Royal College of Nursing response to Department for Science, Innovation and Technology call for evidence on AI Growth Labs

About the Royal College of Nursing

With a membership of over half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Call for evidence questions

About you

1. Are you responding on behalf of an organisation or in a personal capacity?

Please select one option:

- In a personal capacity - I am responsible as an individual and do not represent an organisation
- On behalf of an organisation

If you selected 'On behalf of an organisation', please answer following 3 questions:

2. Please select the group you most closely belong to:

Please select one option:

- A business or industry group developing AI products or services
- A business or industry group using AI services
- A business or industry group not involved in AI
- A research organisation, university or think tank
- A charity, non-profit or community interest organisation, social, civic or activist group
- A regulator or public sector organisation
- Other

3. What is the size of your organisation (number of employees)?

Please select one option:

- 1-9
- 10-49
- 50-249
- <mark>250+</mark>
- Don't know

4. Which sector do you work in?

Please select the most representative industry or enter under 'Other':

- Primary Industries: Agriculture, Forestry, and Fishing; Mining and Quarrying
- Manufacturing and Utilities: Manufacturing; Electricity, Gas, Steam and Air Conditioning Supply; Water Supply; Sewerage, Waste Management and Remediation Activities
- Construction
- Trade and Transportation: Wholesale and Retail Trade; Repair of Motor Vehicles and Motorcycles; Transportation and Storage
- Accommodation and Food Service Activities
- Information and Communication
- Financial and Insurance Activities
- Real Estate Activities
- <mark>Professional, Scientific, and Technical Activities</mark>
- Administrative and Support Service Activities
- Public Administration and Defence
- Education
- Human Health and Social Work Activities
- Arts, Entertainment, and Recreation
- Other

5. We may want to follow up with you - if you are happy to be contacted, please provide us with a contact name, organisation (if relevant) and email address.

Charli Hadden, Royal College of Nursing, charli.hadden@rcn.org.uk

AI Growth Lab questions

6. *The AI growth lab would offer a supervised and time-limited space to modify or disapply certain regulatory requirements. To what extent would an AI Growth Lab make it easier to develop or adopt AI?*

It would make it (select one option):

- Much easier

- Somewhat easier

- I don't think there would be an effect

- Don't know

7. *What advantages do you see in establishing a cross-economy AI Growth Lab, particularly in comparison with single regulator sandboxes?* *(Open-ended, word limit: 300 words)*

The RCN is very concerned about the proposed approach, and as such we are requesting that healthcare is removed from this phase of activity. AI has potential to bring benefit to services, but it must be done safely.

While we can see some opportunities for testing AI in real-world settings, we do not think it is appropriate to do so at this stage in health and care settings in this way at any point. We have not seen enough detail in these proposals to provide assurance that patients and staff would not be exposed to inappropriate levels of risk in a largely unregulated pilot scheme. Proper scrutiny, risk management and governance is required to ensure trust in systems as AI is adopted.

Healthcare is extensively regulated, both in terms of the services and the professionals. It is our view that existing regulators should be engaged in the first instance, to begin assessing safe and appropriate ways in which AI can be explored and regulated, using their expertise of existing services and professionals. Through this lens, where appropriate, and with the informed consent of all involved, pilot schemes can be designed, run and evaluated. If there are areas where regulation needs to be amended, to facilitate the rollout of AI, these amendments can go through existing mechanisms, which include parliamentary and appropriate oversight along with public engagement.

We also urge Government to explore findings from other countries relating to the introduction of AI in healthcare, so that learning can be applied.

At this stage, the RCN cannot support the inclusion of healthcare in this scheme, outside of existing regulatory frameworks. The risk to patients and staff is too high.

Considered and strong governance, rooted in partnership working is a necessity for AI implementation to move forward in a trusted, safe and appropriate manner within the healthcare sector.

8. What disadvantages do you see in establishing a cross-economy AI Growth Lab, particularly in comparison with single regulator sandboxes? (Open-ended, word limit: 300 words)

The RCN has identified a number of known risks, along with a lack of information and detail in relation to the proposed approach for healthcare which constitutes further unknown risks and concerns. As stated above, at this stage we are strongly opposed to the inclusion of healthcare in this proposal. While we are generally opposed to this model being adopted in any sector, if it is to go ahead, AI Growth Lab should focus on sectors where the risk and impact on individuals is lower. The introduction of AI into healthcare settings should proceed within existing service and professional regulatory frameworks.

Healthcare is a high-risk environment with unique ethical, safety, and accountability requirements. A one-size-fits-all approach ignores this complexity and risks undermining patient safety, professional standards, and public trust. While it is important to ensure that the sector adapts with developments in technology, it is vital that speed is not prioritised over safety. It is possible to test AI approaches whilst also maintaining key public safety regulatory protections.

AI is still largely in its infancy, and mistakes at this stage would have real-world detrimental impact on patients and staff. Testing with real-world patients without sufficient checks and balances could lead to misinformed decision making. Not only does this risk patient safety, experience and outcomes, it also exposes nursing staff to risk in relation to their own professional regulation. For these reasons, we demand in the strongest possible terms that healthcare be removed from the AI Growth Labs cross-economy proposal.

9. What, if any, specific regulatory barriers (particularly provisions of law) are there that should be addressed through the AI Growth Lab? If there are, why are these barriers to innovation? Please provide evidence where possible (Open-ended, word limit: 300 words)

No barriers to appropriate AI implementation exist within the regulatory framework in the health sector that cannot be addressed through existing structures for regulation. Should regulation(s) need to be changed to allow for the implementation of a desirable AI tool in a specific setting or role, this should be carefully considered as all other technology would be within those existing structures. An AI Growth Lab on a cross-

economy basis is not required nor desirable. Should there be need to update areas that hinder adoption, due processes to include regulator, registrants and public consultation should be followed.

10. Which sectors or AI applications should the AI Growth Lab prioritise?

The RCN does not support the inclusion of the healthcare sector in this AI Growth Lab approach. The decisions made by staff in health and care settings are life or death, and as such are already heavily regulated. It is inappropriate to develop or test AI in real-world settings outside of those existing regulatory frameworks.

It is vital to recognise the context of pressures within the healthcare system and the risk of unintended consequences of over-reliance on AI and other technologies due to long term and ongoing workforce shortage. AI should not be used to fix issues with the domestic workforce pipeline.

11. What could be potential impacts of participating in the AI Growth Lab on your company/organisation?

Please select all that apply:

- It would allow us to test products that we wouldn't otherwise be able to test
- It would make our company/organisation more internationally competitive
- It would allow us to bring our product to market quicker than otherwise
- Don't know
- Other (please specify) – N/A

12. Several regulatory and advisory sandboxes have operated in the UK and around the world, for example, the FCA's Innovate Sandbox, the Bank of England / FCA Digital Securities Sandbox, the MHRA's AI Airlock, and the ICO's Data Protection Sandbox. Have you participated in such an initiative?

Please select one option:

- Yes
- No

13. What lessons from past sandboxes should inform the design of the AI Growth Lab?

N/A

14. What types of regulation (particularly legislative provisions), if any, should be eligible for temporary modification or disapplication within the Lab? Could you give specific examples and why these should be eligible?

There are no types of regulation within the healthcare sector that should be eligible for temporary modification or disapplication within the lab. More generally, it is our position that AI should not be treated differently than any other technology, across the entire public sector. Merits can and should be assessed on a case by case, sector by sector basis to ensure that each tool is appropriately deployed and regulated to ensure safety and security

15. We propose that certain types of rules and obligations, such as those relating to human rights, consumer rights and redress mechanisms, and workers' protection and intellectual property rights, could never be modified or dis-applied during a pilot. What types of regulation (particularly legislative provisions) should not be eligible for temporary modification or disapplication within the Lab (e.g. to maintain public trust)? *(Open-ended, word limit: 300 words)*

We object to the concept of suspending professional or service regulation for any reason by the Growth Lab, particularly in relation to healthcare. Existing regulatory frameworks are established to protect public safety. Mistakes made outside the protection of service regulation frameworks could have life-changing or life-ending consequences for patients. Likewise, mistakes made outside the security of professional regulation frameworks could expose nursing staff to career-ending consequences. While AI can provide some benefits to the health and care system, it is inappropriate to consider pursuing this outside the boundaries of existing regulation and protection for both patients and staff.

16. What oversight do you think is needed for the Lab?

Please select all that apply:

- Parliamentary scrutiny when modifying or disapplying regulations within the Lab

- A Statutory Oversight Committee made up of sectoral regulators and independent, and nursing experts

- Public transparency and reporting

- None

- Don't know

- Other (please specify)

<mark>Trade unions, service users, professional regulators, ombudsmen should be included in a genuine partnership approach. Any sandbox should make representation to government on proposed changes and be unable to make changes without clear and deliberate democratic accountability and governance.</mark>

17. How would this oversight work most effectively? (Open-ended, word limit: 300 words)

Noting that we object to the inclusion of healthcare within the AI Growth Lab, we set out below the oversight requirements for any activity relating to the scoping of AI within existing healthcare service and professional regulatory frameworks.

Oversight must prioritise patient safety, professional accountability, and public trust, particularly in high-risk sectors such as healthcare. Effective oversight should include:

- **Mandatory involvement of professional bodies** such as the RCN, alongside regulators and trade unions, to ensure decisions reflect clinical realities and workforce protections.
- **Nursing representation on all oversight committees**, recognising nurses as core designers and end-users and safety-critical decision-makers.
- **Clear escalation routes for safety concerns**, including immediate suspension powers where risks to patients or staff emerge.
- **Public transparency**, including a public register of participating projects alongside regular reporting of incidents, decisions, and outcomes to maintain trust.
- **Parliamentary or governmental scrutiny**, given proposals that evidence from pilots could inform permanent regulatory reform, oversight should also include appropriate parliamentary scrutiny of any proposed changes and clear processes for consultation with affected sectors and workforces before reforms are made permanent.

This approach ensures that oversight prioritises safety over speed and maintains the integrity of healthcare regulation.

18. What criteria should determine which organisations or projects are eligible to participate in the Lab?

Please select all that apply:

- You have an innovative product you want to bring to market

- Your innovation is intended for the UK market, or you are a UK based firm

- Your innovation will benefit consumers

- Your innovation is directly connected to AI

- There is a regulatory barrier (legislation) which the AI Growth Lab would help overcome

- There is a significant regulatory compliance resource otherwise needed to test the relevant product, which the AI Growth Lab would help avoid

- Other (please specify) – RCN believes that no healthcare organisation or project should be engaged in this project

19. Which institutional model for operating the Lab is preferable?

Please select one option:

- AI Growth Lab run by central government, with the support of sectoral regulators

- AI Growth Lab run by a lead-regulator

- Don't know

- Other (please specify)

20. What is your reason for selecting this institutional model?

The RCN does not believe any of these models are appropriate as our position is that this is the wrong approach to responsible deployment of AI within the public sector, and in particular, healthcare.

21. What supervision, monitoring and controls should there be on companies taking part in the Lab? (Open ended, word limit: 300 words)

Healthcare should not be put in a position where existing professional or service regulation frameworks are suspended; this is the ultimate supervision, monitoring and control necessary to keep patients safe and reduce risks for staff.

The health sector could be faced with the prospect of industrial dispute if RCN members were being asked to do something outside of regulatory framework, professional practice or that undermined terms and conditions or collective bargaining.

Within the existing regulatory frameworks, where AI is to be tested, controls should be framed as minimum safeguards proportionate to risk, recognising healthcare as a complex high-risk setting with the need for robust protections. If AI tools affecting care delivery are tested, minimum requirements should include:

- Mandatory human oversight: AI must not operate autonomously or become a single point of failure in clinical pathways.
- Clear accountability frameworks: ensuring that responsibility for decisions remains with registered professionals.
- Public transparency: on incidents, outcomes, and decision-making processes.
- Continuous monitoring: for patient safety, equality impacts and workforce consequences with the ability to pause systems rapidly.
- Workforce impact assessment: monitoring impacts on workload, equality impacts, and safe staffing.

These controls should be accompanied by meaningful consultation and negotiation with professional bodies and trade unions where systems affect practice, job design or working conditions.

22. Do you think a successful pilot in the AI Growth Lab would justify streamlined powers for making changes permanent, as opposed to following existing legislative processes which would take considerably longer?

Please select one option:

- Yes
- No
- Maybe

  Don't know

23. If you answered 'yes' or 'maybe' to question 22, what is the most effective way to achieve streamlined powers to make permanent legislative changes?

N/A

24. Would there be value in extending the AI Growth Lab to other high-potential technologies?

Please select one option:

- Yes
- No
- Maybe
- Don't know

25. If you answered 'yes' or 'maybe' to question 24, which technologies would benefit the most?

<mark>N/A</mark>

26. Thank you for taking the time to complete the survey. We really appreciate your time. Is there any other feedback or evidence that you wish to share?

Please select one option:

- <mark>Yes</mark>

- No

27. If you answered 'yes' to question 26, please set out your additional feedback or evidence (Open-ended, word limit: 300 words)

<u>Additional Feedback</u>

The RCN objects to the inclusion of healthcare in this type of activity. It is fundamentally unsafe to consider suspending key regulatory protections from patients and staff, and we cannot support this approach. We cannot endorse any initiative which risks patient safety, or puts our members in a compromised position in terms of their decision making, job security, and wellbeing. Nursing has experienced severe workforce shortages and supply pipeline issues, and we have concerns that AI could be used inappropriately as an attempt to fill capacity gaps; this would have dire consequences for patient safety, experience and outcomes.

AI is new, and it makes mistakes. These mistakes, if introduced into healthcare have significant life-changing outcomes, particularly without the safety of existing regulatory frameworks. AI should always be an augmentation tool in healthcare, it cannot replace professional standards, judgement and must always be subject to human oversight.

Speed of implementation also cannot be prioritised over safety. Instead, any adaptation should be sector-specific, developed through partnership, and based on evidence of need. There should be no assumption that regulation is a barrier; rather, regulations should be adapted to include AI where appropriate following consultation with stakeholders.

Policy must be governed by a holistic approach—not driven solely by data or technology and certainly never by financial motive. It must centre on ethics, human oversight, rights, protections, and principles.

Technology companies should not influence regulatory decisions where they have a profit motive. Their role should be limited to providing technical evidence, not shaping governance and certainly not in any body with power to suspend or alter regulatory systems that benefit their business interests. The RCN believes this approach is critical

to maintaining public trust and ensuring that innovation in healthcare serves patients, staff, and society, not commercial interests, first.