

SUMMIT 2025

Please take a seat,
your session starts soon.

Acknowledgement of Country

Best Practice Software acknowledges the Traditional Custodians of Country throughout Australia and recognise their unique cultural and spiritual relationships to the land, waters, and seas and their rich contribution to society. We pay our respects to ancestors and Elders, past, present, and emerging.

Best Practice Software respects Māori as the tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

Right: Ginmine design from corner, radiating outwards.
Designed for the Bp Bundaberg Operations Hub Mural Project, 2021

Artist: Nicole Wone

Addresses themes of: Evolution – Adaptation of Universe and traditional Indigenous beliefs across the globe.

Beginning of time, darkness. Movement in the cosmos. Rainbow Serpent – Creation being. Ancestral lineage without our DNA





BpPremier SUMMIT 2025

Dr Janice Tan & Kai Van Lieshout

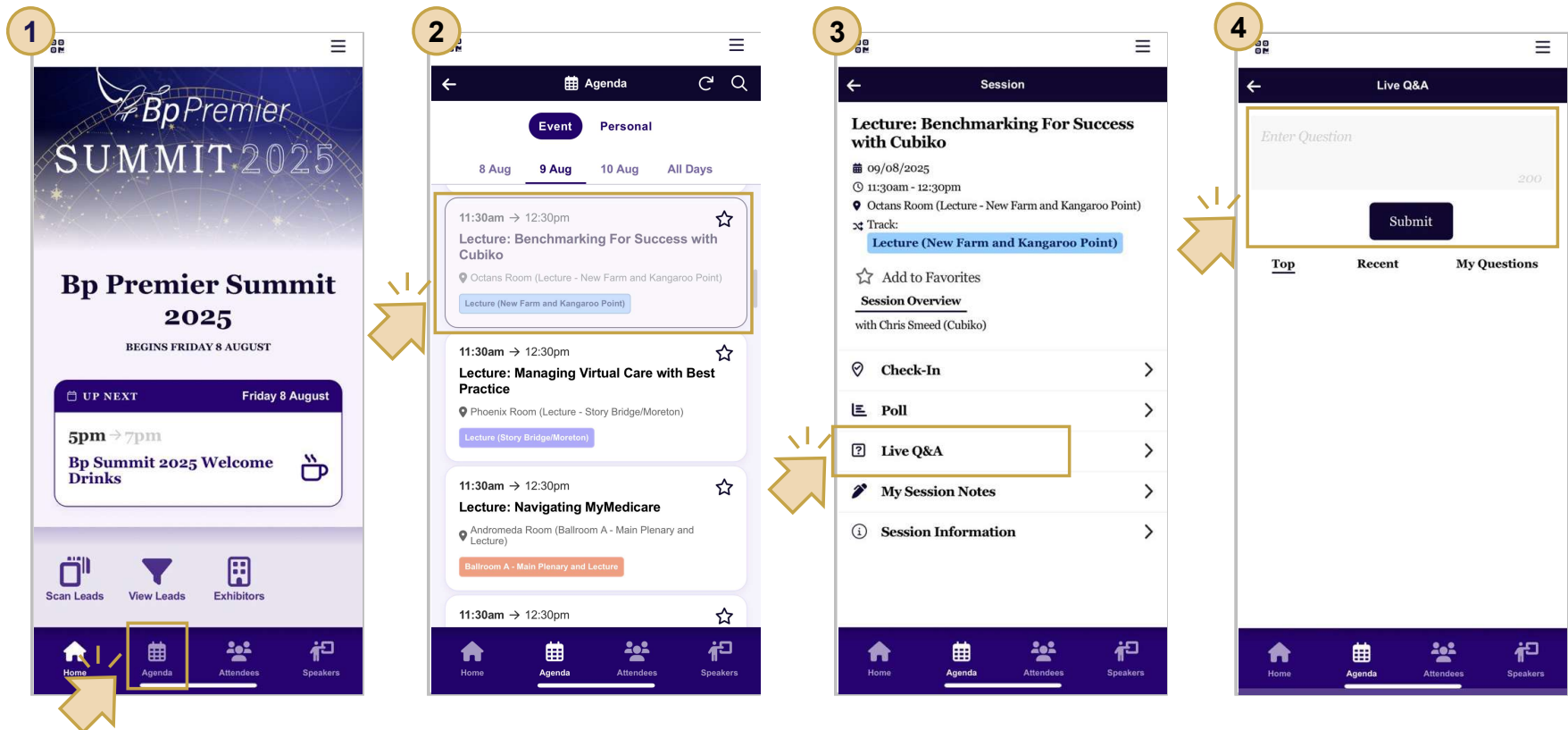
**AI – Practical Implementation Tips for
Your Practice**

BpPremier SUMMIT 2025

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AI- Practical implementation tips for your Practice



Dr Janice Tan

With dual expertise in primary care and digital health, Janice provides deep clinical insight on Australia's primary health ecosystem to various health organisations. This includes start-ups, established companies, government bodies and investment arms. She is currently working at Bupa as the General Manager of Clinical in the Customer & Transformation Office and is still seeing patients as a GP. Janice is chiefly interested in the intersection between healthcare policy, innovation and the delivery of high value preventive care. She is passionate in advocating for health technology innovation to improve workflows and reduce inefficiencies in primary care.



Kai Van Lieshout

Kai is the Co-Founder and CEO of Lyrebird Health and has previously worked at St Vincents Hospital's ACMD lab and Tesla Motors in California. Kai is incredibly passionate about helping clinicians truly connect with their patients and enjoy the work they do instead of being burdened by documentation and administrative work.



Bp Premier SUMMIT 2025

Dr Janice Tan & Kai Van Lieshout

**AI – Practical Implementation Tips for
Your Practice**

Agenda for Today

- State of play with the use of AI in Australian Healthcare
- The current regulatory landscape
- Things to be careful about
- Ethical considerations
- Practical ways to implement AI in your workflows
- AI scribes
- Are AI scribes *actually better* than human written notes
- The future of AI in Health and how you can get involved
- Wrap-up and Q&A

State of Play with the Use of AI in Australian Healthcare



Pre-
consultation



During the
consult



Post-
consultation

State of Play with the Use of AI in Australian Healthcare



Pre-consultation



During the consult



Post-consultation

- AI receptionists/agents
- Digestion of evidence
- Triage
- Pre-consultation data collection

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During the consult

- AI Scribes – Transcription and Dictation
- Referral, care plan generation
- Billing code suggestions



Post-consultation

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During the consult

- AI Scribes – Transcription and Dictation
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Post-consultation

- Patient-facing information
- Reminders
- Social media campaigns – ie. Flu shot
- Accreditation
- Inventory/stock management

The current regulatory landscape

- Peak Bodies
 - RACGP, AIDH, AHPRA
 - 'Guidance documents' and 'Position Statements'
- Medical Indemnity Organisations
 - Education documents and training webinars
- Multiple consultations by different government organisations at the end of 2024
 - Unsure of outcome



As of August 2025,
“There is no clear regulation or legislation pertaining to the use of AI in Australian Healthcare.”

News

Doctors must stop using unregistered AI scribe tools, says NHS England

BMJ 2025 ; 389 doi: <https://doi.org/10.1136/bmj.r1302> (Published 23 June 2025)

Cite this as: BMJ 2025;389:r1302

9th June 2025

Alec Price-Forbes

National Chief Clinical Information Officer

NHS England

england.ccio@nhs.net

25 JUNE 2025

NHS DROPS 'MEDICAL
DEVICE' BOMB ON AI
SCRIBES IN UK

Priority Notification: Ensuring Safe and Assured Adoption of AI Scribe Technology

The adoption of ambient scribing products and Ambient Voice Technology (AVT) solutions hold transformative potential for any care setting. Their adoption, when used safely and securely, is to be encouraged to improve both the quality of patient care and operational efficiency. However, since NHS England published AVT guidance on 27th April 2025, we have received an increasing number of requests to clarify their deployment and use.

We are now aware of a number of AVT solutions which, despite being non-compliant with our published guidance, are still being widely used in clinical practice as free trials or through direct commissioning, both by individuals and organisations. Irrespective of care setting, all NHS organisations must ensure that any AVT solutions being used meets the specified NHS standards as the use of non-compliant solutions poses a risk to clinical safety and data security.

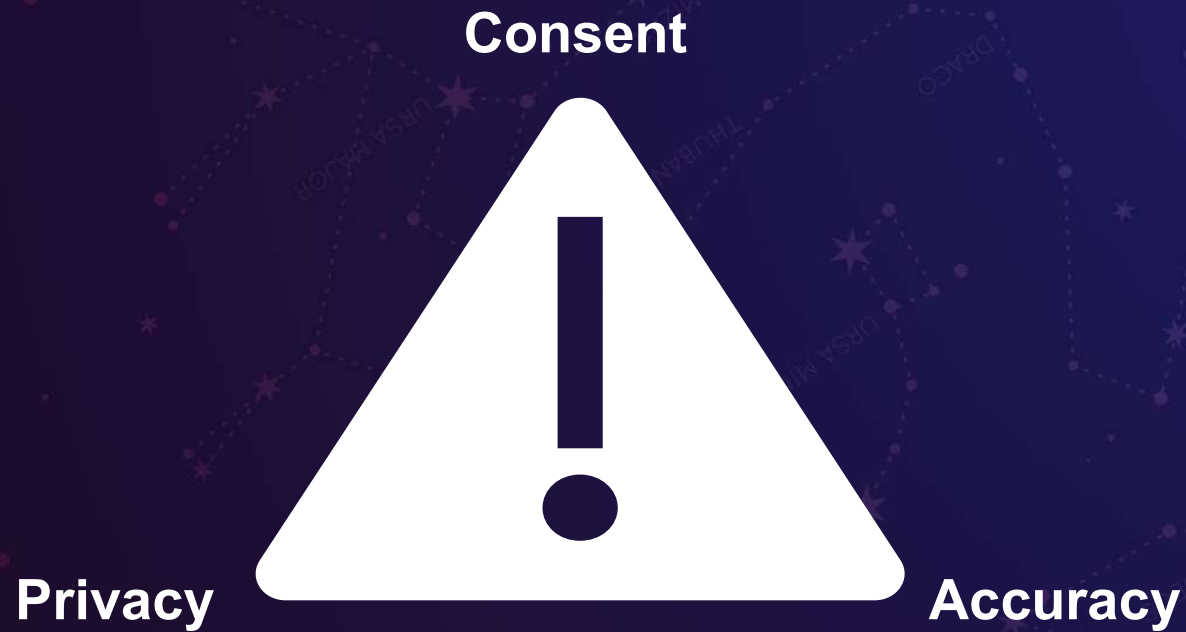
Key points you need to follow:

1. Do not use AVT solutions that are not compliant with NHS standards.
2. All AVT solutions that generate summarisation require, at least, MHRA Class 1 medical device status.
3. Providers need to complete a clinical safety risk assessment and data protection impact assessment (DPIA) before using these tools as part of your legal responsibilities as set out in the [DCB0160](#).
4. Liability for using a non-compliant solutions sits with the deploying organisation (e.g. general practice or trust) or individual user.

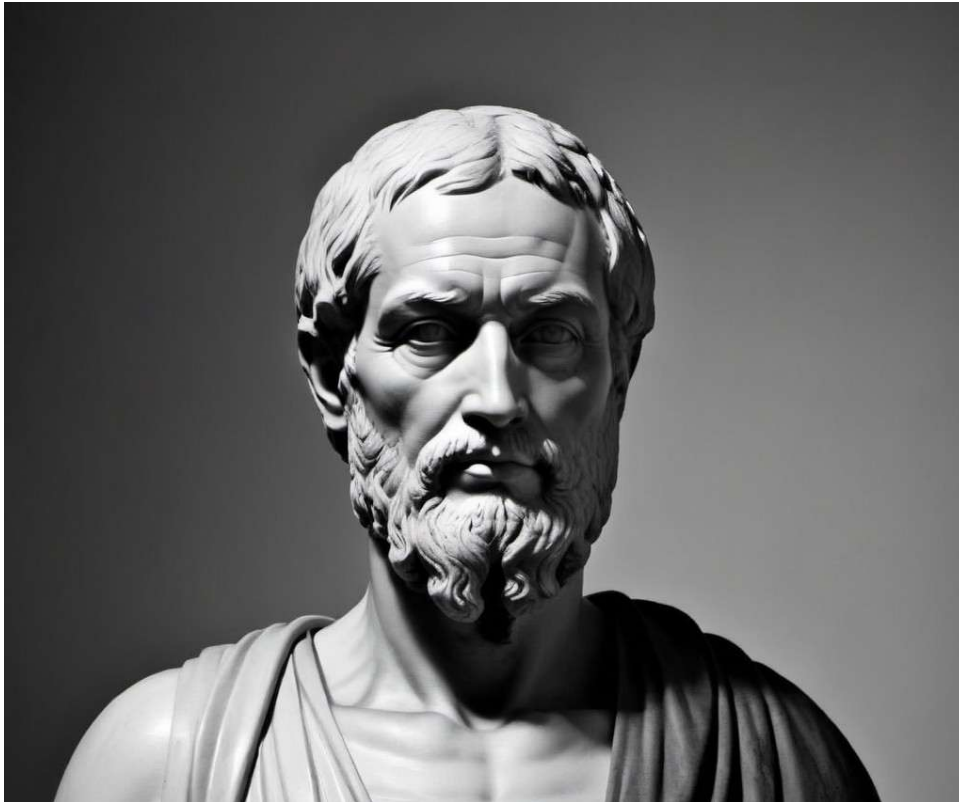
National Chief Clinical Information Officer
NHS England
england.ccio@nhs.net

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Things to be careful about:



Ethical Considerations



Non-Maleficence (Do No Harm)

- Ensure AI does not introduce risk or harm to patients or clinicians.

Beneficence (Promote Well-being)

- Use AI to enhance patient outcomes and improve care quality.

Respect for Autonomy

- Maintain clinician and patient decision-making rights; enable informed consent.

Justice (Fairness and Equity)

- Avoid bias; ensure AI benefits all patient groups equitably.

Fidelity (Trust and Confidentiality)

- Protect patient data privacy and uphold trust in the clinician-patient relationship.

Practical ways to implement AI in your workflows

Always be wary: Need to do own due diligence. I.e. RACGP SIG AI Scribe checklist

Start Small: Implementing one tool at a time to avoid overwhelming change

Try before you buy: Always demo (they should be available *for free*). Different GPs have different needs

Leverage Government & PHN Support: Resources and funding opportunities for digital transformation

Continuous Learning & Peer Support: Engaging with networks like RACGP, PHNs, and digital health communities (like the RACGP SIG!)

Let's talk about AI scribes

Are AI Scribe generated notes *actually* better than the ones generated by us?

We helped to answer this question with the use of the PDQI-9 tool



The Physician Documentation Quality Instrument (PDQI-9) is a validated tool used to assess the quality of clinical documentation, specifically in the context of electronic health records.



Domains are assessed with a 5 point Likert scale

Domains Assessed

Original PDQI-9 tool	Accurate Thorough Useful Organised Comprehensible Succinct Synthesized Internally Consistent
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Modified PDQI tool	All of the above <i>and</i> Free from Hallucinations Free from Bias
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Two studies have evaluated this question

Study #1 by Lyrebird

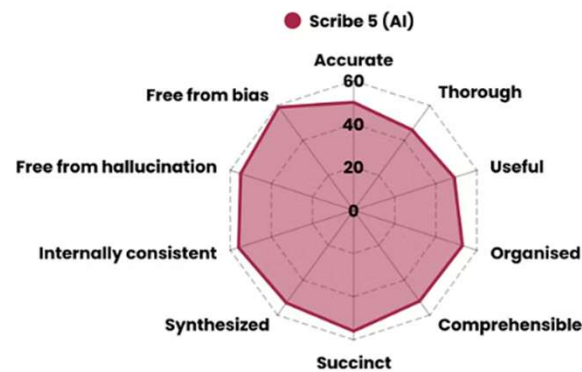
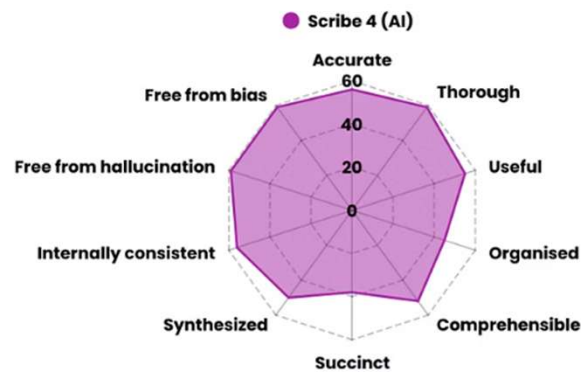
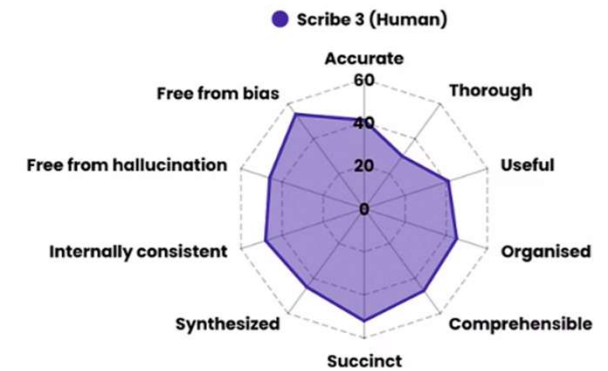
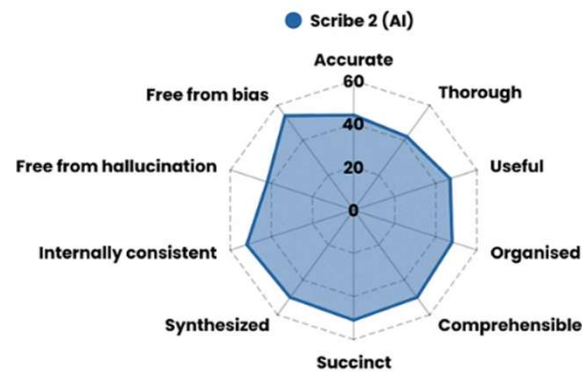
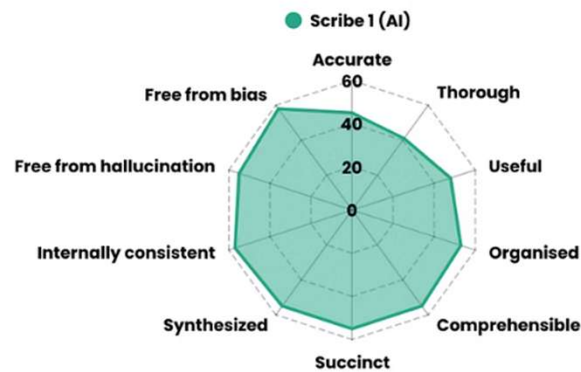
- Over a 16-week mixed-methods study, 75 senior clinicians from 21 outpatient specialties compared their own consult notes with Lyrebird-generated drafts.
- PDQI-9 tool used to evaluate the notes
 - Clinician-written notes scored **86.5%** (34.6 out of 40)
 - Lyrebird drafts scored **92.8%** (37.1 out of 40)

Study #2 by the RACGP Digital Health and Innovation SIG

- Ran 4x AI scribes on 4 live simulated cases and compared them with the notes produced by the GP
- *Modified* PDQI-9 tool used
 - Clinician-written notes scored **82.2%** (37 out of 45)
 - AI scribes scored in between **88.9-97.8%** (40 - 44 out of 45)

At first glance, it may seem like on average, AI Scribes 'wins'.

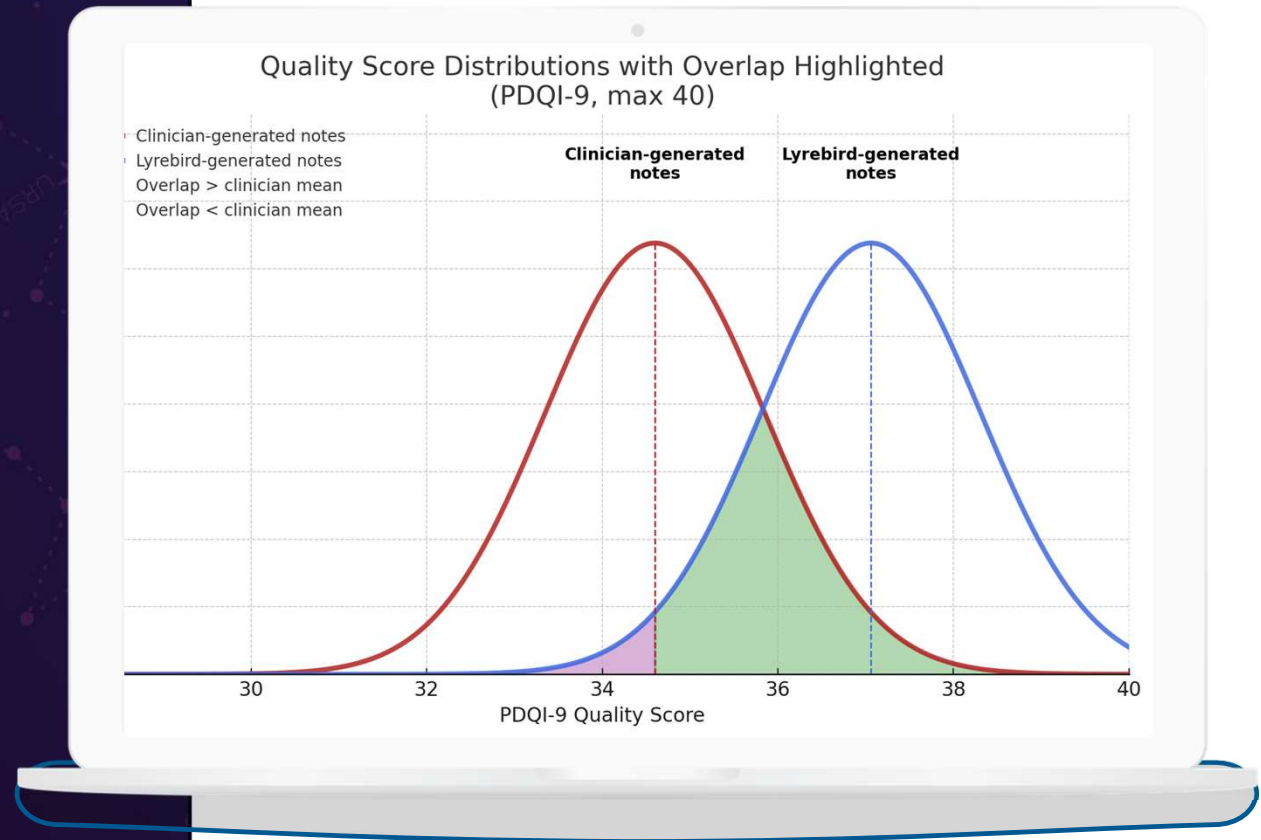
Drilling it down specific domains, each scribe (AI or human) had their own strength and weaknesses



Averages do not tell the full story

Using the PDQI-9 tool, clinician notes averaged a quality score **34.6/40** versus AI-generated notes which scored **37.06/40**.

58% of AI-generated notes were accepted verbatim by clinicians in the final medical records.



When it comes to choosing an AI tool:

Trust Trustworthiness

Data Sovereignty

privacy isn't just policy. It's practice.

Lyrebird keeps all patient data
on Australian soil.
No offshore hops. No fine print.



Drawing on 100,000+ research consults and valuable partnerships

Gold Coast Health
always care.



مستشفى كينجز كوليدج لندن
King's College Hospital London

 Healthia
Your local healthcare leader





THE UNIVERSITY OF
SYDNEY





Australia's first published study on the impact of AI Scribes in private practice



Impact of using an AI scribe on clinical documentation and clinician-patient interactions in private practice: perspectives of clinicians and patients

Kerrie Evans ^{a b}  , Amy Papinniemi ^{b c}, Bernd Ploderer ^d, Vaughan Nicholson ^e, Tom Hindhaugh ^b, Viana Vuvan ^c, Nicholas Cowley ^f, Amina Tariq ^g, Hayley Thomson ^{a b}

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<https://doi.org/10.1016/j.msksp.2025.103333> 

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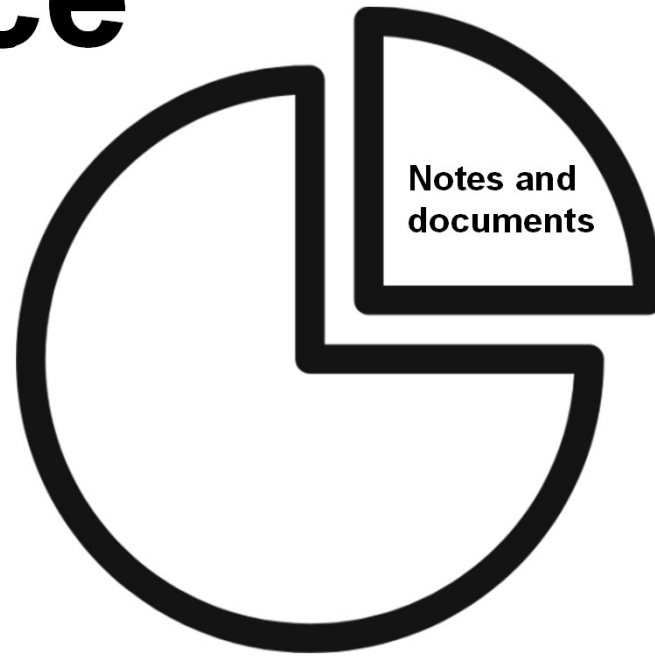
 Open access

Highlights

- Using a digital scribe saves time and reduces administrative burden for clinicians.
- Using a digital scribe had a positive impact on therapeutic alliance.
- Patient trust in their clinician extended to the use of a digital scribe.



We've only scratched the surface



[Contact](#)[FAQs](#)[History](#)[Customer](#)[Settings](#)[Go to a topic](#)[Community](#)

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Overview

User

Solid Bridge

[About Solid Bridge Web](#)[Privacy](#)[Data Settings](#)

Types of users

Solid Bridge

Help

Overview

- 701
All Management Plan
4 items
- 702
Team (Management Plan)
4 items
- 2710
GP Management Plan
1 item

Healthcare providers

- 701
All Management Plan
4 items
- 702
Team (Management Plan)
4 items
- 703
All Management Plan
4 items

Medication Management

- 701
All Management Plan
4 items

GP
Card created

GP Management Plan

All GP Management Plans are created as part of the consultation. We are now capturing relevant information and will create GPMP documentation at the end of the consultation.

Medications

- Medication (GPMP)
- Medication (GPMP)
- Medication (GPMP)
- Medication (GPMP)
- Medication (GPMP)

Advises

- Advises (GPMP)

Prescription history

All GPMP, please contact your GP.

Family history

All GPMP, please contact your GP.

Enter new medication name here, press Enter to add it to the list.



What does the future of AI in Health look like in the next 3-5 years?



Clinical decision
support &
enhanced
diagnostics

AI-powered
remote
monitoring &
telehealth



Automation of
administrative &
operational tasks

Personalized &
preventive
medicine via AI-
driven data



Improving equity
& access for
underserved
populations

Emerging ethics,
regulation &
governance
frameworks



What am I most excited about?

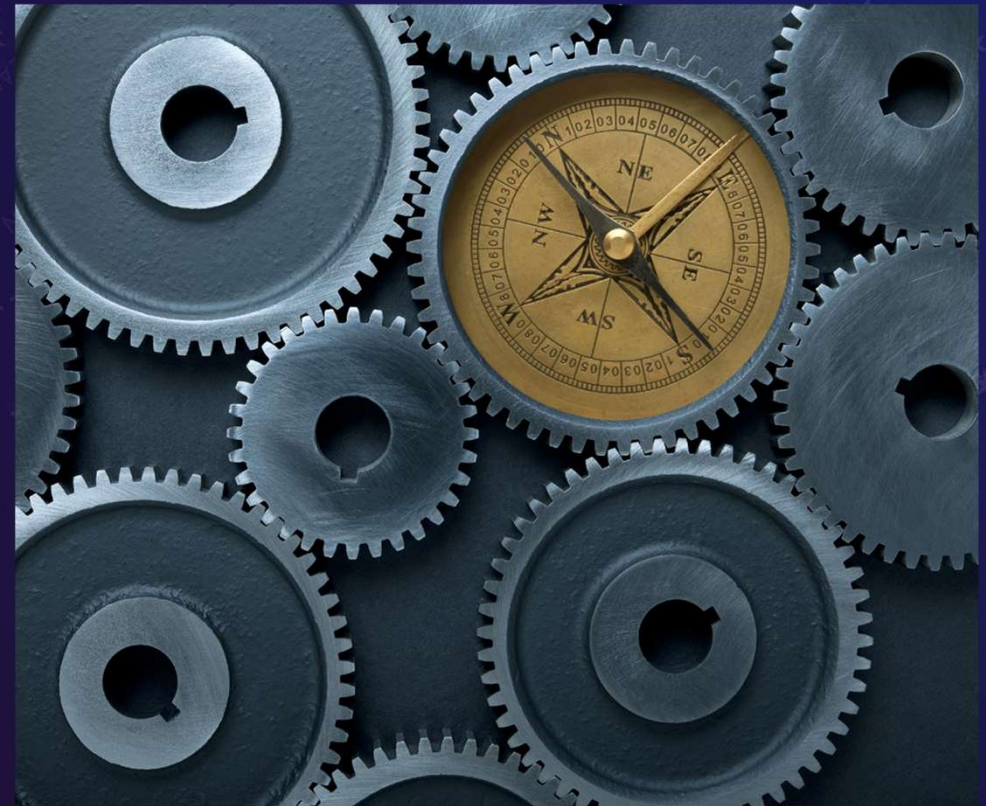
Clinicians can 'chat' with medical records through new AI software, ChatEHR

By [Hanae Armitage](#)

ChatEHR, artificial intelligence software developed at Stanford Medicine, is expediting chart reviews and other tasks by allowing clinicians to ask questions of medical records.

How *you* can get involved in driving the future of AI in healthcare

- Try an AI product (one that you can trust!)
- Learn more about it
 - Community of practice
 - Local practice
 - Primary Health Networks
 - RACGP Digital Health and Innovation Specific Interest Group
- Partake in consultations
- Regulation is *everyone's* problem



Key Takeaways



The use of AI is expanding in Australian healthcare whether the regulation keeps up or not.

AI Scribes are just the beginning. Many features are being developed to enable us clinicians to practise medicine and not paperwork.

Now is an excellent opportunity to get involved to drive the future of AI in healthcare.

Before you commit to an AI tool in your daily practice, ask yourself: **“What has this AI company done to be deserving of your trust”**


SUMMIT 2025

Questions & Answers



Thank you for joining us!



**Our Bp Summit Presentations
and Resources are available
via our Knowledge Base**

AI – Practical Implementation
Tips for Your Practice

Dr Janice Tan &
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