Information Sheet

# Implementation of AI scribes in healthcare workflows

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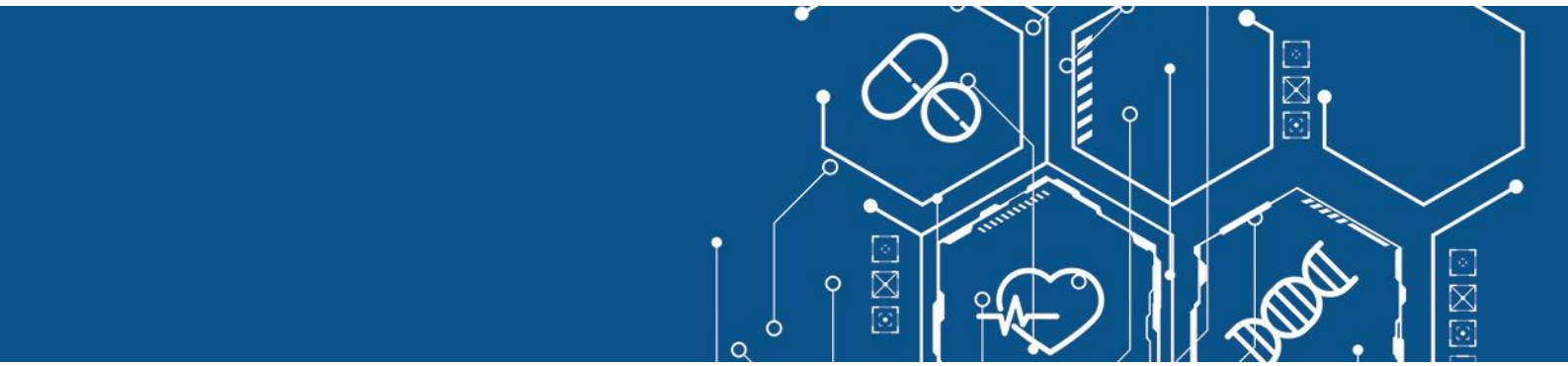
AUSTRALASIAN INSTITUTE OF DIGITAL HEALTH

# Key takeaways

## An AI scribe in healthcare automates the documentation process by recording and transcribing clinician-patient interactions, converting them into structured clinical notes.

This document offers high-level information and considerations for Australian healthcare providers or practitioners implementing or considering AI scribes.

- AI scribes in healthcare can improve clinical workflow and patient engagement; AI scribes should support, not replace, clinical judgment.
- Healthcare providers remain accountable for AI-generated clinical notes; with timely reviews required to ensure the notes are accurate and meet the relevant professional obligations outlined in codes of conduct (see Professional responsibilities).
- Patient consent and privacy, and cybersecurity are paramount (see Privacy and Consent).
- There are clear criteria to assess AI scribes against clinical, technical, and ethical factors (see Quality Assurance and Vendor selection).
- It is important to only use scribes that have been developed for clinical use in the Australian healthcare sector.
- Healthcare providers must understand the risks associated with AI scribes. The risks need to be assessed, and mitigation and monitoring plans put in place.
- Healthcare professionals should:
  - ensure patient consent is obtained and documented;
  - review AI-generated documentation for accuracy and completeness;
  - understand the limitations, bias and potential for error of AI scribes; and
  - maintain patient confidentiality and comply with relevant data protection laws.
- Healthcare providers should:
  - provide comprehensive training and ongoing support for the use of AI scribes;
  - ensure AI scribe use aligns with clinical, privacy and cybersecurity policies;
  - monitor and evaluate AI scribe effectiveness and address concerns through established processes; and
  - monitor the regulatory compliance status of the AI scribe; regulations are evolving rapidly.



# Contents



# Introduction

The healthcare sector is experiencing rapid technological advancement, with artificial intelligence (AI) emerging as a transformative force in clinical practice. Among these innovations, AI scribes represent a significant development in clinical documentation. This document provides healthcare providers and practitioners with a comprehensive framework for implementing AI scribe solutions safely and effectively.

## What are AI scribes?

AI scribes are sophisticated technologies that automate the clinical documentation process by converting conversations between clinicians and patients into written medical notes, summaries, referrals, or letters for incorporation into patient health records and correspondence.

By using what is known as ambient technology, an AI scribe listens to the conversation during the consultation and using a combination of automatic speech recognition and natural language processing, translates the conversation into text and then extracts key medical information to generate the structured clinical note. While these tools offer considerable potential for improving clinical workflow and patient engagement, their implementation requires careful consideration of various clinical, technical, and ethical factors. The information below does not cover those scribes that provide clinical decision support or clinical reasoning prompts.

Clinical documentation can be a burden on clinicians and the time spent data inputting patient information and note taking during the patient consultation can negatively impact the patient–clinician relationship. The implementation of an AI scribe can be seen as a way of mitigating some of these factors.

However, AI scribes are not perfect tools. Clinicians should review and verify every single note generated by the AI scribe to ensure its accuracy. AI scribes are not to be used in isolation; they are used in conjunction with clinical expertise and review. The AI scribe is not responsible for the notes – it is the clinician who needs to confirm and verify at the end of the consultation that all captured information is true, accurate, and complete (see Professional responsibilities).

# Pre-implementation assessment

## Needs assessment

Before implementing an AI scribe solution, healthcare providers should conduct a thorough assessment of their needs and the solution's capabilities. This process begins with a clear identification of the specific challenges that AI scribes are intended to address. Healthcare providers should carefully evaluate whether AI scribes represent the most appropriate solution for these challenges, considering alternatives and potential impacts on existing workflows.

Prior to implementing an AI scribe, healthcare providers should establish a baseline for the quality of their clinical notes. Clinical notes need to represent a true and accurate reflection of the important aspects of the consultation. Clinical notes need to incorporate all of the relevant information the clinician relied upon to make their assessment and reach their clinical decision. This will assist when assessing the use of a scribe prior to implementation.

Healthcare providers should undertake their own due diligence to investigate the AI scribe tools they are considering. Before implementing an AI scribe tool, healthcare providers need to be satisfied that the tool was developed for clinical purposes and that it will meet the clinical needs that it is required to address.

The technical infrastructure of the healthcare provider plays a crucial role in successful implementation. Healthcare providers should assess their current systems' compatibility with AI scribe solutions and identify any necessary upgrades or modifications. This assessment should include evaluation of network capabilities, hardware requirements, and, importantly, integration points with existing electronic health record systems. If there is no integration with existing solutions, consideration should be given as to how the notes from the AI scribe will be incorporated.

The current technology infrastructure and Information and communications technology (ICT) skillset in relation to cloud computing, data protection and security are important foundations for safe, secure and successful implementation and ongoing maintenance of AI scribe technology. It is important to assess the adequacy of such foundations prior to procuring AI scribes. If the scribe is to be used on a mobile device, consideration should be given to how the information is secured if the device is not restricted to a single physical location and whether the application is compatible with the healthcare providers mobile device security management system and policy.

## Vendor selection

AIDH does not recommend particular commercial products. AIDH recommends that all healthcare providers undertake their own due diligence and proceed with caution by applying their own judgement in deciding how to use an AI scribe or any AI tool (on this topic see below guidance from the RACGP and Avant).

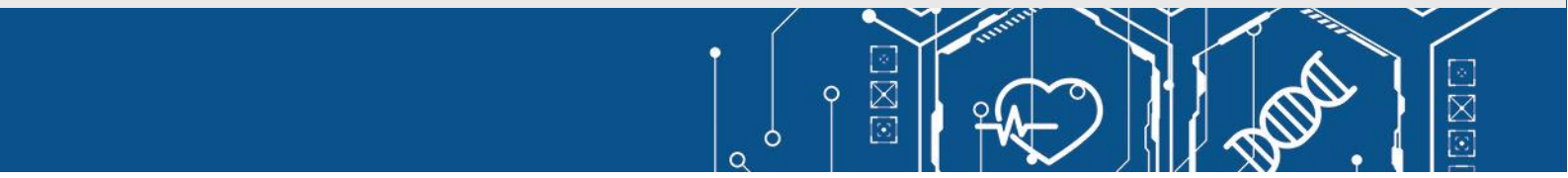
Selecting an appropriate AI scribe vendor requires careful consideration of multiple factors. Healthcare providers should prioritise vendors who have developed a healthcare specific tool, never a generic scribe, and have utilised Australian training data in the development of the scribe. Ideally, the vendor can demonstrate clinical utility and safety through published data and real-world implementation examples. The vendor's compliance with Australian privacy legislation and data protection standards is paramount, as is their approach to data storage and security.

Healthcare providers should thoroughly review vendors' policies regarding secondary data use (including whether data will be used to train the model) and third-party data sharing. The location of data storage and processing facilities should be clearly understood, with preference given to vendors who store data within Australia.

Priority should be given to vendors that have good transparency and disclosure policies. Consideration should be given to favour those vendors that have internal implementation capabilities or can support healthcare providers to implement their products.

Additional considerations in the selection of an AI scribe could include:

- **Compatibility with the environment.** Will the scribe be used in one location with hardware set up in a permanent position? Do you intend to use the scribe in multiple settings that a mobile phone/tablet compatibility would work best? Do you need to consider purchasing new hardware such as a high-quality microphone?
- **Integration with existing systems.** Does the scribe need to integrate with clinical information systems (CIS)?
- **Patient demographic and language needs.** It is important to consider the linguistic and cultural characteristics of the patients. If a substantial number of patients are non-English speaking it would be essential to review AI scribes that can manage diverse accents or support multiple languages.
- **Multi-speaker conversation.** How does the scribe handle multiple informants during a clinical interaction, including conflicting answers from a patient versus a family member for example?
- **Customisable documentation.** Consider if there are different templates used within the workplace and if the AI scribe can accommodate customisable templates or can only work within pre-defined options.
- **TGA approval.** AI scribes do not currently require TGA approval. If the solution includes the ability to make diagnostic suggestions or supports clinical decision making it meets the definition of a medical device and therefore may be regulated by the TGA.



# Clinical governance

## Professional responsibilities

### Healthcare practitioners using AI scribes are fully responsible for the accuracy and appropriateness of clinical documentation.

While AI scribes can assist in the documentation process, human oversight and clinical judgment remain essential. Practitioners should thoroughly review and verify all AI-generated documentation before signing off, ensuring that the documentation accurately reflects the clinical encounter and includes all relevant information prior to incorporating into the person's health or medical record and /or generating correspondence and referrals.

On this topic, read Ahpra's guidance: Meeting your professional obligations when using Artificial Intelligence in healthcare.

Understanding the limitations and biases of AI systems is crucial. Practitioners should familiarise themselves with how their chosen AI scribe is intended to be used, training data, and known limitations. This understanding enables appropriate use of the technology while maintaining high standards of clinical care.

The RACGP have detailed potential problems associated with AI scribes, as well as considerations GPs should review before deciding whether to use an AI scribe: Review of potential problems associated with AI Scribes.

## Quality Assurance

Maintaining high-quality clinical documentation requires a robust quality assurance framework. Healthcare providers should establish clear criteria for what constitutes acceptable clinical documentation, conduct a use-case based risk assessment, and implement regular auditing processes to ensure these standards are met. This framework should include processes for identifying and addressing common errors, risks or limitations in AI-generated documentation.

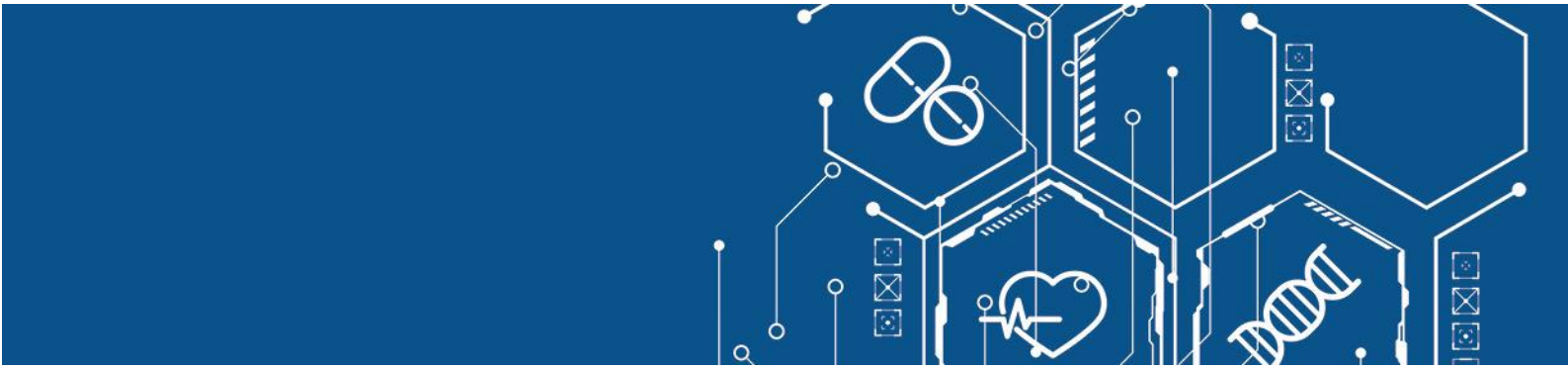
A study on Ambient Artificial Intelligence Scribes to Alleviate the Burden of Clinical Documentation adapted a framework for assessing the documentation quality of human medical scribes to assist with assessment of AI scribes. The table below describes the attributes that could be useful when assessing an AI scribe.

## Modified PDQI-9 Scribe Quality Assessment Tool (10 Domains):

| Attribute | Description of Ideal Note |
|---|---|
| Accurate | The note is true. It is free of incorrect information. |
| Thorough | The note is complete and free from omission and documents all of the issues of importance to the patient. |
| Useful | The note is extremely relevant, providing valuable information and/or analysis. |
| Organized | The note is well-formed and structured in a way that helps the reader understand the patient's clinical course. |
| Comprehensible | The note is clear, without ambiguity or sections that are difficult to understand. |
| Succinct | The note is brief, to the point, and without redundancy. |
| Synthesized | The note reflects the AI scribe's understanding of the patient's status and ability to develop a plan of care. |
| Internally Consistent | No part of the note ignores or contradicts any other part. |
| Free from Hallucination | The note is free of hallucination and only contains information verifiable by the transcript. |
| Free from Bias | The note is free of bias and contains only information verifiable by the transcript and not derived from characteristics of the patient or visit. |

Source: https://catalyst.nejm.org/doi/full/10.1056/CAT.23.0404

Regular feedback to vendors is essential for continuous monitoring and improvement of AI scribe tools. Healthcare providers should maintain clear channels of communication with their vendors and document any issues or concerns that arise during use.



# Privacy and Consent

## Privacy protection

Protecting patient privacy requires comprehensive data security measures. Healthcare providers should conduct a privacy impact assessment and appropriate management strategies. They should also implement robust security protocols, including multi-factor authentication, encryption of stored data, and clear policies for data retention and destruction. Regular monitoring of compliance with privacy regulations and relevant data protection laws is essential, as is maintaining clear documentation of all privacy protection measures.

## Patient consent

The implementation of AI scribes requires careful attention to patient privacy and consent. Healthcare providers should obtain informed consent from patients before using AI scribes in clinical encounters. This consent process should include clear explanation of how the AI scribe works, how patient information will be used and protected, and potential risks and benefits.

Healthcare providers should develop clear protocols for documenting consent and managing situations where patients decline the use of AI scribes. These protocols should respect jurisdictional requirements regarding the recording of conversations and ensure that patients who opt out receive the same standard of care.

# Implementation process

## Staff training

The successful implementation of AI scribes requires a structured approach to staff training. Healthcare providers should receive comprehensive training and support, not only in the technical aspects of using AI scribes but also in obtaining patient consent and reviewing AI-generated documentation. This training should emphasise the importance of maintaining clinical judgement and not over-relying on AI-generated content. It should also include the risks and limitations of such tools and establish processes for managing potential errors or system failures.

## Engagement with patients

Clear communication with patients is essential for successful implementation. Healthcare providers should develop comprehensive patient information materials explaining the use of AI scribes, their benefits, and privacy protections. Staff should be prepared to address patient questions and concerns about the technology, and mechanisms should be in place to collect and respond to patient feedback.

Consideration could be given to the care encounter journey for the patient, when they are advised of the use of an AI scribe, and how they will interact with the AI scribe during this journey. This could be done as they make an appointment, upon arrival at the appointment, at the beginning or during the appointment. The Connected Health report – AI medical scribes in primary care walks this through in their paper as well as discussing the viewpoints of clinicians and patients in the use of AI scribes.

## Clinical workflow

Practitioners need to map how the AI scribe will integrate in their clinical workflow and changes that may be made to the sequence of a consult or even the set up (for example, where and how to sit respective to the patient).

There may also be changes in how the practitioner manages the appointment or consultation with changes in speech patterns, volume or clarity required from both the practitioner and patient. Some practitioners have indicated that they have moderated the way they speak, slower and clearer with more articulation and clarification of what the patient has said to ensure the scribe notates all of the information. Some practitioners have also requested patients to moderate their speaking to ensure the scribe is capturing the details.

## Limitation awareness

Healthcare providers should be aware that AI scribes may misinterpret conversations and make errors in transcribing, generating or summarising documentation, including inferring information not mentioned by the patient, potentially impacting patient safety if not thoroughly reviewed by the practitioner. Bias in AI algorithms can also affect accuracy and fairness. Errors of omissions may be difficult to detect.

AI scribes may struggle with non-verbal cues, nuances in conversations, and complex medical terminology. This can lead to inaccuracies in documentation. The accuracy of AI-generated documentation also depends on the quality of the audio input and the clarity of communication during consultations.

## Risk management

Managing risks associated with AI scribes requires attention to both technical and clinical considerations. It is important for healthcare providers to undertake hazard identification for a given scribing using case in order to provide a robust basis to understand and monitor risks. It is important to localise the risk assessment and not rely on generalised risk assessments.

Technical risks include speech recognition errors, particularly with accents or in noisy environments, and potential integration issues with existing systems. Healthcare providers should invest in high-quality audio equipment and establish backup documentation procedures for system failures. Additionally, data and cybersecurity breaches may occur if any audio or documentation is not properly secured and should be managed through strict access controls and encryptions.

Errors in AI generated documentation can compromise patient safety if not identified promptly and corrected. Clinical risks primarily centre around the accuracy and completeness of documentation. Healthcare providers should implement mandatory review processes and maintain clinical judgement as the primary decision maker. Regular quality audits of documentation will help identify and address any systematic issues or concerns.

Healthcare providers should consider publishing lists and clear guidance on tools that are permissible.

Healthcare providers should consider contingency and back up plans for when an AI scribe is not available for use or if the patient does not consent to the use of the AI scribe within the consultation. It is also important for healthcare providers to consider what steps will need to be undertaken when decommissioning the product to ensure patient information and data remains with the provider.

## Monitoring and evaluation

Ongoing monitoring and evaluation are essential for ensuring the successful use of AI scribes. Healthcare providers should track key performance metrics including documentation accuracy, time savings, patient satisfaction, clinician satisfaction, and clinical workflow efficiency. Regular analysis of these metrics helps identify areas for improvement and ensures the technology continues to meet healthcare provider needs.

It is also important to consider when using a scribe that if the solution starts to deviate from the correct creation of a clinical note, there is a way to correct this anomaly either through the vendor or within the solution itself. Continuous monitoring and refinement of AI algorithms are necessary to mitigate biases and enable accuracy of documentation, particularly in culturally and linguistically diverse communities.

# References


Ahpra. *Meeting your professional obligations when using artificial intelligence in healthcare*. https://www.ahpra.gov.au/Resources/Artificial-Intelligence-in-healthcare.aspx

Ahpra. Medical Board: *Good medical practice a code of conduct for doctors in Australia* (at https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx)

RACGP. *Artificial intelligence (AI) scribes*. (n.d.). https://www.racgp.org.au/running-a-practice/technology/business-technology/artificial-intelligence-ai-scribes

Goodman KE, Yi PH, Morgan DJ. AI-Generated Clinical Summaries Require More Than Accuracy. *JAMA*. 2024;331(8):637–638. doi:10.1001/jama.2024.0555. https://jamanetwork.com/journals/jama/article-abstract/2814609

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# Further reading


Australian Alliance for Artificial Intelligence in Healthcare (AAAiH): *Digital Scribes in Clinical Practice: An Interview with Dr Talat Uppal* (at https://aihealthalliance.org/2024/12/02/digital-scribes-in-clinical-practice-an-interview-with-dr-talat-uppal/)

Avant: *An introduction to artificial intelligence* (at https://avant.org.au/resources/an-introduction-to-artificial-intelligence); *Artificial Intelligence for medical documentation* (at https://avant.org.au/resources/artificial-intelligence-for-medical-documentation); *AI scribes in practice: common errors to consider* (at https://avant.org.au/resources/ai-scribes-in-practice-common-errors-to-consider); *AI Scribes – a checklist of things to consider* (at https://avant.org.au/resources/ai-scribes-a-checklist-of-things-to-consider)

Canada Health Infoway: *AI Scribe Practice Readiness Checklist* (at https://www.infoway-inforoute.ca/en/component/edocman/resources/artificial-intelligence/6542-ai-scribe-practice-readiness-checklist?Itemid=101)

Doctors of BC (Canada): *Using AI Scribe Technologies* (at https://www.doctorsofbc.ca/advice-support/doctors-technology-office/using-ai-scribe-technologies)

NHS England: Guidance on the use of AI-enabled ambient scribing products in health and care settings (at https://www.england.nhs.uk/publication/guidance-on-the-use-of-ai-enabled-ambient-scribing-products/)

Office of the Australian Information Commissioner – Australin Government: *Guidance on privacy and the use of commercially available AI products* (at https://www.oaic.gov.au/privacy/privacy-guidance-for-organisations-and-government-agencies/guidance-on-privacy-and-the-use-of-commercially-available-ai-products)

The Medical Futurist: *Medical AI Scribes In 2025: The Top 3 Practical Benefits* (at https://medicalfuturist.com/medical-ai-scribes-in-2025-the-top-3-practical-benefits)

# Suggested checklist for implementation of an AI scribe

This checklist is a guide to help you get ready to implement AI scribes.
You may need to adapt the list to your own circumstances.

In some instance, your IT company may be best placed to answer the questions.

## Pre-implementation assessment

| Topic | Assessment | Status | Notes |
|---|---|---|---|
| **Provider readiness**<br>*What is the use case for an AI scribe?* | a. What are the benefits of implementing AI scribes?<br>b. How will AI scribes integrate within existing workflows?<br>c. Do I have the technology needed?<br>d. Do staff members have the proficiency required? | ☐ Done<br>☐ In progress<br>☐ To start<br>☐ NA | |
| **Provider readiness**<br>*What are the infrastructure requirements?* | a. Is my network capable of handling the implementation of AI scribe?<br>b. Do I need to upgrade my infrastructure?<br>c. With which of my existing systems will the AI scribe need to be integrated?<br>d. Do I need to upgrade or change my existing systems?<br>e. Have I mapped my data and security protocols? | ☐ Done<br>☐ In progress<br>☐ To start<br>☐ NA | |
| **Vendor selection**<br>*How to choose the right AI Scribe solution?* | a. Have I listed / requested demos from potential vendors?<br>b. Has the scribe been developed for the healthcare sector, in Australia or adapted for Australia?<br>c. Is the scribe compliant with Australian privacy legislation (especially Australian Privacy Principles)?<br>d. Have I checked vendor outputs' performance against the Modified PDQI-9 Scribe Quality Assessment Tool?<br>e. Have I checked vendors' credentials in cybersecurity?<br>f. Do I need multilingual support?<br>g. Do I need accent recognition?<br>h. What are the outputs I need (format, personalisation, accuracy)?<br>i. Do I have customisation requirements for the output to be presented within my template?<br>j. Do I need a mobile / tablet version of the AI scribe?<br>k. Have I checked the vendor's policies regarding secondary data use and third-party data sharing? | ☐ Done<br>☐ In progress<br>☐ To start<br>☐ NA | |

## Clinical governance

| | | | |
|---|---|---|---|
| **Professional responsibilities** | a. Do all staff understand their responsibilities when using AI, including AI scribes? For healthcare practitioners refer to Ahpra guidance. | ☐ Done<br>☐ In progress<br>☐ To start<br>☐ NA | |
| **Quality assurance** | a. Do health practitioners have the proficiency to recognise the key requirements of high-quality clinical documentation?<br>b. Have I embedded the Modified PDQI-9 Scribe Quality Assessment Tool in my quality assurance processes? | ☐ Done<br>☐ In progress<br>☐ To start<br>☐ NA | |

## Privacy and consent

| | | | |
|---|---|---|---|
| **Patient consent** | a. Do I have protocols in place to collect and document patient consent?<br>b. Do I have clear and shared protocols to document patient consent and manage patients who decline to use the AI scribe? | ☐ Done<br>☐ In progress<br>☐ To start<br>☐ NA | |
| **Privacy protection** | a. Do I have the appropriate level of privacy protection (multi-factor authentication, encryption of stored data, policies for data retention and destruction)?<br>b. Do I have a process in place to monitor compliance with privacy laws?<br>c. Do I have a process in place to update my protocols to legislative and regulatory changes?<br>d. Is there a data breach response plan in place if there is unauthorised access to the system? | ☐ Done<br>☐ In progress<br>☐ To start<br>☐ NA | |

## Implementation process

| | | | |
|---|---|---|---|
| **Staff training** | a. Do I have a staff training plan – initial and ongoing?<br>b. Do I have an induction plan for new staff that covers the matter of the AI scribe? | ☐ Done<br>☐ In progress<br>☐ To start<br>☐ NA | |
| **Engagement with patients** | a. Do I have a plan and protocols in place to communicate with patients about the use of AI scribes?<br>b. Are all staff able to collect and respond to patients' feedback and concerns? | ☐ Done<br>☐ In progress<br>☐ To start<br>☐ NA | |
| **Risk management** | a. Do I have a risk matrix and a mitigation plan in place?<br>b. Do I have a plan to monitor and address risk in real-time? | ☐ Done<br>☐ In progress<br>☐ To start<br>☐ NA | |
| **Monitoring and evaluation** | a. Do I have a plan to audit quality of documentation regularly?<br>b. Do I have a plan to evaluate impact on practice efficiency and patient satisfaction?<br>c. Do I have a plan and/or protocols to document and communicate feedback and raise issues with the vendor?<br>d. What are my Key Performance Indicators (KPIs) related to AI scribes? | ☐ Done<br>☐ In progress<br>☐ To start<br>☐ NA | |