

A Governance Framework for Agentic AI Assuming Clinical Functions

Ensuring increasingly capable AI improves care while clinical authority and accountability remain aligned.

1

FUNCTION

What clinical function is the AI performing?

Define the task, patient population, setting and intended use.

Examples: document · monitor · triage · recommend · diagnose · treat · prescribe

2

EVIDENCE + RISK

What demonstrates that it can perform that function, and what happens if it fails?

Evaluate performance, safety, clinical benefit, population fit and uncertainty in proportion to potential consequence.

Greater consequence + greater autonomy → stronger evidence

3

AUTHORITY + OVERSIGHT

What should the AI be permitted to do, and under what conditions?

Set the permissible scope of action and the human or institutional oversight required for safe use.

Inform → recommend → decide → act

LIABILITY

4

ACCOUNTABILITY

Who is responsible for the risks and outcomes?

Allocate accountability according to authority, control, knowledge of risk and ability to prevent or mitigate harm.

Developer · deployer · health system · physician · payer · other actors

REGULATION + LICENSURE

THE GOVERNING PRINCIPLE

Clinical authority should be earned through evidence and maintained through demonstrated performance.

Authority and oversight can evolve as evidence, performance, risk or the technology itself changes.

CONTINUOUS PERFORMANCE FLYWHEEL

DEPLOY

MONITOR

REASSESS

LEARN

PRINCIPLES IN PRACTICE

The AMA is bringing physicians together with those who build, deploy and regulate AI to shape responsible governance in service of better patient care. As AI capabilities advance, evidence, authority, oversight and accountability must remain aligned in service of better patient care.

REGULATION

Evidence, safety, performance and conditions of use

LICENSURE*

Scope of clinical authority and required oversight

LIABILITY

Responsibility for decisions, actions and failures

**"Licensure" refers here to authorization for an AI system to operate in a defined clinical capacity, not licensure to practice medicine. Terminology in this area remains unsettled, and the field has not yet converged on a shared term that clearly distinguishes these concepts. ©2026 American Medical Association. All rights reserved. 26-1925850.pdf:10/16