APS CLINICAL COLLEGE CONFERENCE · HOBART · 19 SEPTEMBER 2026

AI in Clinical Report Writing

Ethical, accountable, and lighter on the mind

Lisa Irving · Clinical Psychologist · Founder, Virtuosa AI

Session C3/C4 · Stream C · Ballroom 3

10:31am

Thirty years in practice. Twenty-two inside the compensation system.

1. **Graduated 1992** — and most of it has been report-heavy work
2. **Workers compensation in WA** — work-related PTSD, bullying, psychological consequences of physical injury
3. **The system becomes part of the injury** — compensation stress aggravates the PTSD it's meant to address

10:40am

Where we're going today

Two blocks, split by lunch. The afternoon is mostly you.

1. **What a defensible report actually is** — and five questions that test it
2. **What AHPRA and the courts require** — nobody has written an AI rule
3. **Where your client's data actually goes** — and how to explain it to them
4. **What the research found, and didn't** — all of it, which isn't much
5. **You judge two reports** — and we find out together

My examples are workers compensation, because that is where I have spent my career — but everything today applies to any report a decision-maker relies on.

10:33am

Remember when the future was a television show?

The future stopped being a forecast. It became a workflow.

10:36am

The therapy happens in the room.
The outcome happens in the system.
The report is the only thing connecting the two.

10:41am

Why I built it — and my declared interest

1. **It started with watching good clinicians dread this work** the report that changes a life, written last, at night, by someone with nothing left
2. **Then I looked up** this is being built overseas, far faster than most of us imagine — for their systems, their law, their clients. Not ours.
3. **We can be handed it, or we can shape it** how AI gets used on people is not a side issue for this profession. It is arguably It is arguably the issue.
4. **So I built one for Australian psychologists** Virtuosa AI is mine. It's a business. I'd like it to succeed.
5. **How to know a platform is secure and compliant** I won't name competitors — I'll give you the test instead, and it works on mine as well as everybody else's. Section four.

And if at any point today this starts to feel like a sales pitch — say so, and I'll course-correct.

10:45am

THE PROBLEM

Why good clinicians stay out

They may not know how to navigate the system

Workers compensation

They don't want to be held responsible for what happens to the the client afterwards.

Most of what I teach in supervision isn't isn't clinical. It's how the system works. works.

Neuropsychology

A neuropsychologist told me she she routinely bills two hours less than than her reports take. Every time. time.

A female-dominated profession, systematically under-billing itself.

NDIS

They want the the report to take less time so they can charge less time.

To conserve the client's own funding.

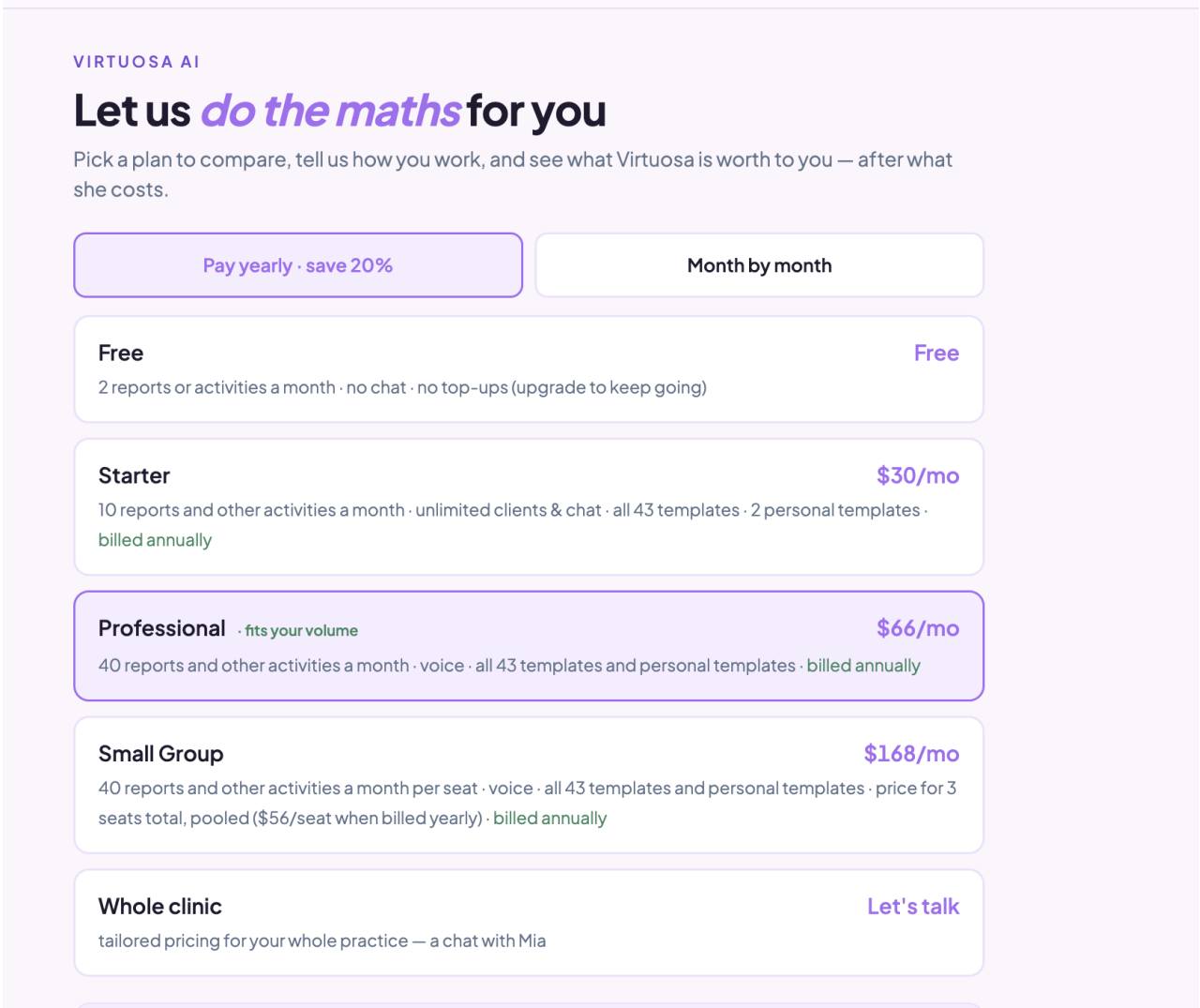
THE TOOLS

Let's do the maths

What is report writing actually costing you?

I built this with Claude.

It's on www.virtuosaai.com - see the tab – value calculator if you'd like to try it yourself



THE TOOLS

Example numbers

- How many reports a month? E.g. = twenty
- What's your hourly rate?
- How long does one take you, start to finish?

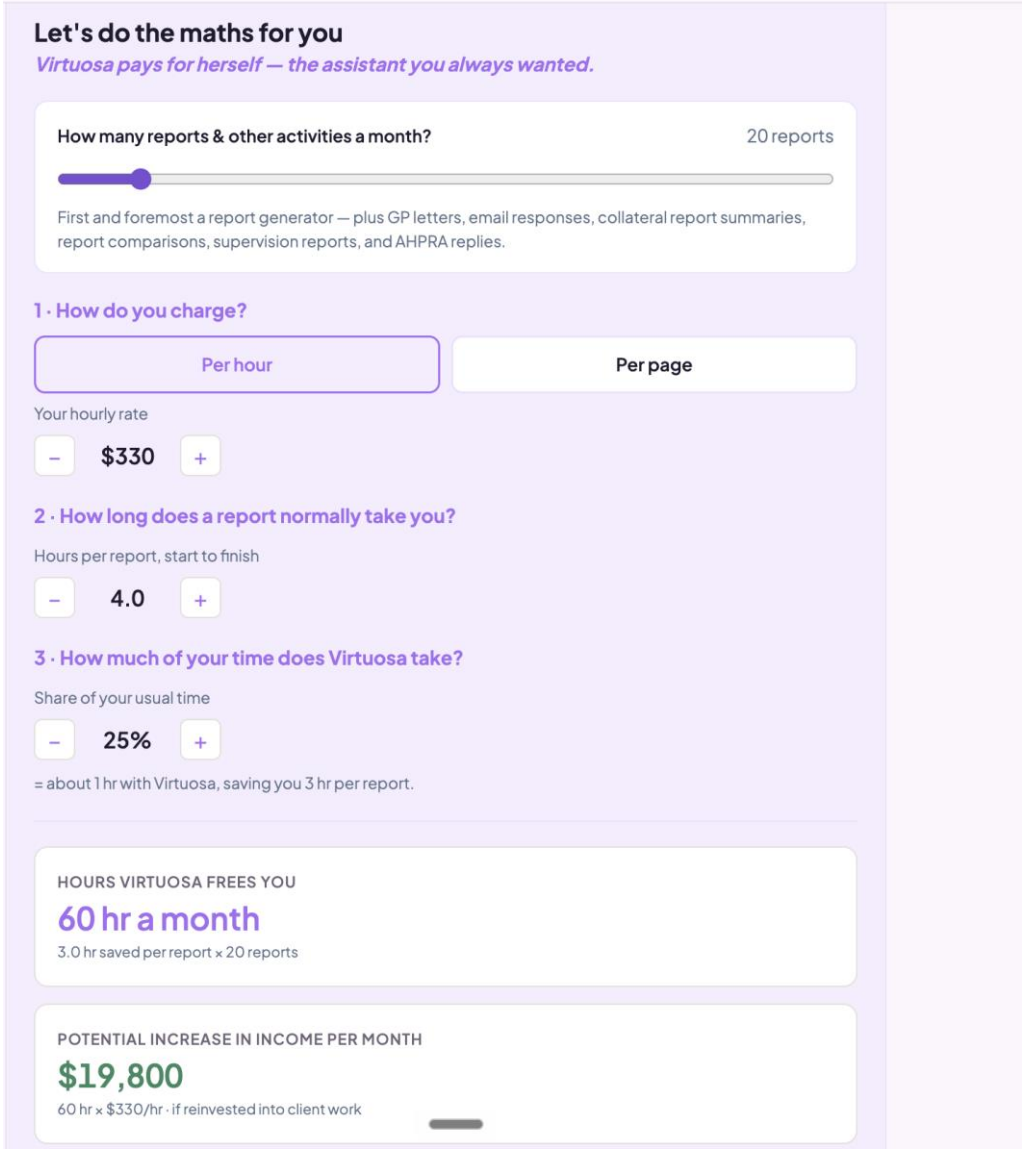
60 hr

a month freed

$19,800

if reinvested in client work

On a full-time caseload I could spend a full day a week writing reports instead of seeing clients.



Seven documents, seven different jobs

Assessment & diagnostic	Treatment progress	**Advocacy**	Answering specific questions
AHPRA responses	Supervision reports	The email you keep not not writing	

The advocacy report changes a person's life — and it's the one written last, at night, with nothing left.

10:50am

Writing good reports is one of the ways we help clients (inside the system they are operating within).

The therapy happens in the room. · The outcome happens in the system. · The report connects the two.

This is Miyuki. (1/2)

Miyuki M. // PE1234 // Perth Ins (J Smith)
DOB xx/xx/20xx

Ref: Dr Brown GP - letter 20/8/26.
?PTSD post assault at work - pt w psychosis hit her multiple times

Approved 1/9/26 - 2 x assess sessions + report

Med cert Dr Brown 20/8/26 - TOTALLY UNFIT

Report to J Smith, Perth Ins - due 18/9/26

What you are looking at

Two assessment sessions. A GP referral of four lines.
A medical certificate. Three questionnaires.

That is the whole file. And out of that, somebody has to
produce a document that decides whether a 27 year old nurse

10:52am

This is Miyuki. (2/2)

is believed, treated, and eventually goes back to work.

Due in 24 hours.

10:52am

Session one — 10/9/26, as the clinician wrote it (1/3)

Work hx

RN. ED, Perth Hospital. 15 yrs.

Incident

- was helping pt w hx psychosis w medical care
- pt behaviour changed suddenly + unexpectedly
  -> verbally aggressive
- pushed her into the wall. yelled at her.
- "didn't know when he would let me go"
- security eventually arrived
- embarrassed that she "let this happen"
  <- self blame prominent

After

- minimised it. kept attending wk.
- other staff noticed she was quieter
- embarrassed when ppl asked if she was ok
- ↑ anxious over subsequent week re work
- started coming in late
- colleague noticed her hands shaking

10:54am

Session one — 10/9/26, as the clinician wrote it (2/3)

```
  -> burst into tears, went home
- NOT been able to RTW since

Sx
flashbacks / nightmares / intrusive memories
sleep probs
certain smells that remind her of hospital
  -> panic attacks
SOB, chest pain, dizzy
teary daily
avoiding leaving home, not going out
avoids reminders

Tx to date
GP - advice + support.
on ADM (antidepressant).

Obs
on time. politely spoken, quiet t/out.
clear telling of story + description of
```

10:54am

Session one — 10/9/26, as the clinician wrote it (3/3)

incident as it occurred
instances of appearing as if she was becoming upset - goes quiet, stops speaking, then composes herself
no marked perceptual disturbance.
orientated T/P/P. adequate contact.

Plan
- psychometrics: BDI / BAI / IES
- s2: background + developmental hx, ETOH, rest of sx review

10:54am

Session two — 17/9/26 (1/3)

Background

lives on her own
mother - Japan
father deceased. estranged from him at time of his passing, 4 yrs ago.
father prone to drinking alcohol.
uncomfortable memories of him being somewhat verbally abusive to mother.
parents sep when pt was 13
** blames herself for the separation - she was crying after her father hit her, + mother decided to separate after that
only child, no sibs
often wanted to do well at school to please parents - hoped good grades would stop them arguing
close to maternal grandparents, lived close by to her school. lived w them for a period after mother separated.

10:56am

Session two — 17/9/26 (2/3)

PsychHx / FHx
nil prev psych probs reported.
nil FHx psych probs.

ETOH / drugs
aware of using ETOH to numb anxious complaints since the wk incident
est. 2-4 glasses wine / day
denies illicit drugs

Current sx - how she is coping now
teary daily / avoiding leaving home
physiological anx sx - SOB, chest pain, dizziness
avoids reminders of incident
when still at wk - depended who she was working with as to how anxious she felt
often becomes teary at work
pessimistic thoughts re work + safety
racing thoughts

10:57am

Session two — 17/9/26 (3/3)

thoughts re not being safe at work
trying not to think about the incident
numb at times
doesn't want to talk about it w
work colleagues

RISK
SI at times - BUT sufficiently reassuring that she would not act on her thoughts.

10:57am

Impression, plan, and the numbers (1/2)

Impression

27 yo nurse, assaulted by pt w psychosis.
unable to avoid the assault or get away.
great deal of shame she did not anticipate his behaviour -> blames herself
trauma + anx sx assoc w incident,
avoidant of leaving her home
RTW immediately following incident -> off work 1 wk later. not been able to RTW since June 2026.
current presenting psych sx attributed to the workplace incident
>> significant trauma related sx w comorbid mood + anx sx. Would meet sufficient criteria for PTSD.

Plan / recs

- remain off work for the moment
- delay any increase in graduated RTW until sufficient psych tx

10:59am

Impression, plan, and the numbers (2/2)

- psych tx short-medium term:
  1. CBT for mood/anx/trauma sx
  2. EMDR + exposure -> reprocess target memory
  3. support RTW when sufficient psych recovery
- review report + recs after initial 6 tx sessions

Psychometrics

BAI raw 27 - moderate range, anxiety sx
BDI raw 28 - moderate range, depressive sx
IES 30/88 (>33 indicative of PTSD)
  - suggests trauma related sx
    avoidance 1.88 / 4
    intrusive 1.13 / 4
    hyperarousal 1.00 / 4

=> trauma related sx, comorbid mood + anx sx. clinically significant.

11:00am

SECTION ONE

What makes a report *defensible?*

11:00am

Virtuosa

OVER TO YOU · 4 MINUTES

Forget AI for a second.
You're the decision-maker, and a report lands on your desk.
What makes you trust it?

Take eight or ten call-outs. Don't sort them, don't correct them — just repeat each one back.

11:06am

Virtuosa

Five questions.
None of them are about
how it reads.

That's what you just said, tidied up. There's a longer version in the workbook — for the next twenty minutes, these five.

11:07am

QUESTION 1 OF 5

Virtuosa

Does it show its working?

Can you see how they got from the evidence to the conclusion — or does the conclusion just turn up?
turn up?

When it's there

Walks the criteria one at a time against what's actually in actually in the file, then arrives somewhere.

When it's missing

“In my opinion, she meets criteria for PTSD.” Full stop.

It's your maths homework. You never got the marks for the answer. You got them for the working — because the working is the only thing that shows you didn't guess.

11:07am

QUESTION 2 OF 5

Virtuosa

Who said so, and how do we know?

Every opinion tied to whose opinion it is. Every fact tied to a document you could put your finger on.

When it's there

"The referring GP's impression was… The assessing psychologist, in October, considered…"

When it's missing

Three people's views blended into one confident voice, voice, and no way to tell whose is whose.

There's a difference between citing and remembering. If you can't say which document a sentence came from, you're remembering — and so is your software.

11:08am

QUESTION 3 OF 5

Virtuosa

Did it argue with itself?

Sam's claim is a workplace psychological injury. Eighteen months earlier, there is a motor vehicle accident sitting in the file. Does the report deal with it — or write as though it isn't there?

When it's there

Names the motor vehicle accident, tests it against the timeline and the file, and explains why it does or doesn't account for the presentation.

When it's missing

A clean, coherent account of the workplace injury — and — and the MVA, which the insurer has already found, found, never appears.

Whatever the other side is going to say — say it first, and answer it. A report that only argues one way isn't strong. It just hasn't met the other side yet.

11:08am

QUESTION 4 OF 5

Does it say what it doesn't know?

Where the file is silent, the report should be silent too — and say so — rather than producing something that sounds right.

When it's there

“Current medications were not documented during the assessment.”

When it's missing

A plausible sentence about medications nobody actually actually asked about.

“I don't know” and a confident guess look exactly the same on the page. Both are just sentences. Only one is true, and you're the only person who can tell which.

11:09am

QUESTION 5 OF 5

Virtuosa

Would it survive a hostile read?

Could you defend every line to someone whose actual job is to pull it apart?

When it's there

You'd be content for the other side's lawyer to go through it with a highlighter.

When it's missing

There are two or three sentences you'd quietly hope hope nobody asks about.

Read it once as yourself. Then read it again as the person being paid to discredit it. If there's a sentence you find yourself hoping they skip — that's the sentence.

11:09am

SECTION TWO

Who *governs* you

11:09am

The Psychology Board's Code of conduct

In force since 1 December 2025

1. **It's a code of conduct, not a code of ethics** it replaced the APS Code of ethics — the language moved from 'psychologists from 'psychologists should' to 'you must', and a departure is something you have to justify

2. **Its principles include confidentiality and privacy** alongside client safety and wellbeing, working within systems, minimising risk, and teaching and supervising

3. **It gives detailed guidance on consent, information handling, privacy, confidentiality and record keeping** which is, more or less exactly, the surface area of an AI tool

4. **It is enforceable, and it is used against you** referred to in disciplinary matters, and admissible in legal proceedings

5. **It never once mentions artificial intelligence** and it doesn't need to. Nothing in it switches off because you used software.

Nothing in it is about AI. All of it applies to AI.

11:13am

Two bodies. Two very different consequences.

AHPRA and the Psychology Board

They govern your registration.

Notification. Conditions. Suspension.

The new Code of conduct took effect 1 December 2025 — and it's admissible in legal proceedings.

The courts

They govern your report, and you in the witness box.

Opinion excluded. Credibility gone. Claim lost.

Six jurisdictions, four different answers — coming up.

11:14am

AHPRA already told you what to do

AHPRA, October 2024 — applies to every registered practitioner in this room

1. **Human oversight and judgement** — no deferring to the output
2. **Verify accuracy** — explicitly including AI tools
3. **Understand the tool** — its training, population, biases, limitations, data handling
4. **Informed consent before data goes in** — documented in the record
5. **You remain ultimately responsible** — whatever approvals the tool carries

11:17am

Competency 2.7

“Practises within the boundaries of professional competence.”

In force since 1 December 2025.

11:19am

SECTION THREE

If your report goes to *court*

11:19am

What the expert witness code already required

Long before any AI practice note existed

1. **Your paramount duty is to the court** not to any party. You are not an advocate.
2. **State the facts and assumptions** on which each opinion is based
3. **State your reasons** for each opinion expressed
4. **Qualify what is incomplete** if the opinion needs it, say so
5. **Say when the data is insufficient** and the opinion isn't concluded

11:22am

The same five, read as AI questions

The duty	What it now asks
State your reasons for each opinion	If the model generated the reasoning and you agreed with it — are those your reasons?
State the facts and assumptions relied on	Can you? Do you know which document each assertion came from?
Qualify what is incomplete	Does your tool name gaps, or fill them with something plausible?
Say when the data is insufficient	Would you notice, if the draft read fluently either way?
Paramount duty to the court	A tool optimised to produce a persuasive document is not optimised for your duty

11:25am

Different courts have landed in different places

And that is the point, not a complaint

1. **Some permit it, with disclosure** tell the court where and how a tool was used, and the opinion stays yours
2. **At least one requires permission first** before a generative tool touches any part of an expert report
3. **Most are moving towards “tell us” rather than “don’t”** the trend is disclosure, not a ban — but it is still shifting, and it differs by forum
4. **Most of us don't know which forum we're writing for** at the moment we sit down to write

What doesn't change, wherever you are: the duty is personal. You cannot delegate it, and you cannot share it with a tool.

11:29am

Five questions. Answer these and you're compliant everywhere.

Wherever your report ends up

1. **Which tool, which version, on what date?**
2. **Which parts of this document did it touch?**
3. **What did you ask it?** prompts, instructions, settings
4. **What did you check, and how?** and can you show it
5. **Whose reasoning is in the opinion?** can you defend it line by line as your own

11:32am

SECTION FOUR

Where your client's data *actually goes*

11:32am

HANDS UP

Who uses an AI tool that's an Australian company?

Keep your hand up if you know which country your client's information is actually processed in.

Most hands drop on the second question. That gap is this whole section.

11:35am

“Organisations should not enter personal information, and particularly sensitive information, into publicly available generative AI tools.”

Office of the Australian Information Commissioner, October 2024. Health information is sensitive information.

11:37am

What to email them about, if it’s not on their website

How to know a platform is secure and compliant

1. **Where your client's material is actually processed** not “secure cloud” — a place. Sydney. Melbourne. Australian data centres. Processed here means it is not crossing a border.
2. **Whether the model underneath them can use it** look for “we do not train on your data”, in those words. Vague wording words. Vague wording at this question is a product decision, not an oversight.
3. **Who else is in the chain** every tool sits on somebody else's model, on somebody else's servers. The good ones publish ones publish that list. No list means they don't know, or won't say.
4. **A data processing agreement you can actually open** a document, linked, that says what they may and may not do with your material. A reassuring sentence in the FAQ is not a contract.
5. **How you get your material out, and what happens if you stop paying** export, deletion on request, and what they keep. A vendor who has thought about your exit has thought about your data.

If the site won't tell you, email and ask. A straight answer is the test — and vagueness is also an answer. Try all five on me.

11:41am

SECTION FIVE

What the research *actually found*

11:41am

Lockwood et al., 2025 — who did the judging

The study everybody cites — and the only one of its kind

1. **249 licensed psychologists**
2. **98.8% doctoral-trained**
3. **Mean ~18 years' experience**
4. **Four mock DSM-5 cases** ADHD, intellectual disability, major depression, generalised anxiety

11:43am

So I emailed him.

Tuesday evening, Perth time. Expecting nothing.

I asked Adam Lockwood whether he'd share the instrument — the actual questions he put to those 249 psychologists — so that this room could use the real thing rather than my approximation of it.

11:44am

He wrote back overnight

Four days before this workshop

1. **He sent the survey** the actual items

2. **He was glad the work was useful** and thought a workshop was a good way to get people engaging with the findings the findings

3. **He wants to know what an Australian replication finds** genuinely interested, and said so

11:46am

What they actually asked

Nine items, per report

“The readability of this report was…”
“The writing style used…”
“The organization…”
“The length of sentences used…”
“The use of jargon…”
“The summary section…”
“The recommendation section…”
“Overall, this report was…”
Very poor → Very good, five points

Then the one that matters

“If this was a report written by a postdoc supervisee working under your license, how comfortable would you be signing off on the report?”

Extremely uncomfortable → Extremely comfortable. Six points. No fence to sit on.

And if you were uncomfortable at all, it asked you why.

11:49am

49.6% vs 43.1%

Willing to sign the human-written report, versus the AI one.

Half of these psychologists would not sign a report written by another psychologist.

11:51am

Two more, quickly

Farmer et al., 2025

National survey of school psychologists. n=100; 45 using AI for report writing.

94% edited the output.

NONE generated an entire report.

Saved 6.3 hours per week (95% CI 4.6–8.1).

Foo et al., 2026 — AJGP

AI scribes vs human documentation, simulated GP consultations.

Comparable or better on quality.

Significantly better on accuracy, thoroughness, succinctness and freedom from hallucination.

Australian, recent, and cuts against what most people assume.

11:53am

They measured the writing. I want to measure the thinking.

Lockwood's nine

Readability
Writing style
Organisation
Length of sentences
Use of jargon
Summary section
Recommendation section
Overall
Comfort signing off

What do you look for in reports?

Does it show its working?
Who said so, and how do we know?
Did it argue with itself?
Does it say what it doesn't know?
Would it survive a hostile read?

11:55am

Nobody has tested this here

Which is why we are going to do some

1. **There is no validation research for Australian report writing** not for Australian psychologists, not for Australian reports, Australian reports, and not using Australian software

2. **Lockwood's study was American** school psychologists, child psychology reports, and a general-purpose tool tool

3. **So I thought it would be fun to replicate it** Virtuosa as the report-writing AI, and a report written by a human human

4. **And this time, both are FIRST DRAFTS** he compared AI output against a human-written report. Ours are like for like — neither has been worked over.

Nothing from this room gets published as research. This afternoon is an exercise — but as far as I know, nobody has asked this question before.

11:58am

After lunch

Back at 1:00

1. **After lunch, you can take part in the in-room study** entirely up to you — or you can sit it out, and nobody will notice or mind

2. **Nothing to collect, nothing to carry** both reports are handout pages in your pack

3. **Scan the audit form — and enter responses**

4. **One thing to think about** how long does your longest report actually take you, start to finish?

12:00pm