

Monitoring Oversight for FSPs + Existing Bots

Sponsor-owned governance for AI-enabled clinical monitoring workflows

Prepared by Shivam Patel | Draft for Kevin Anderson / leadership discussion | June 2026

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EXECUTIVE INTENT

Build a sponsor-owned oversight function that turns an existing bot ecosystem into a controlled, human-reviewed monitoring oversight model across FSPs, sites, studies, and FDE implementation teams.

The focus is not to replace monitors or clinical judgment. The focus is to govern, calibrate, and scale bots so they surface the right risks, route the right issues, and leave inspection-ready evidence of sponsor oversight.

Why this matters now

Existing bots need controls

Bots can accelerate signal detection, but outputs need intended use, QC, change control, and human review.

FSP scale needs visibility

Outsourced monitoring works best when the sponsor can see quality, risk, and escalation status in near real time.

FDEs need clinical guardrails

FDEs can build fast, but monitoring risk logic, evidence standards, and escalation criteria must be clinically led.

Target operating model

A practical 5-part model that connects FSP delivery, existing bots, FDE implementation, human oversight, and leadership governance.

01 FSP monitoring delivery

- Visit execution, MVRs, follow-up letters, site actions.
- Inputs from CTMS, EDC, eTMF, RBQM tools, and FSP reports.
- Quality expectations defined in monitoring plan and oversight plan.

02 Existing bots / agents

- Detect gaps, trends, outliers, and aging items.
- Summarize risks and draft oversight notes.
- Route signals to humans with evidence and source links.

03 FDE implementation layer

- Integrate data sources and configure workflows.
- Translate clinical rules into dashboards and bot logic.
- Iterate with user feedback and performance metrics.

04 Monitoring Oversight & AI Operations Lead

- Owns clinical risk logic, human-in-the-loop criteria, QC sampling, and escalation thresholds.
- Reviews FSP and bot performance, resolves ambiguity, and prepares leadership recommendations.

05 QA / leadership governance

- Monthly scorecards, issue aging, CAPA pathways, bot change history, and inspection-ready evidence.
- Clear accountability: what was detected, who reviewed it, what action was taken, and when.

CONTROL PRINCIPLE

Bots can flag, summarize, route, and draft. Humans own significance, final decisions, escalation, and accountable documentation.

This keeps automation fast while preserving sponsor oversight, clinical judgment, auditability, and compliance defensibility.

90-Day Build Plan + Leadership Deliverables

A controlled path to scale existing bots into sponsor-grade monitoring oversight

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First 90 days

Start with the current bot landscape, then prove value through focused monitoring oversight pilots before scaling across studies and FSP teams.

0-30

Assess + design

- Map existing bots, workflows, systems, and FSP handoffs.
- Define RACI, signal library, QC sampling, and escalation matrix.
- Select 2-3 pilot workflows with clear value and low ambiguity.

31-60

Pilot + calibrate

- Run pilots for MVR QC, action aging, and trend detection.
- Track bot acceptance, overrides, false positives, and missed signals.
- Create dashboard, review cadence, and documentation standards.

61-90

Scale + govern

- Expand successful workflows across more studies, sites, or FSPs.
- Formalize bot change control, leadership scorecards, and evidence logs.
- Publish FDE playbook and monitoring oversight operating model.

Priority workflows to prove value

- Monitoring visit report QC and follow-up gap detection.
- Action item aging, SLA misses, and escalation routing.
- Protocol deviation, query aging, and data timeliness trends.
- ICF / re-consent, critical document, and eTMF completeness checks.
- FSP performance scorecards by study, site, CRA, and process.

What this role owns

- Clinical logic for monitoring oversight workflows and risk thresholds.
- Human-in-the-loop review, QC sampling, and bot acceptance criteria.
- FDE enablement so technical builds match clinical and compliance needs.
- FSP oversight cadence, issue escalation, CAPA triggers, and leadership readouts.
- Inspection-ready narrative: what was detected, reviewed, decided, and closed.

Metrics leadership should see

FSP performance

- MVR timeliness, visit adherence, action item aging.
- Repeat findings by site, CRA, FSP team, or process.

Bot reliability

- Acceptance / rejection rate, override rate, QC sampling results.
- False positives, missed signals, failures, and change history.

Site + study risk

- Protocol deviations, query aging, data entry timeliness.
- ICF issues, safety reconciliation gaps, critical document health.

Oversight effectiveness

- Signal-to-owner time, SLA closure, CAPA aging.
- Repeat issue reduction and inspection-readiness status.

EXPECTED IMPACT

Sponsor visibility without manually reviewing everything; faster risk detection; cleaner FSP accountability; controlled bot scale; and evidence that oversight was performed, reviewed, escalated, and closed.