**AIRC Toolkit Master Index & Implementation Guide**

**Artificial Intelligence Review Committee (AIRC)**

Version: 1.0 (December 2025)

Document Owner: [To be determined by local institution]

**Part A: Master Index of All Toolkit Documents**

Purpose

This index provides a complete guide to all AIRC toolkit documents, their purposes, audiences, and how they integrate into your institutional governance.

**Complete Document List**

| **#** | **Document** | **Purpose** | **Primary Audience** | **Format** | **Status** |
| --- | --- | --- | --- | --- | --- |
| 1 | Standard Operating Procedure (SOP) | Establishes governance, roles, responsibilities, and workflow for AIRC operations | AIRC Coordinator, AIRC Chair, IRB/IACUC leadership, Legal/Compliance | Word (.docx) | Master document; governs all operations |
| 2 | Rubric Selection Tool | Helps determine which of 6 rubrics to use based on pathway (Human/Animal/Analytic) and risk level (Streamlined/Enhanced) | AIRC Coordinator, Committee staff | Two-question decision matrix | Quick reference guide |
| 3 | Human Subjects Research - Streamlined Rubric | Evaluates lower-risk human subjects research using 4 domains | AIRC Reviewers | Fillable form | Ready for use |
| 4 | Human Subjects Research - Enhanced Rubric | Evaluates high-risk, novel, or complex human subjects research using 5 domains | AIRC Reviewers | Fillable form | Ready for use |
| 5 | Animal Research - Streamlined Rubric | Evaluates standard animal research using 4 domains | AIRC Reviewers | Fillable form | Ready for use |
| 6 | Animal Research - Enhanced Rubric | Evaluates high-risk or novel animal research using 5 domains | AIRC Reviewers | Fillable form | Ready for use |
| 7 | Analytic/Non-Human Subjects - Streamlined Rubric | Evaluates routine de-identified data analytics using 4 domains | AIRC Reviewers | Fillable form | Ready for use |
| 8 | Analytic/Non-Human Subjects - Enhanced Rubric | Evaluates complex or high-impact data analytics using 5 domains | AIRC Reviewers | Fillable form | Ready for use |
| 9 | Unified Grading Guide for All Rubrics | Provides detailed scoring guidance, examples, and calibration instructions for all 6 rubrics | AIRC Reviewers, AIRC Chair, Committee leadership | Comprehensive guide | Reference document for consistency |
| 10 | Quick Start Guide | Step-by-step instructions for implementing AIRC review process | AIRC Coordinator, Committee staff, New reviewers | Quick reference | User-friendly entry point |
| 11 | Approving Official Feedback & Evaluation Form | Collects feedback from IRB/IACUC chairs on utility and quality of AIRC outputs | IRB Chair, IACUC Chair, Compliance Officers | Feedback form | Annual/quarterly evaluation tool |

Document Relationships

Governance & Process:

* SOP ← Master document
  + References Rubric Selection Tool (Section 6.1, Step 2)
  + References Critical Deficiency Rule (Section 6.2, Step 3)
  + References all 6 Rubrics

For Reviewers:

* Quick Start Guide ← Entry point for new reviewers
  + → Rubric Selection Tool (How to choose which rubric)
  + → One of 6 Rubrics (Complete the rubric)
  + → Unified Grading Guide (How to score consistently)

For Leadership:

* SOP ← AIRC Chair uses to govern operations
* Approving Official Feedback Tool ← IRB/IACUC chairs use to evaluate AIRC outputs
* Unified Grading Guide ← Used for reviewer calibration and training

**Part B: Implementation Checklist**

Use this checklist to prepare your institution for AIRC toolkit launch.

Phase 1: Pre-Launch Planning (Weeks 1-4)

1.1 Establish AIRC Governance

* ☐ Designate AIRC Chair (or co-chairs)
  + Responsible for final sign-off on recommendations and rubric assignments
  + Liaison with IRB, IACUC, and compliance leadership
* ☐ Designate AIRC Coordinator
  + Responsible for protocol intake, rubric assignment, reviewer recruitment
  + Tracks workflow and timelines
  + Coordinates scheduling
* ☐ Define AIRC Membership (if committee-based model)
  + Required expertise areas (e.g., AI/ML, ethics, biostatistics, domain expertise)
  + Representation from IRB, IACUC, research compliance
  + Number of members (recommend 3-7)
* ☐ Establish Reviewer Pool
  + Identify 8-12 qualified reviewers (can include committee members and external experts)
  + Document expertise and conflict-of-interest policies
  + Plan training and orientation

1.2 Clarify Local Policy Decisions

Review the SOP Section 9 (Compliance, Oversight, and Local Determination) and document:

* ☐ Rubric Selection Authority: Who decides whether pathway is Human/Animal/Analytic?
  + (Recommend: IRB for human, IACUC for animal, Compliance for analytic)
* ☐ Risk Level Authority: Who decides if Streamlined or Enhanced rubric is required?
  + (Recommend: AIRC Coordinator with AIRC Chair approval)
* ☐ Number of Reviewers: How many reviewers required for each rubric type?
  + (Recommend: Single reviewer for Streamlined; 2+ for Enhanced)
* ☐ Re-Review Process: After "Modifications Required," what happens next?
  + Administrative acceptance by AIRC Chair, OR
  + Full re-review by same reviewer, OR
  + Re-review by different reviewer?
* ☐ Attestation at Continuing Review: Will IRB require PI attestation about AI use changes?
  + (Recommend: Yes, at all continuing reviews)
* ☐ Record Location: Where will AIRC rubrics be stored?
  + Central AIRC files, OR
  + Integrated into IRB/IACUC files, OR
  + Both?
* ☐ Communication Process: How will AIRC recommendations reach IRB/IACUC?
  + Attached to protocol file, OR
  + Presented in full committee meeting, OR
  + Summarized by AIRC Chair, OR
  + Other?

1.3 Integrate AIRC into Existing Governance

* ☐ Meet with IRB leadership to discuss:
  + How AIRC feeds into IRB review
  + Whether AIRC recommendation is advisory or required
  + How AIRC outputs appear in IRB meeting materials
  + Attestation requirements for continuing review
* ☐ Meet with IACUC leadership to discuss:
  + How AIRC feeds into IACUC review
  + Protocol modification triggers requiring AIRC re-review
  + Continuing review process
* ☐ Meet with Compliance/Data Governance leadership to discuss:
  + How AIRC handles de-identified data projects
  + Authority for classifying projects as "Not Human Subjects"
  + Data security standards referenced in rubrics
* ☐ Meet with Research Operations to discuss:
  + Submission workflows (who submits to AIRC? timing?)
  + Timeline expectations (turnaround for review)
  + Documentation and archiving procedures

Phase 2: Reviewer Training & Calibration (Weeks 5-8)

2.1 Reviewer Orientation Program

* ☐ Schedule kickoff meeting with all reviewers (in-person or virtual)
  + Agenda: AIRC purpose, toolkit overview, role of reviewer
  + Duration: 1-2 hours
* ☐ Distribute core documents:
  + Quick Start Guide (Pages 1-3 only for quick overview)
  + Unified Grading Guide (Full document)
  + All 6 Rubrics (for reference)
  + SOP Sections 1-4 (Purpose, Scope, Definitions, Roles)
* ☐ Conduct individual orientation with each reviewer (recommended)
  + Review reviewer responsibilities
  + Practice score calibration using example protocols (see below)
  + Confirm conflict-of-interest procedures

2.2 Calibration Exercises

* ☐ Identify 2-3 sample/de-identified protocols to use for training
  + Recommend one from each pathway (Human/Animal/Analytic)
  + At least one with a clear "critical deficiency" (score of 1)
  + At least one suitable for Streamlined rubric
  + At least one suitable for Enhanced rubric
* ☐ Conduct group calibration session (1-2 hours)
  + Distribute sample protocol to all reviewers
  + Each reviewer independently completes rubric
  + Meet to discuss scores and rationales
  + Discuss where scores differ and why
  + Reference Unified Grading Guide to align understanding
* ☐ Document calibration results
  + Record scores from each reviewer on sample protocols
  + Note any significant differences in scoring
  + Create "agreed-upon" exemplar score for future reference
* ☐ Plan ongoing calibration
  + Quarterly or semi-annual group meetings (recommended)
  + Review sample rubrics from recent reviews
  + Discuss difficult scoring decisions
  + Update grading guide based on lessons learned

2.3 Reviewer Competencies

Confirm all reviewers have:

* ☐ Understanding of AI/ML concepts relevant to their domain
  + (Self-study: SPIRIT-AI, CONSORT-AI guidelines recommended)
* ☐ Understanding of research ethics principles
  + (Self-study: Belmont Report, human subjects/animal welfare regulations)
* ☐ Familiarity with institutional IRB/IACUC procedures
* ☐ Ability to identify gaps in protocol documentation
* ☐ Ability to provide constructive, specific feedback

Phase 3: Process Setup (Weeks 9-12)

3.1 Create Standard Workflows

* ☐ Submission workflow document
  + Who submits protocols to AIRC?
  + How do they submit (email, online form, portal)?
  + What documents must be submitted?
  + Submission deadline/timeline expectations
* ☐ Assignment workflow document
  + AIRC Coordinator receives submission
  + Coordinator uses Rubric Selection Tool to determine pathway and risk level
  + Coordinator assigns reviewers (considering expertise and conflicts)
  + Coordinator sends assignment to reviewer with deadline
* ☐ Review workflow document
  + Reviewer receives protocol and rubric template
  + Timeline for completion (recommend 5-10 business days for Streamlined; 10-15 for Enhanced)
  + Reviewer submits completed rubric to Coordinator
  + AIRC Chair reviews for completeness
* ☐ Recommendation workflow document
  + If "Acceptable" → AIRC Chair signs, forwards to IRB/IACUC
  + If "Modifications Required" → Coordinator returns to submitter with feedback, schedules re-review timeline
  + If "Not Acceptable" → AIRC Chair provides detailed rationale, schedules meeting with PI if needed
* ☐ Communication templates
  + Email to submitter when assigned to AIRC
  + Email to reviewer with assignment
  + Email to submitter with "Modifications Required" feedback
  + Email to submitter with "Not Acceptable" decision
  + Summary memo to IRB/IACUC from AIRC Chair

3.2 Set Up Documentation Systems

* ☐ Rubric storage system
  + Create centralized file repository (e.g., shared drive, electronic system)
  + Establish naming conventions (e.g., "AIRC-[Protocol#]-[ReviewerName]-[Date].pdf")
  + Confirm access controls and security
* ☐ Tracking database or spreadsheet
  + Protocol number, title, PI
  + Date submitted to AIRC
  + Rubric type assigned (pathway + version)
  + Reviewer(s) assigned
  + Dates of reviews
  + Final recommendation and date
  + Link to stored rubric file
* ☐ Modification tracking
  + Track protocols with "Modifications Required" status
  + Document resubmission dates
  + Track re-review dates and outcomes
* ☐ Annual reporting
  + Design quarterly or annual summary report
  + Include: number of protocols reviewed, distribution by pathway/version, outcomes, average review time
  + Use for process improvement and leadership reporting

3.3 Integrate with IRB/IACUC Systems

* ☐ IRB integration
  + Determine how AIRC recommendation appears in IRB submission materials
  + Update IRB forms/instructions if needed to request AIRC review
  + Brief IRB staff on AIRC process and expectations
  + Set timeline: when must AIRC review be complete relative to IRB review?
* ☐ IACUC integration
  + Similar process for IACUC submissions
  + Brief IACUC staff
* ☐ Compliance integration
  + For analytic/non-human projects, determine review authority
  + Update submission procedures if needed

Phase 4: Pilot Launch (Weeks 13-16)

4.1 Pilot Cohort Selection

* ☐ Identify 5-10 pilot protocols to review using new AIRC process
  + Aim for diversity: mix of Human/Animal/Analytic, Streamlined/Enhanced
  + Include at least one "Modified" and one straightforward "Acceptable"
  + Recruit willing PIs who can tolerate some process delays during pilot
* ☐ Notify PIs of pilot status
  + Explain this is a new institutional review
  + Set clear timelines
  + Invite feedback on process

4.2 Conduct Pilot Reviews

* ☐ Use real protocols to test:
  + Rubric selection logic
  + Reviewer assignment process
  + Workflow and communication
  + Time estimates (actual vs. planned)
  + Documentation system
* ☐ Track pilot metrics:
  + Time from submission to AIRC assignment: \_\_\_\_ days
  + Time from assignment to rubric completion: \_\_\_\_ days
  + Time from completion to AIRC Chair sign-off: \_\_\_\_ days
  + Total AIRC turnaround time: \_\_\_\_ days
  + Reviewer workload (hours per rubric): \_\_\_\_ hours
  + Any workflow bottlenecks or issues?
* ☐ Collect feedback from:
  + Reviewers (Rubric Feedback Form or informal debrief)
  + AIRC Chair (any concerns or improvements?)
  + Approving Officials (IRB/IACUC chairs) – optional at this stage
  + PIs (Was the process clear? Any questions?)

4.3 Document Lessons Learned

* ☐ Compile pilot feedback into summary
  + What worked well?
  + What needs adjustment?
  + What clarifications are needed in SOP or rubrics?
  + Any training gaps identified?
* ☐ Revise processes as needed
  + Update timelines based on actual data
  + Clarify workflow steps that were confusing
  + Adjust reviewer pool if expertise gaps identified
* ☐ Conduct debrief meeting with AIRC Chair, Coordinator, and sample of reviewers
  + Discuss lessons learned
  + Agree on adjustments before full launch

Phase 5: Full Launch (Week 17+)

5.1 Official Rollout

* ☐ Communicate AIRC launch to institution
  + Announcement from Provost, IRB Chair, IACUC Chair, or Compliance Officer
  + Explain: what is AIRC, why it's being implemented, which protocols require it
  + Provide: Quick Start Guide, submission instructions, contact info for AIRC Coordinator
  + Direct to: institutional website, researcher portal, or email listserv
* ☐ Provide guidance to investigators
  + Brief information sheet: "Is my protocol subject to AIRC review?"
  + Submission instructions with required documents
  + Timeline expectations
  + FAQ (see Section 5.3)
* ☐ Brief all committee leadership (IRB, IACUC, Compliance)
  + What to expect in committee materials
  + How AIRC recommendations should be used
  + Any new processes or forms
* ☐ Update institutional policies and forms
  + IRB Protocol Form: Add checkbox "Does this protocol use AI/ML tools? ☐ Yes ☐ No"
  + IACUC Protocol Form: Add similar checkbox
  + Determine: If "Yes," does AIRC review route automatically or require coordinator action?

5.2 Establish Support Systems

* ☐ Create FAQ document (see 5.3 below)
* ☐ Set up help desk / support contact
  + AIRC Coordinator email and phone
  + Regular office hours or availability
* ☐ Create institution-specific information document
  + Insert local policy decisions made in Phase 1
  + Insert local contact information
  + Describe local workflow (may differ slightly from SOP template)

5.3 Frequently Asked Questions (FAQ) Template

Create a FAQ for your institution addressing:

Questions Investigators Often Ask:

* What is AIRC and why does my research need it?
* How do I know if my project needs AIRC review?
* What AI tools or methods trigger AIRC review?
* How long does AIRC review take?
* What happens if AIRC gives "Modifications Required"?
* What if AIRC says "Not Acceptable"? Can I appeal?

Questions Reviewers Often Ask:

* How much time should I spend on a rubric?
* How do I score when there's limited information?
* What if I disagree with another reviewer's score?
* Can I reach out to the PI with questions?
* What if the protocol is outside my expertise?

Questions Committee Leadership Often Ask:

* How should AIRC recommendations influence committee decisions?
* Is AIRC recommendation binding or advisory?
* What if the committee disagrees with AIRC?
* How do we use AIRC for continuing review?
* Should we approve protocols AIRC marks as "Modifications Required"?

Phase 6: Ongoing Operations & Improvement (Month 5+)

6.1 Quarterly Operations Review

Every quarter, AIRC Chair and Coordinator should review:

* ☐ Workflow metrics
  + Number of protocols reviewed (by pathway and version)
  + Average turnaround time
  + Distribution of outcomes (Acceptable vs. Modifications vs. Not Acceptable)
  + Any bottlenecks or delays?
* ☐ Quality metrics
  + Reviewer compliance (all rubrics completed timely and thoroughly?)
  + Consistency (are scores aligned across reviewers for similar protocols?)
  + Appeal/complaint rate (any PIs challenging recommendations?)
* ☐ Feedback summary
  + Review comments from approving officials (use annual Feedback Form)
  + Review any informal feedback from reviewers
  + Identify training or process needs

6.2 Annual Reviewer Calibration

* ☐ Conduct annual group calibration session (recommend: half-day workshop)
  + Review sample rubrics from past year
  + Discuss scoring decisions and alignment
  + Update grading guide based on lessons learned
  + Provide continuing education (e.g., new AI ethics guidelines, case law)
* ☐ Update training materials as needed based on:
  + Rubrics changes (if any)
  + Feedback from reviewers
  + Feedback from PIs

6.3 Annual Reporting to Leadership

* ☐ Prepare annual summary for IRB, IACUC, and Compliance leadership
  + Number of protocols reviewed (by pathway and version)
  + Breakdown of outcomes
  + Examples of risks identified by AIRC
  + Examples of feedback influencing committee decisions
  + Recommendations for improvement
  + Resource needs

6.4 Toolkit Updates

* ☐ Review AIRC toolkit annually for needed updates
  + Have scoring guidelines changed or become clearer?
  + Are new domains or rubric items needed?
  + Do examples in Grading Guide need updating?
* ☐ Version control
  + Update version numbers when rubrics or guides change
  + Maintain history of revisions
  + Communicate updates to all users

**Part C: Success Metrics & KPIs**

Use these metrics to evaluate AIRC effectiveness and guide improvement efforts.

Process Metrics

| **Metric** | **Target** | **Why It Matters** |
| --- | --- | --- |
| AIRC turnaround time (submission to recommendation) | Streamlined: 5-10 days; Enhanced: 10-15 days | Fast feedback supports research timeline |
| Protocol acceptance rate (% marked "Acceptable" on first review) | 40-60% | Too high may indicate insufficient rigor; too low may indicate unrealistic standards |
| Modification rate (% marked "Modifications Required") | 30-50% | Shows AIRC is catching issues but PIs can address them |
| Not Acceptable rate (% with critical deficiency) | 5-10% | Indicates some projects have serious issues; too high suggests standards may be unrealistic |
| Reviewer consistency (inter-rater agreement on scores) | Kappa > 0.60 across domain pairs | Ensures consistent interpretation of rubrics |
| Reviewer recruitment/retention rate | 80%+ retention year-to-year | Indicates reviewers find role meaningful and sustainable |

Quality Metrics

| **Metric** | **Target** | **Why It Matters** |
| --- | --- | --- |
| Completeness of AIRC recommendations (% with documented rationale for all scores of 1 or 2) | 100% | Ensures PIs and committees understand deficiencies |
| Actionability of feedback (% of "Modifications Required" with specific, numbered recommendations) | 95%+ | Helps PIs make targeted improvements |
| Committee agreement with AIRC (% of protocols where committee decision aligns with AIRC recommendation) | 90%+ | Indicates AIRC is providing valuable input |

Impact Metrics

| **Metric** | **Target** | **Why It Matters** |
| --- | --- | --- |
| AIRC identifies new risks (approving officials report AIRC flagged issue they would have missed) | 30-50% of reviewed protocols | Demonstrates AIRC value-add |
| Protocols improved by AIRC feedback (PIs report modifications based on AIRC feedback addressed real concerns) | 80%+ | Shows AIRC is creating meaningful improvement |
| Investigator satisfaction with AIRC (survey of PIs) | 4/5 or higher on satisfaction scale | Ensures AIRC is perceived as helpful, not obstructive |

**Part D: Key Documents to Customize Locally**

Before launch, your institution should create/customize these documents:

| **Document** | **Purpose** | **Owner** | **Timeline** |
| --- | --- | --- | --- |
| AIRC Policy Statement | One-page summary of AIRC purpose, authority, and alignment with institutional values | AIRC Chair + Legal/Compliance | Week 2 |
| AIRC Submission Instructions | How-to guide for investigators submitting protocols to AIRC | AIRC Coordinator | Week 8 |
| Institutional Rubric Selection Policy | Document local decisions about pathway classification and risk level authority | AIRC Chair + IRB/IACUC leadership | Week 4 |
| AIRC Conflict of Interest Policy | Document how conflicts are identified and managed for reviewers | AIRC Chair + Compliance | Week 4 |
| Communication Templates | Email templates for all AIRC communications (assignment, feedback, recommendation) | AIRC Coordinator | Week 10 |
| FAQ Document | Frequently asked questions specific to your institution | AIRC Coordinator | Week 15 |
| Annual AIRC Report Template | Template for annual leadership reporting | AIRC Coordinator | Week 12 |

**Part E: Glossary of Terms**

| **Term** | **Definition** |
| --- | --- |
| AIRC | Artificial Intelligence Review Committee; institutional body responsible for evaluating AI use in research |
| Critical Deficiency | A score of 1 ("Deficient") in any domain; automatically results in "Not Acceptable" recommendation |
| Enhanced Rubric | Longer rubric with more detailed assessment, used for high-risk or novel AI projects |
| Pathway | Classification of project type: Human Subjects, Animal Research, or Analytic/Non-Human Subjects |
| Risk Level | Classification determining which rubric version: Streamlined (lower-risk) or Enhanced (higher-risk) |
| Rubric Selection Tool | Two-question decision matrix to determine appropriate rubric pathway and version |
| Streamlined Rubric | Shorter rubric with essential assessment items, used for lower-risk or standard AI projects |
| Unified Grading Guide | Comprehensive guidance document for consistent scoring across all six rubrics |

**Part F: Timeline Overview**

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WEEK 1-4: PHASE 1 - PRE-LAUNCH PLANNING

├─ Establish governance & designate roles

├─ Clarify local policy decisions

└─ Integrate with existing committees

WEEK 5-8: PHASE 2 - REVIEWER TRAINING

├─ Conduct reviewer orientation

└─ Calibration exercises

WEEK 9-12: PHASE 3 - PROCESS SETUP

├─ Create workflows & templates

├─ Set up documentation systems

└─ Update IRB/IACUC integration

WEEK 13-16: PHASE 4 - PILOT LAUNCH

├─ Run 5-10 pilot protocols

└─ Collect feedback & refine

WEEK 17+: PHASE 5 - FULL LAUNCH

├─ Official rollout to institution

├─ Launch communication campaign

└─ Begin ongoing operations

MONTH 5+: PHASE 6 - ONGOING OPERATIONS

├─ Quarterly reviews

├─ Annual calibration

└─ Continuous improvement

Total Timeline: 4-5 months from planning to full launch

**Part G: Contacts & Resources**

Institutional Contacts (To be completed locally)

| **Role** | **Name** | **Email** | **Phone** |
| --- | --- | --- | --- |
| AIRC Chair | [blank] | [blank] | [blank] |
| AIRC Coordinator | [blank] | [blank] | [blank] |
| IRB Chair | [blank] | [blank] | [blank] |
| IACUC Chair | [blank] | [blank] | [blank] |
| Compliance Officer | [blank] | [blank] | [blank] |

External Resources

* SPIRIT-AI Guidelines: Checklist for reporting AI development in research ([**https://www.equator-network.org/**](https://www.equator-network.org/))
* CONSORT-AI Guidelines: Reporting standards for clinical trials with AI ([**https://www.consort-statement.org/**](https://www.consort-statement.org/))
* WHO AI Ethics Guidance: [**https://www.who.int/publications/i/item/9789240029200**](https://www.who.int/publications/i/item/9789240029200)
* FDA Guidance on AI/ML in Medical Devices: [**https://www.fda.gov/medical-devices/software-related-or-enabled-medical-devices**](https://www.fda.gov/medical-devices/software-related-or-enabled-medical-devices)
* Belmont Report: Foundational ethical principles in human subjects research ([**https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/**](https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/))
* Common Rule (45 CFR 46): Federal regulations for human subjects research

**Part H: Frequently Asked Questions About Implementation**

Q: Can we start with just Human Subjects protocols and add others later?

A: Yes. Many institutions do a phased rollout. Start with Human Subjects (most common), then add Animal and Analytic as reviewers gain experience.

Q: What if a reviewer disagrees with the final AIRC recommendation?

A: The AIRC Chair (or committee, if applicable) makes the final determination. Disagreement among reviewers is typical and should be documented. If there is significant disagreement, the AIRC Chair may request a third reviewer or schedule a brief discussion.

Q: How do we handle appeals or PI concerns about AIRC decisions?

A: Develop a simple appeal process:

1. PI can request a meeting with AIRC Chair to discuss concerns
2. AIRC Chair may schedule brief in-person or phone discussion
3. AIRC Chair may request clarification from original reviewers
4. Final decision rests with AIRC Chair (in consultation with IRB/IACUC if needed)

Q: What if we don't have enough qualified reviewers?

A: Consider:

* Recruiting external reviewers (from other institutions)
* Training interested faculty in AI fundamentals (offer course or workshop)
* Using AIRC Chair to conduct reviews for simpler protocols
* Staggering rubric assignments to avoid overload

Q: How often should we update the rubrics?

A: Recommend annual review. Update if:

* Feedback from reviewers indicates domain is unclear
* New types of AI create gaps in current domains
* External standards (SPIRIT-AI, CONSORT-AI) are updated
* Institutional policy changes

Please provide feedback on the tools or any of the metrics or implementation to molly@klotemra.com