**PROGRAM REVIEW REPORT**

**Bachelor of Pharmacy Honours Degree**

**Faculty of Allied Health Sciences**

**University of Jaffna**

**6th to 9th January 2020**



Review Panel:    Prof. CharmalieAnuradhie Done Nahallage

Prof. RuwanDumindaJayasinghe

Dr.KalaivaniVivehananthan

**Quality Assurance Council**

**University Grants Commission, Sri Lanka**

University: University of Jaffna

Faculty: Faculty of Medicine

Program: Bachelor of Pharmacy

Review Panel:

| Name | Signature |
|------|-----------|
| Prof. Charmalie A.D. Nahallage | *Charmalie Nahallage* |
| Prof. R. D. Jayasinghe | |
| Dr. K Vivehananthan | |
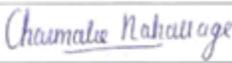
Date: 9 / 01 / 2020

# Contents

# Section 1. Introduction to Programme

## 1.1 University of Jaffna

The University of Jaffna (UoJ), established in 1974 as the sixth campus of the University of Sri Lanka, is a state university located in the city of Jaffna. It became an independent, autonomous university in 1979. At present the university consists of 13 faculties, located in Jaffna, Kilinochchi and Vavuniya.

The student population of the university is more than nine thousand. This includes about 7500 internalundergraduate students, 550 postgraduate students and 1200 external degree students. The university has 510 academic and 690 non-academic staff members.

## 1.2 Faculty of Allied Health Sciences (FAHS)

The FAHS, University of Jaffna, offers three degree programmes: B Pharm (Hons), BSc (Hons) in Medical Laboratory Sciences and BSc (Hons) in Nursing. At the initial stages all the degree programs related to Allied Health Sciences (AHS) were coordinated under the Faculty of Medicine (FoM). The AHS degree programmes were launched by FoM in 2006 and the first batch of students were recruited for the academic year 2005/2006. Later these degree programmes were brought under a unit, namely the Unit of Allied Health Sciences (UAHS) which was approved by the University GrantsCommission (UGC) in September 2011 and this unit was directly governed by the FoM of the UoJ until the establishment of the FAHS in 2019.

The newly established FAHS is located within the University premises at Thirunelvely, 3km away from Jaffna town. The main teaching facility is provided at the faculty,while clinical training takes place in the Teaching Hospital Jaffna (THJ) and Base Hospital Thellipalai.

## 1.3 Department of Pharmacy (DoP)

The Department of Pharmacy was established as a new Department with the inception of the new FAHS in December 2019. The course coordinator of the Pharmacy Degree under the UAHS became the Head of the Pharmacy Department.

## 1.4 Bachelor of Pharmacy Honours Degree

The BPharm (Hons) degree programme has been designed to generate highly competent and skilled professionals in the field of Pharmacy. The BPharm degree programme is conducted over 8 semesters for 4 years, and the total credits for the programme is 131. The initial curriculum was approved in 2006 and the curriculum was revised several times with the participation of stakeholders. Further, the BPharm degree programme was accredited by Ceylon Medical College Council (CMCC) in 2012, which enabled graduates to register as pharmacistswith the Sri Lanka Medical Council (SLMC), and thus entitled them to practice aspharmacists in Sri Lanka.

**1.5 Academic, Academic Support and Non–Academic Staff**

DoP currently has six academic staff members consisting of two Senior Lecturers (Grade II) and four Lecturers (probationary). DoP has one PhD holder and another one is currently reading for a PhD. Further, DoP has three academic support staff(demonstrators), as well as two Technical Officers, one Pharmacist, one Management Assistant, one Lab Attendant and one Works Aide. In addition, faculty members from different Departments of the Faculty of Medicine, UoJ and staff of Teaching Hospital Jaffna have been contributing significantly for the degree programme in terms of conducting lectures and practical classes.

**1.6 Student Enrolment**

The department admits students directly through UGC.At present there are 164 students in the programme. The breakdown of enrolled students and existing students in different years are as follows.

Table 1.1: Details of student enrolment according to batches

| Batch | Academic Year | No. of Students admitted | No. of students currently registered |
|---|---|---|---|
| 13 | 2017/2018 | 57 | 48 |
| 12 | 2016/2017 | 62 | 57 |
| 11 | 2015/2016 | 31 | 22 |
| 10 | 2014/2015 | 62 | 22 |
| 9 | 2013/2014 | 23 | 15 |

To date, 53 students have been graduated, representing 8 batches. The details of students graduated from B Pharm degree programme over the past five years are as follows.

Table 1.2. Details of graduated students over the past five years

| Batch | Academic Year | No. of Students Enrolled | No. of Students graduated |
|---|---|---|---|
| 8 | 2012/2013 | 14 | 12 |
| 7 | 2011/2012 | 15 | 15 |

| 6 | 2010/2011 | 10 | 10 |
|---|-----------|----|----|
| 5 | 2009/2010 | 3 | 3 |
| 4 | 2008/2009 | 5 | 5 |

## 1.7 Infrastructure and facilities available for student support

DoP shares common learning resources of the University and FoM such as the library, laboratories, computer laboratories, auditorium, study areas and lecture halls.

In addition, the Department and the Faculty maintain a website which provides all updated information regarding the Faculty and the Pharmacy degree programme. The IQAC has been established, and functions under the guidance of IQAU/Director/UoJ. However, the department infrastructure facilities are inadequate for staff and student support. The seating arrangements of all the staff members together in one room at the department are quite unsatisfactory. Further, the department did not have PhD holders apart from one staff member who just completed the PhD during the review process. The study programme is mostly delivered by young active staff members in the department who have not yet obtained their PhDs. The department needs more collaborative partnerships with hospitals and other community setups to provide the required education based on the needs of the programme.

## 1.8 Response to previous Programme / SubjectReviews

This is the first time that the DoP or the BPharm programme has undergone external review by the UGC.

## Section 2. Observations on the Self-Evaluation Report

The review team noted that the Self-Evaluation Report (SER) prepared for review of the Bachelor of Pharmacy degree programme was satisfactory. The SER was written by two senior lecturers and two probationary lecturers (Page 61 of SER) due to lack of senior staff members in the department. The involvement of other relevant parties in SER writing and monitoring was found to be minimal. The quality of the SER could have been improved further if more experienced members were there to handle the main responsibilities.

The team observed that the programme reflects the mission, goals and objectives set out in the Corporate Plan of the university. The graduate profile was adequately presented in the SER. Furthermore, the SWOT analysis included in the SER is comprehensive and covers most of the important aspects directly and indirectly related to degree programme. The SER demonstrates the degree of internalization of best practices by the Department/Faculty/University and the level of achievement of Standards set out under eight Criteria prescribed in the PR Manual.

Documentary and other evidence made available to substantiate the claims made in the SER were not up to the required standard. For some of the standards, the provided evidence was not related to the prescribed standard (e.g. 3.24) or the required evidence was not provided (e.g. 5.19) and marks were not claimed for some standards (e.g. 6.24). Some errors were also noticed, e.g.,claims have been mentioned as Standards. Each criterion was summarized at the end of each criterion as required by the PR manual. The last section is the summary of the SER and the annexures were attached at the end of the SER.

## Section 3. Description of the Review Process

**3.1 Review Panel**

The Review panel appointed by the UGC consisted of Prof CharmalieNahallage, University of Sri Jayewardenepura (Chairperson) Prof RuwanJayasinghe (University of Peradeniya) and Dr.KalaivaniVivehananthan(Open University of Sri Lanka).

**3.2 Pre site visit evaluation**

The QAC of the UGC organized a training workshop for all program evaluators at the UGC on 4th July 2019. The SER prepared by the DoP was handed over to the individual members of the team by the QAC on the same day. Individual members of the team marked them independently and sent them to the QAC. The team met on 2nd August 2019 for the pre-site visit workshop and discussed the desk evaluation reports of each member and came into an agreement and formulated a common grading.

**3.3 Site Visit**

The site visit was conducted from 6th to 9th January 2020 (see Annexure I for site visit schedule). Even though the degree program was under the FoM at the time of submission of the SER, the UAHS had received Faculty status in December 2019.

Day One

The team met the Director, IQAU, UoJ at FoM and discussed the quality assurance mechanisms placed in the university and guidance and support given to the Faculty. IQACs were established in faculties as well as in other degrees awarding units, including UAHS. There is an established network between IQACs & IQAU. IQAU conducts regular meetings on every second Thursday. The main issue faced by the IQAU is the limited support staff.

The team met the Dean and Heads of Departments at 9.45am. The Dean explained the history of the Faculty and the study programme till the establishment of the FAHS. There was a gradual increase in student numbers and currently 164 students are reading for the Pharmacy Degree. An assistant registrar (AR) was appointed only in 2014. Approval delay is a major problem faced by the Faculty. Duty lists for the staff were not given at the time of appointment, but only given later. Another major issue faced by the Faculty is the lack of cadres, for both academic and non-academic staff, and the fact that approved cadres have remained unfilled for a long period. There is a cordial relationship with the affiliated teaching hospitals, but there is no involvement of private sector in the training program. Both human and physical resources are not adequate to conduct an effective degree programme. Pharmacy degree program has received lot of support from the FoM.

This meeting was followed by a meeting with all academic staff members, excluding the heads of the departments. Key points raised and discussed at this meeting are as follows:

- Serious shortage of human resources as well as inadequate infrastructure facilities and equipment

- Inadequate allocation of money for research, limited fund allocation for publications and some allocation for overseas travels

- Training opportunities for young staff members were given on time, however no staff appraisal system in operation

- Promotion for staff members. There is no delay in getting the promotion of Senior Lecturer grade II and I, but there is a delay in Professor promotions,mainly due to the difficulty in getting the members for the selection committees and panels specially from Colombo.

- Prolonged time taken to fill the non-academic staff vacancies

The review team had a meeting with the temporary academic staff as well. They are involved in teaching by conducting lectures and practical classes but not in examinations and administration work. They have received some training in teaching but not in research. They need more training opportunities to improve their skills.

A discussion was held with the administrative staff of the faculty. Examinations are handled by the AR in the faculty. They only keep the hard copies of the personal files of the students and of staff. They experience many administrative difficulties due to the distance from the main campus and specially UGC and Ministry in Colombo where many activities are taken place. It was suggested to use electronic media for meetings such as e -conferring. SAR/ student welfare highlighted the issues faced by students due to inadequate number of student hostels. As the financial matters are handled by the Bursar's office in the main campus, it causes delays at times. A performance appraisal system is not in place for them, and they do not have a formal/ proper induction program. They suggested to have proper professional development programs and to increase cadres. As the circulars pertaining to academic promotions are changed frequently, they face many administrative difficulties.

The team had a meeting with directors of centres. The Staff Development Centre (SDC) mainly conducts induction programs for newly recruited academic staff. They also conduct training program on soft skills development and curriculum development etc. There is a well-established student welfare system called as Wellbeing Centre, which provides a 24 h service. In addition to the main centre, each Faculty, including the FAHS, has its own Wellbeing Centre. There are trained student counsellors as well as clinical counsellors/coordinators. There is a

student representation in the management committee. Faculty is maintaining a gender balance.

The Career Guidance Unit(CGU) has no proper financial allocation and it depends on external income sources. They do not conduct career guidance programmes for FAHS students There are no formal arrangements / agreements with other state/non-state organization in CGU activities.

The Physical Education unit provide sports facilities for students. There is a mechanism to identify students who excel in different sports activities and encourage them to continue with it. They have enough facilities except a swimming pool and a tennis court. Financial allocations are not adequate. In order to recognize high achievers in sports, they organize a Colours awarding ceremony annually. There is a sports science unit. A degree program in sports sciences is under consideration and yet to be approved from UGC.

The Review Team also met with student counsellors. They are in the process of dividing into a proctor system and welfare system where the student counsellors will only handle the welfare/ counselling activities.Student counsellors were trained on their duties and responsibilities. Many initiatives have been taken to minimize ragging in the faculty. It is incorporated into the orientation program and there is a 1h lecture on regulations. Anti-ragging banners and posters have been displayed and many preventive actions has been taken. There are 3 marshals to handle the discipline issues, but they do not have a female marshal.

The Team visited different places to see the available facilities and practices. In the AR office, the student data and examination results are under safe custody of relevant staff members, but they do not have an MIS system. Only hard copies were kept in a confidential room. Not enough staff members are available to handle the administrative activities. The Department office is in one part of the building and all staff members, both academic and non-academic are sharing it. There is a serious space issue with many inadequate facilities. Even the HoD does not have a separate room. Department has one permanent and two temporary lecture halls with minimal facilities. The shared lab has adequate space but there are no safety manual/measures, first aid facilities and no proper waste disposal mechanism. The storage room has minimal safety measures, and no proper inventory.

Day Two

The Team observed two lectures. The lectures started on time and lecturer was well prepared. It was conducted only in English. The Medical Centre was overcrowded and without proper privacy. It is managed by retired medical officers with the support of a RMO. They provide services to the students as well as for the staff.

The review team visited the library, located within the premises of the Faculty of Medicine, and observed the facilities available and had a discussion with the Senior Assistant Librarian. There

is no clear policy in library allocations. They haveconducted a few workshops on demand. They use a CR book to collect details of usage and has not conducted a needs analysis survey. There is an online catalogue system. The E–library has only a few titles and is not organized properly. There are no proper discussion/learning rooms. Around100 students can sit and study at a time.

The team had a meeting with technical officers. They are involved in demonstrations. Except for one, others have not received any training in teaching/demonstrations, but they have received training in lab safety. No laboratory safety manuals are available. Their awareness on procedures is minimal. Some of them have very good qualifications. There is no policy, guideline or document on laboratory waste management and there is no committee to monitor it. They receive their promotions on time. They need more training programs and the facilities/human resources are not adequate to manage large number of students.

Day Three

The team had a lengthy discussion with the students. According to them, they lack training in clinical pharmacy. Practical classes are minimal and industrial training is also inadequate. They have a serious issue with the timetables. There are few lectures before mid-vacation and more after the mid vacation. Semester timetables were not provided but only weekly timetables. Sometimes, the semester goes well beyond the allocated time and the timetable is changed frequently. According to them, some practical classes are not relevant and repeated. Feedback is taken from them, but their comments/ concerns were not considered. Poor coordination between the Department and the Medical Faculty results in lecture cancellations. They do not have enough and proper washrooms facility at the faculty building, nor do they have study halls. The in-course assessment marks were not released on time. Releasing marks of the end-of-course examinations also takes a long time. They do not get adequate time prior to exams. Exam schedule is complicated and sometimes get postponed causing severe hardships for the students. There is no proper dialogue between students and staff. No proper guidelines were given for the research proposal/thesis and there is no time allocation to conduct the research. Date of submission of thesis is not fixed in advance, which causes delays in releasing results. They do have student's research symposium but there is no proper communication to students. Only few AHS students have presented in the undergraduate research symposium. They have only heard about LMS and had not used it. The number of lectures and facilities are not enough, and the library does not have enough books. The students suggested having industry pharmacy visits and industrial training/ internship.

The team had a meeting with the members of the research committee. They handle faculty research grants & research allowance whereas university research grants are handled by the universityresearch committee. They have organized several workshops. Some research activates are handled by some permanent Research Assistants in departments.

Team had a meeting with non-academic staff. They have received their list of duties from the head of department but for some it was given by non-academic establishments. They are in the view that proper planning will help in improving some of the administrative issues. They do not get much training opportunities.

A discussion took place with stakeholders represented by a few alumni, officials of the Pharmacy Owners Association, as well as officials of the pharmacists' union. They suggest having internship/industrial training in pharmacies in addition to hospitals, as the students are only familiar with the generic names and not the brand names of drugs, which makes it difficult for them to find jobs in pharmacies. Recently passed out alumni highlighted the fact that they have not received a degree certificate/provisional certificate to get SLMC registration and no guidance in this regard was given. There was no career guidance support by CGU. Communication between the department and external stakeholders needs to be improved. They pointed out the need to initiate an alumni association.

Day Four

Team had a meeting with English Language Teaching Department staff. There is one ELTD for the university, with 21 permanent academic staff and visiting staff. A placement test is conducted prior to commencement of the English course. No additional classes were conducted for needy students nor were they requested by the faculty. Staff of the ELTD visit each faculty for classes and the English syllabus differs from faculty to faculty. They offer some courses/programs for staff and students only on request from time to time. They suggested having semester timetables instead of weekly timetables to plan their classes effectively.


Team observed documents from Day 01 to Day 04.

The final debriefing was held on 9th January at 12:00 noon with the presence of Acting Dean, IQAU director and Department of Pharmacy Staff.

## Section 4. Faculty's approach to quality and standards

The IQAU, presently re-named as Centre for Quality Assurance (CQA), was established in the University of Jaffna in 2015. The Quality Assurance Framework and By Laws developed by IQAU obtained approval from University Senate and Council. The IQAC of the UHAS was established on 22$^{nd}$February 2018. Since its inception IQAC/UAHS is mainly involved in preparing SER for programme review.

The IQAC/UAHS in its initial stage of establishment has a small room for keeping the records. IQAC functions in line with the guidelines of IQAU, however, it has to be more streamlined with regular meetings and maintaining records related to the IQAC activities conducted by the faculty. The Department of Pharmacy (DoP) has adopted SLQF and has incorporated OBE and SCL into their study programme. However, the staff need more training on OBE and SCL to deliver a quality study programme. The faculty has a severe shortage of lecture halls, laboratories and staff rooms. DoP shares laboratories and lecture halls with the medical faculty (Dept. of Pharmacology) to conduct lectures and practical classes for the undergraduates.

All necessary documents in DoPis maintained to satisfy the standards and criteria of the Programme Review manual of QAC (2015). The faculty keep records of its procedures in somewhat satisfactory level. However, maintenance of all records continuously and consistently was not seen during the review. Most of the evidence provided were recent and not properly documented. The Faculty needs to obtain student feedback through regular distribution of student satisfaction forms. The analysed outcomes should be incorporated in the curriculum to improve the quality of the study programmes. These processes should be continued at the Department level.

The curriculum is enriched by incorporating core courses that are sequenced over eight semesters which facilitate interdisciplinary, and multidisciplinary practices. However, no optional courses were afforded for the students to choose. Further, the study programme contains an 'industrial' training and an undergraduate research project as part of teaching and learning strategy and encourages students to disseminate the findings. Curriculum promotes creative and critical thinking, independent and lifelong learning, team working, and interpersonal and communication skills. Further, it is enriched with strategies such as experiential and reflective learning, collaborative learning, and self-learning. The assessment methods should be more streamlined and external examiners reports have to be considered at the examination boards. Eventually, all these will enrich the quality of Bachelor of Pharmacy degree program.

# Section 5. Judgment on each of the Eight Criteria

## 5.1 Programme Management

**Strengths:**

1. The Faculty has well-developed academic mentoring, student counselling and welfare mechanisms.
2. The Faculty has provided facilities for its students to access to health care services, cultural and aesthetic activities, recreational and sports facilities.
3. The Faculty provides a well-developed student handbook to all incoming students, which provides academic as well as general information such as course specifications, exam and disciplinary by-laws.
4. The faculty/department has an up to date website.
5. Institute/Faculty has a well-established IQAU and recently established IQAC

**Weaknesses:**

1. Policies related to gender equity & equality and students with special needs are not yet prepared.
2. Minutes of the sub committees were not relevant, mainly UGC documents wereprovided. ToR of welfare committee was prepared on 2$^{nd}$Jan 2020. No records of regular meetings.
3. No mechanism for staff performance appraisal system.
4. MIS not in operation.
5. Evidence of student participation in meetings was lacking.
6. Documents provided to standard 1.3 were not relevant i.e. staff leave. Similar in standards 1.11 and 1.18. In some other standards the documents provided were very recent.
7. Non-academic duty list is new and not in proper order.
8. Except in one instance, student feedback forms were not analysed and there was no evidence of using the analysed data.
9. The evidence of OBE is lacking.
10. No MoUs signed and no long-term research collaborations with other national or international institutions.
11. Evidence for past activities and measures related to GEE and SBGV were not present.

## 5.2 Human and Physical Resources

**Strengths:**

1. The new academic staff undergo an induction programme offered by the SDC as soon as they are recruited.
2. A well-experiencedHead of Dept and young and energetic staff.
3. Students have access to a well- resourced library facilities.

**Weaknesses:**

1. Shortage of lecture halls, laboratories, and rooms for academic and non-academic staff members.
2. Shortage of non-academic staff members, no AB for the faculty and not enough CAAs.
3. The staff number and their qualifications are not adequate to run the programme smoothly.
4. No evidence of HRD policy.
5. The CGU is not conducting any programs for the students of AHS Programme.
6. The academic staff was not given adequate training on OBE and SCL.
7. Adequate evidence was not provided for regular training for academic support and non-academic staff members.

## 5.3 Programme Design and Development

**Strengths:**

1. Faculty/Department adopts a participatory approach at key stages of programme planning, design and development and review through a curriculum development committee.
2. The programme conforms to the mission, goals and objectives of the Faculty and national needs.
3. The programme was designed and developed to include ILOs; teaching, learning and assessment processes to achieve ILOs and aligned with SLQF.
4. The programme has a well-developed graduate profile and the ILOs of study programmes are realistic, deliverable, and feasible to achieve.
5. Institute/Faculty provides a comprehensive faculty prospectus with accurate and up to date information

**Weaknesses:**

1. The policy document for curriculum development was not properly formulated.
2. Evidence to support obtaining the views of external stakeholders are lacking; only subject experts have been consulted.

3. No evidence of incorporating employer feedback on programme designing.
4. The programme does not offer optional courses for students to choose.
5. No adequate evidence was provided for periodical monitoring and evaluation of programme by Faculty IQAC.
6. No evidence provided for the utilization of outcomes of the programme monitoring and review results during curriculum designing and development.
7. No fallback options at present.
8. Admission rates to advanced degree programmes and scholarship/fellowship awards are not identified and properly recorded at present.
9. No evidence of the provision of students with disabilities when programme designing and not claimed properly.

## 5.4 Course / Module Design and Development

**Strengths:**
1. Internal and external subject experts were involved in course design and development stage.
2. Courses are in compliance with SLQF credit definition and designed to reflect latest developments and practices in the field of Pharmacy. Course ILOs have been mapped against Programme ILOs.
3. Course design specifies the credit value, the workload as per SLQF, has different types of learning such as direct contact hours, self-learning time, assignments, assessments, laboratory studies, field studies, clinical work, industrial training etc.
4. Incorporation of student-centered teaching strategies in course design and development.

**Weaknesses:**
1. Evidence for using University approved standard formats/templates/ guidelines for course/module design and development was not provided.
2. Evidence was not available for Faculty taking into account the needs of differently abled students when designing courses.
3. Analyzed feedback reports from students, teaching staff, examiners and designers and using the data for further improvement of the course is lacking.
4. Only very recent evidence is available for staff training on course design and development.
5. Evidence of communication of the criteria against which the course proposals /specifications are assessed in the course approval process to staff members are not available.

## 5.5 Teaching and Learning

**Strengths:**
1. Teaching and learning strategies are based on the Faculty's mission, and curriculum requirements.
2. The lecturers incorporate current and updated information into teaching.
3. Course ILOs, teaching learning strategies and assessment strategies are closely aligned with each other (constructive alignment).
4. Teachers engage students in self-directed learning, and collaborative learning.
5. Teachers adopt both teacher-directed and student-centered learning methodologies.

**Weaknesses:**
1. Only weekly timetables were provided to the students
2. Usage of LMS is very minimal in lectures.
3. Information on students' publications and awards are minimum.
4. No proper mechanism to obtain regular feedback on the effectiveness and quality of teaching from students, and peers to implement the outcomes obtained
5. Assessment of student learning through course evaluation and external evaluation reports were not obtained properly; nor was the information used to improve teaching-learning.
6. Evidence was not adequately provided for the workload of staff and staff evaluation based on their workload.
7. No sufficient human resources and equipment for teaching and practical classes.
8. No mechanisms to identify and reward teachers excel in teaching.

## 5.6 Learning Environment, Student Support and Progression

**Strengths:**
1. The Faculty offers an orientation programme to all incoming students regarding the rules and regulations of the institution, and academic matters.
2. Good library with adequate facilities
3. Co-curricular activities and aesthetic programmes conform to the mission of the Faculty and contribute to enhance the social and cultural dimensions of the students.
4. Student-friendly administrative, academic and technical support system.
5. Guiding the students to comply with the Code of Conduct.
6. Learning experience is enhanced through internships and field visits.
7. No direct or indirect sex discrimination/harassment.
8. Students' complaints and grievances are promptly addressed.

**Weaknesses:**

1. No relevant documentation on administrative structure showing job description, student satisfaction survey documents
2. Documentary evidence of monitoring/ evaluation of student support services and use the information as a basis for improvement is lacking
3. Evidence is lacking forongoing training for students and staff of common learning resources such as library, ICT, and language laboratories.
4. No mechanism to regularly and systematically gather information from student satisfaction surveys on academic and support services and to implement the outcomes.
5. No fall-back option for the students
6. No MoUs were signed with external parties. Feedback information was not obtained from students and external stakeholders on learning experience through opportunities such as industrial placement/ internships/ work-based placements.
7. No alumni association
8. CGU not conducting programmes for AHS for career guidance related activities.
9. No prompt and constructive feedback about students' performance.
10. Faculty does not have appropriate infrastructure, delivery strategies, academic support services and guidance to meet the needs of differently abled students.

## 5.7 Student Assessment and Awards

**Strengths:**

1. There is a clear relation between assessment tasks and the programme outcomes.
2. The transcript accurately reflects the stages of progression and student attainments.
3. The awarded degree complies with the guidelines, credit requirements and competency levels detailed in SLQF.
4. Assessment strategy is aligned to specified qualification/level descriptors of the SLQF and SBS and requirements of professional bodies.
5. Assessment strategy of student learning is considered as an integral part of programme design.
6. Faculty/Department ensures the weightage relating to different components of assessments.
7. Students are assessed using published criteria, regulations, and procedures and are communicated to students at the time of enrolment.

**Weaknesses:**

1. Periodical reviews and amendments on assessment strategies and regulations are lacking.

2. Examination results are not communicated to students within the stipulated time. Takes more than four months to release results.
3. Second markers reports were not available.
4. Documentation of appropriate arrangements regarding examination requirements for students with disabilities were lacking.
5. No policy on assessment strategies.
6. Policy document on appointment of examiners not provided.
7. Evidence of the consideration of external examiners reports by the examination board in finalizing the results are lacking.
8. The examination proceduresmanual in use is old (1986); the new Manual is under discussion and not yet approved.


## 5.8 Innovative and Healthy Practices

**Strengths:**
1. The study programme contains an undergraduate research project and short-term internship programs as a part of the teaching and learning strategy and encourages students to disseminate the findings.
2. A wide variety of co-curricular activities, such as social, cultural and aesthetic pursuits, community and industry-related activities are available for students and staff.
3. Reward system to encourage academics for achieving excellence in research activities.
4. Faculty has initiated ICT- based platform (i.e. LMS) to facilitate multi- mode teaching delivery and learning.


**Weaknesses:**
1. The LMS is not fully functioning at the Department, and only a couple of lecturers are using it.
2. No adequate documents to support the staff and student's usage of OBE to supplement teaching and learning.
3. Document reflecting Faculty policy and strategy on R&D not provided.
4. No documentations provided on faculty members engagement in innovative and research related work with the relevant industries.
5. The faculty/department has not established collaborations with various international, national, governmental and non-governmental agencies and industries to expose the students to the 'world of work' and to promote staff and student exchange (i.e. MoUs).
6. The department is not engaged in income-generating activities.
7. No credit-transfer policy in conformity with institutional policies.

8. The Faculty has no fallback option for the students who do not complete the programme successfully, to exit at a lower level with a diploma or certificate. No file with evidence was prepared for this standard.

## Section 6. Grading of Overall Performance

| No | Criterion | Raw Criterion Wise Score | Weighted Minimum score | Actual Criterion Wise Score |
|---|---|---|---|---|
| 1 | Programme Management | 54 | 75 | 100 |
| 2 | Human and Physical Resources | 27 | 50 | 75 |
| 3 | Programme Design and Development | 53 | 75 | 110 |
| 4 | Course/Module Design and Development | 44 | 75 | 116 |
| 5 | Teaching and Learning | 31 | 75 | 82 |
| 6 | Learning Environment, Student Support andProgression | 38 | 50 | 53 |
| 7 | Student Assessmentand Awards | 32 | 75 | 94 |
| 8 | Innovative and Healthy Practices | 13 | 25 | 15 |
| Total on a Thousand Scale | | | | 645 |
| % | | | | 64.5 |
| Grade | | | | C |

Overall performance of the Bachelor of Pharmacy degree programme was reviewed through eight criteria consisting of 156 standards. All Criteria, except Criterion 8 (Innovative and Healthy Practices) have gained more than the minimum weighted score required. The rounded total mark received for all eight criteria is 65%, resulting in a "C" Grade (Satisfactory). Accordingly, the programme meets the minimum level of accomplishment of quality expected of a programme of study; requires improvement in several aspects.

# Section 7. Commendations and Recommendations

## 7.1 Commendations

1. B Pharm honours degree curriculum has covered many important areas and complies with SLQF guidelines

2. The Department of Pharmacy has young and energetic academic staff and non-academic staff members as well.

3. FAHS has a close relationship with Faculty of Medicine.

4. The Faculty/Institute have a well-established student welfare centre and system.

5. The Institute/Faculty has established a good library with adequate facilities

6. The institute/Faculty has adequate sports facilities with modern infrastructure.

7. The Faculty and the Department have an informative up to date website.

## 7.2 Recommendations

1. The department should get the service of more external stake holders, in addition to subject experts, during curriculum development and design process.

2. It is recommended to carry out the surveys regularly and to incorporate the outcomes to improve the deficient areas.

3. Faculty/Department should recruit more academic and non-academic staff members and provide them with the necessary training regularly.

4. Institute/ Faculty should provide more infrastructure facilities such as lecture halls, labs, canteens, common rooms etc. Office space is not adequate and not suitable for the maintenance of privacy, concentration and confidentiality.

5. Institute/Faculty should prepare policy documents in all areas.

6. The Faculty/ Department should prepare timetables before the start of the semester and communicate to the students and other relevant parties. The timetable should have fair distribution of course units without accumulating more in one semester. Academic calendar should be followed strictly without any deviations.

7. The Faculty/Department should set the examinations in advance without having them during the vacation period. Further, results should be released on time.

8. It is recommended for the students to have permanent long term industrial trainings and internships. The department should initiate more dialog with alumni and

pharmacists working outside, their support must be taken to develop the programme as well as the department.

9. Faculty/Department should encourage the CGU to be more active in organizing career guidance related activities for FAHS undergraduate students.

10. Institute/Faculty should develop systems to appreciate/recognize staff and students especially in teaching and research areas.

11. The LMS should be developed and used appropriately in all the courses offered by the Faculty.

12. IQAC needs to take a leading role in developing and monitoring activities related to all programme. It must develop tools for course/programme monitoring and use the analysed data for improvements.

13. Laboratories need to be improved giving due attention to the safety, proper waste disposal methods and provision of lab guides.

14. The department should take necessary measures to update and maintain the documents properly, as most documents that were seen are without signatures or proper authorization and the dates are after the SER submission. It is important to maintain long term data records.

15. While appreciating the establishment of a mentor system, we recommend improving this further. The students need to be guided and monitored properly in all their academic activities.

# Section 8. Summary

DoP is one of the departments affiliated to the newly established FAHS. The FAHS currently offers three degree programmes in compliance with SLQF guidelines through three Departments namely the Department of Pharmacy, the Department of Nursing and the Department of Medical Laboratory Science.

The existing administrative structure of the Faculty enables the effective implementation of its core functions. SDC organize training for the newly recruited staff and on academic writing, soft skills and personality development. However, the Career Guidance Unit (CGU) does not cater for FAHS students and should be facilitated in future.

Faculty curricula were revised several times incorporating latest developments in every subject discipline. A participatory approach has been adopted in curriculum development and design with the consultation of subject experts. However, DoP has no formal MoUs signed with industry related partners to enhance their academic and research related practices. Some student-centred teaching and learning strategies are incorporated in each course module to encourage students' engagement and collaborative learning. Nonetheless, due to severe shortage of space and human resources, the Faculty is unable to provide a healthy teaching and learning environment for academic, non-academic staff as well as for students. Research component, dissertation, group assignments, field visits and project-based evaluations are incorporated into curriculum to support student's ability in applying knowledge in their future career. The students are provided with short term industry exposure through internships.However, the clinical training provided to the students and its mechanisms were found to be inadequate, and the Department should take actions to meet the standards required for pharmacy graduates. Furthermore, the Faculty/Department facilitates and organizes leisure, sports and cultural activities for the students and staff. The students have access to adequate health care services.

DoP lacks adequate senior academic staff members to conduct their academic programme. Currently one staff member has obtained a PhD and another is reading for PhD. Newly recruited staff is encouraged to follow an induction programme conducted by SDC. Allocation of work for staff is fair, transparent and equitable. Staff performance appraisal system must be implemented with a mechanism to evaluate and to reward high performers.

Relevant media and technology have been partially integrated into the course design, but only few lecturers use LMS. An appropriate research culture has to be developed within the Faculty/Department where staff members and students are encouraged to conduct research and disseminate their findings locally as well as globally.

An orientation programme is conducted for newly enrolled students with essential information on the Faculty history, introduction to departments, aims and objectives and contents of courses of the study programmes, examination by-laws, code of conduct, zero ragging policy etc. However,students' feedback was not obtained regarding the orientation programme. Mentors are allocated for students to guide and empower them, yet interactions are not continued throughout the study period.

Many policies need to be formulated. There is no policy on differently-abled students and necessary facilities need to be included in future. The Faculty/department do not have fallback option for the study programmes.

No regular mechanism implemented by IQAC/FAHS to monitor the programme regularly and use the outcomes to improve the standard of the study programme. The programme could be further improved and taken towards excellence by implementation of the recommendations made in the programme review.

## Annex 1. Schedule for site visit

**Day 1 – 6<sup>th</sup> January 2020**

| Time | Activity | Participants |
|---|---|---|
| **8.30 AM – 900 AM** | Meeting with the Vice Chancellor | Vice Chancellor/ Dean, Director – IQAU/ Coordinator – FQAC, Chair – SER Preparation |
| **9.00 AM – 9.30 AM** | Meeting with the Director - IQAU | Director – IQAU |
| **9.45 AM – 10.45 AM** | Presentation about the Faculty and respective study programs<br><br>***Working Tea*** | Dean FMS/ Director-IQAU/Coordinator FQAC/<br><br>All HODs of the Faculty/ Cluster Chair and SER Team/ Study program coordinators |
| **10:45 AM -11:45 AM** | Meeting with academic staff in permanent cadre (excluding HOD) | Teaching panel of respective programs (excluding HODs) Senate representatives |
| **11:45 AM -12:15 PM** | Meeting with temporary academic staff | Temporary Demonstrators, Tutors etc |
| **12:15 PM -1:00 PM** | Meeting with Administrative Staff | Registrar/Bursar/SARs/AB/SAB/Work Engineer/DR Examination |
| **1:00 PM -1:30 PM** | ***Lunch*** | |
| **1:30 PM -2:15 PM** | Meeting with Directors of Centres / Units / Cells | All Directors of Centres/ Units/ Cell Coordinators |
| **2:15PM-2:45PM** | Meeting with Student Counselors | Senior Student Counselors and student counselors |
| **2:45 PM -4:00 PM** | Observing, Physical Facilities<br><br>***Tea*** | Review Team/ Facilitators |

**Day 2 – 7<sup>th</sup> January 2020**

| Time | Activity | Participants |
|---|---|---|
| **8.30 AM – 900 AM** | Observing documentation | Review Team/ Facilitators |
| **9.30 AM – 10.30 AM** | Observing teaching sessions and facilities | Review Team |
| **10.30 AM – 11.00 AM** | Meeting with Librarian/Senior Assistant Librarians [Library Visit] | Librarian/Senior Assistant Librarian/ Library Staff |
| **11.00 AM -11:30 AM** | Meeting with Technical Officers | All Technical officers |
| **11:30 AM -12:30 AM** | Observing Documentation | Review Team |
| **12:30 PM -1:30 PM** | *Lunch* | |
| **1:30 PM -4:00 PM** | Observing Documentation<br><br>*Working Tea* | Review Team |
| **4.00 PM – 5.00 PM** | Open hour for any stakeholder to meet review panel | Review Team |

**Day 3 – 8<sup>th</sup> January 2020**

| Time | Activity | Participants |
|---|---|---|
| **8.30 AM – 9.30 AM** | Observing Documentation | Review Team |
| **9.30 AM – 10.30 AM** | Meeting with Students<br><br>*Working Tea* | Group of students (30) representative of gender, ethnicity, level of study programs |
| **10.30 AM – 11.30 AM** | Meeting on support for student welfare | Director/Physical Education, University Medical Officer |
| **11:30 PM -12:00 Noon** | Meeting on research activities | Chairman / Research committee, members of research committee |
| **12:00 PM -12:30 PM** | Meeting with a cross section of academic support staff and non-academic staff | Representative group of academic support staff and non-academic staff (10) |

| 12:30 PM -1:15 PM | *Lunch* | |
|---|---|---|
| 1:15 PM -2:15 PM | Meeting with external stakeholders and alumni members<br><br>***Working Tea*** | Group of external stakeholders (about 20 employers, industry, private sector, representatives with link to or involvement with the University) and Alumni |
| 2:15 PM -4:00 PM | Observing Documentation | Review Team |
| 4.00 PM – 5.00 PM | Open hour for any stakeholder to meet Review Team | Review Team |

**Day 4 – 9<sup>th</sup> January 2020**

| Time | Activity | Participants |
|---|---|---|
| 8.30 AM – 900 AM | Meeting with mentors and Career Guidance staff | Coordinator/mentoring and mentors, and Director – Career Guidance |
| 9.00 AM – 9.30 AM | English Teaching Unit | Members of English teaching unit |
| 9.30 AM – 11.00 AM | Observing Documentation<br><br>***Working Tea*** | Review Team |
| 11.00 AM – 12.00 AM | Private meeting of reviewers and report writing | Review Team |
| 12:00 PM -12:30 PM | Closing meeting for debriefing | Vice Chancellor/Dean/Director – IQAU/ HODs/ Coordinator – FQAC/Chair & the SER – Team |
| 12:00 PM | ***Lunch and Departure*** | |