Office of the Prime Minister's
Chief Science Advisor

Kaitohutohu Mātanga Pūtaiao Matua ki te Pirimia

AI – Panel meeting 2
Wed July 26, 2023

Timing:	10:00am – 4:00pm
Venue:	VC Suite, Old Government House, 24 Princess St, University of Auckland
OPMCSA participants: **MoH participants:**	Prof Juliet Gerrard (Co-Chair), Dr George Slim, Dr Rebecca Benson, Dr Emma Brown Prof Ian Town (Co-Chair)
External Panel Members:	Prof Alistair Knott, Prof James Maclaurin, Dr Karaitiana Taiuru (arrived approx. 10:30am), Megan Tapsell, Dr Robyn Whittaker, Prof Michael Witbrock, Dr Vithya Yogarajan
Attendees:	Dr Ehsan Vaghefi, Eric Horvitz (online)

Agenda Items:

Title / topic	Minutes	Action
Presentation from Eric Horvitz and follow on discussion	• Overall discussion of evaluation mechanisms/tools for gpt type tools where there is a more open ended interaction with the tool. How do you evaluate that? What is most suitable? Where is liability? • Should evaluate against likely outcomes, not against ideal outcomes. • At the same time, we need to ensure we aren't simply accepting current levels of inequality. • Outcomes of AI very specific to inputs, how they're used. More tool is supervised, less audit is needed. • Should always be expecting the clinician to bring local context. Advice re privacy is can't put info into GPT etc • Discussion on consent, there is a need to be specific. Separate consent for data summary vs co-pilot. Even summarising data -- need something to stop sending the data to California. • Data sharing discussion/issues with de-identification etc(they don't work/lose useful info) • Local running models on the horizon • Discussion around training data, patient experience, explainability, increased training datasets, tailoring patient/clinician interactions etc. • Evaluation and consent should be considered together • Timeline for adoption of different tools. In NZ we could easily adopt some tools that would provide benefits in the short term. Some benefits are further away from being realized. • What should evaluations optimize for? Patient experience? How are these factors measured? • Education discussion. Need to educate clinicians, governance, school level, etc. Provide suitable explanation to people so that they have the highest possible chance of positive health outcomes.	EB/RB: Include in report that we need to establish a deep understanding of the most suitable evaluation methods for AI tools (especially open ended) EB/RB: Consider consent/evaluation requirements

	• Currently AI needs explaining but that won't always be the case. • Discussion around protection. What regulations are in place that protect users? • For open ended AI tools that might provide advice, how might you optimize advice? Is there a way to feed in patient specific factors? (Introduces issue of consent, privacy, etc). • As tech improves, consent (or lack of) might bake in people's healthcare outcomes. • There will be cases were people simply accept advice from unsupervised AI, consumers using apps available online etc. They won't necessarily be providing best advice. • Potential opportunities lie in lots of settings (e.g. chemists) • Ability to support young doctors with identifying rare diseases. • AI's capability to delivery cost savings will still require some initial investment. • There needs to be care that AI isn't being invoked to do the work that *should* be carried out by a human.	
Minutes of the previous meeting.	Previous minutes accepted	
Feedback on updated ToR and skeleton	• Discussion about definition of AI used for the report. • Feedback on Te Ara Tika principles • Careful consideration for evaluation (Evaluation per AI tool, for different cohorts, etc) • Usefulness/outcomes for Māori important to consider. • Chapter on AI health equity should look beyond current use cases to highlight where the opportunities are. • Easy opportunities should be highlighted (emphasise opportunities beyond generative AI) • Need an overarching story about what can be achieved in the short term, near medium term and long(er) term without a focus on any particular tech. • There is a risk focus in the report at the moment. A sole focus on mitigating risk leaves us vulnerable to not taking any opportunities. • Need first draft of some AI principles. • Need to consider costing. Need to think about who benefits, who pays and who bears the risk.	EB/RB: Work with MT and KT to ensure Te Ara Tika principles aligned with throughout the report as a whole. Make sure to ref UNDRIP report. EB/RB: Add section on ongoing operationalization/deployment EB/RB: Add further examples to health equity of where equity outcomes might be improved through the use of AI. Add table to the report that frames different areas (clinical, pop health, research etc). VY: To find evaluation of different AI applications (for example AI companion?) EB/RB: figure out how to safely grant edit/commenting rights to doc for panel members JM: To continue drafting AI principles and send to EB/RB.

Team Updates	• Missing voices to consider for the report • Consider connecting with tech enablers • Volpara – use as a large case study that includes lessons learned along the way. • Potential to connect with whanau, consumer, digital council. • There is a whanau, consumer and digital council to consider.	EB/RB: Connect with Whaikaha (if possible) EB/RB: Note down that proper engagement is necessary with various cohorts (Māori, Pacific, Mental health advocates, patient advocacy etc). MT: To provide connection with Frankly AI EB/RB/RW: Chat about digital council, potential for input? To read report?
AI Principles	In draft form at present.	JM: To draft and send to panel for input
Presentation from Ehsan Vaghefi (Toku eyes) and follow on discussion	• Discussion of experience interacting with the NZ systems to deploy the product (enablers, barriers) • Training data – need to access data from the same country they are trying to deploy in.	
General comments	• NZ has some research advantages, for example access to clinicians, less siloed research teams, etc. • There are opportunities for SMEs to build on existing foundation models. • Australia have separated Health and AI from National AI research centre. Would be good to know why. • International collaboration should be considered - what relationships do we need to manage/maintain?	MT: To find out why Aus separated Health and AI from AI national research centre.