

Title:	Sponsorship of New Graduate Medical Education Programs and Expansion of a GME Program	Index Number:	FM-GMEC-018		
Scope of application:	All Graduate Medical Education (GME) Programs	Original Date:	Reviewed on:	Next Review Date:	
		17.11.2005	15.01.2024	15.01.2027	

1. Purpose

To define the procedure for obtaining sponsorship by the American University of Beirut and its medical center for a new residency and/or fellowship training program, and for expansion of a current residency/fellowship program.

2. Policy

The American University of Beirut and its Medical Center sponsor only programs recognized by Lebanese Government, ACGME-I, or Arab Board. All new training programs and expansion of current programs must be approved by the Graduate Medical Education Committee (GMEC), and the Dean of the Faculty of Medicine prior to implementation.

The application for a new program shall be submitted by a faculty member with the signature of the department chairperson, head of division, if applicable, and the program director of the core specialty residency program. Request for expansion of current programs must be submitted by the Program Director accompanied by a program expansion application form signed by the Program Director and the Chairperson of the Department, Head of division, if applicable, and the program director of the core specialty residency program.

All new training programs will operate under the auspices of GMEC according to the institutional policy.

3. Procedure for New Program

- 3.1. The faculty member ("applicant") should provide a filled and signed application and a complete curriculum of the program that meets all ACGME Requirements and the Arab Board requirements when applicable. The curriculum should contain:
 - 3.1.1. A statement explaining how the new program could benefit AUB/AUBMC.
 - 3.1.2. The rationale behind the program.
 - 3.1.3. Expected workload based on available data in the past 2 – 3 years.
 - 3.1.4. Description of the program that includes its curriculum competencies achieved from the program.

- 3.1.5. Faculty involved in the training with their credentials.
- 3.1.6. Methods of evaluation that should include: faculty evaluation of housestaff, housestaff evaluation of faculty, and program evaluation.
- 3.2. Proposals should be submitted at least 9 months prior to the expected date of the commencement of the program (usually June).
- 3.3. The Assistant Dean for Graduate Medical Education reviews the application and may request clarifications.
- 3.4. The Assistant Dean for Graduate Medical Education then submits the application to GMEC and asks two members of the committee from a different department of the applicant to review the proposal.
- 3.5. The applicant will then be asked to present the proposal during a GMEC meeting. The proposal will be returned to the applicant in case of rejection or need for revision.
- 3.6. Following review and approval by GMEC, recommendation is sent to the Chairperson and the program director of the of the core specialty residency program, if applicable, and the Dean, and a notification is sent to the applicant.
- 3.7. The Dean makes the final decision regarding the approval of the new training program. The decision is then communicated to the Department Chairperson, Head of Division, the Core Specialty Program Director, and the applicant.
- 3.8. Funding of all new positions has to be secured by the applying program.

4. Procedure for Expansion of Existing Program



- 4.1. The program director should provide a rationale for the expansion of the programs. This should include:
 - 4.1.1. Any new educational opportunities (for example new affiliations, increase in the number of faculty members...)
 - 4.1.2. Any new accreditation requirements
 - 4.1.3. Any changes in duty hours
- 4.2. The program director should provide clear evidence that the expansion will not dilute the educational experience of the current residents/fellows.
- 4.3. The program should provide a clear plan to secure additional resources for funding (including funding of facilities and stipend) prior to submission of application to the

Office of Graduate Medical Education for the duration of the training of the Resident(s)/Fellow(s).

- 4.4. Proposal should be submitted at least 9 months prior to the expected expansion of the program (usually June).
- 4.5. The Assistant Dean for Graduate Medical Education reviews the application and may request clarification.
- 4.6. The applicant will then be asked to present the proposal during a GMEC meeting. The proposal will be returned to the applicant in case of rejection or need for revision.
- 4.7. Following review and approval by GMEC, recommendation is sent to the Chairperson, and the Dean, and a notification is sent to the applicant.
- 4.8. The Dean makes the final decision regarding the approval of the new training program. The decision is then returned to the Department Chairperson, Head of Division (if applicable), and the Program Director.

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5. Signatures

Reviewed and Approved by	Name	Signature	Date
Assistant Dean for Graduate Medical Education (GME) & Chair of Graduate Medical Education Committee (GMEC)	Salah Zeineldine, MD		05.02.2024
Executive Associate Dean for Medical Education	Kamal Badr, MD		05.02.2024

**American University of Beirut
Residency & Fellowship Program Application**

Program Information	
Program: _____	Program Director: _____
Department: _____	Division: _____

Application Type	
<input type="checkbox"/> Application for New Residency/Fellowship Program. If selected, please specify the Program Name: _____	<input type="checkbox"/> Expansion of Existing Residency/Fellowship Program. If selected, please specify below if expansion is: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent

I. Rationale

Provide a succinct rationale for the expansion or opening of new program, including the primary reason(s) for the expansion/change/new program such as unique educational opportunities, increased workload, new accreditation requirements, duty hours compliance, etc. If the request is for the expansion of a current program, please indicate if the request is for a temporary or permanent expansion/change.

II. FTE Allocations & Funding Mechanisms

1. Please provide your program's current allocation. Then, indicate the proposed FTE allocations by medical center/department and resident/fellow level. If the expansion/change/new program will occur over multiple years, please provide the proposed allocation for each academic year until fully implemented.

Please also attach a proposed block diagram of resident/fellow rotation schedules for the entire program, including the proposed expansion/change/ new program.

Current Allocation (as indicated in the yearly resident complement letter)

Level \ Fund	PGY 1	PGY 2	PGY 3	PGY 4	PGY 5	PGY 6	PGY 7	Total
A.U.B.								
Department								
Other								
Total								

Proposed Allocation

Level \ Fund	PGY 1	PGY 2	PGY 3	PGY 4	PGY 5	PGY 6	PGY 7	Total
A.U.B.								
Department								
Other								
Total								

2. How will the position(s) be funded? For fellowship expansion requests, If there is a research component, please indicate for what year(s) and who will fund this portion of the training.

3. If AUB funding is requested, how will the costs be offset by gains (financial and otherwise) to the institution?

III. Service Responsibilities & Educational Resource Requirements

1. If this request is related to clinical service demands, how has patient load changed over the last three years? Please provide data on three key departmental and/or hospital measures of workload (i.e., inpatient admissions, procedures, outpatient visits) for the last three years. ACGME-I accredited programs must provide the residents' case log from the ADS.

2. Has the number of departmental faculty increased over the last three years? Please provide faculty FTE (Full Time Equivalent) number for each year.

3. Will the program require additional faculty supervision or faculty participation in additional teaching exercises? How will this be accomplished? If an expansion of faculty is required, please outline the department's recruitment timeline.

4. What impact will this expansion/new program have on residents/fellows already in training? What measures are in place to prevent dilution of the educational experience for current residents/fellows?

5. Have there been any program changes in the Department's or program's resident/fellow complement, in closely associated fellowships, or other clinical trainees in the last three years? If yes, please explain.

6. Will additional space and/or facilities (e.g., educational space, hospital beds, lab space, clinic space, call rooms or other support space for residents/fellows) will be required to accommodate this expansion/new program? If so, what is the anticipated cost and how will it be funded?

7. What alternatives (i.e., hiring additional faculty and/or allied healthcare providers) are available to the department to meet workload demands if the resident/fellow positions are not increased/created? If the request is for the expansion of a current program, please indicate why is training expansion preferable to these alternatives?

IV. Regional and National Workforce Needs

Please comment on the need for specialists in the program's field of training in Lebanon and the region?



Departmental Approval

Department Chair: _____
Name Signature Date

Core Specialty Residency Program Director: _____
Name Signature Date

Fellowship Program Director: _____
Name Signature Date

Division Head: _____
(If applicable) Name Signature Date