

Using AI Scribes Safely in General Practice

A practical checklist for GP practices

phn
CENTRAL AND
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An Australian Government Initiative

What is an AI scribe?

- An AI scribe helps produce a draft clinical note from a consultation.
- It may reduce documentation time and help clinicians focus on the patient, but it can still make errors or miss important context.
- The clinician remains responsible for checking, editing and approving the final record.

Before you start

- Confirm the tool is suitable for clinical use, understand how patient information is handled, update consent and privacy processes.
- Ensure staff are trained on its use and nominate a lead person to oversee safe use.

1. Vendor assessment

- ☐ The tool has been assessed as suitable for clinical documentation, not general-purpose AI scribe use.
- ☐ The vendor can demonstrate compliance with Australian privacy law, including the Privacy Act 1988 (Cth) and relevant Australian Privacy Principles.
- ☐ A data processing agreement or equivalent documentation is available where patient information is processed by the vendor.
- ☐ 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.
- ☐ Confirm where data is stored, whether any overseas access or storage occurs, how long records are kept and how records can be deleted.
- ☐ Review data encryption, access controls, audit logs and available security certifications, such as SOC 2 or ISO 27001.
- ☐ Confirm the vendor has a privacy and security incident process, including how and when the practice will be notified.

2. Patient consent and transparency

- ☐ Patients are told when an AI scribe is proposed for use during their consultation.
- ☐ Patients are given a clear explanation of what the tool does and how information is used.
- ☐ Patient consent is recorded before the AI scribe is used.
- ☐ Consent arrangements are consistent with the practice's policy and medico-legal advice.
- ☐ Patients can decline AI scribe use without affecting their care.
- ☐ There is a process for responding if a patient withdraws consent.
- ☐ Patient-facing information, such as a poster, website statement or script, explains AI scribe use.
- ☐ Patient's consent can be withdrawn at any point in the consultation or thereafter.

3. Clinical governance

- ☐ A named clinical lead oversees AI scribe use, quality and incident review.
- ☐ AI-generated notes are treated as drafts only.
- ☐ Clinicians review, edit and approve notes before saving them to the clinical record.
- ☐ The practice has a process to log and review errors, near misses or unsafe outputs.
- ☐ Incorrect, unsafe or inaccurate outputs are recorded in the incident register, and serious issues are raised with the vendor.
- ☐ The practice seeks advice from its medical indemnity insurer or Medical Defence Organisation (MDO) if required.

4. Privacy and cybersecurity

- ☐ A privacy impact assessment is completed before use. For solo practices or practices with up to 5 clinicians, use the CESPHN [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 scribe use where required.
- ☐ Staff understand their privacy responsibilities under the Privacy Act 1988 (Cth) and the Health Records and Information Privacy Act 2002 (NSW).
- ☐ Cybersecurity basics are reviewed before implementation, including access control, device security, patching and incident response.
- ☐ The data breach response process covers the AI scribe and vendor-related incidents.

5. Staff training and readiness

- ☐ GPs and clinical staff are trained to use the AI scribe safely.
- ☐ Staff understand key AI risks, including errors, bias, missing context and fabricated or inaccurate content.
- ☐ Reception and administration staff can explain AI scribe use and consent processes at a high level.
- ☐ Staff know who to contact internally if there are questions, errors or patient concerns.

6. Implementation and ongoing review

- ☐ The tool has been tested with the practice's clinical software.
- ☐ The practice tests the tool with selected clinicians before wider rollout.
- ☐ Success measures are agreed before rollout, such as time saved, note quality and clinician experience.
- ☐ AI-generated notes are sampled regularly for accuracy and suitability, especially after software updates.
- ☐ The practice reviews performance, staff feedback, patient feedback and incidents regularly.

Caution

Do not use a general purpose AI tool for patient consultations unless it has been assessed and approved for that purpose. Do not save AI generated notes without clinician review. Do not enter patient information into public AI tools. Do not assume vendor claims are enough, check privacy, security and data handling arrangements by asking the vendor to provide documentation/proof.

Key message

AI scribes can support clinical documentation, but they do not replace clinical judgement. The GP remains responsible for the accuracy and completeness of the patient record. Practices should have clear arrangements for consent, privacy, clinical review, incident reporting and ongoing monitoring.

Key resources

- RACGP: [AI Scribes — Guidance for GPs](#)
- Avant: [AI Scribes — A checklist of things to consider](#)
- OAIC: [Guidance on privacy and the use of commercially available AI products](#)
- ACSQHC: [AI Clinical Use Guide for Clinicians](#)
- AMA: [Artificial Intelligence in Healthcare](#)

Questions

Contact the CESPHN AI Project Officer (digitalhealth@cesphn.com.au) or seek advice from the practice's medical indemnity insurer or MDO.