care plan recognizing the unique needs of your client?*

   Even though AI software can be reliable in finding evidence-**based** recommendations, they might need to meet the standards for evidence-**informed** approaches, which may include information related to the client's specific situation and the clinical context.

6. *Are you meeting your profession's regulatory requirements related to record keeping?*

   If AI is used to generate documentation that is not validated or edited correctly, there could be omissions, errors, or emphasis on details that are minimally important and vice versa. In addition, AI software may not use correct workplace abbreviations or nomenclature.

Q8: What are the legal copyright implications of using AI in practice?

Currently, there is debate regarding the ownership and copyright of AI generated content. With the increasing impact of AI on a wide array of daily activities, the Federal government is working on the regulation of AI for copyright protection.

For further information, you may want to review the following:

- Government of Canada. Artificial Intelligence and Data Act. Proposed in 2022.
- Government of Canada. Consultation on Copyright in the Age of Generative Artificial Intelligence: What We Heard Report. 2025.

Q9: How can I stay updated on the latest AI developments? What training, education materials and tools could I use in my practice?

The following list includes examples of learning activities related to AI. You can stay updated on AI developments with various online tools and resources. Some ways to stay updated include the following:

- Enrolling in online courses, training, or certifications, or participating in continuous learning opportunities related to your profession and the use of AI.
- Regularly reviewing academic journals and publications related to AI and health care. Subscribe to online newsletters about AI from reputable sources.
- Collaborating with colleagues to stay up to date with new AI developments. Stay current with pertinent provincial and federal legislation that regulates AI use in healthcare. Understand any AI policies or guidelines that your workplace has in place.

Q10: Does the College regulate AI technology companies?

The Health Professions Act mandates CHCPBC to protect the public by ensuring that the nine professions regulated by the College have the competencies needed to practise and that they adhere to the standards needed for safe and ethical care. The College regulates its registrants – not the tools themselves or their compliance with standards.

Registrants are expected to continue to comply with all existing regulatory standards for their professions when using AI-based tools in their practice. It is the responsibility of each registrant to exercise professional judgment in selecting appropriate tools, verifying the accuracy of AI-generated information, and ensuring that their use of such tools complies with all applicable standards.

The following resources are provided for your interest and further reading. The College does not endorse or assume accountability for any external resources referenced in the AI Resource.

General Resources

- Abrassart, C., Bengio, Y., Chicoisne, G., de Marcellis-Warin, N., Dilhac, M., Gambs, S., Gautrais, V., Gibert, M., Langlois, L., Laviolette, F., Lehoux, P., Maclure, J., Martel, M., Pineau, J., Railton, P., Régis, C., Tappolet, C., & Voarino, N. (2018). *Montréal declaration for a responsible development of artificial intelligence 2018.* https://declarationmontreal-iaresponsable.com/wp-content/uploads/2023/04/UdeM_Decl_IA-Resp_LA-Declaration-ENG_WEB_09-07-19.pdf

- BC Ministry of Citizens' Services. *FOIPPA foundations: Privacy and access fundamentals.* https://mytrainingbc.ca/FOIPPA/

- Canadian Institutes of Health Research. (2021, December 20). Building a strategy for artificial intelligence in public health: Centering partnership, equity, and interdisciplinarity. Government of Canada. https://cihr-irsc.gc.ca/e/53244.html

- Healthcare Excellence Canada. (2021, November). *Implementing artificial intelligence in Canadian healthcare: A kit for getting started.* https://www.healthcareexcellence.ca/media/qdmn0p3b/20211208_aireport_en.pdf

- Healthcare Information Management Systems Society (HIMSS). Healthcare Information and Management Systems Society | HIMSS
    - Resources and articles on healthcare technology, including AI in healthcare
    - Fees may apply.

- Innovate Healthcare: AI In Healthcare. https://aiin.healthcare/

- LinkedIn Learning. Resources on AI.

- Queen's University. (n.d.). AI in healthcare: Mastering the essentials. [Online course]. https://healthsci.queensu.ca/opdes/cpd/educational-programs-opportunities/ai
    - Please note there is a fee for this course.

- Sandhu, J. A. (2024, January 25). *What are LLMs and generative AI? A beginner's guide to the technology turning heads.* Schwartz Reisman Institute for Technology and Society, University of Toronto. https://srinstitute.utoronto.ca/news/gen-ai-llms-explainer

Profession-specific Resources

Audiologists and Hearing Instrument Practitioners

- Bennett, B. & Mejia, J. (2024). Artificial intelligence in audiology: Exploring the potential of gen-AI and LLMs for improved client care. *Audiology Now, 97.* *https://audiology.asn.au/audiology-now/*

- Harrison, R. V. (2024). The role of AI in audiology. *Canadian Audiologist, 11*(6). https://canadianaudiologist.ca/the-role-of-ai-in-audiology/

- Swanepoel, D. W., Manchaiah, V., & Wasmann, J. W. A. (2023). The rise of AI Chatbots in hearing health care. *The Hearing Journal*, *76*(04), 26-30. 10.1097/01.HJ.0000927336.03567.3e.

Dietitians

- Chatelan, A., Clerc, A., & Fonta, P. A. (2023). ChatGPT and future artificial intelligence chatbots: What may be the influence on credentialed nutrition and dietetics practitioners?. *Journal of the Academy of Nutrition and Dietetics*, *123*(11), 1525–1531. https://doi.org/10.1016/j.jand.2023.08.001

- College resources for dietitians can be found here: Dietitians – Practice Resources | CHCPBC. Suggested resources include, but are not limited to, the following:

    - Cultural Safety and Humility Q&A
    - Managing Risk in Practice Q&A
    - Professional Boundaries: Where's the Line?
    - Privacy Guide

Occupational Therapists

- Jones, H. (2025, April). AI in occupational therapy: Balancing technology and clinical excellence. *Occupational Therapy Now.* https://doi.org/10.63192/otnow.1921107

Opticians and Optometrists

- García-Porta, N., Vaughan, M., Rendo-González, S., Gómez-Varela, A. I., O'Donnell, A., de-Moura, J., Novo-Bujan, J., & Ortega-Hortas, M. (2024). Are artificial intelligence chatbots a reliable source of information about contact lenses? *Contact Lens and Anterior Eye, 47*(2):102130. https://www.contactlensjournal.com/article/S1367-0484(24)00013-4/fulltext

- The Vision Council. (2025, April 24). *Experts break down wide range use of AI in the optical industry in new report from The Vision Council.* https://thevisioncouncil.org/sites/default/files/assets/media/TVC_AI%20Focused%20inSights%20Release%20-%204.24.pdf

- Kading D. L. (2023). The future of AI care. *Contact Lens Spectrum*, *38,* 26–28, 30, 31. https://www.clspectrum.com/issues/2023/december/the-future-of-ai-care/

Physical Therapists

- College of Health and Care Professionals of BC. (2024). *Physical therapists: Using a digital scribe for documentation.* https://chcpbc.org/wp-content/uploads/2024/09/2024_08_07_ATC_USING-A-DIGITAL-SCRIBE_Logo_CW-Version_Final.pdf

- College of Physiotherapists of Ontario. (n.d.). *Artificial intelligence—principles for physiotherapists.* https://collegept.org/resource/artificial-intelligence-principles-for-pts/

Psychologists

- American Psychological Association. (2024). *Companion checklist: Evaluation of an AI-enabled clinical or administrative tool.* https://www.apaservices.org/practice/business/technology/tech-101/evaluating-artificial-intelligence-tool-checklist.pdf

- American Psychological Association Council Policy Manual. (2024, August). *Artificial intelligence and the field of psychology.* American Psychological Association. https://www.apa.org/about/policy/artificial-intelligence-psychology

- Canadian Psychological Association (Host). (2024, October 2). *AI, ethics, and education with Laila Shaheen and Nia Pazoki.* [Audio podcast episode]. In *Mind Full: The*

CPA Podcast. https://cpa.ca/ai-ethics-and-education-with-laila-shaheen-and-nia-pazoki/

- Canadian Psychological Association. (2024, January). *Artificial intelligence and psychology: A briefing paper of the Canadian Psychological Association (CPA).* https://cpa.ca/docs/File/CPD/Artificial%20Intelligence%20and%20Psychology%20EN%202024.pdf

Speech-Language Pathologists

- College of Speech and Hearing of BC. (2019). Notice to the professions: disclosure of information for non-health purposes. RSLP-Disclosure-of-Information-for-Non-health-Purposes-2019-08-21.pdf

- Gallano, G., Giglio, A., & Ferre, A. (2025). Artificial intelligence in speech-language pathology and dysphagia: A review From Latin American perspective and pilot test of LLMs for rehabilitation planning. *Journal of Voice*, *S0892-1997*(25)00158-4. Advance online publication. https://doi.org/10.1016/j.jvoice.2025.04.010

- Green, J. R. (2024). Artificial intelligence in communication sciences and disorders: Introduction to the forum. *Journal of Speech, Language, and Hearing Research, 67*(11), 4157–4161. https://doi.org/10.1044/2024_JSLHR-24-00594

- Liss, J. & Berisha, V. (2020, August). *How will artificial intelligence reshape speech-language pathology services and practice in the future?* ASHA Journals Academy. https://academy.pubs.asha.org/2020/08/how-will-artificial-intelligence-reshape-speech-language-pathology-services-and-practice-in-the-future/

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Canadian Association of Optometrists. (2023). *Teleoptometry and Artificial Intelligence Opportunities and Challenges for the Profession A Discussion Paper for OLF 2023*. https://opto.ca/sites/default/files/resources/documents/OLF 2023 Discussion Paper.pdf

College of Physicians and Surgeons of British Columbia. (2023). Appropriate use of large language models (such as ChatGPT) in medical practice. *College Connector, 11*(3). https://www.cpsbc.ca/news/publications/college-connector/2023-V11-03/03

College of Physicians and Surgeons of Manitoba. (2024). *Advice to the profession: Responsible use of artificial intelligence in the practice of medicine.* https://cpsm.mb.ca/assets/Advice/Advice to the profession-AI.pdf

Davenport, T., & Kalakota, R. (2019). The potential for artificial intelligence in healthcare. *Future Healthcare Journal*, *6*(2), 94–98. https://doi.org/10.7861/futurehosp.6-2-94

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