

Using AI Clinical Decision Support Safely in General Practice

A practical checklist for GP practices

What is AI clinical decision support (CDS)?

- AI CDS tools analyse patient information or clinical questions and provide suggestions, risk assessments, differential diagnoses, treatment options or links to evidence.
- They are advisory only.
- The treating clinician remains responsible for checking the recommendation, applying clinical judgement and making the final decision.

Before you start

- Confirm the tool's intended purpose, Therapeutic Goods Administration (TGA) status, evidence base, privacy and security arrangements, and how clinicians will review outputs.
- Nominate a clinical lead, update AI use and privacy processes, train staff, and pilot the tool before wider rollout.

1. Vendor assessment and clinical evidence

- ☐ Vendor has confirmed the tool's intended purpose and TGA status, including [Australian Register of Therapeutic Goods](#) (ARTG) inclusion, exemption or why TGA regulation does not apply.
- ☐ The evidence base is transparent, including guideline sources, citation sources and how recommendations are generated.
- ☐ The practice understands whether the tool uses Australian guidelines, international guidelines, PBS/MBS context and locally relevant evidence.
- ☐ Non-Australian guidance, evidence or assumptions are clearly flagged to clinicians.
- ☐ Recommendations are advisory only and clinicians can independently verify the basis for each recommendation.
- ☐ The vendor can describe how the model or knowledge base is tested, updated and monitored.
- ☐ The vendor clearly discloses whether patient information is used to train AI models or shared with other organisations, and identifies the legal basis for doing so, including whether patient consent is required.
- ☐ Security assurance documents are reviewed where available, such as SOC 2, ISO 27001 or equivalent.

2. Patient transparency and consent

- ☐ Patients are told when AI materially contributes to diagnosis, treatment, risk assessment or a clinical recommendation.
- ☐ The discussion is documented in the clinical record when AI output materially shapes a diagnosis, treatment plan or significant recommendation.
- ☐ Patient-facing information, such as a poster or website statement, explains the practice's general use of AI decision support.
- ☐ There is a process for responding to patients who do not want AI used in their care where this is clinically and operationally appropriate.
- ☐ Patients have a clear pathway to ask questions or raise concerns about the use of AI in their care.

3. Clinical governance

- ☐ A named clinical lead oversees AI CDS use, quality checks, incidents and review processes.
- ☐ Clinicians independently assess AI recommendations and apply clinical judgement before acting.
- ☐ The practice defines which clinical scenarios are suitable for AI CDS use and which require extra caution or exclusion.
- ☐ AI recommendations are periodically audited for accuracy, clinical appropriateness and alignment with Australian practice.
- ☐ Incorrect, unsafe, fabricated or clinically inappropriate outputs are recorded in the incident register and serious issues are raised with the vendor.
- ☐ Seek advice from the practice's Medical Defence Organisation (MDO) or indemnity insurer where appropriate.

4. Privacy and cybersecurity

- ☐ A privacy impact assessment is completed before using the tool with patient information. For solo practices or practices with up to 5 clinicians, use the CESPBN [simplified privacy impact assessment template](#). Larger or corporate practices may use the Office of the Australian Information Commissioner (OAIC) [Privacy Impact Assessment Tool](#).
- ☐ The practice privacy policy is updated to reflect AI CDS tool use where required.
- ☐ Staff understand obligations under the Privacy Act 1988 (Cth) and NSW Health Records and Information Privacy Act 2002.
- ☐ Access to AI-generated recommendations, prompts, logs and reports is restricted to authorised staff.
- ☐ The practice confirms how patient information is collected, stored, accessed, disclosed, deleted and protected.
- ☐ Cyber resilience is reviewed before launch, including MFA, access controls, software updates, backups and incident response.
- ☐ Data breach response procedures cover the AI CDS tool and vendor-related incidents.

5. Staff training and readiness

- ☐ All clinicians and relevant clinical staff are trained on the tool's intended use, evidence base, limitations and correct use before launch.
- ☐ Staff understand AI limitations, including errors, fabricated or inaccurate content, bias, missing context and outdated guidance.
- ☐ Staff know how to verify AI-generated evidence, citations, risk scores and recommendations before acting.
- ☐ Reception and administrative staff can explain the practice's general AI use and escalate patient questions to clinical staff.
- ☐ An escalation process is defined if the tool fails, is unavailable or produces an implausible or unsafe output.

6. Implementation and ongoing review

- ☐ Check compatibility with the practice management system, clinical software and workflow before implementation.
- ☐ Test the tool with selected clinicians before wider rollout.
- ☐ Set success measures before rollout, such as clinical usefulness, accuracy, clinician confidence, workflow impact and incident trends.
- ☐ Review AI CDS outputs regularly for accuracy and suitability, especially after software updates or evidence-base changes.
- ☐ Review performance, staff feedback, incidents and patient concerns at agreed intervals.
- ☐ Reassess the tool if its functions change, including any move from evidence look-up to diagnostic or treatment recommendations.

Caution

Do not use AI CDS as an autonomous diagnostic or treatment tool. Do not accept recommendations without clinical review. Do not use tools where the evidence base, TGA status, data handling or limitations are unclear. Do not enter patient information into public AI tools. Do not assume non-Australian recommendations are suitable for Australian general practice.

Key message

AI clinical decision support can help clinicians surface evidence, identify risks and consider options, but it does not replace clinical judgement. The treating clinician remains professionally and legally responsible for diagnosis, prescribing and treatment decisions.

Key resources

- TGA: [Understanding clinical decision support system software regulation](#)
- AHPRA: [Meeting your professional obligations when using AI in healthcare](#)
- OAIC: [Guidance on privacy and the use of commercially available AI products](#)
- ACSQHC: [AI Clinical Use Guide for Clinicians](#)
- RACGP: [Artificial Intelligence in Primary Care](#)
- Avant: [Artificial Intelligence in Healthcare medico-legal risk resources](#)

Questions

Contact the CESPBN AI Project Officer (digitalhealth@cesphn.com.au) or seek advice from the practice's MDO, indemnity insurer, IT provider or relevant professional adviser.