DADABHOY INSTITUTE OF HIGHER EDUCATION
DIHE

Dadabhoy Institute of Higher Education

Department of Rehabilitation Science

Program Review for Effectiveness and Enhancement

(PREE)

Compliance Implementation Plan for PREE Recommendations

Doctor of Physical Therapy (DPT)

2026 – 27

Prepared by:

Waheed Ahmed
Director QEOLC
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Approved by:

Prof. Dr. S. Altaf Hussain
Rector and Chair IQC
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Compliance Implementation Plan Committee (CIPC):

1. Prof. Dr. S. Altaf Hussain – Rector and Chair IQC
2. Dr. Ameer Haider – Registrar
3. Waheed Ahmed – Director QEOLC
4. Head of Department (Rehabilitation of Science)
5. Program Team of Department of Rehabilitation of Science

Recommendation 1:

Develop and formalize the Program strategic plan, mission, vision, objectives, and strengthen Assurance of Learning (AoL) documentation and stakeholder engagement.

Implementation Plan:
The Department of Physical Therapy will review and formalize its Program Strategic Plan, Mission, Vision, Objectives, Program Educational Objectives (PEOs), and Program Learning Outcomes (PLOs) to ensure alignment with the Institution's Strategic Plan, HEC requirements, and Allied Health Professions Council (AHPC) standards. The Assurance of Learning (AoL) framework will be strengthened by maintaining comprehensive documentation of CLO–PLO mapping, assessment results, and improvement actions. The Department will also enhance stakeholder engagement through regular consultations with students, alumni, employers, clinical supervisors, and industry representatives.

Responsibility: Head of Department, Board of Studies (BoS), QEC

Timeline: Fall 2026 – Spring 2027

Expected Evidence: Approved Strategic Plan, Updated Mission and Vision, AoL Reports, CLO–PLO Mapping, Stakeholder Meeting Minutes, Board of Studies Minutes.

Recommendation 2:

Systematically collect, analyze, and document the results of student and stakeholder feedback surveys and Final Year Project evaluations.

Implementation Plan:
The Department will establish a structured mechanism for the collection, analysis, and documentation of Course Evaluation Surveys, Teacher Evaluation Surveys, Graduating Student Surveys, Guest Speaker Surveys, Alumni Surveys, Employer Surveys, and Final Year Project evaluations. Survey findings will be discussed in departmental meetings and the Board of Studies, and appropriate corrective actions will be documented through Action Taken Reports to support evidence-based decision-making and continuous quality improvement.

Responsibility: Head of Department, QEC, Program Coordinator

Timeline: Every Semester

Expected Evidence: Survey Analysis Reports, FYP Evaluation Reports, Board of Studies Minutes, Action Taken Reports, Quality Improvement Plans.

Recommendation 3:

Stablish a formal mechanism and policy for periodic curriculum review.

Implementation Plan:
The Department will develop and implement a formal Curriculum Review Policy to ensure that the curriculum is reviewed periodically in accordance with HEC and Allied Health Professions Council (AHPC) requirements. The review process will actively involve faculty members, students, alumni, employers, clinical supervisors, and professional experts. All proposed revisions will be submitted to the Board of Studies, Board of Faculty, Academic Council, and other relevant statutory bodies for approval before implementation.

Responsibility: Head of Department, Board of Studies, Academic Council, QEC

Timeline: Spring 2027

Expected Evidence: Curriculum Review Policy, Stakeholder Feedback Reports, Board of Studies Minutes, Academic Council Approval, Revised Curriculum.

Recommendation 4:

Strengthen practical learning facilities by acquiring laboratory equipment and establishing laboratory management procedures.

Implementation Plan:
The Department will identify laboratory requirements based on curriculum needs and prepare a phased procurement plan for laboratory instruments and equipment. Comprehensive laboratory manuals and Standard Operating Procedures (SOPs) will be developed for the operation, maintenance, calibration, inventory management, and timely replacement of laboratory equipment. Regular monitoring will ensure that laboratory facilities effectively support practical teaching, clinical skills development, and research activities.

Responsibility: Head of Department, Registrar, Procurement Committee, Laboratory Incharge

Timeline: Throughout Academic Year 2026–27

Expected Evidence: Procurement Records, Laboratory Equipment Inventory, Laboratory Manuals, SOPs, Calibration and Maintenance Records.

Recommendation 5:

Strengthen academic and student support services.

Implementation Plan:
The Department will enhance academic advising, student mentoring, career counselling, internship and clinical placement coordination, and student support services. Standard Operating Procedures (SOPs) will be developed for academic advising, student grievance handling, and counselling services. Guest lectures by healthcare professionals, clinical workshops, and professional development sessions will be organized regularly. Documentation of all student support activities will be maintained to ensure quality assurance and continuous improvement.

Responsibility: Head of Department, Clinical Placement Coordinator, Career Services Office, QEC

Timeline: Throughout Academic Year 2026–27

Expected Evidence: SOPs, Academic Advising Records, Counselling Records, Internship and Clinical Placement Reports, Guest Speaker Reports, Student Support Documentation.

Recommendation 6:

Develop a comprehensive research and faculty development policy.

Implementation Plan:
The Department will formulate a departmental Research and Faculty Development Plan to promote research culture and professional growth. Faculty members will be encouraged to participate in research projects, publications, conferences, clinical research, and continuing professional development (CPD) activities. Workshops on research methodology, evidencebased practice, grant writing, and scientific publication will be organized to enhance research capacity and academic excellence.

Responsibility: Head of Department, ORIC, QEC

Timeline: Throughout Academic Year 2026–27

Expected Evidence: Departmental Research Policy, Faculty Development Plan, Research Publications, Conference Participation Records, Workshop Reports, Research Project Documentation.

Monitoring Summary:

The implementation of these recommendations will be monitored by the Compliance Implementation Plan Committee. Progress will be reviewed on a quarterly basis through departmental meetings, Board of Studies meetings and represent in IQC. The implementation status, supporting evidence, and Action Taken Reports (ATRs) will be documented and incorporated into the HEC Yearly Progress Report (YPR) 2026–27 to demonstrate compliance with HEC quality assurance requirements and the Department's commitment to continuous quality improvement.

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