



Upskilling the workforce in AI

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Key Points

- Skills and capabilities needed for healthcare workforce to work effectively with AI
- Future roles that might emerge in healthcare due to Al integration
- Workforce strategy and planning considerations for Al adoption
- Leadership's role in driving AI adoption in healthcare organisations
- Approaches to upskilling healthcare workers in AI technologies
- Patient/consumer experience with AI in healthcare settings
- Balancing human touch with AI automation in healthcare delivery

Discussion Items

Skills and Capabilities Needed for the Healthcare Workforce

The discussions highlighted several key capabilities required for healthcare professionals to work effectively with AI:

- Al literacy and digital literacy were identified as fundamental skills needed across all levels of the healthcare workforce, from frontline clinicians to back-office staff.
- Critical thinking and analytical skills were emphasised as crucial for evaluating Al outputs and recommendations, with participants noting that healthcare workers need to be able to question and verify information provided by Al systems.
- Clinical reasoning skills remain essential, particularly for determining appropriate AI applications and interpreting results in clinical contexts.
- Communication skills were highlighted as increasingly important, both for explaining AI use to patients and for articulating clinical needs to technical teams.
- Prompt engineering skills were discussed as a specific capability needed to effectively interact with generative AI tools, with participants noting that asking the right questions is crucial for getting useful outputs.

Several participants noted that while technical skills are important, human attributes like empathy and relationship-building will become even more valuable as AI takes over more







transactional aspects of healthcare. There was debate about whether certain skills would become less relevant in the future, with some suggesting that operational skills, repetitive tasks, and reliance on memory might be areas where AI could supplement human capabilities.

Future Roles and Workforce Evolution

Discussions about future roles revealed mixed perspectives:

- Most participants believed that rather than creating entirely new roles, Al would primarily augment existing ones, changing how healthcare professionals work rather than replacing them entirely.
- Some suggested that supervisory roles might emerge, with people overseeing and orchestrating AI systems rather than performing tasks directly.
- There was consideration of how different professions might be affected differently, with some participants suggesting that roles focused on human connection and touch (like certain allied health professions) might grow in importance.
- The potential for AI to shift the balance of work was discussed, with the possibility that clinicians might focus more on complex cases while AI handles routine matters.

Participants debated whether this would lead to better work-life balance or simply result in healthcare workers taking on more complex workloads without relief. There was also discussion about how AI might affect the training pathway for healthcare professionals, with questions about whether certain repetitive tasks currently considered part of the learning process might be handled differently in the future.

Workforce Strategy and Planning Considerations

When discussing how HR directors should approach workforce planning for AI:

- Participants emphasised the need to link AI adoption to broader business strategy rather than treating it as a separate technology initiative.
- The importance of modernising learning infrastructure was highlighted, with suggestions that traditional learning management systems may not be adequate for AI upskilling.
- There was discussion about the need for modular, adaptive learning approaches that can keep pace with rapidly evolving AI technologies.
- Data-driven approaches to learning and development were recommended, with AI potentially helping to identify skills gaps and personalise learning pathways.







• Several participants noted the challenge of planning for a future that's difficult to predict, with some suggesting that organisations should focus on principles and guardrails rather than specific technologies.

The discussions acknowledged the tension between planning for incremental change versus more transformative shifts in how healthcare is delivered. Some participants suggested starting with small, internal use cases to build confidence and demonstrate value before expanding to patient-facing applications.

Leadership's Role in AI Adoption

Participants discussed expectations for leadership in driving AI adoption:

- There was strong consensus that leaders need to "walk the walk" by using AI tools themselves rather than just mandating their use by others.
- Creating a culture that values experimentation and learning was seen as crucial, with leaders needing to model a growth mindset.
- Providing clear guardrails and ethical frameworks was identified as a leadership responsibility, helping staff understand appropriate use cases and boundaries.
- Several participants noted that leaders need to balance enthusiasm for new technology with realistic expectations about implementation challenges.
- The importance of bringing board members and other stakeholders along on the journey was highlighted, recognising that different stakeholders may have varying levels of comfort with AI technologies.

Patient Experience and AI Integration

The discussions touched on how AI might affect the patient experience:

- There was recognition that patients are increasingly using AI tools like ChatGPT to research their conditions before seeking care, potentially changing the dynamic of clinical interactions.
- Participants discussed the challenge of explaining AI use to patients in ways that maintain trust while being transparent.
- The potential for AI to provide more consistent patient education was noted, with some suggesting that AI might deliver more empathetic interactions in certain contexts than time-pressured clinicians.
- Several participants emphasised that maintaining human connection remains essential, with AI best used to augment rather than replace meaningful patient-provider relationships.

Next Steps





- Develop frameworks for AI literacy across different healthcare professions, potentially through regulatory bodies and educational institutions.
- Explore modular learning approaches that can adapt to rapidly evolving AI technologies.
- Start with small, internal AI use cases to build confidence before expanding to patient-facing applications.
- Consider how job descriptions and performance expectations might need to evolve to incorporate AI capabilities.
- Engage with patients and communities about how AI is being used in healthcare delivery.

Challenges

- Keeping pace with rapidly evolving AI technologies while ensuring appropriate governance and safety.
- Balancing efficiency gains with maintaining human connection in healthcare delivery.
- Addressing workforce concerns about job security and changing role expectations.
- Ensuring equitable access to AI tools across different healthcare settings and populations.
- Managing the tension between standardisation and personalisation in Alsupported care.
- Addressing infrastructure limitations, with many healthcare organisations still using paper-based systems or outdated digital tools.

Additional Notes

The discussions highlighted significant variation in AI readiness across different healthcare organisations, with some still struggling with basic digital infrastructure while others are exploring advanced applications. There was recognition that different generations might approach AI differently, with younger workers potentially more comfortable with technology but all workers needing support to adapt. The importance of considering both regulated and non-regulated healthcare workers was emphasised, recognising that a significant portion of patient care is delivered by workers without formal clinical qualifications.

