

WTF Happened in AI Allied Health This Week?

Harvard charges \$5,200 for 8 weeks of AI in healthcare. Stanford and Harvard's own research just proved the human in the loop is non-negotiable. And the UN started formal global AI governance talks — this week.

1 EVIDENCE | HIGH PRIORITY

Stanford & Harvard: Top AI Models Make 12–15 Severe Errors Per 100 Cases

■ *12 to 15 severe errors per 100 cases. I've had Fridays like that. The difference is I can't publish mine in a peer-reviewed journal.*

The ARISE network (Stanford–Harvard) released the first rigorous real-world audit of clinical AI performance. Top models: 12–15 severe errors per 100 cases. Worst performers: over 40. AI breaks down hardest when facing uncertainty, incomplete information, and multi-step clinical decisions — the everyday reality of allied health practice. Adoption is driven by workforce burnout and documentation load, not diagnostic ambition.

WHY THIS MATTERS

This is peer-reviewed proof of AI+HI=CI. The human in the loop is what prevents roughly one severe error in every seven patients. Pull this stat for your sales page, your next post, and every conversation where someone suggests AI will replace clinicians.

2 GLOBAL GOVERNANCE | MEDIUM

UN Formal AI Governance Talks Begin — Every Framework Points to Mandatory Human Oversight

■ *Australia's approach to AI regulation currently runs on our national philosophy: 'No worries. She'll be right, mate.' Which is fine — until it isn't.*

The UN Global Dialogue on AI Governance commenced in Geneva on 6 July 2026. WHO is co-chairing health workstreams. Every major international framework converging now — EU AI Act, UK AI Safety, US executive orders, UN — mandates human oversight of AI in clinical settings. Australia has no dedicated AI law: just a patchwork of TGA, AHPRA, and Privacy Act obligations.

WHY THIS MATTERS

Every government writing AI law is legislating AI+HI=CI. Position yourself as the translator: not policy commentary, but 'here's what this means for your clinic in suburban Australia.' That is your lane.

3 POSITIONING | MEDIUM

Harvard Charges \$5,200 for 8 Weeks. Here's What That Actually Buys You.

■ *Harvard's capstone: pitch an AI-first healthcare strategy to a faculty panel. CI Program's measure of success: does your clinic run better by Week 8? Same energy. Very different Monday morning.*

Harvard Medical School's Executive Education AI in Healthcare program: 8 weeks, USD \$3,000+, over \$5,200 AUD. Excellent program — genuinely. Built for hospital C-suite executives, health system leaders, and enterprise AI strategists. It will not tell you how to set up Heidi Scribe before Tuesday's patients. It will not walk you through Australia's Privacy Act obligations. It will not show a solo podiatrist in regional Victoria how to run a clinic that doesn't depend on them being at the centre of everything.

WHY THIS MATTERS

The Clinical Intelligence Program is 8 weeks, Australian-built, allied health-specific. Harvard is the credential you hang on the wall. The CI Program is the thing that changes what happens inside your clinic. Both sentences can be true.

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BIG TECH | WATCH

OpenAI + Microsoft/Mayo Clinic: Clinical AI Products Are Heading to Australian Clinics

■ *When Microsoft and Mayo Clinic say 'global licensing' — they mean it. Australia is not as far off the radar as we'd like to think. We invented Wi-Fi and the cochlear implant. They know we're here.*

OpenAI launched ChatGPT for Healthcare (Jan 2026) — a GPT-5-powered clinical workspace, live in the US, with doctor-led testing and patient data integration. Microsoft and Mayo Clinic announced a co-developed clinical AI model in June 2026. Mayo owns it. The plan: global licensing to health institutions. Timeline to Australian clinics: 12–24 months.

WHY THIS MATTERS

These tools will arrive as vendor emails, LinkedIn ads, and conference exhibitors. The practitioners who've built their AI literacy will evaluate them from knowledge. The ones who haven't will decide under sales pressure. You know which camp your CI Program students will be in.

5 WHERE DO I START WITH AI? — OPENS 28 JULY

If those first four items left you thinking 'Ted, that's a lot — I don't even know where to start' — I've heard you. This course is built for exactly that moment: practical, evidence-based, allied health-specific. No jargon, no theory for the sake of it. The on-ramp to the Clinical Intelligence Program, or a solid standalone start.

Kicks off 28 July 2026.

— *I'm a podiatrist. I spent decades explaining to people why their feet hurt. Translating complicated things is basically the same skill set.*

→ tedjedynak.com/where-do-i-start