phn TASMANIA
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primary health TASMANIA

AI in primary care: Governance, risk and responsible use

This webinar will start soon.

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An Australian Government Initiative

primary health TASMANIA

AI in primary care: Governance, risk and responsible use

Zoom webinar – Monday 9 November 6.30pm – 7.30pm

Acknowledgement of traditional owners

We acknowledge the Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we are meeting today. We pay our respects to Elders past and present.

We would also like to acknowledge Aboriginal people who are joining us today.

Some housekeeping

This evenings webinar is being recorded:
https://learning.primaryhealthtas.com.au

Please use the Zoom Q&A feature to ask questions

Please don’t forget to register for your next webinar at:
https://www.primaryhealthtas.com.au/for-health-professionals/events/

AI in Primary Care: Governance, Risk and Responsible Use

A Primary Health Tasmania webinar

Monday 9 November 2026 | 6.30pm

Adj. Assoc. Prof. Chris Boyd-Skinner, Chief Executive Officer, DHSCA

DHSCA-CON-PRP-025

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Welcome and Acknowledgement of Country

ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the Traditional Owners and Custodians of the lands on which we each join tonight.

We pay our respects to Elders past and present, and to all Aboriginal people joining this session.

Recording

This session is recorded. PHT will host the recording on the PHT Learning Hub.

Questions

Use the Zoom Q&A function at any time. We answer them from 7.15pm.

CPD

RACGP and ACRRM approved.

Resources

The updated AI checklist, the slides in PDF, and written answers to open questions by 16 November 2026.

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ABOUT THE SESSION

Presenter

Adj. Assoc. Prof. Chris Boyd-Skinner

Chief Executive Officer, DHSCA

- Registered nurse. Continues to work clinically.
- Previously Director of Clinical Governance, Australian Digital Health Agency.
- Consults to the World Health Organization’s Greece Office on Quality of Care and Patient Safety
- Facilitated PHT's 2026 Digital Health Roadshow on AI Governance (Devonport, Launceston and Hobart).

Emma Mathison

Head of Program Delivery, DHSCA

Monitoring the chat and Q&A tonight.

Building on the June 2026 Digital Health Roadshow AI Governance Session

This session aims to turn the new RACGP F11 standard into practical steps for Tasmanian practices.

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About: Digital Health Standards Council of Australasia (DHSCA)

DHSCA is an independent assurance and assessment organisation for digital and AI-enabled health technologies used in Australasian healthcare.

DHSCA's services are structured across four pillars, each aligned to national and international safety, quality, technical and governance standards.

01 · Advisory

Digital Health and AI Advisory

Support for health services, not-for-profits, vendors and digital health bodies to set their digital health and AI governance, including AI governance frameworks, risk appetite and preparation for accreditation and audit.

Active

02 · Readiness

Board and Executive Readiness

Governance reviews and briefings for boards and executives who are accountable for digital health and AI decisions, so they can question and oversee the technology their organisation adopts.

Active

03 · AI Assessment

AI Safety Assessment

Independent clinical and technical assessment of AI-enabled health technologies using GUARDS, DHSCA's assessment framework of 76 criteria across six domains.

Waitlist open November 2026

04 · Standards

Digital Health Standards Assessment

Clinical and technical assessment of digital health products, and the services that deploy them, against Australian and international standards.

In preparation

AGENDA

Tonight's session

6.30pm	Welcome and Acknowledgement of Country	
6.35pm	**The F11 standard at a glance**	F11.A F11.B
6.40pm	**Informed consent for AI-supported care**	F11.A
6.45pm	**Privacy, security and de-identification**	F11.A
6.50pm	**Governance, accountability and compliance**	F11.A
7.00pm	**Clinical oversight of AI-generated outputs**	F11.A
7.05pm	**Assessing risk before a tool is introduced**	F11.B
7.10pm	**Monitoring and improvement once a tool is live**	F11.B
7.15pm	Questions and answers	
7.28pm	Close: evaluation, CPD and resources	

6

focus areas, each mapped to an F11 criterion

Examples use tools practices already use, such as ambient scribes and patient communication assistants.

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PARTICIPANT OUTCOMES FOR THE SESSION

Learning outcomes

1

Describe

the requirements of the RACGP 6th edition standard, Criteria F11 Artificial Intelligence, and its relevance to primary care.

2

Identify

key governance, privacy and informed consent considerations when implementing Artificial Intelligence tools in healthcare settings.

3

Apply

a structured approach to assessing and managing risks associated with Artificial Intelligence technologies.

4

Implement

practical strategies to support safe, compliant and effective use of Artificial Intelligence within clinical practice.

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INTRODUCTION

The F11 standard at a glance

F11.A F11.B

Consumer expectation: *“I expect that this practice asks for my consent to use artificial intelligence, explains how it will be used to provide me with care, and ensures my safety and privacy.”*

F11.A Use AI safely and securely

Where the practice uses AI, it does so safely and securely and consistent with existing standards.

- Informed consent
- De-identification and limits on identified data
- Team discussion and training needs
- Governance, accountability and legal compliance
- Documented clinical oversight of AI outputs
- Clinicians accountable for care decisions

F11.B Assess and evaluate AI use

The practice assesses and evaluates its use of AI.

- Assess and evaluate before implementation, including risk mitigation
- Monitor, review and improve so tools give safe, high-quality care
- Reduce unintended consequences

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INTRODUCTION

Where AI sits in the 6th edition

F11.A F11.B

PP4 Informed consent

Third-party consent and how to get informed consent.

F4 Induction and training

Training for AI systems: purpose, limits and clinical oversight.

CG7 Clinical risks and incidents

Steps to find, record and respond to AI-related incidents.

F11

Artificial intelligence (AI)

Foundations Standard

F8 Information security

Security controls for the systems that hold patient data.

F9 Confidentiality and privacy

Privacy Act and APP obligations for health information.

F10 Digital health technologies

Safe use of the digital tools that AI often sits inside.

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SEGMENT 1

Informed consent for AI-supported care

F11.A

1 Tell the patient

- What information the tool collects
- Where the information is stored
- Who can access it, including external vendors
- That they can say no, or withdraw consent at any time

2 Record consent

- Get consent before the tool is used in the consultation
- Document consent in the patient health record
- Use the practice consent process (PP4)
- Give a clear and easy way to opt out

3 If a patient withdraws

- Document the withdrawal in the health record
- Stop using AI in their care, unless clinically necessary and re-authorised
- Offer a care pathway without AI, where feasible
- Explain any limits of opting out with respect

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SEGMENT 1

Privacy Act reforms raise the bar for consent

F11.A

Exposure draft: Privacy Amendment (Personal Data Protection) Bill 2026. It proposes that consent must be:

Voluntary | **Informed** | **Current** | **Specific** | **Unambiguous**

Also proposed

The handling of personal information must be fair and reasonable.

Passed into law. Applicable from 10 December 2026

Privacy policies must describe decisions that AI and other programs make, or substantially help to make, using personal information.

What this means for practices

Build meaningful consent into your AI use now. Then the practice is ready as the reforms progress.

Seek out a consent model that is designed around your clinical practice, workflows and patient registration processes.

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**This is not legal advice. All practices are encouraged to seek their own legal advice as to how their practice meets relevant legislation.*

SEGMENT 2

Where patient information goes

F11.A

Consultation

Audio, notes and patient record data

AI tool

Runs in the browser, an app or the clinical software

Vendor platform

Hosting location, sub-processors, storage time

AI output

Draft note, letter or summary

Health record

Only after the clinician reviews it

De-identify

Facilitate de-identification or anonymisation when an AI tool processes patient data.

Limit identified data

Use identified data only when clinically necessary, explicitly authorised, and supported by documented governance and consent.

Know the data residency

Find out where data is stored and processed, including sub-processors and any offshore hosting.

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SEGMENT 2

Questions to ask the AI vendor

F11.A

1. Does the vendor confirm compliance with the Privacy Act and the Australian Privacy Principles?
2. Can the vendor use or sell collected data for secondary purposes?
3. How is patient data encrypted, stored and destroyed?
4. How is personal information managed?
5. Can clinicians review and confirm AI outputs before use?

Third-party tools

- Check that the tool complies with privacy law.
- Tell patients that an external provider is involved.
- Make sure contracts cover data handling, consent and accountability.

The practice stays responsible for the safe use of a tool that a third party supplies.

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SEGMENT 2

Equity and Indigenous data sovereignty

F11.A

Check the tool works for all your patients

- Is the training data similar to your patient population?
- Are the outputs culturally safe, inclusive and clinically relevant?
- Involve consumer representatives or cultural advisors.
- Check access for people with low health literacy, language barriers or disability.
- Review vendor documents about bias and equity safeguards.

Indigenous data sovereignty

Maiam nayri Wingara principles

Ownership
of data by Indigenous communities

Control
over how data is used and shared

Access
to data that is relevant and meaningful

Custodianship
that respects cultural protocols

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SEGMENT 3

Move AI decisions to the practice

F11.A

OFTEN TODAY

An individual decision

- One clinician starts to use a *free-mium* or trial tool
- No record of which tools are in use
- No named owner and no review date
- Risk sits with one person, often in isolation to a policy suite that is used to govern technology across the practice.

WHAT F11 ASKS

A practice decision

- Governance processes for AI use
- Clear accountability, with a named owner
- Compliance with legislation: Privacy Act, APPs and TGA rules
- A register of the AI tools the practice uses
- The whole team is part of the conversation
- Patient data goes only into approved AI tools

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SEGMENT 3

Name an owner and bring in the team

F11.A

“The AI owner”

Suggested responsibilities:

- Keeps the AI tool register up to date
- Leads the decision on each new tool
- Checks legal and contract obligations
- Reviews AI incidents and performance
- Reports to the practice principals or management

The practice team

Discuss AI to find practical effects and training needs

- Train on the safe and effective use of each tool
- Explain the purpose, limits and correct use
- Reinforce clinical oversight and judgement
- Update training as tools, risks and rules change
- Include all roles: some see risks that others miss

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SEGMENT 4

Clinical oversight of AI-generated outputs

F11.A

1 AI drafts

Note, letter, referral or summary

2 Clinician reviews

Against the consultation and record

3 Correct or override

Use clinical judgement

4 Sign off

Only then save or send

What to check in every AI draft

Accuracy

No invented findings, history, medicines or doses

Omissions

Nothing important left out, such as safety-netting advice

Attribution

The right speaker and the right patient

Tone and audience

Suitable for the patient or the receiving clinician

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SEGMENT 4

Accountability stays with the clinician

F11.A

“Members of the clinical team are accountable for care decisions supported by AI tools.”

RACGP Standards for General Practices (6th edition), F11.A

Professional obligations

Ahpra: your existing professional obligations apply when you use AI.

When review does not happen

An AI note you did not check is still your clinical record. Errors can cause harm, complaints and notifications.

Practical protection

Document your review process. Ask your medical defence organisation for advice on your situation.

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SEGMENT 5

Assess risk before you introduce a tool

F11.B

1

Define the use

Intended use and the clinical risk if the tool is wrong

2

Check regulation

Is it a medical device? Is it on the ARTG?

3

Ask the vendor

Privacy, data residency, sub-processors and contract

4

Plan the controls

Consent, patient information, training and oversight

5

Record the decision

The practice owner or a principal signs off, with conditions and a review date

The updated AI checklist covers these steps in Stage 1, then records the signed decision, open items and review date.

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7.05PM · SEGMENT 5

Is the tool a medical device?

F11.B

Some AI tools may be medical devices

Under the Therapeutic Goods Act 1989. For example:

- Diagnostic aids
- Clinical decision support systems
- Transcription tooling / AVT

A medical device must be on the ARTG before it is lawfully supplied or used in Australia.

AI scribes (TGA guidance, October 2026)

Recording and structuring notes is generally not a device function. Suggesting diagnoses or treatments, or acting without clinician review, can make a scribe a device.

Confirm that each AI tool in clinical care:

1. Is correctly registered on the ARTG, if it is a medical device
2. Complies with the relevant TGA guidance
3. Comes with vendor documents on regulatory status and intended use

Not sure? Get legal advice or regulatory advice from the TGA.

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SEGMENT 6

Monitor and improve once a tool is live

F11.B

What to watch

- Team feedback on use and effectiveness
- Audits of AI outputs, such as missed or over-diagnosis
- Patient feedback and complaints
- Technical issues and support requests
- How often AI is used, and how often it is not

AI-related incidents

- Wrong or misleading outputs
- System failures or outages
- Privacy or data handling breaches
- Safety concerns from clinicians or patients
- Changes in behaviour after an update

When to review

- At *least* every 12 months
- A new model, version or feature
- A new use, patient group or clinical software
- An incident, near miss or complaint
- Monitoring shows a change in accuracy or use
- A change in vendor, hosting or data terms
- A change in TGA status, law or standards

Give patients and the team a timely way to question AI outputs. Do not rely only on complaints to find issues.

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TAKE-AWAY RESOURCE

Your updated AI checklist

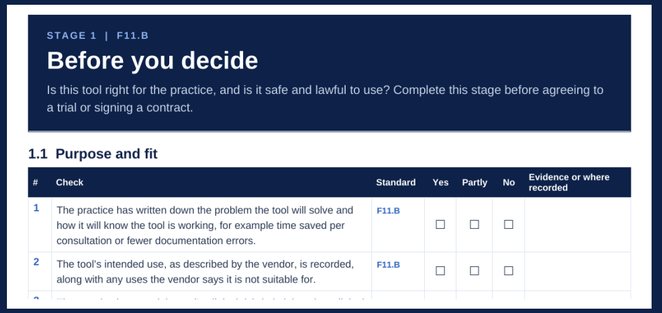
F11.A F11.B

1. **Purpose, fit and clinical risk**
2. **Regulatory status, including TGA**
3. **Privacy, data and the vendor**
4. **Equity and cultural safety**
5. **Governance, policy and consent**
6. **Clinical oversight and training**
7. **Shutdown, monitoring and incidents**
8. **Signed decision and review triggers**

Three stages and a signed decision

52 checks, each mapped to F11.A, F11.B and related criteria. Answer Yes, Partly or No and record the evidence.

Find it on the PHT Learning Hub.



STAGE 1 | F11.B

Before you decide

Is this tool right for the practice, and is it safe and lawful to use? Complete this stage before agreeing to a trial or signing a contract.

1.1 Purpose and fit

#	Check	Standard	Yes	Partly	No	Evidence or where recorded
1	The practice has written down the problem the tool will solve and how it will know the tool is working, for example time saved per consultation or fewer documentation errors.	F11.B	☐	☐	☐	
2	The tool's intended use, as described by the vendor, is recorded, along with any uses the vendor says it is not suitable for.	F11.B	☐	☐	☐	

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SUMMARY

Five actions to start this week

1. **List** the AI tools your practice uses now, including free and trial tools.
2. **Name** an owner for AI decisions in your practice.
3. **Check** your consent process and the information you give patients.
4. **Write down** how clinicians review and sign off AI outputs.
5. **Work through** the checklist for the AI tool you use most, then before any new tool.

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FURTHER READING

Resources

RACGP

- AI scribes
- Conversational AI
- AI in primary care position statement
- Privacy and managing health information

ACSQHC

- Pragmatic AI guidance for clinicians

Ahpra

- Meeting your professional obligations when using AI in healthcare

TGA

- AI and medical device software
- Digital scribes (updated October 2026)

DISR

- Guidance for AI Adoption: six elements of responsible AI use (Department of Industry, Science and Resources)

World Health Organization

- Ethics and governance of AI for health: large multi-modal models

OAIC

- Privacy and the use of commercially available AI products
- Automated decisions in privacy policies (from 10 December 2026)

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Session evaluation

Evaluation

Scan the QR code to complete the PHT evaluation survey.

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Questions and answers

Moderated by PHT and from the Zoom Q&A.

Questions we cannot answer tonight get a written answer by 16 November 2026.

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CLOSE

Thank you

Evaluation

Scan the QR code to complete the PHT evaluation survey.

CPD

PHT will email confirmation of CPD participation within one week of the webinar.

Resources

Checklist and slides (PDF, from 10 November) on the PHT Learning Hub.

Contact

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