

Document	Position Statement and Guiding Principles for the Responsible use of Artificial Intelligence in Postgraduate Medical Education
Date Approved	February 11 th , 2026
Approved By	Postgraduate Medical Education Committee
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Review to Commence	This position statement will be reviewed in alignment with the implementation and review cycle of QHS/Queen's use of AI policy, once operationalized.
Responsible Portfolio/Unit/Committee	Postgraduate Medical Education Committee
Responsible Officer(s)	Associate Dean, Postgraduate Medical Education.
Relevant Documents	Queen's University Institutional Guidelines for the use of AI Queen's Endorsed AI Tools for Responsible Use CFPC Statement on Artificial Intelligence for Family Medicine RCPSC Task Force on Artificial Intelligence and Emerging Digital Technologies CMPA: AI in Medical Practice CPSO: Advice to the Profession: Using Artificial Intelligence in Clinical Practice What is Human in the Loop?

The Postgraduate Medical Education Office at Queen's University recognizes the growing role of Artificial Intelligence (AI) in both clinical practice and medical education. AI has the potential to enhance learning, support clinical decision-making, and reduce administrative burden. However, its use must be guided by principles of safety, equity, transparency, and accountability.

In alignment with guidance from the [CFPC](#), [RCPSC](#), [CMPA](#), [CPSO](#) and [Queen's University](#) at-large, we affirm the following principles and minimum guidelines for the responsible integration of AI within postgraduate medical training:

- AI must support and not replace clinical judgment. Trainees and physicians remain fully accountable for patient care decisions, including those informed by AI tools. Residents should be oriented to institutionally approved AI-driven tools used in documentation, triage, and workflow support.
- AI must always operate with meaningful human oversight and supervision. Residents must be trained in "human-in-the-loop" * best practices and supervisors should ensure AI-supported workflows do not bypass critical safety checks.

- AI literacy development is a shared responsibility. Residents, faculty, and clinical educators must engage in continuous learning on the ethical and responsible use of AI in clinical and academic settings.
- Informed consent and transparency are essential. Patients should be made aware when AI contributes to their care, particularly in documentation or decision-support tools. Residents and faculty must use AI tools only within approved platforms that comply with PHIPA, Queen's data governance policies, and Faculty of Health Sciences security requirements.
- Equity, bias mitigation, and ethical awareness must be embedded in the use and evaluation of AI. Trainees should be guided to critically appraise AI systems for potential harms or inequities.
- When used in research (e.g., literature review, coding, analysis), AI tools must be disclosed in accordance with publisher, funder, and institutional guidelines. Residents should not rely on AI-generated outputs without verification and must maintain intellectual ownership of their work.
- Educational use of AI (e.g. in simulations, study aids, assessments) should be aligned with academic integrity policies and clearly communicated in program-level guidance.
- This PGME position statement aligns with and upholds the broader [Queen's University institutional guidelines for the use of AI](#).

We encourage thoughtful, supervised, and reflective use of AI in clinical and educational settings, and commit to updating this guidance as institutional, provincial, and national standards evolve.

*Human-in-the-loop: Human-in-the-loop (HITL) is an AI system configuration in which human judgment is deliberately embedded into the system lifecycle, including design, training, validation, deployment, and/or real-time decision-making, with the authority to review, override, or halt automated outputs when necessary. More information can be found here: [What Is Human In The Loop \(HITL\)? | IBM](#)

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