

**Corrective Actions against Implementation Plan of Doctor of Pharmacy Program (Pharm D)
Program Review for Effectiveness and Enhancement (PREE) of Pharm-D (DCOP)
By Quality Enhancement Cell- Dow University of Health Sciences**

S. No.	AT findings and recommendation	Intended corrective action	Implementation Date	Rectification/ Action Taken
1	1-1: The program's mission and objectives were aligned with institutional goals; however, they lack detailed linkage to the strategic plan	Develop a comprehensive mapping of program mission and objectives to the institutional strategic plan, ensuring clear, measurable connections and documented evidence.	30-09-25	Comprehensive mapping of program mission and objectives to the institutional strategic plan with their measurable connections is evident in annexure of strategic planning (Strategic plan document is attached).
2	1-2: Alumni, employer, and graduating student surveys statistics summary had not been reported.	Implement regular, systematic collection and analysis of feedback from alumni, employers, and graduating students, with results documented and integrated into program improvement plans	30-09-25	Alumni survey via Profarma 7, and employer survey by Profarma 8 conducted online and statistical evaluations been made and recorded through the QEC (Annexure of Profarma 7 and 8 is attached).
3	1-3: Assessment processes were discussed but lack detailed action plans with specific timelines.	Establish detailed assessment action plans including specific corrective steps, responsible bodies, and clear timelines for implementation and follow-up.	30-09-25	Detailed assessment action plans including responsible bodies, and clear timelines are followed through Academic calendar, shared and communicated to all responsible bodies prior to each semester (Academic calendar and Time table attached as Annexure).
4	1-4: No data available on dropout rates or student and administrative satisfaction research activities.	Initiate collection and monitoring of dropout rates and conduct periodic satisfaction surveys for students and administrative staff to identify areas for enhancement.	30-09-25	Dropout student data is mentioned in SAR document (Page# 23). The satisfaction and research activities data is collected through their feedback by established mentorship regularly (Annexure attached).
5	2-1: Curriculum was mapped to objectives but lacks review by external stakeholders.	Engage external stakeholders such as industry experts and alumni in curriculum review to ensure relevance and comprehensiveness.	30-09-25	The curriculum for the Pharm-D program is followed as prescribed by the Pharmacy Council of Pakistan (Curriculum attached as Annexure). Any change in the curriculum is first discussed in the Curriculum Review Committee, then approved by the Board of Studies (BOS) and the Board of Faculty (BOF), and finally passed through the Academic Council. Both the BOS and BOF include

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6	Compliance requirements were met, but design components are not clearly described.	Provide detailed documentation of curriculum design components to demonstrate adherence to compliance and educational standards.	30-09-25	The curriculum for the Pharm-D program is followed as prescribed by the Pharmacy Council of Pakistan. Any change in the curriculum is first discussed in the Curriculum Review Committee, then approved by the Board of Studies and the Board of Faculty, and finally passed through the Academic Council. The curriculum is attached as Annexure
7	2-6: Basic IT courses were included but their integration across the curriculum was not elaborated.	Develop and document a strategy for integrated IT skills development throughout the curriculum to enhance student competency	30-09-25	IT skills are used by the students in their routine class activities like assignment and presentations preparation, as well as in special circumstances involving research methodologies, statistical analysis via statistics softwares and depicting expected results (Page# 42).
8	2-7: Communication skills courses were listed, but their application across different academic levels was not shown.	Create a scaffolded communication skills framework illustrating progressive development and application at each academic level.	30-09-25	Students employ communication skills during clinical ward rounds, where they interact with patients and other healthcare providers (Page# 42).
9	3-2: Laboratory technical staff were available, but adequacy was not benchmarked	Conduct benchmarking studies to assess laboratory technical staff adequacy against recognized standards and adjust staffing as needed.	30-09-25	Lab and technical staff are adequately competent. They are adequately trained to perform their lab task as per their job description
10	3-3: Computing facilities were described generally without benchmarking or access/usage data.	Collect and report usage statistics and benchmark computing resources against similar Institutions to identify gaps.	30-09-25	We benchmark ourselves for computer labs, as no other university has a designated computer lab for pharmacy.
11	4-2: Digital tools used in teaching were described, but their effectiveness was not assessed.	Implement evaluation mechanisms to measure the impact and effectiveness of digital tools on learning outcomes.	30-09-25	An evaluation mechanism is already in place to assess students' use of digital learning tools through the course Computer Applications in Pharmacy. Students apply these skills in their practicals and class assignments.

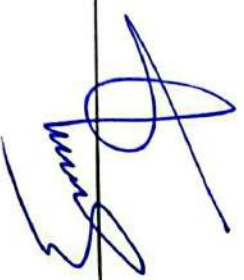
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12	4-3: An informal counseling system exists, but no professional counseling services were available.	Establish a documented, professional student counseling system to address academic and personal development needs.	30-09-25	An application has been submitted to the HR Department for the hiring of a professional to provide a structured student counseling system. However, students are already being counseled on a regular basis through the mentoring system (Page#50).
13	5-2: Recruitment was centralized; however, the retention policy was not elaborated.	Develop and document a comprehensive faculty and staff retention policy with clear strategies and monitoring.	30-09-25	N/A
14	5-5: Completion is ensured through the exam process; however, no audit mechanism was in place.	Establish an audit system to review and verify the integrity and fairness of the exam and completion processes.	30-09-25	The Examination Department is responsible for ensuring the integrity and fairness of the examination and completion processes
15	6-1: Scholarly activities and research were evident, but professional development efforts were vague.	Formalize a professional development program with clear goals, activities, and tracking of faculty participation and outcomes.	30-09-25	Faculty for professional development program is nominated as per announcement
16	7-1: LMS and multimedia tools were available, but usage data was not shared.	Track, analyze, and report LMS and multimedia usage data to optimize resource utilization and support.	30-09-25	LMS and multimedia tools are available in Buildings B and C, and their maintenance is carried out on an annual basis (Pictures attached).
17	7-2: Library facilities exist, but there was no listing of pharmacy-specific journals and databases.	Expand library resources by subscribing to and listing pharmacy-specific journals and databases relevant to the program.	30-09-25	Library journal list attached as annexure
18	8-1: Adequate financial and administrative support is mentioned, but plans for future expansion were unclear.	Develop a strategic plan outlining financial and administrative provisions for future program growth and expansion.	30-09-25	Future goals include postgraduate diplomas and specialized courses. Their financial plan will be communicated to the Finance

Dated 17. Oct - 2025.

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