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COURSE BROCHURE

Clinical AI Ethics Committee Review Course for Hospital Leaders

29 March – 2 April 2027
London

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Registered in the United Kingdom and Saudi Arabia

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Clinical AI Ethics Committee Review is a 1-week training course for clinical leaders, health informatics leads and hospital managers who sit on or advise the committees that approve algorithms for patient care, and it produces a Clinical AI Ethics Review Dossier for one tool. Diagnostic imaging, triage and early-warning models now reach wards faster than ethics committees can adapt their questions. Jupiter Prime Training runs this course on Clinical AI Ethics Committee Review.

Why Clinical AI Ethics Committee Review Matters Now

Three pressures meet at the committee table. Vendors offer imaging, sepsis and triage algorithms with performance claims drawn from populations unlike local patients. Clinicians are asked to act on scores they cannot interrogate, while patients and families expect to be told when software shapes their care. Hospitals that review these tools with discipline protect patients from silent harm and keep clinician trust; those that approve by default inherit unseen bias and unclear liability. The course uses the NIST AI Risk Management Framework AI RMF and the ISO/IEC 42001 AI management system standard as reference structures for committee questions.

Who Gains Most from Clinical AI Ethics Committee Review

- Clinicians who chair or join committees deciding whether an algorithm may touch patient care
- Informatics leads who validate model performance on local records before go-live
- Patient safety leads who investigate incidents where software contributed to harm
- Managers who negotiate contracts and monitoring duties with algorithm suppliers
- Nursing and allied health leads who decide how staff override or escalate model outputs

A hospital ethics or digital safety committee gains most when its clinical chair, informatics lead and safety lead attend together.

Clinical AI Ethics Committee Review Capabilities

Participants leave able to put a structured set of ethical questions to any clinical algorithm and turn the answers into a defensible approval decision.

- Assess subgroup performance of a diagnostic model for hidden bias — committee approval votes
- Design a patient information and consent approach for algorithm-supported care — patients and families
- Weigh the explainability a clinical setting needs against model accuracy — frontline clinicians
- Specify accountability for decisions shared between clinicians and software — medical directors and legal advisers
- Build post-deployment monitoring triggers for drift and harm — patient safety teams
- Communicate a conditional approval with clear limits of use — suppliers and ward leaders

Key Clinical AI Ethics Committee Review Terms

- Algorithmic bias — systematic difference in model accuracy or outcomes between patient groups.
- Automation bias — the tendency of clinicians to accept a software recommendation even when other evidence contradicts it.
- Model drift — gradual loss of accuracy as patient populations, equipment or clinical practice change after deployment.
- Intended use statement — the supplier's description of the patients, setting and decision a clinical algorithm is designed for.
- Human-in-the-loop — a design in which a qualified clinician reviews and can override every model output before action.
- Conditional approval — a committee decision allowing use within stated limits, with review dates and stopping rules.

Clinical AI Ethics Committee Review Day by Day

Day 1: Ethical Ground for Clinical Algorithms

- Principles of Beneficence and Non-Maleficence — Framing Algorithm Benefit Against Harm
- Clinical AI Use Case Inventory — Which Tools Need Committee Scrutiny
- Intended Use Statement Analysis — Matching Supplier Claims to Local Patients
- NIST AI RMF Govern Function — Committee Roles and Escalation Routes
- Committee Terms of Reference — Scope, Quorum and Decision Rights

Day 2: Bias, Fairness and Validation Evidence

- Subgroup Performance Tables — Detecting Unequal Sensitivity and Specificity
- Training Data Provenance Questions — Representativeness of Source Populations
- Local Retrospective Validation — Testing Imaging Models on Hospital Archives
- Fairness Trade-Off Matrix — Accepting or Rejecting Accuracy Gaps
- Bias Mitigation Options — Recalibration, Thresholds and Restricted Use

Day 3: Consent, Transparency and Explainability

- Patient Notification Models — When and How Software Use Is Disclosed
- Explainability Methods for Clinicians — Saliency Maps and Feature Attribution
- Automation Bias Safeguards — Override Prompts and Second Reader Rules
- Secondary Use of Patient Records — Ethical Limits for Model Retraining
- Triage Model Case Study — Transparency in Emergency Department Prioritisation

Day 4: Accountability, Safety and Monitoring

- Shared Decision Accountability Map — Clinician, Supplier and Hospital Duties
- ISO/IEC 42001 Operational Controls — Supplier Monitoring and Change Notice
- Algorithm Incident Reporting — Root Cause Analysis With Software Factors
- Model Drift Surveillance Triggers — Suspension and Revalidation Decisions
- Home Monitoring Algorithm Case — Remote Alerts and Escalation Ethics

Day 5: Practising the Clinical AI Ethics Review Dossier

- Mock Committee Hearing — Applying Intended Use and Validation Questions
- Bias Evidence Appraisal — Applying Subgroup Tables to a Supplier Pack
- Consent and Override Design — Applying Transparency and Automation Bias Safeguards
- Conditional Approval Wording — Limits of Use and Review Dates
- Clinical AI Ethics Review Dossier — Completing the Committee Submission

Applying Clinical AI Ethics Committee Review After the Course

- Run a subgroup performance check on one algorithm already in use, using local records, and present the results to the next committee meeting.
- Draft a patient notification text and clinician override rule for one triage or imaging tool.

Clinical AI Ethics Committee Review Questions FAQ

What is Clinical AI Ethics Committee Review and why does it matter now?

Clinical AI Ethics Committee Review is the structured scrutiny a hospital applies before an algorithm influences patient care. It matters now because imaging, triage and early-warning tools arrive quickly.

Which roles gain most from Clinical AI Ethics Committee Review training?

Committee chairs, informatics leads, patient safety leads, contract managers and nursing leads gain most.

How does Clinical AI Ethics Committee Review differ from a general AI ethics course?

Clinical AI Ethics Committee Review applies ethics to concrete committee decisions on clinical tools. A general AI ethics course discusses principles across industries; this course works with validation tables, consent wording, override rules and conditional approval terms used in hospitals.

What do you bring back from Clinical AI Ethics Committee Review training?

You bring back a Clinical AI Ethics Review Dossier for one real or planned tool.

Clinical AI Ethics Committee Review: The Way Forward

The Clinical AI Ethics Review Dossier gives a committee one consistent record for each algorithm it considers. Its first use is usually the approval or restriction of a tool already being trialled. Revisit the dossier after the first drift alert or incident, when real-world behaviour shows which conditions of use were too loose.