Avant
By doctors for doctors

Evaluation of Avant's 2024 AI education campaign

Contents

Executive summary

Campaign objective

The 2024 Artificial intelligence (AI) campaign was an educational initiative designed to assist members to practise safely when using AI tools in healthcare settings. Its aim was to ensure that members understood their professional responsibilities when using AI and were aware of the potential medico-legal implications associated with its use in clinical care.

Participation

The campaign ran from mid-September 2024 to mid-January 2025 with a total engagement of 39,664 views. Campaign resources and activities included articles published on the Avant website and external publications as well as factsheets, webinars, videos and speaking events.

Evaluation method

Avant conducted a baseline survey with members before the launch of the AI campaign to capture initial awareness, usage, and attitudes towards AI tools. A second survey was carried out after the campaign with a different group of members. Adoption of AI scribe and other AI tools was monitored across both time points. Campaign impact was assessed by comparing responses from the baseline survey with those of members who participated in the campaign, as identified in the post-campaign survey.

Key findings

Survey findings suggest that the AI campaign had a positive impact on doctors' knowledge of AI and their awareness of key legal requirements for its clinical use, especially in areas where knowledge gaps had previously been identified. Additionally, the research highlights early signs of rapid adoption of AI scribes in clinical practice.

AI usage

- The use of AI scribes increased substantially from 11% to 19% between August 2024 and February 2025, representing a 72% rise over six months.
- In contrast, the use of other AI tools showed only a modest increase, rising from 10% to 12% during the same period.
- When combining current users with those who indicated a likelihood of future adoption, approximately half of surveyed doctors were either already using or likely to use AI scribes.
- The main benefit of AI scribes to doctors was that it helped them save time (pre: 88%, post: 82%).
- Another commonly cited advantage of using AI scribes during consultations was that it allowed doctors to focus more on their patients (pre: 72%, post: 77%).

Knowledge and legal awareness

- Doctors who participated in the campaign (intervention group) reported higher levels of AI knowledge compared to doctors surveyed before the campaign. In particular, significantly more doctors in the intervention group rated their knowledge of AI as good to excellent (pre: 24%, post-intervention: 32%).
- Significantly more doctors in the intervention group were aware of consent requirements when using AI scribes compared to doctors surveyed before the campaign (pre: 54%, post-intervention: 70%).

Attitudes towards AI

- Doctors' attitudes towards AI remained largely unchanged following the campaign, with most already demonstrating a cautious and responsible approach to the technology.
- Nearly all doctors agreed on the importance of conducting due diligence, verifying AI-generated outputs, and maintaining patient privacy.
- Although only a minority believed that AI improves safety or reduces errors, most recognised its value in alleviating administrative burdens.

Background

Artificial intelligence (AI) is increasingly being adopted in healthcare as it helps address pressures faced by health professionals. Its integration is reshaping the practice of medicine, offering significant opportunities to improve workload efficiency and enhance patient outcomes.[1] At the same time, it introduces new challenges, some of which call for responsive and adaptive regulatory frameworks to ensure safe and ethical implementation.[2]

The 2024 AI campaign was designed to support Avant members in the safe use of artificial intelligence (AI) and help them understand their responsibilities and medico-legal obligations when using this technology. The campaign's objectives were:

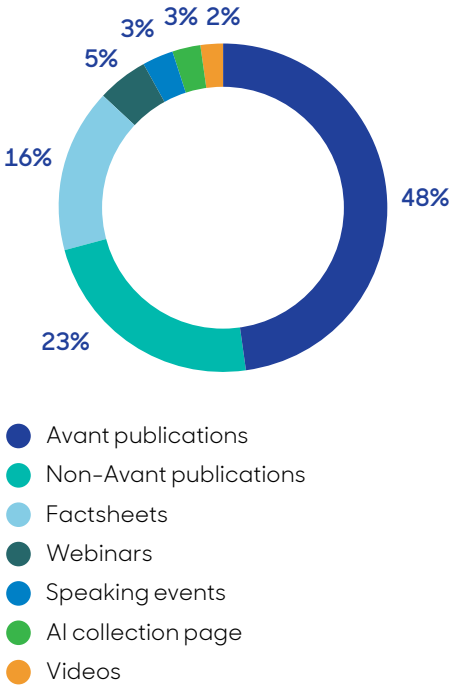
- To ensure doctors were aware of their responsibilities when using AI in their clinical practice.
- To educate members in relation to the medico-legal issues associated with the use of AI in relation to the delivery of health care services to promote safe practices for the public and the profession.

The campaign ran from mid-September 2024 to mid-January 2025, with a total engagement of 39,664 views. Interventions were targeted towards all current members and practice policyholders.

This initiative was evaluated with a focus on outcomes, aiming to understand its impact on participating doctors. In addition to measuring campaign effectiveness, the surveys also monitored the usage of artificial intelligence (AI) technologies and explored participants' motivations for adopting them. Pre- and post-campaign surveys of Avant members were conducted to determine the following:

- What is the extent of AI usage, including AI scribes and other tools?
- Did the campaign increase doctors' overall level of knowledge about AI?
- Did the campaign increase doctors' awareness of their responsibilities when using AI in their clinical practice?
- Did the campaign increase doctors' understanding of the medico-legal issues associated with the use of AI in relation to the delivery of health care services to promote safe practices for the public and the profession?

Figure 1. AI campaign engagement by type of content or activity



Methods

A repeat cross-sectional design was used, with one survey conducted before the AI campaign launched (August 2024) and another after the campaign concluded (February 2025). The surveys were conducted online and had a duration of seven minutes.

Ethics approval

Before proceeding with the surveys, the risks associated with the research were assessed in accordance with the National Health and Medical Research Council's National statement on ethical conduct in human research 2007 (updated 2018).[3] The research was considered to be low to negligible risk following an internal ethics review.

Sampling and data collection

Two lists of currently practising Avant members (excluding students) were prepared to serve as sampling frames. Each list was randomly selected to be representative of the broader Avant member population, with no individual appearing on both lists. The pre-campaign survey was distributed to members on one list, while the post-campaign survey was sent to members on the other.

The surveys achieved a 4-5% response rate. Only fully completed surveys were included in the final sample of n=591 (pre-campaign survey) and n=564 (post-campaign survey).

Data analysis

Excel datasets were cleaned and analysed. Only statistically significant differences (i.e. 2-sided p-value<0.05) were reported.

Sampling weights were applied to ensure the survey samples were representative of the Avant member population. For the post-campaign intervention group, a separate set of weights was used to maintain representativeness and enable valid comparisons.

Sample demographics

Characteristics of doctors who participated in each survey

In both the pre- and post-campaign surveys, general practitioners were the most represented (35%) followed by early career doctors (28%).

In terms of practice settings, most respondents were working either in a group medical practice (pre: 43%, post: 40%) or a public hospital (pre: 30%, post: 27%).

By career stage, around two-thirds of respondents in both surveys had been practising in their field for more than five years (pre: 65%, post: 66%).

Table 1.1 Profile of overall survey respondents (n=591 pre, n=564 post)

Demographic	Pre (Aug-24)	Post (Feb-25)
General practitioner	35%	35%
Early career doctor	28%	28%
Physician	10%	10%
Surgeon	9%	9%
Acute hospital care doctor	8%	8%
Psychiatrist	4%	4%
Investigative specialist	3%	3%
Other doctors	3%	3%
Group medical practice	43%	40%
Solo medical practice	8%	12%
Public hospital	30%	27%
Private hospital	5%	5%
Public and private hospitals	7%	8%
Other	8%	9%
Doctors in training	28%	28%
5 years or less	7%	4%
More than 5 years	65%	66%
Other	1%	2%

Weighting was applied to the sample. Totals may not add up to 100% due to rounding.

Pre-campaign and post-intervention sample profiles

The post-intervention group (doctors who participated in the AI campaign) closely follow the profile of the pre-campaign sample.

Table 1.2 Profile of pre-campaign (n=591) vs. post-campaign intervention (n=202) samples

Demographic	Pre (Aug-24)	Post-intervention (Feb-25)
General practitioner	35%	36%
Early career doctor	28%	20%
Physician	10%	12%
Surgeon	9%	11%
Acute hospital care doctor	8%	7%
Psychiatrist	4%	5%
Investigative specialist	3%	3%
Other doctors	3%	5%

Weighting was applied to the sample. Totals may not add up to 100% due to rounding.

Limitations

This evaluation reports the impact of the AI campaign among Avant members. Therefore, the results may not necessarily reflect the knowledge, attitudes, and practices of the wider population of health practitioners in Australia.

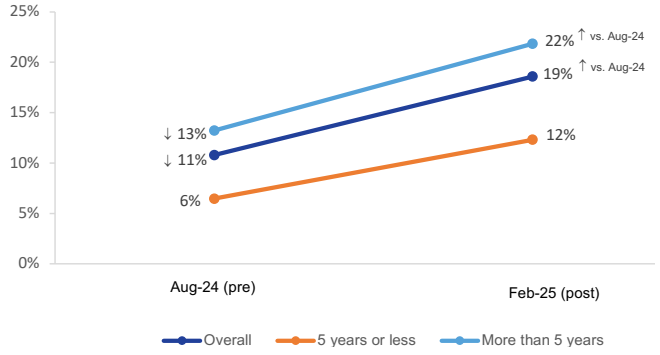
Findings in detail

Usage of AI scribes

The overall usage of AI scribes among doctors in the survey increased by 72%, rising from 11% in August 2024 to 19% in February 2025. This change represents a statistically significant increase in usage between the two time periods.

The upward trend was consistent across both career stages examined—doctors with five years or less of experience and those with more than five years as shown below.

Figure 2. Usage of AI scribes



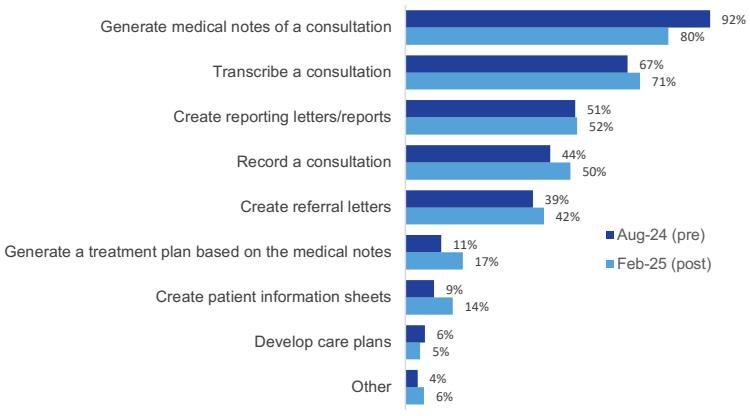
Q: Do you currently use the following AI tools in your clinical practice? "AI scribe"
Base: Overall Aug-24 n= 591, Feb-25 n=564; 5 years or less Aug-24 n=206, Feb-25 n=182; more than 5 years Aug-24 n= 381, Feb-25 n=373
↓↑ Statistically significant difference at p < 0.05.

Most doctors who used AI scribes relied on these tools primarily to write medical notes (pre: 92%, post: 80%) and transcribe consultations (pre: 67%, post: 71%).

Beyond note-taking, AI scribes were used to generate referral letters, although this function was adopted by fewer than half of current users (pre: 39%, post: 42%). (*Figure 3*)

In terms of frequency, most used AI scribes multiple times a day (pre: 89%, post: 77%), while significantly fewer used them less often. (*Table 2*)

Figure 3. Tasks performed by AI scribes (% current users)



Q: What tasks or functions does this AI tool perform in your practice?
You may select more than one answer.
Base: Aug-24 n= 64, Feb-25 n=105 doctors who currently use an AI scribe

Table 2. Frequency of using the AI scribe (% current users)

Response	Pre (Aug-24)	Post (Feb-25)
Multiple times a day	89%	77%
Several times a week	5%	15%
Once a day	-	2%
Once a week	2%	3%
Less often	4%	3%

Q: How often do you use the AI scribe?
Base: Aug-24 n= 64, Feb-25 n=105 doctors who currently use an AI scribe

During the survey period, the most commonly used AI scribe brands were Heidi and Lyrebird. A third brand, i-scribe, was reportedly used by a smaller number of respondents.

Table 3. Brand of AI scribe used (% current users)

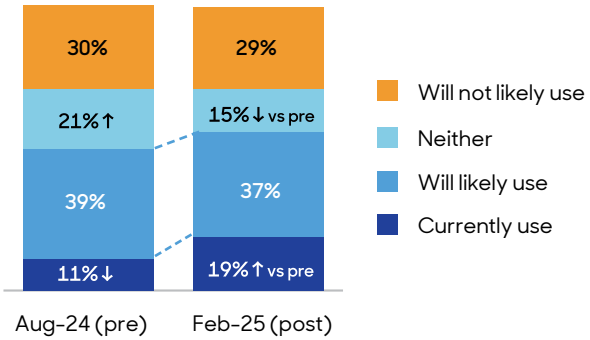
Response	Pre (Aug-24)	Post (Feb-25)
Heidi	36%	63%
Lyrebird	34%	19%
i-scribe	12%	6%
Other	18%	12%

Q: What is the name of the AI scribe you are currently using?
Base: Aug-24 n= 64, Feb-25 n=105 doctors who currently use an AI scribe

Current and potential use of AI scribes

Doctors not currently using AI scribes were asked about their likelihood of adopting the tool. When combining these responses with the proportion of current users, results indicate that at least half of doctors in each survey were either already using or were likely to use AI scribes.

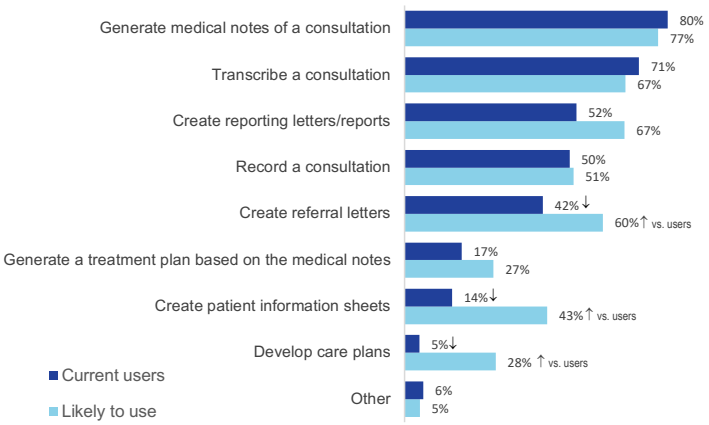
Figure 4. Current usage and likelihood to use AI scribes



Q: Do you currently use the following AI tools in your clinical practice? "AI scribe"
Q: How likely are you to use an AI scribe in your clinical practice in the future?
Base: Overall Aug-24 n= 591, Feb-25 n=564
↓↑ Statistically significant difference at p < 0.05.

Almost 40% of doctors who participated in the pre- and post-campaign surveys expressed interest in using an AI scribe (*Figure 4*). The tasks they intend to use it for closely align with how current users are using the scribes. However, potential users appear more open to less commonly used functions, such as creating referral letters (users: 42%, likely to use: 60%) and creating patient information sheets (users: 14%, likely to use: 43%). (*Figure 5*)

Figure 5. Tasks performed/ to be performed by AI scribes



Q: What tasks or functions does this AI tool perform in your practice? You may select more than one answer.
Q: What tasks will the AI scribe likely perform in your practice? You may select more than one answer.
Base: Feb-25 n=105 doctors who currently use an AI scribe, Feb-25 n=209 doctors who will likely use an AI scribe (post-campaign survey data)
↓↑ Statistically significant difference at p < 0.05.

Reasons for using AI scribes

In both pre- and post-campaign surveys the primary reason for using AI scribes was to save time (pre: 88%, post: 82%), followed by allowing doctors to focus on their patients (pre: 72%, post: 77%).

It is interesting to note that 'time-saving' emerged as the key motivator, while factors such as 'improved accuracy' and 'more detailed documentation' were less influential. These findings underscore the time pressures faced by health professionals and suggest that AI scribes are being adopted to address this need.

Figure 6. Reasons for using AI scribes (% current users)

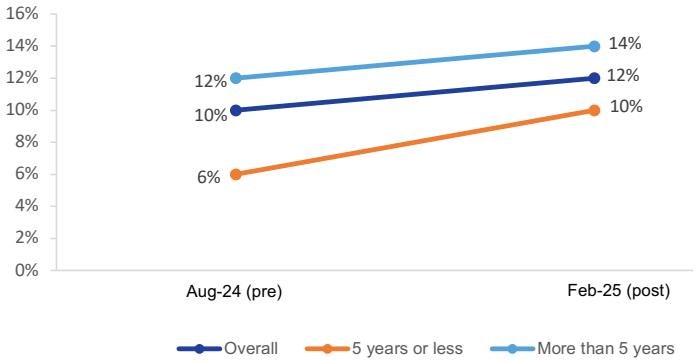
Q: Why do you use an AI scribe? You may select more than one answer.
Base: Aug-24 n= 64, Feb-25 n=105 doctors who currently use an AI scribe

Usage of other AI tools

Usage of other AI tools increased only marginally between the pre and post-campaign surveys (10% in August 2024 to 12% in February 2025). (*Figure 7.1*)

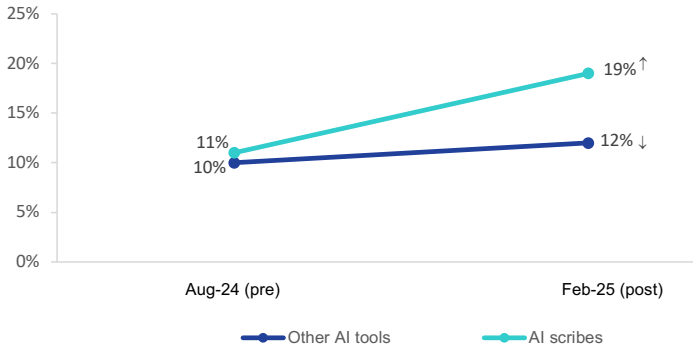
In contrast, early 2025 saw a notable increase in the use of AI scribes, surpassing usage of other AI tools among surveyed doctors (AI scribes: 19%, other AI tools: 12%). (*Figure 7.2*)

Figure 7.1 Usage of other AI tools



Q: Do you currently use the following AI tools in your clinical practice? "Other AI tools"
Base: Overall Aug-24 n= 591, Feb-25 n=564
↓↑ Statistically significant difference at p < 0.05.

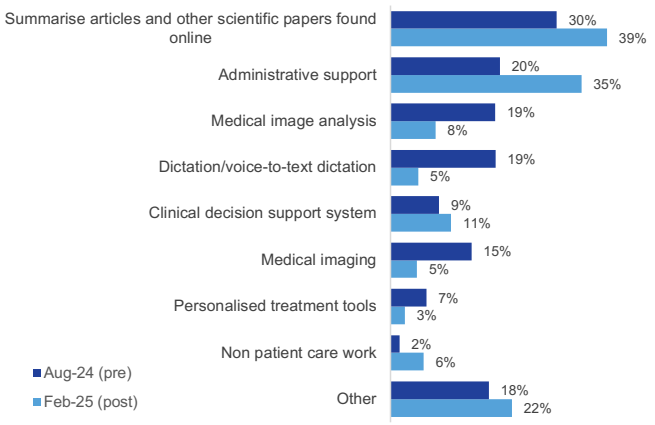
Figure 7.2 Comparison of AI scribe and other AI tool usage



Q: Do you currently use the following AI tools in your clinical practice?
Base: Overall Aug-24 n= 591, Feb-25 n=564
↓↑ Statistically significant difference at p < 0.05.

Doctors reported using other AI tools for a range of tasks; however, no single task was cited by most respondents. The most common applications of those mentioned were summarising articles and scientific papers found online (pre: 30%, post: 39%), providing administrative support (pre: 20%, post: 35%), and medical image analysis (pre: 19%, post: 8%). (*Figure 8*)

Figure 8. Tasks performed by other AI tools



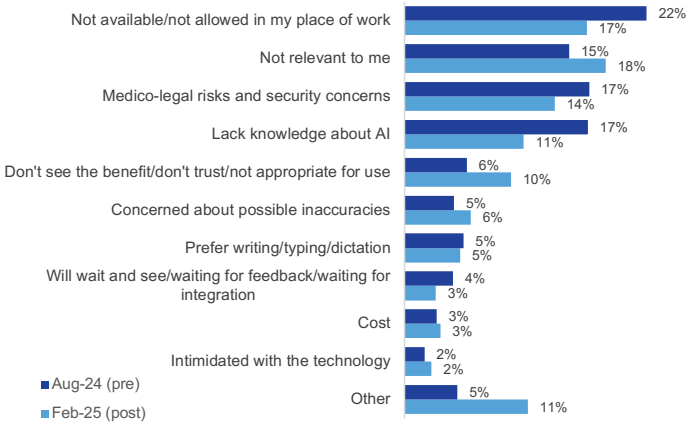
Q: What tasks or functions does this AI tool perform in your practice?
Base: Aug-24 n= 57, Feb-25 n=70 doctors who currently use other AI tool

Reasons for not using AI

Doctors who do not currently use AI tools most commonly cited unavailability or workplace restrictions as the main reason (pre: 22%, post: 17%), followed by lack of relevance to their work (pre: 15%, post: 18%).

Other frequently mentioned reasons included concerns about medico-legal risks and data security (pre: 17%, post: 14%), as well as a lack of knowledge about AI (pre: 17%, post: 11%).

Figure 9. Reasons for not using AI



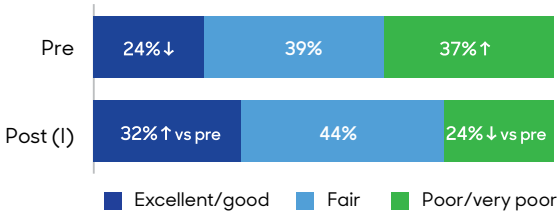
Q: What are your reasons for not using an AI tool in your practice? Please be specific to help us understand your answer.
Base: Aug-24 n= 492, Feb-25 n=427 doctors who do not use any AI tool in their practice

AI knowledge following campaign participation

AI knowledge levels among doctors surveyed before the campaign were compared with those of the intervention group (doctors who participated in the campaign).

The results showed that a larger proportion of doctors from the intervention group reported good to excellent knowledge of AI compared with doctors surveyed before the campaign (pre: 24%, post-intervention: 32%). Conversely, fewer doctors from the intervention group rated their knowledge of AI as poor to very poor when compared with doctors in the pre-campaign group (pre: 37%, post-intervention: 24%). These differences were statistically significant.

Figure 10. Overall knowledge of AI



Q: How would you rate your knowledge of artificial intelligence (AI) overall?
Base: pre n= 591, post-intervention n= 202
↓↑ Statistically significant difference at p < 0.05.

Knowledge of specific legal requirements and principles

Consent requirements

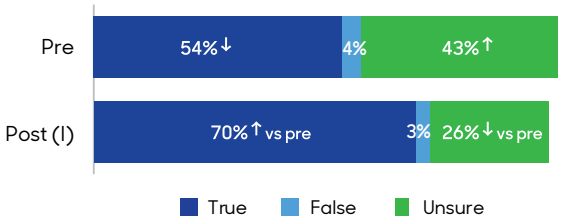
Prior to the campaign, just over half of surveyed doctors (54%) were aware that obtaining patient consent before using an AI scribe is a legal requirement. Among those who participated in the campaign, this figure rose to 70%. Conversely, the proportion of doctors who were unsure about this requirement decreased significantly following exposure to the campaign (pre: 43%, post-intervention: 26%). These differences were statistically significant (*Figure 11.1*).

Accountability

When asked about accountability in cases where clinical advice or treatment is based on clinical suggestions by AI scribes, the majority of doctors in both the pre-campaign group and the intervention group correctly identified the medical practitioner as the person accountable (pre: 92%, post-intervention: 95%). (*Figure 11.2*)

Figure 11.1 Knowledge of consent requirements

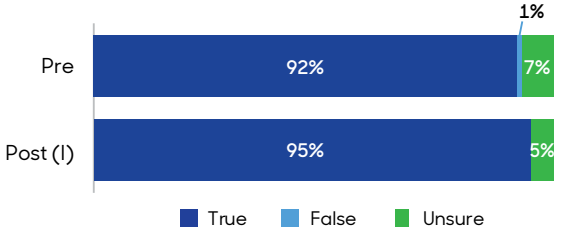
"It is a legal requirement to obtain patient consent before using an AI scribe."



Q: Please indicate whether the following statements are true or false.
Base: pre n=591, post-intervention n=202
↓↑ Statistically significant difference at p < 0.05.

Figure 11.2 Accountability when using AI for clinical decision-making

"The medical practitioner is accountable if they use clinical advice and treatment based on clinical suggestions generated by AI scribes."



Q: Please indicate whether the following statements are true or false.
Base: pre n=591, post-intervention n=202
↓↑ Statistically significant difference at p < 0.05.

Attitudes towards AI following campaign participation

Doctors' attitudes towards AI were assessed through a series of attitudinal statements. Overall, minimal changes in attitude were observed following the campaign. As the analysis shows, doctors generally approached AI with caution even before the intervention. Many had already planned to conduct due diligence when evaluating AI tools and to mitigate risks by reviewing and finalising AI-generated outputs. No statistically significant differences were found in agreement ratings between pre-campaign and post-intervention groups.

Perceived risks of using AI

Doctors were generally aware of the potential risks associated with using AI in clinical practice. Nearly all respondents agreed on the importance of conducting due diligence to ensure that any AI tool is clinically safe and appropriate for use (pre: 97%, post-intervention: 95%).

Similarly, almost all doctors agreed that AI-generated outputs should always be checked and finalised (pre: 97%, post-intervention: 96%), likely reflecting concerns about the accuracy of AI scribes (pre: 86%, post-intervention: 89%).

Only a minority believed that using AI reduced the risk of medical errors (pre: 34%, post-intervention: 30%) or enhanced patient safety (pre: 42%, post-intervention: 45%).

There was strong consensus that patient privacy must be maintained when using AI (pre: 96%, post-intervention: 94%). Additionally, most doctors agreed that indiscriminate use of AI tools could pose risks to patient confidentiality (pre: 74%, post-intervention: 80%).

Perceived impact of AI use

Doctors recognised that, despite the use of AI, the responsibility for clinical care remained with the medical practitioner (pre: 97%, post-intervention: 97%). Only a minority believed that AI would result in a decline in their clinical skills (pre: 24%, post-intervention: 23%).

The most widely agreed benefit of AI scribes was their role in easing the burden of increasing administrative and documentation tasks (pre: 73%, post-intervention: 79%).

Table 4. Agreement towards statements (% who gave a top-3 agreement rating)

Theme	Statement	Pre % agreed	Post (I) % agreed	Statistically significant change?
Undertaking due diligence	Before considering using an AI tool, it is important to undertake due diligence to ensure it is clinically safe and appropriate to use.	97%	95%	No
Privacy	If or when I use AI, I must ensure that the privacy of patients and their data is maintained.	96%	94%	No
	Using AI tools indiscriminately may risk the privacy and confidentiality of patient data.	74%	80%	No
Accuracy and checking outputs	It is very important to always check and finalise the output of an AI tool.	97%	96%	No
	Outputs generated by an AI scribe may not always be accurate or factually correct.	86%	89%	No
	Using AI lessens the risk of medical errors.	34%	30%	No
Patient safety	The use of AI tools in healthcare enhances patient safety.	42%	45%	No
Responsibility/ accountability	Even with the advent of AI the responsibility for clinical care ultimately lies with the medical practitioner.	97%	97%	No
Decline in skills	Using AI might result in a decline in my clinical skills	24%	23%	No
Assist with admin work	AI scribes ease the burden of increasing administrative and documentation tasks of medical practitioners.	73%	79%	No

Q: To what extent do you agree or disagree with the following statements?
Base: pre n=591, post-intervention n=202

Discussion

Opportunities and risks in AI adoption

This research provides early evidence of the rapid uptake of AI scribes in clinical practice, with usage rising from 11% in August 2024 to 19% by February 2025. When combined with the proportion of doctors likely to adopt AI scribes in the future, nearly half of doctors are either currently using or inclined to use this technology.

The increasing interest in AI scribes suggests they are easing long-standing administrative burdens on clinicians. While this is a welcome shift, it is essential that health practitioners stay engaged in the documentation process. AI integration brings new responsibilities—not only in maintaining clinical standards, but also in ensuring that data inputs, storage, and security protocols uphold patient privacy and confidentiality.

As highlighted in Avant's position paper Artificial intelligence in healthcare and medico-legal risk position paper, the use of AI in clinical settings carries several risks, including:

- Inaccuracies and errors in AI outputs
- Loss of clinical skills
- Lack of transparency in AI decision-making
- Privacy and data security concerns
- Legal liability risks.

These risks underscore the need for careful oversight and ongoing evaluation of AI tools in healthcare. As adoption grows, doctors must become more technologically informed—not only about how these systems function, but also about the broader implications of integrating AI into medical practice.

Evaluation of the AI campaign

Survey findings suggest the campaign had a positive impact on doctors' knowledge of AI. Those who participated reported higher levels of AI knowledge than their pre-campaign counterparts. In particular, significantly more doctors rated their knowledge as good to excellent (pre: 24%, post-intervention: 32%), while fewer described it as poor to very poor (pre: 37%, post-intervention: 24%).

The campaign also strengthened awareness of legal responsibilities. Notably, a greater proportion of doctors in the intervention group recognised the need to obtain patient consent before using an AI scribe (70%), compared with those surveyed before the campaign (54%).

Beyond knowledge and legal awareness, the campaign reinforced key messages about responsible AI use. These included the importance of conducting due diligence before adopting AI tools, ensuring clinical safety and appropriateness, and checking AI-generated outputs. Importantly, survey results suggest that many doctors were already approaching AI with caution prior to the campaign. This strong baseline of responsible behaviour is encouraging, as such practices are critical to the safe and ethical integration of AI in healthcare.

While the campaign was successful, some doctors may still lack awareness or may not have had the opportunity to engage with it, underscoring the importance of continued education.

Conclusion

This campaign highlights the importance of supporting doctors in the safe and effective integration of AI into clinical practice. While AI presents opportunities to improve efficiency and enhance medical care, its adoption also introduces risks that must be carefully managed. Targeted education, as demonstrated by the campaign, is a key strategy for mitigating these risks.

Appendix A: Questionnaire

1. In which state or territory do you mainly practise?

	ACT
	NSW
	VIC
	QLD
	SA
	WA
	TAS
	NT
	I practise in more than one state or territory

2. Which of the following best describes you?

	A doctor in training – intern, junior medical officer or registrar (including non-accredited)	
	A medical practitioner practising for 5 years or less	
	A medical practitioner practising for more than 5 years	
	A practice manager	
	Other (specify)	

3. Which of the following describes the type of practice in which you mainly work? Select only one

	Solo medical practice	
	Group medical practice	
	Private hospital	
	Public hospital	
	Public and private hospitals	
	Community health service (public)	
	Aboriginal Health Centre	
	Defence medical practice	
	Locum	
	Academia	
	Other (specify)	

4. How would you rate your knowledge of artificial intelligence (AI) overall?

Very poor	Poor	Fair	Good	Excellent

5. Do you currently use the following AI tools in your clinical practice?

		No	Yes
a.	**AI scribe** – AI that transcribes clinical conversations between the doctor and patient to generate clinical documentation/notes. Some AI scribes are a feature of or integrated into practice management software.		
b.	**Other AI tool**		

6. [IF NO IN BOTH Q5a & b] What are your reasons for not using an AI tool in your practice? Please be specific to help us understand your answer.

[ASK Q7–10 IF CURRENTLY USE AN AI SCRIBE 'YES' IN Q5a]

The next set of questions is about your use of **AI scribes**.

7. What is the name of the AI scribe you are currently using?

8. What tasks are performed by this AI scribe in your practice? You may select more than one answer.

	Record a consultation	
	Transcribe a consultation	
	Generate medical notes of a consultation	
	Create reporting letters/reports	
	Generate a treatment plan based on the medical notes	
	Create patient information sheets	
	Create referral letters	
	Develop care plans	
	Other (specify)	

9. How often do you use the AI scribe?

	Multiple times a day
	Once a day
	Several times a week
	Once a week
	Less often

10. Why do you use an AI scribe? You may select more than one answer.

	Required in my workplace	
	Integrated in my practice management software	
	More detailed documentation	
	Accurate output	
	Time-saving	
	Easy to use	
	Cost-effective	
	Useful for administrative purposes	
	Allows me to focus on my patient	
	I prefer to use AI for this purpose	
	Other (specify)	

11. [IF NO in Q5a] How likely are you to use an AI scribe in your clinical practice in the future?

Extremely unlikely	Unlikely	Neither	Likely	Extremely likely

12. [IF ANSWERED LIKELY/EXTREMELY LIKELY IN Q11] What tasks will the AI scribe likely perform in your practice? You may select more than one answer.

	Record a consultation	
	Transcribe a consultation	
	Generate medical notes of a consultation	
	Create reporting letters/reports	
	Generate a treatment plan based on the medical notes	
	Create patient information sheets	
	Create referral letters	
	Develop care plans	
	Other (specify)	

You mentioned that you currently use an other AI tool.

13. [IF YES in Q5b] What tasks or functions does this AI tool perform in your practice?

You may select more than one answer. If the task/function is not listed, please specify in the space provided.

	Administrative support	
	Medical imaging	
	Medical image analysis	
	Clinical decision support system	
	Remote patient monitoring using wearable devices and other sensors	
	Preventative medicine	
	Robot-assisted surgery	
	Assist in drug discovery by analysing large amounts of data	
	Summarise articles and other scientific papers found online	
	Personalised treatment tools	
	Other (specify)	

14. [IF YES in Q5b] Why do you use this AI tool? You may select more than one answer.

	Required in my workplace	
	Accurate output	
	Time-saving	
	Easy to use	
	Cost-effective	
	Useful for administrative purposes	
	Allows me to focus on my patient	
	I prefer to use AI for this purpose	
	Other (specify)	

15. [ASK ALL] To what extent do you agree or disagree with the following statements?

[ROTATE]	Do not agree at all 1	2	3	Neither 4	5	6	Completely agree 7
Using AI lessens the risk of medical errors.							
It is very important to always check and finalise the output of an AI tool.							
Using AI might result in a decline in my clinical skills.							
Even with the advent of AI the responsibility for clinical care ultimately lies with the medical practitioner.							
Before considering using an AI tool, it is important to undertake due diligence to ensure it is clinically safe and appropriate to use.							
Using AI tools indiscriminately may risk the privacy and confidentiality of patient data.							
AI scribes ease the burden of increasing administrative and documentation tasks of medical practitioners.							
Outputs generated by an AI scribe may not always be accurate or factually correct.							
The use of AI tools in healthcare enhances patient safety.							
If or when I use AI, I must ensure that the privacy of patients and their data is maintained.							

16. Please indicate whether the following statements are true or false.

	Unsure	False	True
It is a legal requirement to obtain patient consent before using an AI scribe.			
The medical practitioner is accountable if they use clinical advice and treatment based on clinical suggestions generated by AI scribes.			

References

1. Hansen D, Bauer D, Grimes J, Silvera D, Higgins L, Stekelenburg N, et al. AI trends for healthcare. Herston: CSIRO; 2023, accessed 2 September 2025.
2. Avant Mutual. Artificial intelligence in healthcare and medico-legal risk position paper. Sydney: Avant Mutual; 2024, accessed 27August 2025.
3. National Health and Medical Research Council. National Statement on Ethical Conduct in Human Research. Australian Government, 2007 (updated 2018), accessed 28 August 2025.

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