MARLUC

CASE STUDY · MARLUC SYNOPSIS

# Ontario AI scribes in primary care

IMPLEMENTED 2024–2026 · HEALTH AND LIFE SCIENCES · CANADA · BAND D · PARTLY PROVED

VERSION 1.0 · PUBLISHED 16 NOVEMBER 2026 · UPDATED 16 NOVEMBER 2026 · FACTS CHECKED 16 NOVEMBER 2026

Ontario evaluated AI scribes with more than 150 primary care clinicians in 2024 and then pre-qualified 20 vendors for doctors to use. The evaluation found large cuts in documentation time; in May 2026 the Auditor General reported that the procurement testing found fabricated and wrong content in many of the approved systems.

**ABOUT THIS SYNOPSIS**

This is MarLuc's summary and grading of publicly available sources, for information only. It is not investment, legal, financial or professional advice, and should not be relied on for any decision. Readers must validate it against the original sources and, where appropriate, challenge its conclusions.

Facts and figures are as reported by the sources listed below, which may be incomplete, self-reported or out of date. Check the original source before relying on any figure.

The impact band, proof marker and SEAM view are MarLuc's opinion. The organisation is not a MarLuc client and has not reviewed or endorsed this synopsis. Names and trademarks belong to their owners.

NOTICE WORDING LAST UPDATED 16 NOVEMBER 2026

AT A GLANCE

AI used: Ambient AI scribes that listen to consultations and draft clinical notes.

Implemented: 2024–2026.  Grade: band D, Task support, Partly proved.

Headline result, as reported: AI scribes cut documentation time by 69.5% in simulated visits; the Auditor General later reported that 9 of 20 approved systems fabricated information in procurement tests

## 1 · The case

The facts, as reported by the 4 sources listed at the end. Where a source is silent, the field says "Not reported".

### Organisation

Ontario Ministry of Health, with Ontario Health, OntarioMD and Supply Ontario. Provincial health ministry of Ontario, Canada. OntarioMD led the evaluation with funding from Ontario Health; Supply Ontario ran the procurement of AI scribe vendors. Canvas block: 4. Operations and process. Also 8. Governance and risk, 5. People and skills.

## Business challenge

The challenge. More than 70% of Ontario primary care providers report burnout from administrative work, and they spend over 40% of their time, 19 hours a week, on administrative tasks, by the evaluation's account. The Ministry of Health asked OntarioMD to evaluate how AI scribes and automation could give clinicians more time with patients.

How it was addressed. More than 150 primary care clinicians were given licences to an AI scribe for three months in 2024, with evaluation by Women's College Hospital, OntarioMD and the eHealth Centre of Excellence. A procurement process designed by Supply Ontario with OntarioMD, Ontario Health and the ministry then tested and recommended 20 vendors to Ontario doctors. Doctors must review and approve all AI documentation, and patients must consent, by the health minister's office. [1] [2] [3] [4]

## Who implemented it

In-house (In-house): OntarioMD: led the evaluation and the province's AI scribe programme.
Women's College Hospital Institute for Health System Solutions and Virtual Care (University or research lab): Led the clinical evaluation.
In-house (In-house): Supply Ontario: designed and ran the procurement of AI scribe vendors.
Twenty AI scribe vendors were pre-qualified; they are not named in the sources opened.

## Technology (SEAM pillar E)

SEAM types: T2 Embedded AI in existing software. Deployment: Vendor SaaS. Vendors and products: Not reported.

Where it was built in: Used in primary care consultations to transcribe and draft notes for the clinician to review before adding to the medical record.

## What changed

Before: clinicians typed their own notes, often after hours. After: an AI scribe listens to the consultation and drafts the note, which the doctor reviews and approves. About 5,000 Ontario physicians use AI scribes, per the minister's office. [1] [2] [3] [4]

## What it cost

Not reported. Most clinicians in the evaluation saw value in AI scribes, but very few were willing to pay the market price.

## What it saved

69.5% less documentation time in simulated encounters; three hours a week less after-hours administration reported in routine practice, by the evaluation. [1] [2] [3] [4]

## Governance and control

The Auditor General found limited validation of vendor testing and limited use of security assessment reports, bias testing and live demonstrations in the procurement. Eleven of 20 approved vendors did not submit third-party reports or ISO 27001 certification, per Canadian Healthcare Technology. Guidelines require doctors to review AI notes; the Auditor General recommended IT controls to enforce an attestation that notes were reviewed. The government agreed to nine of ten recommendations in the wider AI report.

**S2 · Accountable owner · Claimed**
The Ministry of Health commissioned the evaluation from OntarioMD, funded by Ontario Health; Supply Ontario ran the procurement. [1] [4]

**A1 · Safe use · Claimed**
Use is voluntary and requires patient consent, by the health minister's office. [3]

**A2 · Human in the loop · Claimed**
Doctors must review and approve all documentation; the Auditor General recommended IT controls to enforce an attestation. [3]

**A3 · Monitoring and assurance · Missing (independent source shows it was absent)**
The Auditor General found limited validation of vendor testing, bias testing and live demonstrations in the procurement. [2]

**A4 · Vendor AI · Missing (independent source shows it was absent)**
Eleven of 20 approved vendors did not submit third-party reports or ISO 27001 certification, and five lacked threat risk or privacy impact assessments, per Canadian Healthcare Technology. [4]

**A5 · Agent controls · Not reported**
No agents described.

**A6 · Standards and regulation · Outside scrutiny (a regulator, court, auditor or similar body acted)**
The Auditor General of Ontario reported on the procurement and made recommendations, which the government largely accepted. [2] [3]

## What worked, what did not, what is unproven

WORKED

– Documentation time fell 69.5% in simulated encounters, with statistical testing.

– Clinicians reported less after-hours work, lower cognitive load and better work-life balance.

– Most clinicians found the notes timely (73.0%) and accurate (65.8%).

DID NOT

– Accuracy in procurement tests: 9 of 20 approved systems fabricated information and 12 of 20 recorded incorrect information, per the Auditor General as reported by CBC.

– 17 of 20 systems missed key details of patients' mental health issues, per CBC.

– Vendor checks: some vendors were approved without required third-party audits, certifications or threat risk assessments.

UNPROVEN

– Whether doctors catch every error in practice; the minister's office reports no known patient harm.

– Long-term time savings in routine practice, which were self-reported over three and a half months.

– How current systems compare with the 2024-era systems the Auditor General's tests covered.

## Timeline

Mar 2024 Evaluation begins: 152 primary care clinicians use AI scribes from 18 March to 5 July [1]

Jul 2024 Evaluation report finds 69.5% less documentation time in simulated visits [1]

2024 20 AI scribe vendors recommended to Ontario doctors after procurement testing [4]

May 2026 Auditor General reports hallucinations and errors found in procurement testing and weak vendor validation [3]

## 2 · Grade and SEAM assessment

MarLuc's opinion, made on the evidence above. How cases are graded: marluc.co.uk/case-studies/how-we-rate

### Level of change and impact

Claimed: Not applicable.  Grade: D, Task support.  Proof: Partly proved.  Level of change: Task support.

Task support (Level 1, band D). Each clinician writes notes faster with AI drafting; the clinical process and the doctor's responsibility for the record do not change.

Graded D. AI scribes help individual clinicians write notes faster, and the doctor still reviews and approves every note. Time savings were measured in a structured evaluation; the Auditor General found weaknesses in how the approved systems were tested for accuracy and security.

### The SEAM view and lessons learnt

The evaluation measured time saved with lab timing and statistical tests, and the province built a route for doctors to buy approved tools. The weak point sat in the procurement join: tests found fabricated and incorrect content, some tools were approved without the required security evidence, per the Auditor General, and the remaining check is each doctor's review. For any organisation buying AI that drafts records, accuracy thresholds and evidence of controls belong in the procurement gate, and review by the user needs to be recorded.

1. Set accuracy pass marks in procurement and reject vendors that miss them.
2. Record that a person has reviewed each AI-drafted record before it is saved.
3. Re-test approved AI tools whenever their models change.

### Evidence

Score 2 of 4. Partly independent: a structured evaluation by a hospital research institute, funded by the province's health agency, and an Auditor General's audit of the procurement.

Evaluation method. Before and after comparison: lab simulations of clinical encounters with timing and statistical tests, plus surveys and usage data from routine practice, which the evaluation notes were self-reported. The Auditor General later reviewed the procurement testing.

Sources disagree. A consultant quoted by Canadian Healthcare Technology said the Auditor General's tests covered 2024-era systems and did not reflect current usage; the health minister's office said there were no known reports of patient harm.

Status. Ongoing: about 5,000 Ontario physicians use AI scribes, per the minister's office in May 2026; the Auditor General will follow up in two years.

## 3 · Original sources

Read these in full. To challenge a fact or a grade, use the contact form at marluc.co.uk or the link on https://marluc.co.uk/case-studies/ontario-ai-scribe-primary-care


[1] OntarioMD: AI Scribe Evaluation, final report (Women's College Hospital Institute for Health System Solutions and Virtual Care)
https://www.ontariomd.ca/Documents/AI%20Scribe/AI%20Scribe%20Evaluation_Final%20Report_vf.pdf

[2] Office of the Auditor General of Ontario: news release, four special reports (12 May 2026)
https://www.auditor.on.ca/en/content/news/26_newsreleases/nr_AR_en26-01.pdf

[3] CBC News: Medical AI transcriber for Ontario doctors 'hallucinated,' generated errors: auditor general
https://www.cbc.ca/news/canada/toronto/ai-scribe-system-hallucinations-9.7197049

[4] Canadian Healthcare Technology: Ontario AG finds flaws in AI scribes
https://www.canhealth.com/2026/05/13/ontario-ag-finds-flaws-in-ai-scribes/

Ontario Ministry of Health, with Ontario Health, OntarioMD and Supply Ontario website: https://www.ontario.ca/page/ministry-health



Version 1.0 · Published 16 November 2026 · Updated 16 November 2026 · Facts checked against sources 16 November 2026 · Downloaded 27 November 2026. This PDF may be out of date: the latest version, and a way to report an error or a better source, is at https://marluc.co.uk/case-studies/ontario-ai-scribe-primary-care


VERSION HISTORY

v1.0 16 November 2026 First published