Terms of Reference (TOR)
QUALITY ASSURANCE COMMITTEE
QAC – LUFMS

1. Introduction:

The Quality Assurance Committee at the Lebanese University Faculty of Medical Sciences (QAC-LUFMS) must liaise with the different departments of Faculty of Medical Sciences. It is established upon the requirements of medical programs, as specified by the Accreditation Council for Graduate Medical Education (ACGME), the Liaison Committee on Medical Education (LCME) and the World Federation for Medical Education (WFME). Through implementation of quality assurance program and taking into consideration the LUFMS mission, the QAC ensures LUFMS medical program to provide MD degree comparable to the best international medical programs. And ensure that graduated students are eligible to enter seamlessly into graduate medical education after completing the MD degree.

The QAC-LUFMS should operate based on the following broad principles:
- Adoption of a holistic approach and integration of academic, academic support and administrative activities of the Faculty to ensure fulfillment of the required academic and professional standards.
- Recognition and appreciation of the diversity of disciplines and/or subject areas offered bythe Faculty.
- Promotion of open-minded discussion among the academic, academic support and administrative staff to enhance confidence on Quality Assurance (QA) and create team- spirit in carrying out QA related activities.
- Rely on multiple methods and perspectives to improve quality, thus diversity within the faculty is not affected.
- Adoption of an evidence-based approach to QA with a focus on continuous improvement of academic and administrative activities of the faculty.

2. Objectives
The QAC-LUFMS is responsible for developing guidelines related to the QA activities of the Faculty and overseeing the implementation of such activities. The activities overseen by the QAC FMS through coordination with the different respective committees will comprise of, but not restricted to, the following eight aspects relating to the Faculty:

1. Management and review of degree programmes
2. Development of human and physical resources
3. Design and development of curriculum
4. Design and development of course/modules
5. Improvement of teaching and learning mechanisms

6. Provision of student support services and facilitating their progression

7. Review of student assessment mechanism and awards

8. Promotion of innovative and healthy practices

9. Community confidence in our MD graduate's performance.

3. Scope

The Quality Assurance Unit represents the mechanism through which evaluation and internal review are carried out with the aim of ensuring the quality of the college's educational, research and service activities and the factors affecting them and improving its performance level. This includes identifying shortcomings and obstacles, identifying good practices, and developing proposals for continuous improvement to obtain re-accreditation. The unit's work areas and specializations include the following activities:

• Documenting the vision, mission and strategic objectives of the college and the mechanism for updating them.
• Guide all QA related activities within the Faculty.
• Conduct Faculty level awareness programmes on QA among staff members.
• Ensure the necessary academic regulations/By–laws are in place, within the Faculty, and if not make recommendation for remedial action.
• Assist the Dean of the Faculty, Assistant-Dean, Quality Manager, Faculty Council to coordinate the inclusion of QA aspects in the Faculty Corporate Plan and to implement QA reviews/audits and follow up action.
• Prepare an Annual Quality Improvement Plan (QIP) for the QAC-FMS, including a three-year Strategic DevelopmentPlan for QA activities for the Faculty.
• Support the Faculty and programmes offering entities within the Faculty (i.e. Departments of Study) in preparation for external quality assurance assessments and accreditation requirements.
• Make sure in defined programmes objectives and outcomes, graduate profiles and course curricula are in accordance with national and international reference points such as the World Federation for Medical Education (WFME).
• Establish a guideline for quality system for follow-up and evaluation within the Faculty to identify and share good practices between academic departments, including periodic review of:
  1. Academic performance of staff members
  2. Student performance
  3. Student Activities
  4. Community Engagement Services and Activities
  5. Research and scientific activities
  6. Mechanisms and procedures of the scientific and administrative departments in achieving the college's plans.
  7. College resources with the aim of maximizing their utilization and proposing an improvement plan.

- Follow up on preparing and documenting the report of courses and study programs at the college including student surveys/feedback or student complaints.
- Follow up with different committees for the annual reports and Key Performance Indicators KPI's.
- Communicate and interact with all parties concerned with issues of performance evaluation and quality assurance through the Faculty administration, the University's Quality Assurance Center and the National Authority for Education Quality Assurance and Accreditation.
- Maintain a repository of evidence at faculty level for the Institutional Reviews (IRs) and Programmes Reviews (PRs).

4. Composition
The chair of the committee is nominated by the dean. The committee members were nominated by the dean who are members of other existing advisory committee.

Co-option

Members will be co-opted depending on the need after obtaining approval of the Faculty Council.

Duration of the membership

Duration of the membership will be for a period of three (03) years. Members are eligible for re- appointment. At the end of three (03) years the committee will be reconstituted, and the new committee should be comprised of at least half of its members with a minimum of one (01) years' experience as a member from the previous QAC-LUFMS to retain the expertise.

Replacement of members

A member can be replaced in the event of death or due to continuing absence for more than three consecutive QAC meetings without a valid excuse. In case a nominee wishes to resign, the Head of the Department should nominate another academic.

Offices
- The chairperson will conduct all the meetings of QAC. In the event the chairperson is unable to attend, an alternate chairperson will be appointed from among the senior members of the committee present, prior to the meeting.

- The quality manager coordinator shall liaise regularly and closely with the Dean of the Faculty, and responsible for organizing the meetings and workshops, maintaining records, communicating with all concerned including the QAC on QA related activities. In addition, coordinator is to co-ordinate the preparation of Faculty Self Evaluation Report (SER) for Programmes Reviews (PRs), assist in the preparation of QA related guidelines and manuals for use within the Faculty and to attend the monthly QAC meetings.

Administrative support

The required administrative and secretarial assistance for the QAC FMS should be made available by the Dean of the Faculty.

Meetings

The committee meets minimum quarterly. In case the meeting cannot be held on the stipulated date an alternate date is communicated via e-mailto the membership

- The meeting will be held in the meeting room of the Faculty of Medical Sciences. If the meeting room is not available an alternate venue is informed via e-mail
- Minutes are taken by the administrative secretary (who shall be a management assistant in the Faculty) of the committee and finalized by the coordinator. The minutes and agenda shall be circulated one week prior to the meeting via e-mail by the coordinator.

Meeting attendance

In the event a member is unable to attend a scheduled meeting, QAC should be informed via email prior to the commencement of the meeting and a representative to be sent with anything to be discussed/work that was done in writing to be tabled and discussed.

3. Reporting

The QAC is required to report quarterly to the Faculty Council regarding the progress of its activities under the eight criteria identified in the programmes review. A summary yearly report on QAC activities should be sent to the Faculty Council to assess level of the developments taking place at Faculty level.

Terms of Reference (TOR)
Program Evaluation Committee:
PEC - LU-FMS

1. Introduction:

- The Terms of Reference for the Program Evaluation Committee (PEC) describe the working arrangements.
- It also lists the committee's purpose, scope, and goals, the members' roles and responsibilities, meeting schedule, quorum, agenda meeting, reporting, documentation of minutes of meetings, and other actions.
- The Program Evaluation Committee is an operation committee of the Doctor of Medicine Program, i.e. Lebanese University – Faculty of Medical Sciences (LU-FMS) Program. PEC is tasked with advancing excellence and quality in the medical school program through a centralized program evaluation approach.

2. Purpose:

The PEC's purpose includes:

- To develop and maintain an overall framework of program evaluation to guide ongoing improvement efforts.
- To coordinate the cyclical evaluation of the LU-FMS Program using a variety of data sources, methods, metrics, and feedback channels through:
  - Regularly review program evaluation data from Admissions through to post-graduation.
  - Selection and review of key program evaluation metrics related to the health and stability of the LU-FMS program.
- To comply with the Association for Evaluation and Accreditation of Medical Education Programs (TEPDAD) and according to the World Federation of Medical Education (WFME) Standards.

3. Scope:

The PEC's scope includes:

- **Assessment of Curriculum:**

Review and evaluate the effectiveness of the medical curriculum including the Intended Learning Objectives.

Provide assessment methods for the LU-FMS Program.
Ensure alignment with accreditation standards and educational goals.

- **Student Performance Evaluation:**
  Monitor and assess the academic performance of medical students.
  Analyze examination results, clinical evaluations, and other relevant data.

- **Clinical Training Evaluation:**
  Evaluate the quality of clinical training programs.

- **Faculty Performance Review:**
  Conduct evaluations of faculty members involved in medical education.
  Consider teaching effectiveness, research contributions, and mentorship.

- **Continuous Improvement:**
  Identify areas for improvement in the medical education program.

- **Data Analysis and Reporting:**
  Collect and analyze data related to program outcomes, achieved through collaboration with the concerned parties (ex: Statistical department and hospitals).
  Generate reports to communicate findings and recommendations.

- **Stakeholder Engagement:**
  Collaborate with students, faculty, administrators, and external stakeholders.
  Gather feedback to inform program enhancements, including performance of cohorts of graduates: post-graduation survey.

- **Strategic Planning:**
  Align program evaluation efforts with institutional goals and priorities.

- **Compliance and Ethics:**
  Ensure adherence to ethical standards.
  Address any compliance issues that may arise during evaluations.

- **Communication and Transparency:**
  Foster open communication channels within the committee and with stakeholders.
  Maintain transparency in the evaluation processes and outcomes.

4. Goals:
The committee will work to achieve the following goals:

- Set the standards, timeline, and schedule to complete the LU-FMS Program Evaluation review.
- Review the Undergraduate LU-FMS Program on a cyclical basis to identify strengths and weaknesses and make recommendations on strategies for improvement.
- Advise the other Committees on program evaluation matter.
- Supervise and follow-up on the implementation suggestions for program improvement.

5. Membership and Composition:

- The Program Evaluation Committee reports to the Faculty Council.
- The Chairperson of the PEC is nominated by the Dean.
- The committee membership is appointed by the Dean for a period of 2 years, based on department representativeness. Members are eligible for re-appointment.
- The PEC Coordinator is appointed by the Dean and the Chairperson of the PEC for a period of 2 years and are renewable.
- The committee meetings are chaired by the Chairperson, or a nominated Chairperson if the Chairperson is excused for that meeting.
- When members wish to resign from the committee or when the designated positions are changed, the staff member should inform the Chairperson in writing two months in advance.
- If a committee member is absent for more than three consecutive meetings in a year, without a valid excuse, this member will be removed from the committee and will be replaced by another academic who is interested in this position.
- In case a nominee wishes to resign or is removed from the committee due the above reason, the Chairperson nominates another academic with the approval of the Dean.
- An appointed position becomes vacant automatically if the appointed member loses his/her original qualification for appointment.
- All members will participate actively in the committee by:
    - Reviewing all pre-circulated material.
    - Participating in working groups, as required.
    - Communicating committee activities and decisions as appropriate.

6. Voting/Quorum:

- Quorum needs the majority of committee members. In case of equal voting, the issue will be raised up to the Dean for final decision.

- NON-VOTING:
- PEC Coordinator.
- Statistical Advisors and Data Analysis staff.

7. Responsibilities:

The Program Evaluation Committee (PEC) is a committee that:

- Oversees evaluation of the Undergraduate LU-FMS Program processes.
- Oversees the integration and timing of assessments throughout the LU-FMS program.
- Monitors, reviews, and revises assessment processes across the LU-FMS curriculum to ensure that they are compatible with the demands of the program, profession and current educational practice.
- Maintains the Program Evaluation framework by setting evaluation questions and determining indicators and data sources.
- Designs and approves evaluation and feedback tools to be used in the LU-FMS Program.
- Selects and maintains a set of targets for Key Performance Indicators – KPIs and benchmarks for evaluation of curricular elements.
- Determines timeline, and schedule for evaluation review for these KPIs.
- Identifies specific feedback loops, in collaboration with the other committees and stakeholders, to ensure that program evaluation data are used to generate realistic and meaningful insights into the quality of the LU-FMS program and continuous quality improvement.
- Provides leadership, guidance, and support on appropriate assessment methods.
- Collects quantitative and qualitative data on Curriculum, Students, and Instructors, in order to inform decision making at all levels in the school.
- Analyzes, interprets, and monitor data pertaining to:
  o Students' clinical experiences in clinically based courses (e.g. data extracted from student learning portfolios).
  o Student performance to identify strengths and weaknesses of the LU-FMS Program through student attainment of learning objectives.
  o Graduates' Questionnaire with a focus on identifying trends that suggest gaps in curricular content.
  o Internal surveys on the medical student experience during the LU-FMS Program (e.g. from standard course and teacher evaluations, graduates survey, program evaluation research projects, etc.).
- Provides synthesis and analysis of data arising from Admissions, LU-FMS Program curriculum and post-graduation information sources, as well as other pertinent sources.
- Prepares reports and provide recommendations on assessment matters to the concerned Committee(s), and to the Faculty Council as requested.
- Keeps a record of its decisions; including what suggested improvements should be explored.
- Monitors implementation of suggestions for program improvement.
- Ensures that assessments are aligned with the program competencies, and the Mission and the Vison of the LU-FMS.
- Reports regularly to the Faculty Council on matters relating to the goals of the LU-FMS Program and their achievement.

8. Reporting:

- The committee shall provide regular reports on a quarterly basis.
- The report includes findings related to program outcomes and makes recommendations and adjustments to the Faculty Council and to the other Committees mainly the Curriculum Committee, the Academic Medical Staff Activity and Development Policy Committee, the Students Assessment Committee.

9. Meetings:

- The committee shall meet on a regular basis, no less than 4 meetings during the academic year.
- Ad hoc meetings can be held in case of urgent matters to solve, as deemed necessary by the Head of the PEC or the Dean.
- The Head of the PEC may invite additional students, graduates, staff, other committee members as well as external experts or consultants for specific discussions.
- The Committee may decide to convene working groups in order to fulfill certain functions.
- Minutes will be taken by a member of the PEC, and a soft copy is filed and maintained by the PEC Coordinator.
- All members and administrative support personnel are required to protect and keep confidential all Program Evaluation Committee information received, both verbal and written.

10. Review and Revision:

- The Terms of Reference must be reviewed at least every two years to ensure relevance and alignment with the organization's goals and priorities.

11. Approval:

- The Faculty Council must approve these Terms of Reference, and any subsequent amendments must be approved in the same manner.

12. Implementation:

- These Terms of Reference will be in effect as of December 15th, 2023, and the committee will get to work right away.

Author: Khalil Charafeddine
Date: December 15, 2023
Version: 1.0

Terms of Reference (TOR)
Research Committee
RC – LU-FMS 2024-2025

1. Introduction:

The Terms of Reference for the RC describe the working arrangements. It also lists the committee's purpose, scope, and goals, the members' roles and responsibilities, meeting schedule, quorum, agenda meeting, reporting, documentation of minutes of meetings, and other actions.

The Research Committee (RC) is an important structure that supports the establishment and consolidation of the research culture at the Lebanese University – Faculty of Medical Sciences (LU-FMS).

2. Purpose:

The mission of the RC is to promote research culture in the faculty for staff and students through a comprehensive strategy. Its vision is to take the forefront of medical research within Lebanon and establish the LU-FMS as a beacon in the field of medical research.

3. Scope:

- Develop the LU-FMS research strategy and its implementation plan
- Organize and support research at undergraduate, postgraduate, and faculty levels
- Facilitate advancement in health-related research in Lebanon

4. Goals:

GOAL 1: Create a collaborative culture for research

GOAL 2: Promote research through education programs and projects with national and international support.

GOAL 3: Evaluate and improve the research infrastructure based on innovative programs and best practice models.

GOAL 4. Build a unified, coherent, and transparent research evaluation system.

GOAL 5. Offer attractive and progressive scientific careers.

GOAL 6. Collect necessary funds for research

GOAL 7. Improve the visibility of research in the institution

GOAL 8. Establish a system for the regular evaluation of research productivity.

5. Membership and Composition:

- The committee membership is appointed by the Dean for a period of 2 years, based on department representativeness.

- The Chairperson is nominated by the Dean and a Secretary of the RC is nominated by the committee.
- The committee meetings are chaired by the Chairperson, or a nominated Chairperson if the Chairperson is excused for that meeting.
- When members wish to resign from the committee or when the designated positions are changed, the staff member should inform the Chairperson in writing two months in advance.
- If a committee member is absent for more than 3 consecutive meetings in a year, without a valid excuse, this member will be removed from the committee.
- An appointed position becomes vacant automatically if the appointed member loses his/her original qualification for appointment.

6. Voting/Quorum:

Quorum needs the majority of committee members. In case of equal voting, the issue will be raised up to the Dean for final decision.

7. Responsibilities:

The Committee shall:
- Write a research strategy for the faculty, including SWOT analysis (Strengths, Weaknesses, Opportunities, and Threats) and use of a PESTEL technique for external factors (PESTEL is a mnemonic which, in its expanded form, denotes P for Policy, E for Economic, S for Social, T for Technological, L for Legal and E for Environment).
- Suggest the resources and plan needed to be able to apply the research strategy
- Monitor the application of the strategy using a dashboard or other equivalent tools
- Write the development plans for academic instructors in charge of education / experiential training, and staff.
- Be available to advise Department members on problems related to research
- Document the research carried out in the LU-FMS Department and provide information for the Department's annual report.
- Oversee quality assurance and improvement measures in respect of research activity, including the efficacy of research quality measures.
- Advise the Dean in reporting internally and externally on research and related cases.
- Review Annual Reports relating to research and make recommendations to the Dean.
- Establish Working Groups to develop and oversee policy in respect of research matters.
- Keep Department members informed concerning opportunities for obtaining funding and shall assist members in the preparation of proposals when requested.

In addition, the following activities shall be considered to implement the goals and strategy:
- Streamline research in keeping with the vision of the Lebanese University and the mission and goals of the Faculty of Medical Sciences

- Facilitate, monitor, and evaluate research at the Faculty of Medical Sciences, Lebanese University, including grants and post-graduate research
- Facilitate, monitor, and evaluate Research Grants at the Faculty of Medical Sciences, Lebanese University
- Organize research conferences and create opportunities for cooperation and collaboration with eminent researchers internationally and nationally
- Enhance research communications, presentation skills, and soft skills of academic staff, undergraduates, and postgraduates
- Evaluate priorities and distribute funds sourced from available channels for departmental research initiatives.
- Coordinate a departmental research day to highlight ongoing research endeavors throughout the department, with a specific emphasis on presentations by postgraduate students.
- Cultivate and promote postgraduate enrollment, mentoring programs for clinician-scientists, and providing support for new supervisors.
- Promote collaborative research efforts between departments and institutions
- Establish Research Excellence Centers: Create specialized centers of research excellence within the Faculty of Medical Sciences, focusing on areas of strategic importance and emerging scientific fields. These centers can foster cutting-edge research and attract top talent.
- Implement Researcher Development Programs: Develop comprehensive programs aimed at enhancing the skills and competencies of researchers at various career stages, including leadership, grant writing, ethical research conduct, and innovative research methodologies.
- Integrate Technology and Digital Tools in Research: Emphasize the adoption of advanced technology and digital tools in research processes to increase efficiency, accuracy, and the scope of research activities.
- Establish Collaborative Research Partnerships: Develop a framework for establishing and nurturing collaborative research partnerships with other academic institutions, industry, government agencies, and non-profit organizations. This could include joint research projects, shared resources, and cross-disciplinary initiatives.
- Foster Innovation and Entrepreneurship: Encourage and support innovative research ideas and entrepreneurial ventures among faculty and students. This could involve setting up incubation centers, providing seed funding for promising projects, and organizing workshops on entrepreneurship in research.
- Promote Interdisciplinary Research: Encourage interdisciplinary research initiatives that combine strengths from different departments or faculties. This approach can lead to innovative solutions and new research avenues.
- Enhance Research Visibility and Outreach: Implement strategies for increasing the visibility of research activities and outcomes. This could involve organizing conferences, seminars, and public lectures, and using digital platforms for wider dissemination.

8. Ethics Responsibilities:

The RC shall ensure research compliance with rules and regulations, ethical principles and integrity. This includes:

- Developing and enforcing strict guidelines for research compliance and integrity.
- Ensuring adherence to ethical standards, data protection laws, and other regulatory requirements.
- Supervising the thorough scientific evaluation of research proposals within the Department, including those for postgraduate research, to guarantee the submission of well-designed and scientifically robust studies for Faculty Ethics Committees' consideration.
- Verifying that reviewers assessing proposals for Ethics Committees are both impartial regarding the study team under review and possess expertise in the relevant field of study.
- Ensuring that submissions to external funders align with LU-FMS stipulations.
- Reviewing postgraduate proposals to ascertain their appropriateness for the respective degree program.
- Promoting Transparency and Openness: Advocate for clear documentation and transparency in all research stages, ensuring that methodologies, data, and findings are openly accessible, where appropriate, to facilitate replication and validation by other researchers.
- Conflict of Interest Management: Develop and implement procedures for identifying and managing any potential conflicts of interest among researchers, reviewers, and committee members to maintain the integrity of the research process.
- Ethics Training and Education: Establish regular training programs for researchers and ethics committee members on ethical standards, new regulations, and emerging ethical issues in research.
- Continual Ethical Monitoring: Implement a system for ongoing ethical monitoring of approved projects to ensure continued compliance with ethical standards throughout the research lifecycle.
- Enhancing Community Engagement: Encourage researchers to involve community stakeholders in the research process, particularly in projects that have direct societal implications, to promote ethically grounded and socially relevant outcomes.
- Feedback Mechanism for Researchers: Create a structured feedback system for researchers whose proposals are reviewed, offering constructive suggestions for improvement and guidance on ethical considerations.
- Diversity and Inclusion Advocacy: Ensure that research proposals consider and address issues of diversity and inclusion, both in research teams and in study designs, to foster inclusivity in research practices.
- Ethical Consideration of New Technologies: Address the ethical implications of emerging technologies and methodologies in research, such as artificial intelligence, biotechnology, and data privacy concerns.

- Sustainability and Environmental Consideration: Incorporate sustainability and environmental impact assessments in the research evaluation process, encouraging environmentally responsible research practices.
- Public Engagement and Dissemination: Promote the importance of public engagement and effective dissemination of research findings, emphasizing the role of research in contributing to public knowledge and societal advancement.

9. Reporting:

The committee shall provide regular reports to the faculty council summarizing the progress of staff development initiatives, addressing challenges as they arise, and recommending adjustments as necessary.

10. Meetings:

• The committee shall meet online on a regular basis once every quarter, to discuss ongoing initiatives, evaluate program effectiveness, and plan for future activities.
• Ad hoc meetings can be held in case of urgent matters to solve, as deemed necessary by the Dean or the Chairperson.
• Minutes will be taken by the officially appointed Secretary of the committee. The minutes and agenda are circulated via email one week prior to the meeting by the Secretary.
• Once the minutes are confirmed, a soft copy is filed and maintained by the Secretary.

11. Review and Revision:

The terms of reference must be reviewed at least every two years to ensure relevance and alignment with the organization's goals and priorities.

12. Approval:

The faculty council must approve these terms of reference, and any subsequent amendments must be approved in the same manner.

13. Implementation:

These terms of reference will be in effect as of December 1st 2023, and the committee will get to work right away.

Terms of Reference (TOR)
Thesis Committee
TC–LU-FMS 2023-2024

1. Introduction:

At the Lebanese University – Faculty of Medical Sciences (LU-FMS), the thesis Committee (TC) is a powerful structure that strategically aligns with the university research principles.

This Terms of Reference (TOR) document details the delegated area of responsibility that the TC encompasses. The present TOR sets out clearly the TC's purpose, scope, goals, composition, quorum, members' responsibilities, reporting, meetings, and diverse documentation.

2. Purpose:

The TC model has been established at the LU-FMS to enhance the supervisor-research student relationship and to ensure quality supervision practice in line with international best practice.

3. Scope:

The scope of the TC includes, but is not limited to:

- Support the academic progress of the students and provide guidance on their development as researchers.

- To streamline research in keeping with the vision and the mission of the LU-FMS. It is noteworthy that the thesis defense is compulsory for LU medical students to obtain their medical degree. Indeed, LU-FMS delivers the MD diploma to students only after defending their thesis.

4. Goals:

The committee will strive to:

- Assess and monitor research progress through formal review processes and agree on an appropriate recommendation.

- Support the student-supervisor relationship and enhance the overall quality and rigor of the supervision process.

- Discuss the project with respect to the original aims and in light of new advances in the scientific field and the research plan for the next year and to provide advice for scientific and career issues.

- Guide students to appropriate support services and provide informal support.

5. Composition:

The committee will be made up of representatives from the teaching staff with a minimum of four members.

Committee membership should be nominated by the Dean for a period of 2 years.

6. Voting/Quorum:

Quorum needs the majority of committee members. In case of equal voting, the issue will be raised up to the Dean for final decision.

7. Responsibilities:

Committee members will be responsible for the following:

- Meet and determine the feasibility of the topic for the thesis and to permit the student to proceed only after such determination has been made. The committee shall approve the student's proposal and a copy of documentation or email approvals (per departmental requirements) should be kept in the student's file in the department. Approval signifies that the student has permission to proceed with the study as outlined in the proposal.
- Advice the medical student starting from his/her fifth medical year on all thesis aspects, from the proposal process throughout the manuscript writing and the final defense.
- Follow-up the student-supervisor relationship for any issue that may arise during the thesis progress.
- Ensure that at least one TC member is present during the student's thesis defense in a neutral position to confirm an equitable treatment to everyone.
- Apply the policy of the university to make all theses available to the public through the library's data bases and search engines.
- Assist the student to publish the scientific work in peer-reviewed journals.

8. Reporting:

The committee shall provide reports on a quarterly basis to the program evaluation committee summarizing the progress of research theses, addressing challenges as they arise, and recommending adjustments as necessary.

9. Meetings:

- The committee shall meet on a regular basis online once every quarter, to discuss ongoing initiatives, evaluate program effectiveness, and plan for future activities.

- Minutes will be taken by the officially appointed Secretary of the committee. The minutes and agenda are circulated via email one week prior to the meeting by the Secretary.
- Once the minutes are confirmed, a soft copy is filed and maintained by the Secretary.
- Students may request an informal meeting with the TC outside of the above formal meetings and independent of their supervisor. If a student does not progress, a change in supervision should be made.

10. Review and Revision:

The terms of reference must be reviewed at least every two years to ensure relevance and alignment with the organization's goals and priorities.

11. Approval:

The faculty council must approve these terms of reference and any subsequent amendments must be approved in the same manner.

12. Implementation:

These terms of reference will be in effect as of December 11th 2023 and the committee will get to work right away.

Terms of Reference (TOR)
Continuing Professional Development Committee
CPD – LU-FMS

1. Introduction:

The Academic Medical Staff Activity and Development Committee was formed to supervise and facilitate the organization's staff development policy, with a primary focus on teacher training, development, support, and appraisal. The committee will work to instill in the staff a culture of continuous improvement and professional development.

2. Purpose:

The committee's goal is to improve the teaching staff's knowledge, skills, and overall effectiveness through well-planned and targeted activities. Identifying training needs, providing support mechanisms, and implementing a fair and transparent appraisal system are all part of this.

3. Scope:

The scope of the committee includes, but is not limited to, the following areas:

    a. Programs for teacher education.
    b. Opportunities for professional development.
    c. Personnel support mechanisms.
    d. Processes of Academic Medical Staff Performance Evaluation with collaboration of Program Evaluation Committee (PEC).

4. Goals:

The committee will strive to achieve the following goals:

    a. Determine, evaluate and propose a comprehensive teacher education program with appraisal.
    b. Provide opportunities for ongoing professional development.
    c. Create a teacher support system that addresses both personal and professional challenges.

5. Composition:

The committee will be made up of:
Representatives from the teaching staff appointed by the faculty counsel for 4 years with a minimum of 4 members.

6. Voting/Quorum:

Quorum needs the majority of committee members. In case of equal voting, the issue will be raised up to the Dean for final decision.

7. Responsibilities:

Committee members will be responsible for the following:

a. Conduct regular assessments of teaching staff training needs.
b. Plan, organize, and supervise teacher training and professional development programs.
c. Create and implement teacher support mechanisms, such as mentoring programs or counseling services.
d. Ensure fairness and effectiveness, the existing performance appraisal system should be reviewed and improved.
e. Monitor and assess the effectiveness of staff development initiatives.
f. Seek Expert feedback from other professional staff outside the LU university if needed

8. Reporting:

The committee shall provide regular reports to the faculty council summarizing the progress of staff development initiatives, addressing challenges as they arise, and recommending adjustments as necessary.

9. Meetings:

The committee shall meet on a regular basis once every quarter, to discuss ongoing initiatives, evaluate program effectiveness, and plan for future activities.

10. Review and Revision:

The terms of reference must be reviewed at least every two years to ensure relevance and alignment with the organization's goals and priorities.

11. Approval:

The faculty council must approve these terms of reference, and any subsequent amendments must be approved in the same manner.

12. Implementation:

These terms of reference will be in effect as of December 1st 2023, and the committee will get to work right away.

Draft Version
Terms of Reference (TOR)
Strategic Plan Advisory board Committee
SPAB – LU-FMS

1. Introduction:

The Strategic Plan Advisory board Committee was formed to support faculty council in the evaluation of the medical education curriculum.

2. Purpose:

The committee's goal is to entertain new ideas, monitor the progress of the curriculum, research and discuss issues with regard to development of the Faculty, and promote collaboration and partnership between LU-FMS and other universities and hospitals.

3. Scope:

The scope of the committee includes monitoring and suggesting development plan of the following areas:

a. Curriculum and degree programmes
b. Teaching, learning and assessment activities/ resources/ environment
c. Research activities
d. Communication and outreach services
e. Promotion policies
f. Foster collaboration between LU-FMS and other local and international institutions.

4. Goals:

The committee will strive to achieve the following goals:

g. Improving of curriculum and degree programmes
h. Enhancing teaching, learning and assessment activities/ resources/ environment
i. Promoting faculty and student research activities (seminars, conferences, …)
j. Promoting the students involvement in final decision and faculty strategies.

5. Composition:

The committee will be made up of:
Representatives from the teaching staff appointed by the faculty counsel for 3 years with a minimum of 4 members, in addition to 1 or 2 students from the student working group.

6. Voting/Quorum:

Quorum needs at least 4 members of the committee. In case of equal voting, the issue will be raised up to the Dean for final decision.

7. Responsibilities:

Committee members will be responsible on giving advice and strategic plans involving all the topics mentioned in the scope of this committee.

8. Reporting:

The committee shall provide reports to the faculty council twice yearly.

9. Meetings:

The committee shall meet on a regular basis twice yearly.

10. Review and Revision:

The terms of reference must be reviewed at least every two years to ensure relevance and alignment with the organization's goals and priorities.

11. Approval:

The faculty council must approve these terms of reference, and any subsequent amendments must be approved in the same manner.

12. Implementation:

These terms of reference will be in effect as of December 14th 2023, and the committee will get to work right away.

Draft Version
LEBANESE UNIVERSITY
FACULTY OF MEDICAL SCIENCES

ETHICAL COMMITTEE REGULATIONS

A. **OBJECTIVES:**

- The Ethical Committee, serves as a structure dedicated to ensuring compliance with the rules of Medical Ethics and Professional Conduct among the Faculty members in the execution of their duties and in their relationships with colleagues, employees, and students.
- This committee is responsible to make sure that all members of the Faculty adhere to the duties and obligations set forth by their profession, particularly in terms of honesty, dignity, competence, and scientific integrity. Furthermore, they are expected to show respect for collective work and actively contribute to enhancing the image of the Faculty of Medical Sciences and the Lebanese University.

B. **FUNCTIONS:**

1- Ensure the application of the legal frame related to Medical Ethics, Deontology, and Bioethics, especially:
   - Lebanese Deontological Medical Code.
   - Lebanese Law on patient's right and Informed Consent
   - Lebanese Law related to Genetics
   - Lebanese Guidelines for the Conduct of Research on Human subjects.
   - Legal regulations for conducting research and clinical experimentation in accordance with the **Lebanese University Institutional Review Board (IRB).**
   - Guidelines of the Lebanese National Consultative Committee on Ethics (LNCCE).
2- Take note of any violations of Medical Ethics and Professional Conduct among the Faculty members and students, and transmit recommendations to the Faculty Dean and Faculty Council.
3- Ensure compliance with the Faculty/Lebanese University statutes and contracts with affiliated Hospitals.
4- Monitor the application of the University IRB instructions regarding scientific research conducted by the Faculty members and students, including experiments involving humans. No such experiment can be carried out **without the approval of the Lebanese University IRB**.
5- Ensure the scientific, ethical, and moral qualities of researchers wishing to conduct research and experiments at the Faculty, serving as the interface between the Faculty and the University IRB.
6- Provide an opinion on any complex situation submitted to the Committee by the Dean and/or the Board of Administration, particularly following disciplinary procedures involving Faculty members, students, and/or employees.

C. NOMINATION / MEMBERS:

The committee members are nominated by the Dean. The committee is formed by the following members:

            (List members and Committee head)

            Shall we respect the notion of « es qualite »

7- **MANDATE'S DURATION:**

The tenure for members of the committee is **four** years.

8- **MEETINGS:**

The Committee's deliberations are conducted in closed sessions and maintained as confidential.

    a. Regular meetings: Convened once every three months at the request of the Dean or the Head of the Committee. Notices for ordinary sessions must be sent at least eight days before the scheduled meeting date.

    b. Additional meetings: Scheduled upon the request of the Dean, Faculty Council, the Head of the committee, or at least three Committee members. Notices for additional sessions will follow the same regulations, except in cases of emergency where they can be issued three days in advance.

    c. Venue: The meetings take place at the Faculty of Medical Sciences, Campus LU.

    d. Minutes: The minutes of each meeting are approved at the following meeting, signed by the Committee head, and archived at the Dean's office and the General Secretariat of the Faculty.

    e. Quorum: The Committee can only validly deliberate when at least 50% of its members are present. In the absence of a quorum, the meeting will be postponed on a weekly basis, always under the same quorum conditions.

    f. Decision: Decisions are based on the majority of votes cast. Votes are kept confidential when they pertain to an individual or at the request of the Dean.

Written by: F. Abou-Mrad	Verified by:	Approved by:

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Draft Version
Terms of Reference (TOR)
Student counselling committee SCC

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1. Objective

Student counseling committee was formed to provide counselling services to students of the LU-FMS. This includes academic support, mental health referral, and career guidance.

2. Scope

To support medical students to improve their well-being and quality of education.

3. Roles and responsibilities:

Offers counseling and referral service to all students of the LU-FMS experiencing any degree of emotional, psychological, educational difficulty thus ensuring student retention, academic achievement, and progression.

- Providing assessment, support, and referral for students with acute and chronic mental health difficulties
- Raise awareness on availability of student counseling services amongst students.
- Be accessible and available for students needing counseling services.
- Maintain records of all counselling encounters using a structured format
- Ensure confidentiality and privacy of students.
- To ensure that a counselor help the students to focus on and understand more clearly the issue that concerns him/her, by respecting his/her own values, choices and lifestyles.
- To address specific problem relating to study, often in more structured approach focusing on improving study skill

4. Committee composition:

The committee is composed of faculty members, student representatives, and administrative staff.

5. Reporting:

- The counsellor is expected to work independently.
- The student could be referred to the department of psychiatry or another counsellor for a second opinion.

6. Meetings:

The committee will meet on a quarterly basis to discuss progression of its activities and share ideas regarding its work among committee members.

7. <u>Voting/Quorum:</u>

Quorum needs more than fifty present of committee members to be present. In case of equal voting, the issue will be raised up to the Dean for final decision.

Draft Version
Terms of Reference (TOR)
Curriculum Committee
CC – LU-FMS

1. Introduction:

The Curriculum Committee was formed to streamline the activities related to the curriculum of medical undergraduates of the Faculty of Medical Sciences, Lebanese university, to align with the graduate profile, vision and mission of the faculty and the university.

2. Purpose:

Curriculum Committee for a Doctor of Medicine (MD) program plays a crucial role in designing, reviewing, and updating the curriculum to ensure it meets the standards and requirements of medical education. The committee is responsible for overseeing the educational content, structure, and delivery of the MD program.

3. Scope:

The scope of the committee includes, but is not limited to, the following areas:

4. Goals:

The committee will strive to achieve the following goals:

    a. To review and revise the curriculum periodically according to university and faculty policies and national needs considering feedback from external stakeholders such as ministry of health, extended faculty staff, and professional bodies including professional colleges.

    b. To facilitate and monitor curricular revision activities, teaching learning activities and to discuss problems encountered during the process of introducing curricular revision at all phases of training to align with the medical Subject Benchmark Statement and SLQF statement.

    c.

5. Composition:

The committee will be made up of:

The committee is headed by the Dean who is the chairperson. Committee members include coordinators of basic and medical courses, faculty members from various disciplines, administrators, and representatives from clinical practice. The committee's composition often reflects the diverse areas covered by the medical curriculum.

6. Voting/Quorum:

Quorum needs the majority of committee members. In case of equal voting, the issue will be raised up to the Dean for final decision.

7. Responsibilities:

Committee members will be responsible for the following:

a. **Curriculum Development:**
   Systematic planning, design, and implementation of the educational program to ensure that it meets the needs of students, aligns with accreditation standards, and reflects the current state of medical knowledge and practice.
   key aspects of curriculum development:
   - Comprehensive needs assessment to identify the skills, knowledge, and competencies that future physicians need to possess.
   - program goals and specific learning objectives that align with the mission of the medical school and broader healthcare goals.
   - Determining the overall structure of the curriculum, including the division between basic sciences, pre-clinical and clinical phases, and the sequencing of courses and rotations.
   - Developing course content that is evidence-based, up-to-date, and aligned with the latest advancements in medical science and clinical practice. Integrating interdisciplinary and interprofessional content to provide a holistic understanding of healthcare.
   - Ensuring a smooth transition from pre-clinical to clinical phases by integrating clinical experiences early in the curriculum
   - Coordinating clinical clerkships and rotations to cover a diverse range of medical specialties.
   - Incorporating active learning methods, case-based learning, and educational technologies to engage students and enhance learning outcomes.
   - Developing assessments strategies, to evaluate students' progress and achievement of learning objectives.
   - Continuous review and improvement of the curriculum based on feedback from students, faculty, and stakeholders.
   - Monitoring changes in healthcare policy, technology, and medical knowledge to ensure the curriculum remains relevant.

b. **Review and Evaluation:**
   Aspects of review and evaluation within the context of a Doctor of Medicine program:
   - Periodically assess the achievement of learning outcomes to determine if students are acquiring the necessary knowledge, skills, and attitudes outlined in the curriculum.

- Collect data on student performance, including exam scores, clinical evaluations, and other relevant metrics. Analyze data to identify trends, strengths, weaknesses, and areas for improvement

- Gather feedback from students, faculty, clinical preceptors, and alumni. Use feedback to assess the effectiveness of the curriculum and identify areas that may need adjustment.

- Ensure that the curriculum meets the standards and requirements set by accrediting bodies for medical education and regularly review accreditation reports and address any recommendations or areas of improvement.

- Stay informed about innovations in medical education and consider their applicability to the program.

- Regularly review and assess the curriculum's alignment with current healthcare trends, technological advancements, and changes in healthcare delivery.

- Encourage and support curricular innovations, including the integration of new teaching methodologies, technologies, and educational approaches.

c. Accreditation Compliance:
A crucial responsibility of the Curriculum Committee for a Doctor of Medicine (MD) program. Accreditation is a formal recognition that the program meets established standards of quality and prepares graduates to practice medicine competently.:
- Work collaboratively with faculty and administrators to compile comprehensive documentation that demonstrates compliance with accreditation standards.

- Conduct regular self-assessment exercises to identify areas of strength and areas needing improvement.

- Establish mechanisms for continuous monitoring of compliance with accreditation standards, regularly review accreditation reports, address recommendations, and provide evidence of ongoing improvements.

- Ensure that the curriculum aligns with accreditation standards, covering essential components such as medical knowledge, clinical skills, professionalism, and ethical considerations.

- Ensure that the program provides adequate support services for students, including counseling, academic advising, and resources for well-being.

- Emphasize the importance of adherence to ethical and professional standards in medical practice.

- Ensure that the curriculum and program policies align with legal and regulatory requirements for medical education.

- Provide timely updates on changes to the program, faculty, curriculum, and any other relevant aspects that may impact accreditation status.

d. Integration of Basic and Clinical Sciences:

The integration of basic and clinical sciences is a critical aspect of medical education, and the Curriculum Committee for a Doctor of Medicine (MD) program plays a pivotal role in designing a curriculum that effectively bridges these two domains. Here are key considerations for the integration of basic and clinical sciences:

- Foster collaboration among faculty from basic science and clinical departments to form interdisciplinary teaching teams.

- Encourage joint planning of courses to ensure alignment and coherence in content delivery.

- Incorporate problem-based learning (PBL) or case-based learning (CBL) methodologies, where students work through clinical cases that integrate relevant basic science concepts.

- Provide opportunities for students to explore the scientific basis of diseases and understand how this knowledge informs clinical decision-making.

- Encourage regular feedback and reflection sessions where students can discuss the integration of basic and clinical sciences.

- Provide opportunities for faculty to provide constructive feedback on students' ability to synthesize information across disciplines.

- Collaborate with other healthcare disciplines to promote interprofessional education, allowing students to appreciate the roles of different healthcare professionals in patient care.

e. Assessment and Evaluation:

- The Assessment and Evaluation component is a crucial aspect of the responsibilities of the Curriculum Committee for a Doctor of Medicine (MD) program. This process ensures that students are progressing appropriately, achieving learning objectives, and meeting the standards set by the medical education institution

- By actively engaging in the assessment and evaluation processes, the Curriculum Committee ensures that the MD program maintains high educational standards, prepares students for medical practice, and provides a fair and transparent evaluation of their progress

f. Continuous Improvement:

Continuous improvement is a fundamental principle for ensuring the effectiveness and relevance of a Doctor of Medicine (MD) program. The Curriculum Committee plays a central role in overseeing and driving continuous improvement initiatives by including regular reviews of curriculum components and adjustments based on feedback and assessment results.

By systematically incorporating continuous improvement into the MD program's structure and processes, the Curriculum Committee contributes to the program's ongoing success, adaptability, and ability to provide high-quality medical education. Regular reflection, assessment, and adjustments are essential for maintaining excellence and meeting the evolving needs of medical education and healthcare practice.

g. Student Representation:

The inclusion of student representation in the curriculum committee is crucial for fostering a collaborative and student-centered learning environment.

Including student representation in the curriculum committee enhances the overall quality of medical education by incorporating the unique insights and experiences of those directly affected by the program. It also promotes a sense of ownership and engagement among students in shaping their educational experience.

h. Ethical and Professional Standards:

The curriculum includes content related to medical ethics, professionalism, and communication skills.

By adhering to ethical and professional standards, a Curriculum Committee can contribute to the development of a medical education program that is not only academically rigorous but also ethically sound and responsive to the evolving needs of the healthcare landscape.

8. Reporting:

The committee shall provide regular reports to the faculty council summarizing the progress of staff development initiatives, addressing challenges as they arise, and recommending adjustments as necessary.

9. Meetings:

The committee shall meet on a regular basis once every quarter, to discuss ongoing initiatives, evaluate program effectiveness, and plan for future activities.

10. Review and Revision:

The terms of reference must be reviewed at least every two years to ensure relevance and alignment with the organization's goals and priorities.

11.   Approval:

The faculty council must approve these terms of reference, and any subsequent amendments must be approved in the same manner.

12.   Implementation:

These terms of reference will be in effect as of December 1st 2023, and the committee will get to work right away.

Draft version
Terms of Reference (TOR)
Student Assessment Committee
SAC – LU-FMS

1. Introduction:

The Assessment Committee is an important structure that supports the establishment and consolidation of the Assessment Evaluation at the Lebanese University – Faculty of Medical Sciences (LU-FMS).
The Term Of reference of the Student Assessment committee lists the committee's purpose, scope, and goals, the members' roles and responsibilities, meeting schedule, quorum, agenda meeting, reporting, documentation of minutes of meetings, and other actions.

2. Purpose:

The Assessment Committee in the Faculty of Medical Sciences aims to improve how we assess and enhance medical education. Assessment consists of any systematic method of obtaining information from tests and other sources, used to draw inferences about an individual for the purpose of helping them improve (formative) or determining passing a stage of training (summative).
Through systematic evaluation and innovative methodologies, the Assessment Committee puts high standards in assessment and contributes to better medical education practices to make sure that both faculty and students benefit from effective assessment strategies to solidify the LU- Faculty of Medical Sciences's reputation.

3. Scope:

The scope of the student assessment committee includes, but is not limited to, the following areas:
- Refine assessment tools and processes for students: formative and summative.
- Incorporate new assessment methods in basic and clinical education
- Give opportunity for students to have access to an international bank of questions.
- Evaluate and improve teacher education programs.
- Identify opportunities for professional development of faculty in student assessment.
- Collaborate with the Program Evaluation Committee (PEC) for effective evaluation protocols.
- Foster a culture of continuous improvement in student assessment within the faculty.

4. Goals:

The Students Assessment Committee shares common goals with the other committees by setting standards, conducting cyclical reviews, advising other committees, and supervising the implementation of strategies for improvement, all aimed at enhancing the student assessment processes within the Faculty of Medical Sciences.

The goals are:
- To establish Clear Standards and Timelines: The Students Assessment Committee in the Faculty of Medical Sciences aims to set clear standards, timelines, and schedules for the assessment of students, ensuring a systematic and efficient evaluation process.
- Cyclical Review of Student Assessment: the Students Assessment Committee regularly reviews the assessment procedures for students to identify strengths and weaknesses. This cyclical evaluation helps in making informed recommendations on strategies for improvement in student assessment methodologies.
- Provide Guidance to Other Committees: The Students Assessment Committee communicates with the other committees within the faculty, offering insights and recommendations on matters related to student assessment. This collaboration ensures a cohesive approach to program evaluation across all facets of the academic environment.
- Supervise Implementation of Improvement Strategies: In line with the supervision of program improvement suggestions, the Students Assessment Committee takes an active role in overseeing the implementation of recommendations for enhancing student assessment And to ensure that identified areas for improvement are addressed effectively, contributing to the overall advancement of student evaluation practices.

5. Composition:
The Student Assessment committee will be made up of:
- The committee membership is appointed by the Dean for a period of 2 years, based on department representativeness.
- The Chairperson is nominated by the Dean.
- The committee should be appointing a secretary.
- The committee meetings are chaired by the Chairperson, or a nominated Chairperson if the Chairperson is excused for that meeting.
- The members include Curriculum Planning Specialist, an Assessment Specialist and a program Evaluation Specialist, Basic Sciences Representative, Clinician Teacher or Clinician Educator, Course Coordinator and a Student Members (from the Medical Student Association)and a Clerkship student representative
- When members wish to resign from the committee or when the designated positions are changed, the staff members should inform the Chairperson in writing two months in advance.

- If a committee member is absent for more than 3 consecutive meetings in a year, without a valid excuse, this member will be removed from the committee.
- An appointed position becomes vacant automatically if the appointed member loses his/her original qualification for appointment.

6. Voting/Quorum:

a. Quorum needs 50% of committee members plus the chair. In the case of equal voting, the issue will be raised up to the Dean for final decision.

b. The committee will meet every month from September to June and as needed in July and/or August.

c. Where a voting committee member fails to attend more than 50% of the scheduled meetings over a 12-month period, or is absent for three consecutive meetings, the chair may seek a replacement or request for a new member (if appointed), or request for a by-election (if elected).

d. Additional meetings may be called at the discretion of the chair.

e. Agenda and meeting materials will be pre-circulated.

f. Minutes will be kept and pre-circulated before each meeting.

g. Minutes will be approved by vote.

h. The chair only votes in the event of a tie.

i. The chair may request guests to the committee to address specific issues.

j. Students will be excused from meetings when exam content is discussed.

7. Responsibilities:

Responsibilities of the Student Assessment Committee in the Faculty of Medicine:

a. Develop Fair Assessment Policies:
The committee put fair and valid assessment policies: This involves creating clear procedures for preparing, reviewing, and administering assessments for all courses and clerkships

b. Ensure Consistent Assessment:
The committee puts in place mechanisms to guarantee that student performance is assessed fairly and consistently throughout the program.

c. Regularly Review Grading Systems

d. Guide Faculty on Assessment Methods:
Providing support and guidance to faculty members involved in assessment to help them choose appropriate methods.

e. Regularly checking assessment policies and practices to ensure they align with current evidence from the field.

8. Reporting:

The committee shall provide regular reports on its findings related to program outcomes and makes recommendations to the Faculty Council and to the other Committees mainly the Curriculum Committee, the program Evaluation Committee with the goal of continuous quality improvement.

9. Meetings:

The committee shall meet on a regular basis once every quarter, to discuss ongoing initiatives, evaluate program effectiveness, and plan for future activities.

Ad hoc meetings can be held in case of urgent matters to solve, as deemed necessary by the Head of the SAC or the Dean.

10. Review and Revision:

The terms of reference must be reviewed at least every two years to ensure relevance and alignment with the organization's goals and priorities.

11. Approval:

The Dean and the faculty council must approve these terms of reference, and any subsequent amendments must be approved in the same manner.

12. Implementation:

These terms of reference will be in effect as of December1st, 2023 , and the committee will get to work right away.