PRIMARY CARE RESOURCE

AI tool deployment and monitoring checklist

For general practice and primary care

Aligned to **Criterion F11 Artificial intelligence (AI)** of the RACGP Standards for general practices (6th edition, 2026)

About this checklist

This checklist takes a practice from considering an AI tool to a recorded decision about whether to use it, and then supports monitoring once the tool is in use. It is aligned to the Royal Australian College of General Practitioners (RACGP). Complete one checklist for each AI tool used in practice, including AI features added to software the practice already uses.

The checklist at a glance

01
Before you decide
Purpose, regulatory status, privacy, the vendor and equity
F11.B

→

02
Before go-live
Governance, consent, clinical oversight, training and fallback
F11.A

→

03
Once live
Monitoring, quality improvement and incidents
F11.B, CG7

→

04
Decision record
Signed decision, conditions, review date and review triggers
F11.A, F11.B

What F11 asks of practices

Criterion F11 of the RACGP Standards for general practices (6th edition) applies to every practice that uses AI tools, and is mandatory for those practices to demonstrate. The criterion also sets out what patients can expect when AI is part of their care. The checklist also draws on related criteria in the Standards, including F4 (training), F8 (information security), F9 (privacy), F10 (digital health technologies), CG7 (clinical risk and incidents), PP4 (informed consent), PP7 (complaints) and CQI1 (quality improvement). Each item is mapped to the criteria it supports.

CONSUMER EXPECTATION STATEMENT, F11

"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

Safe and secure use

Informed consent that is obtained and documented, de-identified data wherever possible, identified data only when clinically necessary and authorised, team discussion and training, governance for accountability and legal compliance, and documented clinical oversight of AI outputs. Clinicians remain accountable for care decisions supported by AI.

F11.B

Assessment and evaluation

A process to assess and evaluate each tool, including risk mitigation, before it is introduced. Once it is in use, processes for monitoring, review and quality improvement so that the tool continues to deliver safe, high-quality care and unintended consequences are found and managed.

How to use this checklist

- Complete the checklist before any new AI tool is used with patients, and for tools already in use. Revisit it at defined review date and whenever one of the review triggers in the decision record occurs.
- Where a tool is already in place, consider information and evidence retrospectively, document it, and make changes to systems and practice accordingly.
- The person accountable for the tool should lead the checklist activity, with input from the practice manager, clinicians and relevant staff who will use it.
- Answer each item Yes, Partly or No, and record the evidence, or where it is kept, in the final column. A completed checklist and the records it points to show how the practice meets F11.
- Where an item does not apply, write 'Not applicable' in the evidence column with a corresponding statement and reasoning. A tool that never handles patient information may have fewer applicable items than ambient voice technology or a decision support tool.
- Each item answered Partly or No should become an action, a condition on the decision or an accepted risk in the decision record and in line with the practices' risk appetite.

NB: this checklist is not a substitute for other clinical and technical governance practice required for digital health and AI deployment in primary care. It's use in a practice accreditation process and the evidence it describes is subject to review by an approved accreditation agency's view and whether it meets the standards' requirements.

Tool details

Complete one checklist for each AI tool. Keep the completed checklist with the practice's register of AI tools.

AI tool name and version	
Vendor or supplier	
What the tool does in this practice	
Type of tool (select all that apply)	☐ Administrative or back office ☐ Clinical documentation, for example an ambient scribe ☐ Clinical decision support or interpretation ☐ Patient-facing, for example a chatbot, triage or messaging tool ☐ AI feature in software the practice already uses
Who will use it	
Accountable person (name and role)	
Checklist completed by, and date	
Next review due	

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 tools intended use, as described by the vendor, is recorded, along with any uses the vendor says it is not suitable for.	F11.B	☐	☐	☐	
3	The practice has rated the tool's clinical risk (administrative, clinical documentation, decision support or patient-facing) and scaled the depth of its checks to match.	F11.B	☐	☐	☐	
4	The impacts on workflows, roles, team readiness and the patient experience have been considered, along with direct and indirect costs such as licences, integration, training and support.	F10, F11.B	☐	☐	☐	
5	The team who will use the tool has had input into the decision before it is made.	F10, F11.A	☐	☐	☐	
6	Any trial has a set length, a small group of users, clear measures and an agreed end point, and patients in the trial are asked for their consent.	F11.B	☐	☐	☐	

1.2 Regulatory status

#	Check	Standard	Yes	Partly	No	Evidence or where recorded
7	The vendor has stated in writing whether the tool is a medical device under the Therapeutic Goods Act 1989. If it is, the practice has confirmed its entry on the Australian Register of Therapeutic Goods (ARTG).	F11.B	☐	☐	☐	
8	The practice has identified any feature that analyses or interprets clinical information or suggests a diagnosis or treatment, including optional 'insight' features in AI scribes, and has confirmed its regulatory status before it is switched on.	F11.B	☐	☐	☐	

#	Check	Standard	Yes	Partly	No	Evidence or where recorded
9	Where the regulatory status is unclear, the practice has sought legal or regulatory advice before proceeding.	F11.B	☐	☐	☐	

1.3 Privacy, data and the vendor

#	Check	Standard	Yes	Partly	No	Evidence or where recorded
10	The vendor has confirmed in writing that the tool complies with the Privacy Act 1988 and the Australian Privacy Principles.	F9, F11.A	☐	☐	☐	
11	The practice knows what patient information the tool collects, where it is stored (country and hosting provider) and who can access it, including any sub-processors the vendor uses.	F9, F11.A	☐	☐	☐	
12	The vendor has stated whether patient information, audio or outputs are used to train or improve its models, used for any other purpose or sold, and the answer is acceptable to the practice.	F11.A	☐	☐	☐	
13	The practice knows how data is encrypted, how long audio, transcripts and drafts are kept, and how they are destroyed.	F8, F11.A	☐	☐	☐	
14	The tool uses de-identified data wherever it can. Where it uses identified patient information, that use is clinically necessary, explicitly authorised by the practice and supported by documented governance and consent.	F11.A	☐	☐	☐	
15	The contract covers data handling, consent, accountability, prompt notice to the practice of any data breach, and the practice's right to end the contract without penalty if the tool causes harm or does not perform.	F11.A	☐	☐	☐	
16	The tool meets the practice's information security requirements, including access controls, multi-factor authentication and the way it connects to the clinical information system.	F8	☐	☐	☐	

1.4 Equity and cultural safety

#	Check	Standard	Yes	Partly	No	Evidence or where recorded
17	The vendor has provided evidence of how the tool performs for people like those the practice serves, including Aboriginal and Torres Strait Islander people, older people, people with disability and people from culturally and linguistically diverse backgrounds, and has described how it manages bias.	F11.B	☐	☐	☐	

#	Check	Standard	Yes	Partly	No	Evidence or where recorded
18	The practice has checked how the tool performs locally with accents, languages other than English, interpreters and patients with low health literacy.	F11.B	☐	☐	☐	
19	Where the tool processes information about Aboriginal and Torres Strait Islander patients, the practice has applied Indigenous data sovereignty principles and sought advice from Aboriginal community-controlled partners or cultural advisors.	F11.A	☐	☐	☐	
20	Consumer representatives have been involved in selecting or evaluating the tool, in proportion to its risk.	F11.B	☐	☐	☐	

STAGE 2 - F11.A

Before go-live

Is the practice ready to use the tool safely? Complete this stage before the tool is used in patient care.

2.1 Governance and accountability

#	Check	Standard	Yes	Partly	No	Evidence or where recorded
21	The decision to use the tool has been made by the practice owner or principals, not by the vendor or an individual clinician, and is recorded in the decision record.	F11.A	☐	☐	☐	
22	A named person is accountable for the tool, including its monitoring, incidents, vendor contact and review.	F11.A	☐	☐	☐	
23	The tool is listed in the practice's register of AI tools with its version, intended use, accountable person and review date, and its main risks and controls are in the practice's risk register.	F11.A, CG7	☐	☐	☐	
24	The practice has a written policy on AI use, or a section in an existing policy, covering approved tools, who may use them, consent, clinical oversight, training and incident reporting. It states that members of the clinical team remain accountable for care decisions supported by AI tools.	F11.A	☐	☐	☐	
25	The policy states that patient information must not be entered into any AI tool the practice has not approved, including free or general-purpose chatbots.	F9, F11.A	☐	☐	☐	
26	The practice's privacy policy explains how AI tools use personal information, including, from 10 December 2026, the kinds of decisions that automated systems make or substantially contribute to.	F9, F11.A	☐	☐	☐	

2.2 Consent and patient information

#	Check	Standard	Yes	Partly	No	Evidence or where recorded
27	Clinicians have a documented process to explain the tool and obtain the patient's informed consent before it is used in their care, and to record the consent, or the refusal, in the patient's health record.	F11.A, PP4	☐	☐	☐	

#	Check	Standard	Yes	Partly	No	Evidence or where recorded
28	Patients are told what information the tool collects, where it is stored, who can access it (including the vendor as a third party) and any limitations or risks.	F11.A, PP4	☐	☐	☐	
29	The consent process is adapted to the patient, including the use of interpreters and support for low health literacy, disability, and carers or substitute decision-makers.	F11.A, PP4	☐	☐	☐	
30	Patients are told they can decline or withdraw consent at any time, and the practice has a simple way for them to opt out.	F11.A	☐	☐	☐	
31	If a patient declines or withdraws consent, the practice records this, stops using the tool in their care unless it is clinically necessary and re-authorised, and provides care that does not rely on the tool.	F11.A	☐	☐	☐	
32	Patients can find information about the practice's use of AI, for example on the website, in the waiting room and on registration forms.	F11.A	☐	☐	☐	
33	The practice has set out when consent must be sought again, for example when a new tool or feature is introduced or the way data is used changes.	F10, F11.A	☐	☐	☐	

2.3 Clinical oversight

#	Check	Standard	Yes	Partly	No	Evidence or where recorded
34	Clinicians review, correct and approve AI-generated notes, letters, referrals and summaries before they are saved to the record or sent, and this is documented in practice policy.	F11.A	☐	☐	☐	
35	Clinicians can override or disregard AI output using their clinical judgement, and the policy describes when they should.	F11.A	☐	☐	☐	
36	The tool does not make clinical decisions, place orders or send communications without clinician approval.	F11.A, F11.B	☐	☐	☐	
37	The practice team and patients have a clear way to question or challenge an AI output, and the practice holds information from the vendor about how the tool works to support that.	F11.B	☐	☐	☐	

2.4 Team discussion and training

#	Check	Standard	Yes	Partly	No	Evidence or where recorded
38	The tool has been discussed with the whole practice team, clinical and non-clinical, to identify practical implications and training needs.	F11.A	☐	☐	☐	
39	Everyone who uses the tool or relies on its output has been trained on what it does, what it does not do, its known limitations and the need for clinical oversight. Training is recorded, included in induction and refreshed when the tool or the requirements change.	F4, F11.A	☐	☐	☐	
40	The practice has access to technical support from the vendor or its IT provider, including help with workflow design and safety concerns.	F10	☐	☐	☐	

2.5 Shutdown and fallback

#	Check	Standard	Yes	Partly	No	Evidence or where recorded
41	The tool can be switched off quickly without disrupting the clinical information system or other core systems, the practice has tested this, and a documented fallback workflow is in place.	F11.B	☐	☐	☐	
42	The practice knows how to retrieve or delete its data if it stops using the tool.	F8, F11.A	☐	☐	☐	

STAGE 3 - F11.B AND CG7

Once live

Is the tool still working as intended, and are problems being found and fixed? Repeat this stage at each review.

3.1 Monitoring and quality improvement

#	Check	Standard	Yes	Partly	No	Evidence or where recorded
43	A sample of AI outputs is checked on a set schedule (for example, five scribe notes per clinician each month) for missing information, added content, misattribution and medicine errors. For tools that interpret or triage, outcomes are checked for missed diagnosis and over-diagnosis.	F11.B, CQI1	☐	☐	☐	
44	The practice collects structured feedback from the team on accuracy, usability and workload.	F11.B	☐	☐	☐	
45	Patient feedback and complaints about the use of AI are monitored and acted on.	F11.B, PP7	☐	☐	☐	
46	The practice tracks how often the tool is used, how often clinicians choose not to use it, and the technical issues and support requests raised.	F11.B	☐	☐	☐	
47	Vendor updates and new features are reviewed before they are switched on, to confirm they do not introduce new risks or reduce effectiveness.	F10, F11.B	☐	☐	☐	
48	Monitoring results are reported to the practice owner or principals at a set frequency, and actions are tracked through the practice's quality improvement process.	F11.B, CQI1	☐	☐	☐	

3.2 Incidents

#	Check	Standard	Yes	Partly	No	Evidence or where recorded
49	The incident management process covers AI-related incidents, including incorrect or misleading outputs, outages, privacy breaches, safety concerns raised by clinicians or patients, and changes in behaviour after updates. AI issues are actively looked for through monitoring and are not left to complaints.	CG7	☐	☐	☐	

#	Check	Standard	Yes	Partly	No	Evidence or where recorded
50	Serious AI-related incidents are escalated to the practice owner or principals, reported to the vendor, and tracked through to corrective action.	CG7	☐	☐	☐	
51	The practice knows how to report an adverse event involving a medical device to the TGA, and receives the vendor's safety and recall notices.	CG7, F11.B	☐	☐	☐	
52	Privacy breaches involving the tool are managed under the practice's data breach response plan, including notification under the Notifiable Data Breaches scheme where required.	F9	☐	☐	☐	

STAGE 4 - F11.A AND F11.B

Decision record

Complete this record once Stages 1 and 2 are done. It is the practice's formal decision about the tool and is kept with the AI register.

Decision	☐ Proceed ☐ Proceed with conditions ☐ Do not proceed
Reasons for the decision	
Conditions, if any	
Review date (no later than 12 months from the decision)	

Open items

List each item answered Partly or No, and what the practice will do about it.

Item no.	Action, condition or accepted risk	Owner	Due

Sign-off

	Accountable person	Practice owner or principal
Name		
Role		
Signature		
Date		

Review triggers

Review the tool and this checklist at the review date, or sooner if any of the following occurs:

- A new model, version or feature, particularly one that suggests diagnoses, treatments or actions.
- An AI-related incident, near miss or complaint.
- A change in accuracy, use or workload found through monitoring.
- A change in the vendor's ownership, hosting, sub-processors or terms on data use.
- A change in regulatory status, or new TGA guidance or a safety notice.
- A change in privacy law or the RACGP Standards that affects the tool.
- A new clinical information system, or a change in how the practice uses the tool.

Guidance notes

These notes explain the items that practices most often ask about. They reflect the Standards, law and guidance as of November 2026 and are subject to change.

Which tools are covered

F11 applies to any AI tool used in the practice, whether clinical or administrative. In general practice this commonly includes ambient scribes, clinical decision support, patient messaging and triage tools, chatbots, and AI features added to the clinical information system, practice management software or other existing products. A new AI feature in a familiar product needs the same assessment as a new tool.

Consent for AI tools

Consent for an AI tool should be specific to that tool and recorded in the patient's health record. A sign in the waiting room or a line on the registration form tells patients that the practice uses AI, but it does not replace a conversation at the point of care. For an ambient scribe, a short explanation at the start of the consultation is usually enough, covering what the scribe does, that the clinician checks the note, where the recording goes and how long it is kept, and that the patient can say no without any effect on their care.

The exposure draft of the Privacy Amendment (Personal Data Protection) Bill 2026, released on 31 August 2026, proposes that consent be voluntary, informed, current, specific and unambiguous. At the time of writing the Bill had not been passed, but a consent process built to that standard now is unlikely to need rework when the reforms take effect.

De-identified and identified data

F11.A expects practices to de-identify patient information whenever an AI tool can do its job without identified data, and to use identified data only when it is clinically necessary, explicitly authorised and supported by documented governance and consent. An ambient scribe cannot work without identifiable information, so for scribes the second test applies, and the practice's authorisation, policy and consent records are the evidence that it has been met. For administrative tasks such as drafting a newsletter or reviewing appointment patterns, identifying details should be removed before any information is used. Entering patient information into a free or general-purpose chatbot that the practice has not assessed and approved does not meet either expectation.

When an AI scribe is a medical device

The TGA updated its guidance on digital scribes in October 2026 after reviewing products on the Australian market. A scribe whose only purpose is to record, transcribe and structure a consultation is generally not a medical device. A scribe can become one when it analyses or interprets clinical information, for example through an optional feature that suggests diagnoses or treatments, when it is promoted with claims about patient outcomes, or when it acts on the record without clinician review. Ask the vendor for a written statement of the tool's regulatory status, check any ARTG entry, and review the position whenever a new feature is offered.

Automated decisions and the practice privacy policy

From 10 December 2026, an organisation's privacy policy must describe the personal information used, and the kinds of decisions involved, where a computer program makes a decision, or does something substantially and directly related to making one, that could significantly affect an individual's rights or interests. Health service providers are covered by the Privacy Act regardless of their annual turnover. Guidance from the Office of the Australian Information Commissioner indicates that human review of an output does not, by itself, take a tool outside these requirements. Practices using AI for triage, clinical decision support or similar functions should check their privacy policy against this requirement and seek advice if unsure.

Equity and Indigenous data sovereignty

AI tools can perform less well for people who were under-represented in the data used to build them, and those people often already face barriers to care. Ask vendors for evidence about the groups the practice serves, not only overall accuracy figures, and test the tool locally with the accents, languages and communication needs seen in the practice.

Where a tool handles information about Aboriginal and Torres Strait Islander patients, the Maiam nayri Wingara principles referred to in F11 set out the right of Aboriginal and Torres Strait Islander peoples to ownership, control, access and custodianship of data that relates to them. Local Aboriginal community-controlled health organisations are a good starting point for advice. NACCHO has develop an AI Governance Toolkit for ACCHOs which can also be a helpful guide on Indigenous Data Sovereignty, Indigenous Data Governance, and Indigenous Cultural and Intellectual Property (ICIP).

Monitoring in a small practice

Monitoring can be kept simple. A practical starting point for an ambient scribe is a monthly check by each clinician of a small sample of notes, looking for missing information, content that was not said, statements attributed to the wrong person, and errors in medicines or doses. Record what was found, discuss the results at a team or clinical meeting each quarter, and report a summary to the practice owner or principals. Check again after every vendor update.

Using the checklist at accreditation

The completed checklist, the decision record and the documents they point to (the AI register, policy, consent records, training records, audit results and incident reports) show how the practice meets F11.A and F11.B. Keep them together and update them at each review.

Resources

Resource	What it covers
RACGP Standards for general practices (6th edition), F11 Artificial intelligence (AI)	The criteria, guidance and resources this checklist is built on.
RACGP, Artificial intelligence (AI) scribes	Benefits, risks and considerations for practices using AI scribes.
RACGP, Conversational AI	Advantages and risks of chatbots and other conversational AI in general practice.

Resource	What it covers
Australian Commission on Safety and Quality in Health Care, Artificial intelligence	Guidance for clinicians using AI, with safety scenarios including ambient scribes.
Ahpra, Meeting your professional obligations when using AI in healthcare	How practitioners' existing professional obligations apply when they use AI.
Therapeutic Goods Administration, Digital scribes	When a digital scribe is regulated as a medical device (updated October 2026).
Therapeutic Goods Administration, Australian Register of Therapeutic Goods	Search for a product's ARTG entry.
OAIC, Guidance on privacy and the use of commercially available AI products	Privacy obligations for organisations using AI products, with a checklist.
OAIC, APP guidelines, Chapter 1	Privacy policy requirements, including automated decision-making transparency from 10 December 2026.
Department of Industry, Science and Resources, Guidance for AI Adoption	Six essential practices for responsible AI use. Replaces the Voluntary AI Safety Standard.
Australian Signals Directorate, Essential Eight	Baseline cyber security strategies for any tool connected to clinical systems.
ACRRM, Artificial intelligence resources	Includes a factsheet on AI scribing software in rural and remote practice.
Lowitja Institute, Taking control of our data	Indigenous data governance for Aboriginal and Torres Strait Islander people and communities.

ABOUT THIS CHECKLIST

The Digital Health Standards Council of Australasia (DHSCA) is an independent organisation providing assessment and assurance for digital health and AI tools used in health services. Contact contact@dhsca.com.au or visit www.dhsca.com.au.

Version 2.0, November 2026. This version replaces the June 2026 checklist and has been rebuilt against Criterion F11 of the RACGP Standards for general practices (6th edition).

© 2026 Digital Health Standards Council of Australasia. This checklist is licensed under a Creative Commons Attribution 4.0 International licence (CC BY 4.0). You may copy, adapt and rebrand it, including for commercial purposes, provided you credit DHSCA and indicate if changes were made.

Suggested attribution: *Adapted from the AI tool deployment and monitoring checklist (version 2.0), Digital Health Standards Council of Australasia, 2026, CC BY 4.0.*

This checklist is a decision-support tool. It is not legal advice and is not produced or endorsed by the RACGP. It reflects the RACGP Standards for general practices (6th edition) and Australian law and guidance as of November 2026. Each practice remains responsible for whether and how it uses an AI tool, and for meeting the Standards and relevant law.