Ted's Friday Five — WTF Happened in AI Allied Health This Week? Week ending 5 June 2026

Ted Jedynak, the AI for Allied Health Guy · Helping Clinic Owners Implement AI Safely & Effectively for Better Clinical Outcomes.

Big tech officially walked into the clinic this week — OpenAI and Microsoft both launched clinical AI products within 48 hours of each other. Meanwhile, Australian clinic owners are sitting on a compliance deadline six months away that most have never heard of, and a peer-reviewed study just published the most validating thing I've read in two years of building this program. This week mattered. Here's the breakdown.

📺 **Watch the 5-minute video** above, or read the full breakdown — all signals, sources, and your action steps in a clean, printable format.

Signal 1: Big Tech Is Inside the Clinic Now — And Your Buyers Aren't Ready

On 2 June 2026, Microsoft and Mayo Clinic jointly announced they are co-developing a frontier AI model trained on Mayo's de-identified clinical data and longitudinal patient records. The model will initially power a patient-facing hospital portal assistant, with plans to license it broadly to health institutions globally via Azure APIs.

Within 24 hours, OpenAI launched *OpenAI for Healthcare* — a GPT-5-powered, HIPAA-compliant workspace already rolling out to Stanford Medicine, HCA Healthcare, Cedars-Sinai, and Boston Children's Hospital. The platform handles clinical note generation, referral drafting, patient communication, and administrative workflows. A companion product, *ChatGPT for Clinicians*, is available free to verified practitioners globally. Meanwhile, 230 million people are already asking ChatGPT health questions every week — and that number is climbing.

This is not a pilot. Enterprise-grade clinical AI is embedded in the workflows of the world's largest health systems right now.

For allied health clinic owners in Adelaide and across Australia, this is the critical context: your patients are already using these tools to research their conditions, question your treatment plans, and arrive at appointments with AI-generated opinions. The gap is no longer between "big health systems" and "small clinics" — it's between practitioners who understand what AI is doing and those who don't.

Australia typically follows US enterprise health tech adoption by 12–24 months. When the Microsoft-Azure / OpenAI ecosystem reaches Australia's larger private health groups — and it will — the wave will move fast and the noise will be deafening. Allied health clinic owners who've done the foundational work through a framework like AI+HI=CI will be positioned to evaluate and implement clearly. Those who haven't will be sold to by someone who doesn't understand their practice.

Your move: Ask yourself this question right now — if a patient walks in next week and tells you ChatGPT gave them a different rehab plan than yours, how do you respond? That's not a hypothetical anymore. It's a Tuesday.

Signal 2: December 10, 2026 — Your Clinic Has 6 Months to Fix Its Privacy Policy

From 10 December 2026, amendments to the Privacy Act (*Privacy and Other Legislation Amendment Act 2024*) introduce mandatory obligations for automated decision-making in Australia. Every APP entity — which includes virtually every allied health clinic — must disclose in their privacy policy the types of personal information used in substantially automated decisions, and the nature of decisions made solely or significantly by AI or computer programs.

This applies to AI scheduling tools, clinical documentation software, automated triage, billing automation, and practice management systems. If you use Nookal, Cliniko, Heidi Health, Lyrebird, or any AI-assisted tool that influences clinical or administrative decisions — you're in scope. There are no exceptions for small practices or solo practitioners.

And it doesn't stop at the Privacy Act. AHPRA's published professional obligations (2026) are already clear: practitioners must obtain informed consent before any AI tool processes patient personal information. Separately, the TGA clarified in January 2026 that AI tools with a clinical decision-support purpose are regulated as Software as a Medical Device (SaMD) — meaning unregistered use carries regulatory exposure, not just a privacy breach.

The non-obvious implication here is this: most allied health clinic owners have updated their privacy policies once, years ago, when they first opened. They have not revisited them since AI entered their workflow. They are not aware that "we have a privacy policy" and "we have a compliant AI consent process" are two very different things. The gap between those two positions is where the legal risk sits.

The December 2026 deadline creates a concrete, time-bound value proposition for any structured AI implementation program. Clinic owners who get their AI governance sorted before the deadline are compliant and protected. Those who don't are exposed. That is not a scare tactic — it's the actual regulatory position.

Your move: Spend 30 minutes this week auditing every AI-assisted tool currently running in your clinic. If you can't list them, you can't disclose them. Start there.

Signal 3: Peer-Reviewed Evidence Just Validated the Allied Health AI Education Gap

A scoping review published in May 2026 in a Taylor & Francis peer-reviewed journal is the first major academic synthesis specifically examining AI adoption across the allied health workforce — covering physiotherapy, occupational therapy, speech pathology, podiatry, and dietetics.

The findings are stark: AI use across these disciplines is "limited and variable." The primary barriers are insufficient workforce education, inconsistent integration with electronic medical records, privacy concerns, and poor tool access. The review — which analysed a rapid increase in allied health AI studies since 2022 — found that current AI use by allied health disciplines is predominantly in hospitals, not private clinics.

The study's explicit recommendation: "healthcare organisations consider workforce education and training of staff in AI applications as essential for clinical implementation."

There are a few things worth unpacking here. First: allied health has historically been invisible in the AI-in-healthcare research literature, which has been dominated by radiology, pathology, and emergency medicine. This paper changes that — it legitimises the conversation in the language your audience trusts most, which is peer-reviewed research. Second: the finding that AI adoption is concentrated in hospitals rather than private clinics maps almost exactly onto the market the Clinical Intelligence Program addresses. Hospital-based practitioners have IT teams, governance frameworks, and institutional resources. Private clinic owners have a receptionist and a lot of questions. Third: podiatry is specifically named as one of the under-adopting disciplines — which, if you know anything about the origin of this program, is not a coincidence.

The research on AI in allied health has just caught up with what I've been telling clinic owners for two years. The gap is documented, it's real, and the peer-reviewed recommendation — workforce education and training — is precisely what AI+HI=CI delivers.

Your move: If you've been on the fence about whether this is relevant to your specific discipline, this paper is the citation that ends that conversation. Ask me for a copy of the key findings.

The Bottom Line This Week

Three signals, one theme: the external pressure on Australian allied health clinic owners to engage with AI is no longer theoretical. Big tech has entered clinical settings with serious products and serious infrastructure backing them. Australian law has set a hard deadline for compliance. And peer-reviewed research has formally documented the education gap that leaves private clinic owners exposed.

The direction of travel is not ambiguous. The question is whether you navigate it with a framework or without one.

Ted Jedynak is a podiatrist, educator, and business coach based in Adelaide, Australia. His Clinical Intelligence Program (AI+HI=CI) helps allied health clinic owners implement AI into their practice — practically, safely, and without the hype. Find out more at tedjedynak.com/clinical-intelligence

Sources:

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- TGA: Safe and Responsible AI in Health Care — Legislation Review (January 2026)
- AHPRA: Meeting your professional obligations when using AI in healthcare
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- Australian Digital Health Agency: National Allied Health Digital Uplift Plan
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