Global AI Certification Council

GAICC TRAINING · COURSE CURRICULUM

[HAIGP]

Healthcare AI Governance Professional

32-Hour Course Curriculum

1st Edition | 2026 | v1.0

Course	Healthcare AI Governance Professional (HAIGP) certification course
Document code	GAICC-CUR-HAIGP-001
Version	1.0 · 23 October 2026
Duration	4 days · 32 contact hours · 32 CPD hours
Prepares for	GAICC Healthcare AI Governance Professional (GAICC-HAIGP)

1. Course overview

The 32-hour course moves through the health AI lifecycle in four days: who is accountable and which rules apply, how clinical risk and health data are governed, how fairness, transparency and evidence are established, and how deployed systems, generative and agentic AI and suppliers are controlled at scale. Every module is built around realistic cases from hospitals, payers, medtech, pharma and the services firms that deliver AI to them, and learners leave with a working toolkit they can apply on return. The final module integrates all eight domains in a capstone and prepares candidates for the examination.

Duration **4 days · 32 contact hours**	**CPD** **32 CPD hours on completion**	**Modules** **16 modules plus capstone**
Delivery **In person, live online, or GAICC self-paced**	**Class size** **Recommended maximum of 24 learners**	**Leads to** **GAICC Healthcare AI Governance Professional (GAICC-HAIGP)**

Course learning outcomes

By the end of the course, learners will be able to:

1. Classify health AI use cases and determine regulatory status across major device and AI regimes.
2. Plan evidence for AI medical devices, including PCCPs and dual MDR/IVDR and AI Act conformity.
3. Build clinical safety cases, hazard logs and impact assessments proportionate to clinical risk.
4. Govern health data use for AI under HIPAA, GDPR, EHDS and NZ privacy rules.
5. Test health AI for subgroup bias and design patient transparency that meets disclosure laws.
6. Specify validation and output audits for predictive models, ambient scribes and generative AI.
7. Run post-market monitoring, change control and incident reporting across jurisdictions.
8. Set autonomy limits, human checkpoints and contract terms for agentic and vendor-supplied AI.

Who should attend

- Health system AI and digital governance leads
- Clinical safety officers and clinical informatics leaders
- Medtech regulatory affairs and quality professionals
- Payer utilisation management and compliance leaders
- Pharma and life sciences AI leads
- Privacy, information governance and security officers
- Consultants and architects delivering health AI
- Procurement, legal and risk professionals in health

2. Course at a glance

Module	Title	Domains	Hours
Day 1	**Accountability and Regulatory Pathways**	Domains I, II	**8.0 h**
M01	The healthcare AI landscape and accountability	I	2.0 h
M02	Governance structures, inventory and ISO/IEC 42001	I	2.0 h
M03	AI medical devices across jurisdictions	II	2.5 h
M04	Non-device, payer and drug development AI rules	II	1.5 h
Day 2	**Clinical Risk and Health Data**	Domains III, IV	**8.0 h**
M05	Device risk management for machine learning	III	2.0 h
M06	Clinical safety cases, impact and human factors	III	2.0 h
M07	Lawful use of health data for AI	IV	2.0 h
M08	De-identification, consent and data sovereignty	IV	2.0 h
Day 3	**Equity, Transparency and Evidence**	Domains V, VI	**8.0 h**
M09	Health equity, bias and proxy discrimination	V	2.0 h
M10	Patient transparency, ethics and explainability	V	1.5 h
M11	Clinical validation and generative AI evaluation	VI	2.5 h
M12	Vendor evidence, software standards and audit	VI	2.0 h
Day 4	**Lifecycle, Agents and Scale**	Domains VII, VIII, I, II, III, IV, V, VI	**8.0 h**
M13	Monitoring, change control and incident response	VII	3.0 h
M14	Governing generative and agentic AI	VIII	2.0 h
M15	Procurement, services providers and enterprise scaling	VIII	1.5 h
M16	Capstone and exam readiness	I, II, III, IV, V, VI, VII, VIII	1.5 h
Total			**32.0 h**

3. Detailed curriculum

DAY 1

Accountability and Regulatory Pathways

Who is accountable for health AI and which device, AI and coverage rules apply to it.

M01 The healthcare AI landscape and accountability · 2.0 hours

Domains I · Competencies HAIGP-1.1, HAIGP-1.2

Learning outcomes	• Classify clinical, operational, administrative and research AI by intended purpose and patient exposure • Allocate accountability across manufacturers, deployers, clinicians, payers and services providers • Distinguish the governance needs of predictive, generative, multimodal and agentic systems
Topics	Health AI use case families and intended purpose · Patient exposure pathways and decision impact · Provider, deployer and manufacturer roles · Clinician duty of care and AI outputs · Payer accountability for AI-assisted decisions · Services providers in the AI value chain
Activity	Learners sort a regional health system's register of 20 AI tools, including sepsis alerts, scribes, coding bots, imaging triage and a patient chatbot, into categories and map the accountable party for each.

M02 Governance structures, inventory and ISO/IEC 42001 · 2.0 hours

Domains I · Competencies HAIGP-1.3, HAIGP-1.4, HAIGP-1.5

Learning outcomes	• Design an AI committee with clear decision rights and escalation routes • Specify the fields and discovery methods for an enterprise health AI inventory • Scope an ISO/IEC 42001 management system integrated with ISO 13485 and RUAIH
Topics	AI committee terms of reference and membership · Clinical safety officer, CMIO and CNIO roles · AI inventory fields and shadow AI discovery · ISO/IEC 42001 clauses and Annex A controls · Integration with ISO 13485, ISO/IEC 27001 and clinical governance · Joint Commission and CHAI RUAIH elements
Activity	Teams draft terms of reference and a RACI for a hospital AI committee, then scope an ISO/IEC 42001 statement of applicability covering the hospital and the services provider that runs its AI platform.

M03 AI medical devices across jurisdictions · 2.5 hours

Domains II · Competencies HAIGP-2.1, HAIGP-2.2, HAIGP-2.3

Learning outcomes	• Determine device qualification and classification for AI software in major markets • Plan regulatory evidence and a predetermined change control plan for an AI device • Map AI Act Annex I requirements into an MDR/IVDR technical file
Topics	Software device qualification and MDR Rule 11 · FDA clinical decision support criteria (January 2026) · FDA submission content and PCCP components · Dual conformity under MDR/IVDR and the AI Act · MHRA, TGA, HSA, MDA and CDSCO pathways · AI Airlock and regulatory sandboxes
Activity	Using an AI chest radiograph triage product, teams determine qualification and classification in the US, EU, UK, Australia and Singapore and design a PCCP for its two-year retraining roadmap.

M04 Non-device, payer and drug development AI rules · 1.5 hours

Domains II · Competencies HAIGP-2.4, HAIGP-2.5, HAIGP-2.6

Learning outcomes	• Identify AI Act Annex III, CMS and US state duties for non-device health AI • Apply the EMA-FDA principles and credibility framework to drug development AI • Detect regulatory status drift and trigger requalification
Topics	Annex III triage, eligibility and insurance uses · CMS medical necessity guidance and CMS-0057-F · California, Texas, Colorado and Illinois health AI laws · EMA-FDA principles, context of use and GxP validation · Regulatory status drift and feature creep
Activity	Teams map the duties for a public health eligibility tool and a payer prior authorisation assistant, then assess whether a scribe update that proposes diagnoses has drifted into device territory.

DAY 2

Clinical Risk and Health Data

How clinical risk is assessed and controlled and how health data is used lawfully and respectfully.

M05 Device risk management for machine learning · 2.0 hours

Domains III · Competencies HAIGP-3.1, HAIGP-3.5

Learning outcomes	• Apply ISO 14971 and ISO/TS 24971-2 to machine learning hazards • Justify benefit-risk decisions for an AI device • Tier use cases by consequence, autonomy and reversibility
Topics	ISO 14971 process and benefit-risk · Machine learning hazards in ISO/TS 24971-2 · Limits for LLM-based devices · Risk tiering criteria and IMDRF significance matrix · FDA autonomy versus consequence grid
Activity	Learners build an ISO 14971 risk analysis for a sepsis early-warning model, including data, bias and drift hazards, and tier six other use cases to set proportionate controls.

M06 Clinical safety cases, impact and human factors · 2.0 hours

Domains III · Competencies HAIGP-3.2, HAIGP-3.3, HAIGP-3.4

Learning outcomes	• Produce a hazard log and clinical safety case summary for a deployed AI system • Conduct an ISO/IEC 42005 impact assessment for a non-device AI use • Design oversight controls that counter automation bias and alert fatigue
Topics	DCB0129 and DCB0160 duties and handover · Hazard identification: SWIFT, FMEA and bow-tie · ISO/IEC 42005 and ISO/IEC 23894 assessments · Automation bias, alert fatigue and deskilling · Usability engineering under IEC 62366-1
Activity	Teams produce a DCB0160 hazard log and safety case summary for an ambient scribe roll-out across emergency and outpatient settings, and redesign an alert interface to reduce automation bias.

M07 Lawful use of health data for AI · 2.0 hours

Domains IV · Competencies HAIGP-4.1, HAIGP-4.2, HAIGP-4.3

Learning outcomes	• Determine lawful bases and contract safeguards for AI use of health data • Apply NZ, UK and APAC health privacy rules to AI collection and use • Plan secondary use of health data under EHDS and research governance
Topics	HIPAA BAAs and minimum necessary · GDPR Article 9 and processor terms · Health Information Privacy Code 2020 and Biometric Processing Privacy Code 2025 · UK national data opt-out and Caldicott principles · EHDS data permits and secure processing environments · Research ethics and consent waivers
Activity	Teams review a data flow in which a vendor fine-tunes a model on hospital EHR data, identifying the HIPAA, GDPR and EHDS requirements and the BAA and processor terms required.

M08 De-identification, consent and data sovereignty · 2.0 hours

Domains IV · Competencies HAIGP-4.4, HAIGP-4.5, HAIGP-4.6

Learning outcomes	• Assess de-identification and synthetic data approaches for AI datasets • Design consent and opt-out processes for ambient scribes • Apply Māori data sovereignty and cross-border controls to health AI
Topics	Safe Harbor and Expert Determination · Re-identification from free text, imaging and genomics · Synthetic data testing and model memorisation · Scribe consent, retention and opt-out · Te Mana Raraunga and CARE principles · Cross-border transfers and offshore delivery access
Activity	Teams design governance for a population health risk model with iwi partners under Māori data sovereignty principles, then design consent and opt-out for a scribe used in mental health clinics.

DAY 3

Equity, Transparency and Evidence

How fairness, patient transparency and clinical evidence are established and assured.

M09 Health equity, bias and proxy discrimination · 2.0 hours

Domains V · Competencies HAIGP-5.1, HAIGP-5.2

Learning outcomes	• Evaluate subgroup performance and set remediation thresholds • Detect proxy discrimination in payer and population health algorithms • Apply ACA Section 1557 and individualised determination requirements
Topics	Subgroup metrics and calibration · Representativeness and label bias · Accent and language bias in speech AI · Cost as a proxy for need · ACA Section 1557 and CMS individual circumstances
Activity	Learners analyse subgroup results from a deterioration model and a payer care-management algorithm, identify proxy discrimination and set remediation thresholds and actions.

M10 Patient transparency, ethics and explainability · 1.5 hours

Domains V · Competencies HAIGP-5.3, HAIGP-5.4, HAIGP-5.5

Learning outcomes	• Design patient disclosures that meet state laws and AI Act Article 50 • Apply WHO ethical guidance to consent decisions for AI-supported care • Specify explanations suited to clinicians, patients and reviewers
Topics	California AB 3030 and Texas disclosure duties · AI Act Article 50 and Colorado SB 26-189 rights · WHO guidance on large multi-modal models · Informed consent and AI-delivered therapy limits · Explanations, uncertainty and denial reasons
Activity	Teams respond to an AI prior authorisation denial complaint by drafting the specific denial explanation, the human review record and the patient-facing AI disclosure the applicable laws require.

M11 Clinical validation and generative AI evaluation · 2.5 hours

Domains VI · Competencies HAIGP-6.1, HAIGP-6.2, HAIGP-6.3

Learning outcomes	• Apply GMLP principles to dataset and reference standard design • Design external, prospective and silent-mode validation • Run a structured omission and hallucination audit of scribe output
Topics	IMDRF GMLP N88 and N93 draft · Data independence and leakage · External, temporal and silent-mode validation · TRIPOD+AI, CONSORT-AI and DECIDE-AI · Documentation error taxonomies · Stratified sampling for output audits
Activity	Teams design a validation protocol for a sepsis model moving to a new hospital, including a silent-mode trial, and audit a set of sample scribe notes for omissions, fabrications and medication errors.

M12 Vendor evidence, software standards and audit · 2.0 hours

Domains VI · Competencies HAIGP-6.4, HAIGP-6.5

Learning outcomes	• Challenge vendor evidence packs and model cards • Specify vendor-independent testing proportionate to risk • Verify conformity with health software and AI management system standards
Topics	CHAI Applied Model Card · Evidence pack contents and transferability · Independent testing and red teaming · IEC 62304 Edition 2, IEC 82304-1 and IEC 81001-5-1 · ISO/IEC 42006 audits and RUAIH certification
Activity	Teams challenge a vendor evidence pack and model card for an imaging AI product, listing evidence gaps and the independent tests and standards conformity they would require before purchase.

DAY 4

Lifecycle, Agents and Scale

How deployed, generative and agentic AI and its suppliers are controlled across a health system.

M13 Monitoring, change control and incident response · 3.0 hours

Domains VII · Competencies HAIGP-7.1, HAIGP-7.2, HAIGP-7.3, HAIGP-7.4, HAIGP-7.5

Learning outcomes	• Design drift and real-world performance monitoring with action thresholds • Decide whether a model change, including a vendor model swap, is significant • Meet vigilance and AI safety event reporting duties across jurisdictions • Plan cybersecurity controls and safe decommissioning
Topics	Drift types and monitoring metrics · PCCPs, algorithm change protocols and significant change · UK, FDA and EU vigilance timelines · AI safety event investigation and learning · FDA section 524B and SBOMs · Decommissioning and clinical fallback
Activity	Teams investigate a sepsis early-warning model whose alert rate shifted after an EHR upgrade and a vendor model update, decide whether the change is significant, and prepare the reports required in the UK, US and EU.

M14 Governing generative and agentic AI · 2.0 hours

Domains VIII · Competencies HAIGP-8.1, HAIGP-8.2, HAIGP-8.3, HAIGP-8.4

Learning outcomes	• Set scope, review and audit requirements for scribes and AI patient messages • Define autonomy limits and human checkpoints for health agents • Mitigate prompt injection and foundation model dependency risks
Topics	NHS and Health NZ scribe guidance · Autonomy levels and approval gates · Tool permissions, logging and kill switches · Prompt injection via EHR text · Foundation model dependencies and master files · GPAI obligations under the AI Act
Activity	Teams design autonomy limits, human checkpoints and audit logging for a prior authorisation agent and a care navigation agent, then red team them with prompt injection planted in referral letters.

M15 Procurement, services providers and enterprise scaling · 1.5 hours

Domains VIII · Competencies HAIGP-8.5, HAIGP-8.6

Learning outcomes	• Conduct due diligence and draft key AI contract clauses • Determine when a services provider becomes an AI Act provider • Plan a federated governance model for a multi-site health system
Topics	Due diligence questionnaires · Liability, audit rights and change notice · Product Liability Directive and contracts · AI Act Article 25 and supplier duties · Offshore delivery and processor obligations · Scaling literacy, committees and metrics
Activity	Teams negotiate an AI clause schedule for a health system buying an agentic contact-centre platform built and run by a global services firm, and decide whether the firm's customisation makes it a provider under Article 25.

M16 Capstone and exam readiness · 1.5 hours

Domains I, II, III, IV, V, VI, VII, VIII · Competencies HAIGP-1.4, HAIGP-2.6, HAIGP-3.5, HAIGP-4.5, HAIGP-5.3, HAIGP-6.4, HAIGP-7.2, HAIGP-8.2, HAIGP-8.5

Learning outcomes	• Integrate all eight domains into one risk-tiered governance decision • Defend an approval pack before a mock AI committee • Apply examination technique to scenario-based items
Topics	Capstone case briefing · Integrated approval pack · Mock AI committee review · Examination content outline walkthrough · Timed scenario practice
Activity	Teams act as the governance lead for a health system rolling out an ambient scribe and an agentic referral assistant, then present and defend their approval pack to a mock AI committee.

4. Capstone and exam readiness

Learners act as the AI governance lead for a multi-site health system rolling out an ambient scribe and an agentic referral assistant, both built by an external services provider on a third-party foundation model. Teams classify the systems, produce a risk-tiered approval pack covering regulatory status, safety case, privacy and consent, equity, validation, monitoring and key contract terms, and defend it to a mock AI committee. The module closes with timed scenario practice against the examination content outline.

Assessment for learning

- A short knowledge check at the end of each module, mapped to competency codes, with feedback.
- A daily scenario review in which teams defend their decisions to the instructor.
- A full timed mock examination of 80 questions in 120 minutes, available on the GAICC learning platform after Day 4, with feedback by domain.
- Course completion requires attendance of all 32 contact hours (or completion of all self-paced modules) and submission of the capstone.

5. Learner toolkit

Learners leave with practical templates they can use at work from day one:

- Health AI inventory and risk-tiering template
- AI committee terms of reference and RACI
- Regulatory qualification decision tree for device and non-device AI
- Dual conformity map for MDR/IVDR and the AI Act
- PCCP and significant-change decision worksheet
- Clinical safety case and hazard log template for AI
- AI impact assessment template aligned with ISO/IEC 42005
- Ambient scribe assurance checklist and output audit protocol
- Subgroup performance and equity review template
- Vendor due diligence questionnaire and AI contract clause library
- Agentic AI autonomy and human checkpoint register
- Post-market monitoring plan and AI safety event report form

6. Future watch

A recurring horizon-scanning segment keeps the course current. It covers emerging technology, regulation and practice in healthcare and life sciences, and is refreshed at every curriculum review:

- Government response to the UK National Commission's 44 recommendations on AI in healthcare
- FDA next steps on generative AI devices and a foundation model master file
- IEC 62304 Edition 2 publication and transition
- EU MDR/IVDR simplification and AI Act guidance for medical devices
- EHDS secondary use from March 2029 and its effect on AI training
- NZ Medical Products Bill and changes to the Health Information Privacy Code
- EU GMP Annex 22 and revised Annex 11 adoption

- US federal and state tension over state AI laws

7. Delivery requirements

Requirement	Standard
Instructor	GAICC Certified Instructor holding the HAIGP (or, during launch, a GAICC-approved subject matter expert) with at least five years of AI governance, risk, assurance or regulatory experience in healthcare and life sciences.
Materials	Current GAICC courseware only: slides, learner workbook, activity book, case packs and toolkit templates.
Live online	Camera-on participation, breakout rooms for team activities, and sessions of no more than four hours without a substantial break.
Self-paced	Equivalent content and activities, with completion tracked per module and contact hours verified by the platform.
Enterprise delivery	Case studies may be tailored to an organisation's own AI portfolio, delivery model and client obligations, provided all modules and competencies are covered in full.
Impartiality	Instructors have no access to live examination items and do not examine or certify their own learners.

8. Competency coverage matrix

Every task in the Examination Content Outline is taught in at least one module.

Code	Task	Modules
HAIGP-1.1	Classify healthcare AI use cases across clinical, operational, administrative and research settings by intended purpose, users, decision impact and patient exposure.	M01
HAIGP-1.2	Allocate accountability among developers, manufacturers, deploying health organisations, clinicians, payers and services providers using regulation, contract and professional duty.	M01
HAIGP-1.3	Establish AI governance structures with clear decision rights for the AI committee, clinical safety officer, CMIO and CNIO, privacy, security and procurement functions.	M02
HAIGP-1.4	Build and maintain an enterprise AI inventory recording intended use, regulatory status, risk tier, owner, supplier, model version and monitoring status for every system.	M02, M16
HAIGP-1.5	Implement ISO/IEC 42001 in a health organisation, integrating it with ISO 13485, ISO/IEC 27001, clinical governance and the Joint Commission and CHAI RUAIH elements.	M02
HAIGP-2.1	Determine whether an AI function is a medical device or IVD by applying intended purpose, qualification criteria and decision support and wellness exclusions across jurisdictions.	M03
HAIGP-2.2	Plan regulatory pathways and evidence for AI-enabled devices, including FDA 510(k), De Novo and PMA routes, PCCPs, and UK, EU and APAC registrations.	M03
HAIGP-2.3	Prepare AI medical devices and IVDs for dual conformity under EU MDR/IVDR and AI Act Annex I, using one integrated technical documentation set.	M03
HAIGP-2.4	Identify obligations for non-device health AI, including AI Act Annex III triage and eligibility uses, CMS utilisation rules and US state laws on AI in care and coverage.	M04
HAIGP-2.5	Apply regulatory expectations for AI in drug and biologic development, including the EMA-FDA guiding principles, the FDA credibility framework and GxP validation.	M04
HAIGP-2.6	Monitor regulatory status drift as functions, claims, users or integrations change, and trigger requalification before an unregistered device enters clinical use.	M04, M16
HAIGP-3.1	Apply ISO 14971 and ISO/TS 24971-2:2026 to identify, estimate, control and evaluate machine learning risks in medical devices across the lifecycle.	M05
HAIGP-3.2	Develop and maintain clinical safety cases and hazard logs for health IT and AI under DCB0129 and DCB0160, including the manufacturer to deployer handover.	M06
HAIGP-3.3	Conduct AI impact assessments under ISO/IEC 42005 and AI risk assessments under ISO/IEC 23894 for non-device and organisation-wide AI uses.	M06
HAIGP-3.4	Design human oversight controls that counter automation bias, alert fatigue and deskilling, using human factors and usability engineering evidence.	M06
HAIGP-3.5	Tier healthcare AI use cases by clinical consequence, autonomy and reversibility to set proportionate approval, validation and monitoring requirements.	M05, M16
HAIGP-4.1	Determine lawful bases and contractual safeguards for health information used in AI, including HIPAA business associate agreements, minimum necessary and GDPR special category conditions.	M07

Code	Task	Modules
HAIGP-4.2	Apply NZ, UK, Australian and APAC health privacy rules, including the Health Information Privacy Code 2020, to AI collection, use and disclosure.	M07
HAIGP-4.3	Plan secondary use of health data for AI development under the European Health Data Space, research ethics and data access governance.	M07
HAIGP-4.4	Assess de-identification, re-identification and synthetic data approaches for AI datasets, including risks from free text, imaging, genomics and model memorisation.	M08
HAIGP-4.5	Design consent, notice and opt-out processes for AI that captures patient interactions, such as ambient scribes and voice or image analysis.	M08, M16
HAIGP-4.6	Apply Indigenous and Māori data sovereignty principles and cross-border transfer controls to health AI data flows, hosting and model training.	M08
HAIGP-5.1	Evaluate subgroup performance and bias of health AI across ethnicity, sex, age, language, disability and socioeconomic groups, and set remediation thresholds.	M09
HAIGP-5.2	Identify and prevent proxy discrimination in payer and population health algorithms, applying ACA Section 1557 and individualised determination requirements.	M09
HAIGP-5.3	Design patient transparency and disclosure for AI in care and communications that meets state disclosure laws, AI Act Article 50 and professional standards.	M10, M16
HAIGP-5.4	Apply ethical frameworks, including WHO guidance on large multi-modal models, to informed consent, autonomy, beneficence and justice in AI-supported care.	M10
HAIGP-5.5	Specify explainability suited to clinicians, patients and reviewers, including source attributes, uncertainty, limitations and reasons for adverse decisions.	M10
HAIGP-6.1	Apply Good Machine Learning Practice (IMDRF N88) to dataset design, reference standards, independence of training and test data, and model documentation.	M11
HAIGP-6.2	Design external and prospective validation, silent-mode trials and local performance verification before go-live and after major change.	M11
HAIGP-6.3	Evaluate generative AI and ambient scribe outputs with structured audits for omission, hallucination, misattribution and clinically significant error, using defensible sampling plans.	M11
HAIGP-6.4	Review vendor assurance evidence, model cards and health AI labels, and commission vendor-independent testing proportionate to risk.	M12, M16
HAIGP-6.5	Verify health software lifecycle, security and AI management system conformity using IEC 62304, IEC 82304-1, IEC 81001-5-1 and ISO/IEC 42006 audit criteria.	M12
HAIGP-7.1	Design real-world performance and drift monitoring for deployed health AI, covering input, output, outcome and subgroup signals with defined action thresholds.	M13
HAIGP-7.2	Operate change control for AI models using PCCPs and algorithm change protocols, deciding whether changes, including vendor foundation model swaps, are significant.	M13, M16
HAIGP-7.3	Manage vigilance and serious incident reporting for AI devices across jurisdictions, meeting FDA MDR, EU vigilance and UK post-market surveillance timelines.	M13
HAIGP-7.4	Run AI safety event reporting, investigation and learning for clinical and non-device AI, including near misses, automation bias and documentation errors.	M13

Code	Task	Modules
HAIGP-7.5	Govern device cybersecurity and decommissioning of health AI, including FDA section 524B requirements, SBOMs, patching, data retention and safe withdrawal.	M13
HAIGP-8.1	Govern ambient scribes and generative AI patient communications, setting clinician review, disclosure, scope limits and output audit requirements before scaled roll-out.	M14
HAIGP-8.2	Define autonomy limits, human checkpoints, tool permissions and audit trails for agentic AI in prior authorisation, orders, scheduling and care navigation.	M14, M16
HAIGP-8.3	Mitigate threats specific to generative and agentic AI, including prompt injection through EHR text, data leakage, over-retrieval and unsafe actions.	M14
HAIGP-8.4	Assess foundation model dependencies and supply chain risk, applying the FDA generative AI discussion paper and AI Act general-purpose AI obligations.	M14
HAIGP-8.5	Conduct procurement due diligence and negotiate AI contract clauses covering liability, audit rights, notice of model changes, data use, performance and exit.	M15, M16
HAIGP-8.6	Determine services-provider obligations when building, integrating or operating health AI, including provider status through substantial modification, and scale governance across a health system.	M15

9. CPD and progression

Completing the course earns 32 CPD hours, recorded on the certificate of completion. The course meets the training requirement for the HAIGP examination. For existing GAICC holders, the hours can count towards renewal of other GAICC certifications under the Technology, Humanity and Strategy split, as recorded in the GAICC renewal register.

Document control

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Review cycle	At least annually, and whenever a material regulatory or standards change occurs in the sector