Family & Community Medicine
UNIVERSITY OF TORONTO

DFCM Artificial Intelligence (AI) Use Policy for Post-Graduate Education

Source: Department of Family and Community Medicine

1. Purpose

The Department of Family and Community Medicine (DFCM) is committed to promoting responsible, ethical, and educational integration of artificial intelligence (AI) tools in residency training. This policy provides guidance for residents and faculty on the permitted, restricted, and prohibited uses of AI in clinical, academic, and learning settings. The aims are to:

- Foster the development of core skills in clinical reasoning, documentation, and synthesis.
- Maintain safe, privacy-compliant clinical practice.
- Promote digital and AI literacy based on evidence.
- Prepare learners for the thoughtful and appropriate integration of AI into future practice.
- Align DFCM with emerging AI standards in Canadian Family Medicine residency programs and with national regulatory bodies.

2. Background and Rationale

AI tools (e.g., generative AI models, ambient AI scribes) are increasingly used in healthcare. While these tools may improve efficiency and access to knowledge, emerging evidence highlights risks during early training stages.

- Early reliance on AI may weaken learners' ability to gather information, synthesize findings, and formulate coherent assessments (Gilchrist & Goldszmidt, 2025).
- Cognitive offloading may impede the development of critical thinking and clinical judgment (Gerlich, 2025).
- AI-generated notes may affect memory consolidation, accuracy, and resident accountability (Olson et al., 2025).

CMPA emphasizes that physicians remain *fully responsible and accountable* for clinical decision-making, documentation accuracy, and verification of any AI-generated content before entering it into the medical record.

CPSO states that:

- physicians **may not delegate medical judgment**,
- must ensure that documentation reflects the clinician's own assessment, and
- must obtain **informed consent** when using tools that collect or process patient information.

Canadian postgraduate programs (e.g., UBC, Alberta, Laval, McGill, McMaster) have implemented cautious, phased AI policies that emphasize similar principles.

3. Scope

This policy applies to:

- All DFCM postgraduate Family Medicine residents
- Faculty, preceptors, and site directors
- All DFCM-affiliated teaching sites
- All clinical, scholarly, and educational contexts where AI tools may be used, including community clinics or teaching sites

4. Policy Principles

4.1 Promotion of Clinical Reasoning and Adaptive Expertise

Residents must independently develop skills in:

- Information gathering
- Differential diagnosis formulation
- Management planning
- Documentation and communication

Therefore:

- Residents must **not** use AI tools to generate histories, physicals, clinic notes, differentials, assessments, or management plans.
- AI must **not** be used during formal examinations (written, OSCE, or workplace-based).

- This aligns with **CPSO documentation standards**, which require that notes accurately reflect the physician's own judgment and observations.
- It also reflects **CMPA guidance** that physicians must verify all clinical documentation and cannot rely on AI for diagnostic reasoning.

4.2 Scholarship: Self-Directed Learning, EBM, and Scholarly Work
Residents may use AI tools for **self-directed learning** only if:

- Using vetted, evidence-based platforms (e.g., Open Evidence).
- Residents verify the accuracy and relevance of AI outputs.
- Work submitted for assessment demonstrates the learner's original synthesis.

CMPA advises that when AI is used for academic work, **anti-plagiarism, transparency, and academic integrity standards** must be upheld.

4.3 Supporting Transition to Practice: AI Scribes and Documentation
AI scribes are emerging in Canadian primary care practices to reduce administrative burden. However, documentation remains a core clinical skill. The DFCM follows a **cautious, phased approach.**
AI scribe may be used by residents when the following criteria are met:

1. PGY-2 residents in their **final six months** of training.
2. Demonstrated competence in documentation, synthesis, and reasoning.
3. **Explicit approval** from both Faculty and Site Program Directors.
4. AI scribe is **institutionally approved**, PHIPA-compliant, and privacy-reviewed.
5. Resident remains the **author of record** for all notes.
6. Supervisor oversight is required.
7. The teaching site has already adopted the AI scribe into routine practice.
8. Funding is in place to cover monthly costs for AI scribe.

*Please refer back to 4.1 for clarification.

Both **CPSO** and **CMPA** emphasize:

- The physician is accountable for the accuracy and completeness of the documentation.
- AI scribes must not compromise informed consent, privacy, or professional responsibilities.
- Patients must be informed when a scribe or recording tool is being used.

4.4 Medicolegal and Ethical Considerations
Use of AI tools must comply with:

- **PHIPA (2004)**
- Affiliated hospital and clinic privacy requirements
- University of Toronto policies on digital health
- CPSO professional standards

Thus:

- No identifiable patient information may be entered into unapproved AI tools
- Only institution-approved tools may be used for patient-related tasks.
- Residents must obtain **explicit patient consent** before using approved AI-enabled tools

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