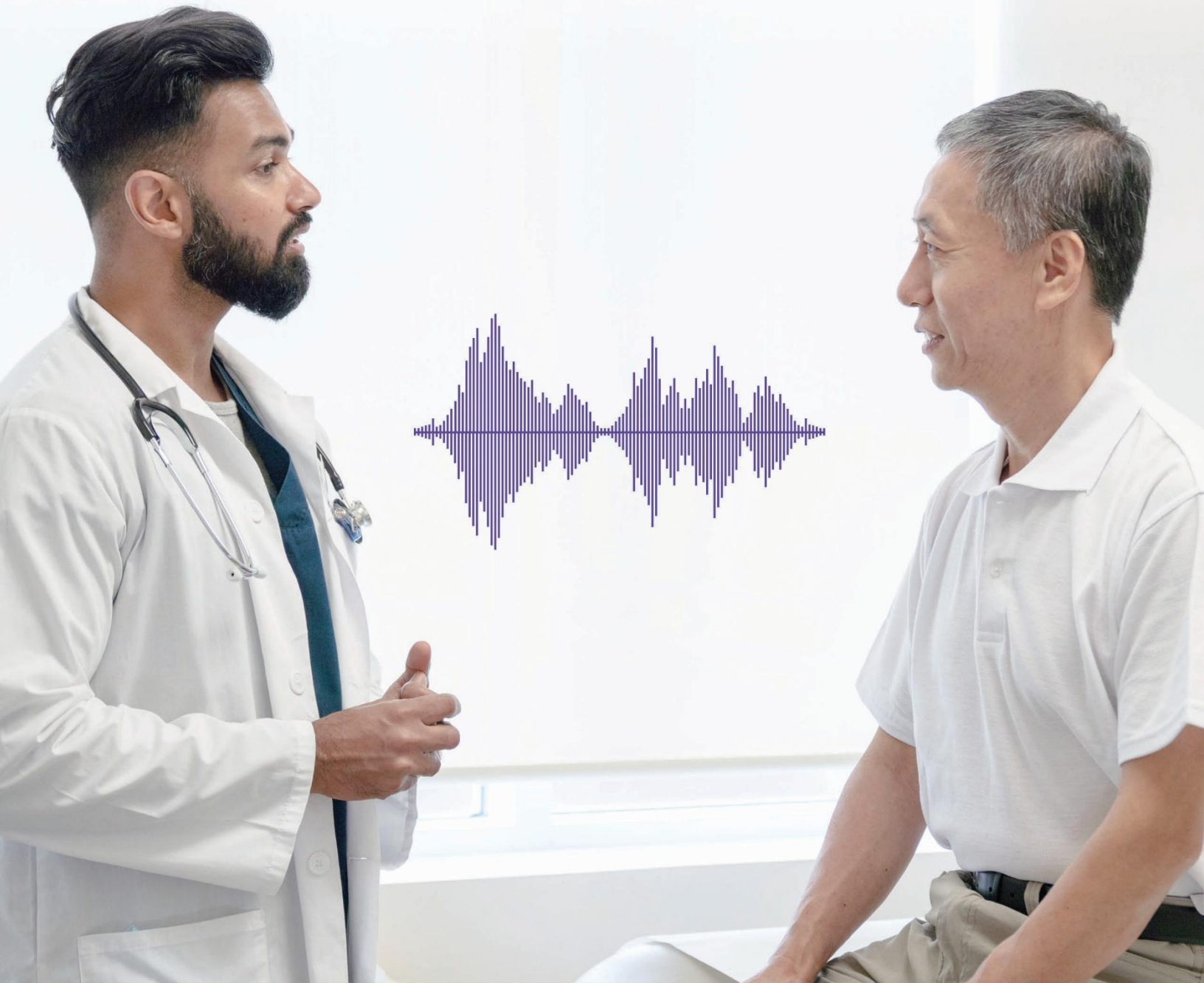


THE COLLEGE OF  
FAMILY PHYSICIANS  
OF CANADA



LE COLLÈGE DES  
MÉDECINS DE FAMILLE  
DU CANADA

# Leveraging AI Scribes to Support Family Doctors



# Artificial Intelligence in Family Medicine

## Introduction

Artificial intelligence (AI) is a rapidly evolving phenomenon in today's world. Emerging technologies such as clinical artificial intelligence scribes (AI scribes) offer promising solutions to reduce administrative burden. Avoidable, unnecessary administrative burden has been linked with family physicians leaving the field, cutting back their hours, and discouraging medical students from going into their specialty.<sup>1</sup> In a recent survey by the Canadian Medical Association (CMA), nearly half of physicians (45 per cent) ranked AI tools as a high-priority solution. Among those already using AI, they were saving an average of 64 minutes of work per day.<sup>1</sup>

An AI scribe refers to a piece of technology that relies on AI for some or all of its functionality. For example, it can assist clinicians by transcribing and summarizing patient interactions in real time, automatically update the patient's electronic medical record (EMR), generate referral letters, etc.<sup>2,3</sup> AI-enabled tools may rely on one or more data sources; multimodal platforms that draw on multiple data sources are being developed rapidly.<sup>4</sup>

## The Evidence

### Considerations and limitations

Although there is literature supporting the use of AI, most studies occurred in environments other than family physician practices. The data found in primary care are largely self-reported.

### Administrative burden

Findings suggest that using AI scribes improves documentation efficiency and reduces family physician workload by decreasing documentation time before and after shifts.<sup>5,6,7,8,9,10</sup> Ninety-four per cent of providers surveyed by Canada Health Infoway say AI scribes save them time, with 62 per cent reporting that it saves them 30 minutes or more per day.<sup>2</sup> A 2026 study by the CMA and Canadian Federation of Independent Business found that physicians reported saving 64 minutes/day (five hours a week). This time could be used to see four more patients per day.<sup>1</sup>

### Cognitive load and provider well-being

Providers report that using AI scribes reduced the cognitive and time burden associated with notetaking, making clinical documentation faster and less stressful. A national survey from Canada Health Infoway found that 85 per cent of physicians using an AI tool reported

lower cognitive burden, and 93 per cent felt more present with patients during visits.<sup>2</sup> The use of the tool increased provider engagement during the appointment and reduced the need for after-hours charting, improving work-life balance.<sup>4,5,11,12</sup>

## Current State

Although adoption of AI is still in the early stages, a 2026 national survey of all physicians shows that 28 per cent of physicians currently use an AI scribe tool, and another 42 per cent of respondents expressed interest in using this type of tool.<sup>1</sup> A 2024 study shows that only 9 per cent of family physicians use an AI scribe.<sup>13</sup>

## Barriers to Adoption

### Medico-legal and privacy risk

Uncertainty around compliance, data handling, confidentiality, and liability when integrating AI into clinical documentation remains a large barrier to adoption. Forty-nine per cent of respondents from a national survey cite this as a top concern.<sup>1</sup> Across the country physicians are, under law, accountable for the accuracy of patient records and responsible for safeguarding patient data, even when using third-party tools.<sup>14</sup> Many family physicians are concerned with the privacy and security of their patient data and avoid AI tools as a result.<sup>13</sup>

### Costs

The cost for an annual licence ranges from \$800-\$2,028.\* In two separate studies (administered by the CMA and Canadian Health Infoway) over one-third of surveyed physicians cite upfront and ongoing costs as a barrier to uptake.<sup>1</sup> Backed by federal investments, Canada Health Infoway launched a program that pays for the annual AI scribe licence for the first year of use for eligible physicians; however, there is no ongoing financial support offered after the year lapses.

### Accuracy

Studies examining the accuracy of AI scribe tools show mixed results, with performance varying widely across platforms.<sup>15</sup> Errors can be categorized into those of omission (most likely), factual inaccuracies, and hallucination (documenting a symptom that was not discussed).<sup>16</sup> Structured documentation is shown to improve note quality and health

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\* Based on tools selected by Canada Health Infoway to participate in the AI Scribe Program. These tools meet national standards and unique regional needs, support secure data sharing, meet clinical practice requirements, and have the ability to integrate into the majority of EMR systems in Canada.

outcomes.<sup>17</sup> However, formatting issues, difficulties including specific language, and challenges with template integration were listed as barriers to developing clear and concise notes.<sup>3,4</sup> In addition, behavioural health providers reported that scribes can struggle to capture suicide risk assessments, mental status exams, and small progress indicators.<sup>4</sup> There are many products on the market and they are continually evolving. Overall, AI scribes demonstrate high levels of summarization accuracy. It is imperative that family physicians review the AI generated summary and edit as necessary to ensure accuracy.

## Interoperability

The interoperability gap creates inefficiencies and frustrations for family physicians. Seventy-five per cent of family physicians surveyed by Canada Health Infoway listed lack of integration with current systems as the main barrier to accessing, using, or getting full value from digital health technology. The [Digital Health Interoperability Task Force Report](#) (produced by the CMA, CFPC, Royal College of Physicians and Surgeons of Canada, and Canada Health Infoway) highlighted the continued challenges to interoperability. These include significant out-of-pocket IT and administrative costs downloaded to family physicians, the absence of additional resources (i.e., funding or change management tools), absence of in-force legislation to promote interoperability standards, and failure of EMR systems to support interoperability. Most existing charting systems are outdated and lack the flexibility required for seamless data exchange and AI tool integration.<sup>18</sup>

Legislation promoting interoperability has been introduced at the federal level and has passed the first reading stage. [The Connected Care Act \(Bill S-5\)](#) was tabled in the Senate on February 4, 2026, and aims, among other things, to ensure that health information technology that is licensed, sold, or supplied as a service by a vendor is interoperable and follows common standards in order to promote a connected, secure, and person-centred health system.

## Next Steps

The Federal Liberal's [election campaign](#) promised to reduce the administrative burden on doctors and support doctors in safely and securely adopting new digital tools. However, one-time funding and time-limited interventions through the Health Infrastructure Fund will not be enough to overcome the barriers family doctors face when trying to integrate AI scribes into their practice. Recommendations from the CFPC include:

1. Pass legislation, such as Bill S-5 and the proposed [Artificial Intelligence and Data Act](#), to set the foundation for the responsible design, development, and deployment

of AI systems, removing the burden of risk from the physician and placing it on the vendors.

2. The federal government should fulfill their commitment to reduce administrative burden by providing sustained funding for family physicians to adopt technology and purchase software.
3. Ensure that the cost of interoperability initiatives are not downloaded to family physicians by providing sustainable funding to upgrade to AI-compatible systems from government certified vendors.

If you have any questions or suggestions about CFPC advocacy please contact us at [info@cfpc.ca](mailto:info@cfpc.ca).

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<sup>1</sup> Canadian Medical Association, Canadian Federation of Independent Business. *Losing doctors to desk work: Canadian physicians lose 20 million hours each year to red tape*. Ottawa, ON: Canadian Medical Association; 2026. Accessed March 12, 2026. [https://digitallibrary.cma.ca/media/Digital\\_Library\\_PDF/2026%20Losing%20doctors%20to%20desk%20work%20EN.pdf](https://digitallibrary.cma.ca/media/Digital_Library_PDF/2026%20Losing%20doctors%20to%20desk%20work%20EN.pdf)

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