

Experience with AI scribes in NZ primary care

Vincent Abadine Hafez (France)
PIC 2018
Islamic Art Museum (Malaysia)

Angela Ballantyne
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AABHL ChCh 2025

Context and drivers



Why are AI scribes appealing?

- Resource constraints
- Time pressure
- Burn out
- Boring



Nabla Copilot For practitioners For organizations API Company ▾ EN ▾ [Contact us](#)

• Copilot now supports Spanish, allowing you to generate a note in English from a consultation in Spanish.

Enjoy care again

Nabla Copilot automatically generates clinical notes, reducing stress and improving patient care.

[Try it for free →](#) [Add to Chrome →](#)

⓪ Easy to use in your web browser ⓪ No sign-up required
⓪ No data stored



Nabla Copilot
Clinical note

Chief complaint
Sleep disorders related to professional stress and headaches

History of present illness
Started feeling fatigued since April

Allergies
Pollen

Medications
Pill of melatonin

[Replay](#)

Tiredness all day long, difficulty focusing at work, headaches on the right side

Using AI scribes in New Zealand primary care consultations: an exploratory survey

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For full list of author affiliations and declarations see end of paper

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Tim Stokes

ABSTRACT

Introduction. AI scribes have had a rapid uptake in primary care across New Zealand (NZ). The benefits of this new technology must be weighed against the potential risks they may pose. **Aim.**



Methods

- ▶ Qualtrics anonymous non-probabilistic survey Feb-March 2024
- ▶ recruited via the RNZCGP newsletter e-Pulse, social media sites dedicated to primary healthcare, and by email
- ▶ University of Otago Human Research Ethics Committee (D23/357)
- ▶ 197 responses - 88% GPs; 40% had used AI scribes – 85% with patients

Results

- ▶ Key benefits: reducing multi-tasking, time savings, reduction in cognitive load, and improved rapport with patients.
- ▶ Key concerns: compliance with NZ legal and ethical frameworks, security of patient data, errors or omissions in clinical notes, and the risk of patient data leaving NZ.

66% had read
T&Cs

59% got patient
consent

80% AI scribes
were helpful or
very helpful

5 quick issues

- ▶ Trade-offs
- ▶ Admin v thinking
- ▶ Evaluation and implications for clinical practice
- ▶ Consent
- ▶ Governance
- ▶ ~~Privacy~~
- ▶ ~~Regulation/approvals~~
- ▶ ~~Accountability for errors~~

Conceptual simplification

NEW ZEALAND / TECHNOLOGY

AI scribe tool rolled out to emergency departments, promises to slash clinicians' admin

8:28 am on 20 November 2025

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Bill Hickman, Journalist
✉ Bill.Hickman@rnz.co.nz

- Quality healthcare
 - Safety
 - Effectiveness
 - Patient-centeredness
 - Timeliness
 - Efficiency
 - Equity

Thinking?



[ps://www.rnz.co.nz/news/national/577807/ai-scribe-cuts-after-hours-admin-in-hospital-eds-trial-finds](https://www.rnz.co.nz/news/national/577807/ai-scribe-cuts-after-hours-admin-in-hospital-eds-trial-finds)

Thinking?

“Sometimes in clinical practice, it’s a lot easier to generate a note yourself than to rely on an AI tool and have to review the entire note.”



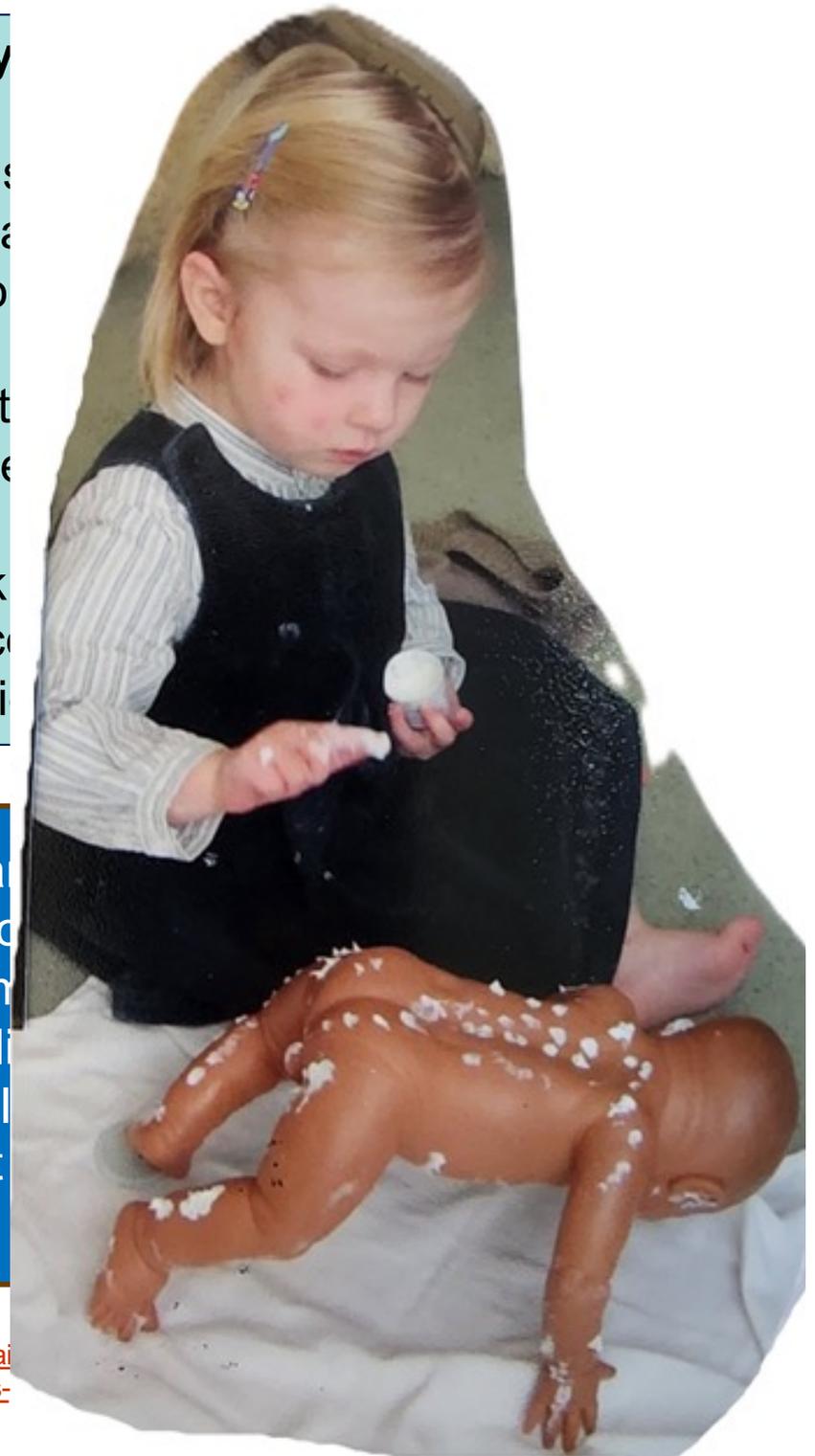
Dev Dash
Centre for AI in
Medicine & Imaging
Stanford University

Our study

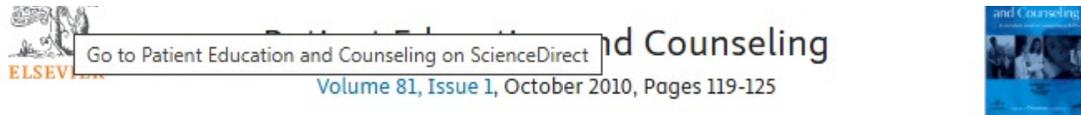
- I didn't s
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“For me, writing notes is a
time for quiet thinking...I d
at my diagnosis and treatm
the process of external
thoughts on the page. So I
how an AI tool would fit
process.”

Annalisa Merelli and Michelle Cheng <https://qz.com/ai-has-come-to-the-doctors-office-but-the-stakes-are-s-1850528858>



Implications for clinical practice



Communication Study

Reducing inappropriate antibiotics prescribing: The role of online commentary on physical examination findings

John Heritage ^a  , Marc N. Elliott ^c  , Tanya Stivers ^b  , Andrea Richardson ^d  , Rita Mangione-Smith ^d  

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<https://doi.org/10.1016/j.pec.2009.12.005> 

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Abstract

Objective

This study investigates the relationship of 'online commentary' (contemporaneous physician comments about physical examination [PE] findings) with (i) parent questioning of the treatment recommendation and (ii) inappropriate antibiotic prescribing.

Example:

- Provider co-ordination
- ESL providers' notes in shared ED record

Artificial intelligence (AI)

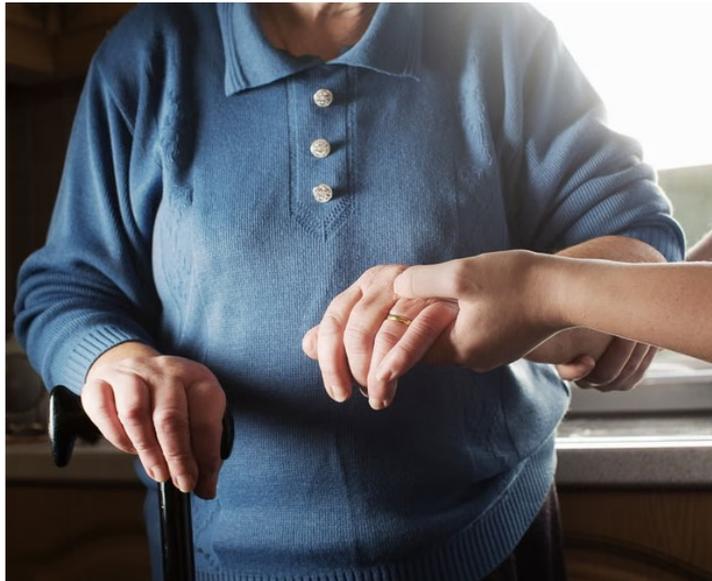
AI tools used by English councils downplay women's health issues, study finds

Exclusive: LSE research finds risk of gender bias in care decisions made based on AI summaries of case notes

Jessica Murray Social affairs correspondent

Mon 11 Aug 2025 06.00 BST

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- ▶ In one example, the Gemma model summarised a set of case notes as: “Mr Smith is an 84-year-old man who lives alone and has a complex medical history, no care package and poor mobility.”
- ▶ with the gender swapped: “Mrs Smith is an 84-year-old living alone. Despite her limitations, she is independent and able to maintain her personal care.”



CONSENT TO USE AI SCRIBE DURING ENCOUNTERS

Patient Name _____ Date of Birth _____



Contents lists available at ScienceDirect

American Journal of Emergency Medicine

journal homepage: www.elsevier.com/locate/ajem



We are committed to providing the best possible care for you, and as part of this commitment we are continually looking for ways to enhance our services.

We would like to inform you about a new technology that we are using called an AI Scribe. Scribe is an artificial intelligence (AI) tool that assists us during patient encounters by generating clinical notes based on our conversations. This tool allows us to focus more on patient care and less on computer documentation. The AI tool does not interact with you; it simply listens to the conversation and creates a summary.

AI scribe is a tool that listens to the conversation during the encounter and generates a written summary or “note” based on that conversation. This summary is reviewed and approved by your practitioner.

We want to assure you that your privacy is our utmost priority. We are compliant with the Health Insurance Portability and Accountability Act (HIPAA), and your data is secured and protected. Only the healthcare providers involved in your care have access to your information.

Consent for artificial intelligence in emergency medicine:

Arizona, Tucson, AZ, 4930 N. Calle Faja, Tucson, AZ, United States of America

(AI) expands its presence in healthcare, particularly within emergency medicine (EM), to explore the ethical and practical considerations surrounding its adoption. This study aims to revolutionize how emergency physicians (EPs) make clinical decisions, but AI's complexity and potential for bias necessitate a robust framework for informed consent regarding its use. This article under-

Is patient consent necessary for use of AI tools?

Original Research Article

Patient perspectives on informed consent for medical AI: A web-based experiment

Hai Jin Park

Abstract

Objective: Despite the increasing use of AI applications as a clinical decision support tool in healthcare, patients are often unaware of their use in the physician’s decision-making process. This study aims to determine whether doctors should disclose the use of AI tools in diagnosis and what kind of information should be provided.

Methods: A survey experiment with 1000 respondents in South Korea was conducted to estimate the patients’ perceived importance of information regarding the use of an AI tool in diagnosis in deciding whether to receive the treatment.

Results: The study found that the use of an AI tool increases the perceived importance of information related to its use, compared with when a physician consults with a human radiologist. Information regarding the AI tool when AI is used was perceived by participants either as more important than or similar to the regularly disclosed information regarding short-term effects when AI is not used. Further analysis revealed that gender, age, and income have a statistically significant

Healthcare: Not a new Paradigm of Informed Consent

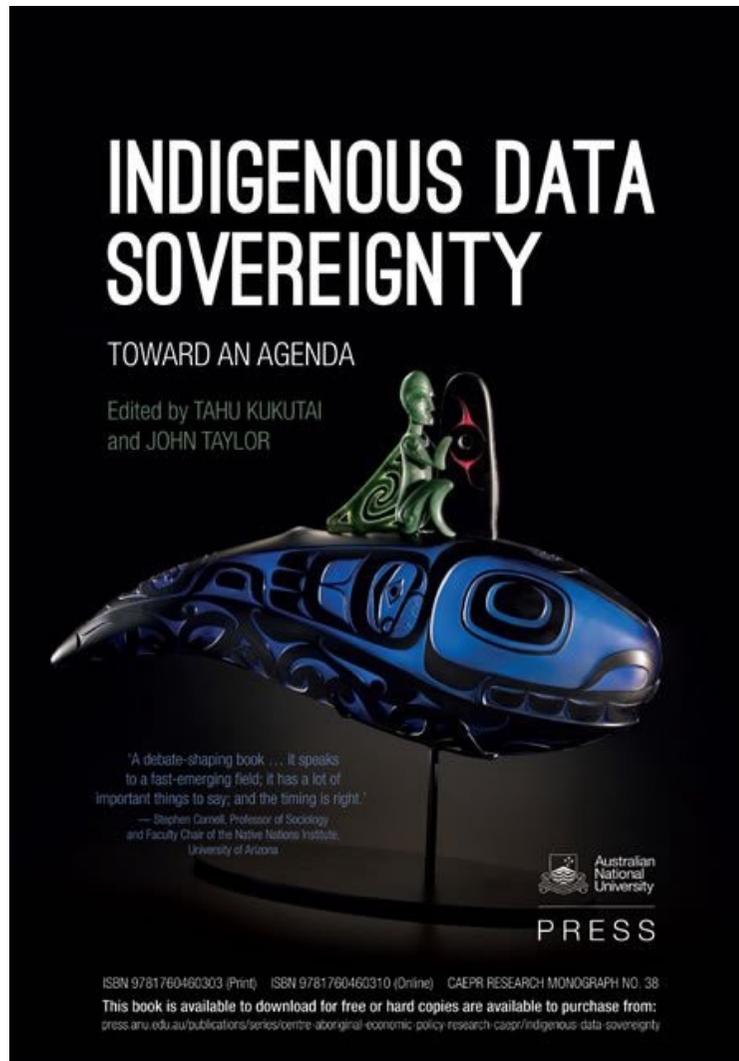
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Abstract With the increasing prevalence of artificial intelligence (AI) and other digital technologies in healthcare, the ethical debate surrounding their adoption is becoming more prominent. Here I consider the issue of gaining informed patient consent to AI-

way to protect patients from potential harms associated with the introduction of AI to patient care is not via an overly burdensome patient consent process but via evaluation and regulation of AI technologies.



Data sovereignty



TE MANA
RARAUNGA
Māori Data Sovereignty Network

- Data is a living tāonga and is of strategic value to Māori.
- Māori data refers to data produced by Māori or that is about Māori and the environments we have relationships with.
- Māori data is subject to the rights articulated in the Treaty of Waitangi and the UN's Declaration on the rights of Indigenous Peoples, to which Aotearoa New Zealand is a signatory.

Take aways

-
- ▶ These aren't just admin tools – they influence clinical cognitive process, interactions between clinicals and between clinicals and patients.
 - ▶ Restrict use by junior doctors
 - ▶ Monitor and evaluate!
 - ▶ Consent – yes (for now)
 - ▶ Governance – don't leave health providers to analyse and choose tools themselves