The aim of Annual Monitoring is to maintain quality and improve provision through identifying action that can be taken to improve future student experience. In the context of the COVID-19 pandemic annual monitoring will proceed with a significantly reduced area of focus in terms of reporting requirements.

The streamlined approach adopted for the last annual monitoring round will be continued for the review of provision 2020-21. Schools will therefore again collate feedback on courses based around reflection on two key areas: i) the student experience and ii) student performance.

In addition, information on locally approved blanket course changes will be linked into the annual monitoring process. School Annual Monitoring Summaries (SAMS) will include commentary on temporary course changes introduced in 2020-21 to adjust to the pandemic along with plans for continuation or further development of such changes in the delivery planned for 2021-22. Schools will need to report on their reflection on the impact of these changes on the student experience and opportunities for continuing any identified enhancements in the future design of learning, teaching and assessment.

The commentary on course changes will be collated in the College Annual Monitoring Summaries.

For session 2020-21 this abridged form should be used to record Annual Monitoring Activity. Its purpose is to capture a focused and concise evaluation (or a reflective summary). In undertaking annual monitoring, online meetings should take place to support reflection, reporting and development planning towards enhancement and the maintenance of academic standards.

College	Medical Veterinary and Life Sciences (Undergraduate Annual Monitoring Summary)
	Notes in parentheses indicate from which course AMRs specific comments arose.
	Medical School (MS) Dental School (DS) Nursing and Health Care School (NHCS) School of Veterinary Medicine (SVM) School of Life Sciences (SLS)

In the context of the extraordinary circumstances of this academic year, please reflect on Student Experience and Student Performance. (Please take particular account of course evaluations, data on student performance and the reports of external examiners)

What is working well?

MS

The Student Experience

- Student support has continued throughout the pandemic with virtual Zoom/Teams meetings, telephone appointments and face-to-face meetings providing ongoing support with effective liaison between the Medical School and the University student support services. Restructuring the SSSC (Staff Students Support Committee) into Welfare and Professionalism meetings maximised support and remediation for students.
- Students have become increasingly part of the clinical team in hospitals, with 'Operation Colleague' integral to this. There has been improvement in identification of students who require remediation (MBChB 3, 4, 5).
- Virtual Academic days are working well at the end of each block. Response of admin staff/supervisors in dealing with COVD-19 self-isolation has allowed all students to progress to final examinations. Q&A sessions were well attended and a summary prepared as a formal record.
- A very successful year for the Student-Selected Components (SSC) programme which received very positive feedback from students, supervisors and External Examiners.
- Remote delivery of Preparing for Practice (PfP). Speakers and students appreciated the flexibility in terms of travel and time spent. Students appreciated the ability to ask questions anonymously which increased interactivity.
- COMET (Community Orientated Medical Experience Track) an innovative scheme, funded by Scottish Government, providing selected medical students an enhanced experience of general practice. 18 students joined for the 2020-21 session and 29 of 30 places for 2021-22.
- Café Chat – Once a week for an hour, a drop-in session via zoom for students to talk about their week and chat about life in general, a group of regulars participated and also a variety of students from across the world popping in and out. Staff very much enjoyed the sessions which were fun and light-hearted, and kept the idea of a community going (MBChB2).

Student Performance

- Assessment performance was increased, possibly due to the online nature of the exams, or the pandemic as students had more time to focus on learning. The MCQ component was increased and this had a positive effect on marking load, whilst maintaining assessment reliability and validity.

Resources

- The Medical School Library has been open throughout most of the pandemic. The annual process of updating reading lists ensures that the collection remains appropriate for student needs. This is significantly augmented by the ClinicalKey platform which also ensures resources can be accessed by students learning remotely or on placement.

Assessment

- The Assessment Team have adapted and delivered high quality, reliable and valid assessments. Several new and successful practices have been introduced which will continue when current restrictions are lifted.
- The Assessment Team successfully delivered all the planned Multiple-Choice Question (Single Best Answers) papers across 5 years using the Medical Schools Council Assessment Alliance (MSCAA) online banking and exam delivery platform. This was a major achievement as the Team had no previous experience of using this platform for exam delivery and staff had to be quickly trained. The Team also had to develop additional online events, guidelines, and practice papers to support students. The platform worked well, and students' feedback was positive. An additional benefit was the enhanced psychometric and item analysis that was generated. This will help to further develop the question bank for valid and reliable future exams.

- The development and delivery of the first online, on campus, invigilated written exams for Year 5. This was essential for the forthcoming national Applied Knowledge Test (AKT) papers as part of the Medical Licencing Assessment (MLA) which will be introduced by the GMC in 2024-2025 and which will be delivered using this method.
- The successful delivery of face-to-face summative OSCEs for Years 3, 4 and 5 carried out during the challenges of COVID-19.
- Successful continued roll out of Practique Electronic OSCE delivery. The Assessment Team will continue the rollout of this software in the next academic year. An online OSCE examiner training package was successfully developed and well received. Examiners find it easy to use and it should improve analysis of exam derived data thus improving the reliability and validity of future exams.
- The return of invigilated exam is a priority in the coming session (MBChB2).

Teaching

- Teaching and assessment have continued online. Organising lectures into manageable 'chunks', interspersed with interactive learning and weekly catch-up sessions as a summary of the week's learning proved popular. There have been many changes brought about by the pandemic - some of which have improved the course and will be continued (MBChB1).
- Small group teaching, lectures, labs, Histology teaching, Clinical Case Studies and Patient Insight was delivered online and received positive student feedback. Overall, the teaching has been highly praised by students, and there are many positives to take forward into planning a blended approach next academic year (MBChB2).
- Bespoke transition weeks designed for students returning to Glasgow to cover Clinical Skills.
- Students responded positively to the online teaching innovations, despite being fatigued by the number of online hours. Teaching in 2021-22 session will be a mix of online and on campus. Many positive aspects will be continued including Virtual Ward, Virtual Patient and an increase in Clinical Reasoning (MBChB3).
- Opportunities for innovation e.g., Virtual Surgery (VS) adapted for online delivery, the new Virtual Primary Care (VPC) platform created by the Medical Schools Council (MSC) 'real life video' consultations, an online alternative to seeing patients face-to-face.

Teaching Management

- Use of OneDrive to collate ILOs. Previously, all ILOs were on different documents across Moodle. This year, a OneDrive document was created where all ILOs could be easily found, this was very useful for staff and students and will continue.

Staff

- Remotely delivered Case Based Learning (CBL) Tutor Training Course completed by 96 tutors.
- Virtual Undergraduate Clinical Educators Conference attended by over 200 participants.
- Staff contribution both PSS and academic has been tremendous throughout the last academic year under very challenging circumstances.

DS

The Student Experience

- Blended learning. Online lectures, the mixture of 'live' and 'anytime' has been received well by the students. Live small group tutorials continue to work well, attendance and interaction has been excellent. Most senior students keep their cameras on fewer in the earlier years.
- Communication via Student representatives, disseminating information and collating views from students during a difficult year have worked well. Sensitive communication in relation to the extension year has been well received.
- Students have appreciated consultation and increased flexibility as regards examination dates. This was approved by Senate.

Assessment

- Online examinations have worked well. Processes in place have been commended by External Examiners. '*Again, the written papers this year were held online and were open book. The examination was mapped to the learning objectives and this detailed the GDC* (General Dental Council) *ILOs*'
- Further document standardisation work between year groups.
- A pilot for a new Structured Clinical Reasoning Component of the Case Presentation Examination was carried out effectively. Students were involved at each stage of the development and voted to adopt this assessment.

Teaching

- NHS Louisa Jordan to facilitate practical classes within physical distancing regulations. Alternative clinical skills facilities are now available however yet to be assessed for suitability for teaching.
- Non-AGP (Aerosol Generating Procedures) clinics have increased over the year to almost 'normal' levels.

Teaching Management

- Extensive consultation with Scottish Government, national groups, UK dental schools and the GDC in relation to mitigation and recovery of dental education from the unprecedented effects of the pandemic.
- Extensive staff consultation and preparation for the additional year progressed well with the development of a large volume of new teaching materials.
- The securing of funding for an extra year of study has been vital in ensuring that the present cohort of final year students will be able to graduate with sufficient levels of clinical experience.
- Continued liaison with the directors of dentistry of the health boards involved in outreach teaching has been important in maximising provision of teaching for final year.

NHCS

The Student Experience

- NSS 2021 indicates, 90.3% of students are satisfied with the programme and 83.9% are satisfied with the School's performance in relation to assessment and feedback this year, an increase of 8.9% from the previous year.
- External examiners are satisfied that the BN(Hons) programme is delivered to a high standard. External examiner comments include '*The BN(Hons) programme is well-designed to meet the needs of students, with clear outcomes and contemporary content, delivered by a course team who are motivated to support the ongoing learning and progression of students against a backdrop of challenging external, pandemic restrictions and related required responses by the professional regulator*'.
- Periodic Subject Review Panel's summary highlights many positive points including, '*The commitment of staff to ensuring the student experience is high quality and engaging.*' and '*Good student support mechanisms, with helpful, approachable staff*'.
- To support student wellbeing and experience, the Year 1 team invited senior students from the UoG Nursing Society to an orientation session and online social activities for students during Freshers' week and this opportunity was appreciated by Year 1 students.
- The Year 4 team provided social events including a quiz night, a games night, and a reading group.

Student Performance

- Results for the exam component and course work are consistent with performance in previous years (BN1, BN2). Student performance across Year 3 assessments and examinations is consistent with performance in previous years (BN4).

Assessment

- External examiner highlighted that the range of assessments enable students to meet course learning outcomes (BN4).

Teaching

- Recorded lectures with the opportunity to re-engage and the flexibility resulting from 'anytime' sessions evaluate particularly positively. The delivery of 'live' teaching sessions and exam revision sessions worked well. Use of Moodle books to organise course contents, help to create an engaging online learning experience (BN1).
- The 'Advancing Clinical Skills' (ACS) course provides an opportunity to learn integrated patient assessment skills within a simulated environment. ACS was delivered face-to-face in small groups and was valued by the students (BN3).
- Year 3 is reliant on expert clinicians and service users to deliver contemporary and engaging content, and this continued despite the pandemic.
- Students valued small group teaching sessions and found course content engaging and they enjoyed having the opportunity to link broad leadership concepts with nursing and health care (BN4).
- Weekly tutorials delivered in tutorial groups and 'virtual dissertation writing retreats', provided flexible dissertation supervision including evenings and weekends (BN4).

SVM

There have been many successes with many examples such as the pivoting to and delivery of online teaching and online assessment as a direct result of the COVID-19 pandemic. Furthermore, there has been continuing innovation and development of teaching and assessment in addition to that required to cope with the pandemic. These advances have been achieved while also providing students with excellent support on their academic journeys and with regard to their health and wellbeing and as consequences of the heroic efforts of many members of academic and administrative staff and the close working relationship between the School and the students.

The Student Experience

- Student feedback was largely positive across the BVMS and BSc/MSc Vet Bioscience programmes and acknowledged the efforts of academic staff for their enthusiasm, their engagement, passion and for supporting students and keeping them informed. Also, administrative staff for their support and help negotiating and managing the complex class rotations.

Student Performance

- Student performance within the BSc programme and in BVMS1 were noted as being comparable to previous years.

Resources

- Students noted the excellent online resources and engaging content that had been rapidly developed. These included Moodle Books a directory to, and compilation of all lecture content, weekly checklists on Moodle aiding progress through the modules and the updated standardised Moodle format. Also, Mentimeter provided structure and supported learning during live sessions, the Virtual Abattoir for delivery of the Public Health and Pathology rotation, and a wide range of online interactive activities including Anatomy, Pathology, Clinical Skills and Post-Mortem demonstrations.
- Many students appreciated the flexibility of pre-recorded lectures with the inclusion of transcripts.
- Remote access to the Small Animal Hospital Patient Management System and imaging database facilitated involvement with case management (BVMS5).

Assessment

- The delivery of online proctored end-of-year examinations using Proctorio was highly successful (BVMS1, BVMS3) and provided an opportunity to streamline post exam administrative processes (BVMS3) while maintaining equivalent assessment content. Support from IT services and the Moodle team were important in implementing the online proctoring system which was required by BVMS accreditors (BVMS5).

Teaching

- Weekly live Zoom Q&A sessions.
- Zoom presentations, students reported less stress and were accessible off campus and included the External Examiner (BSc4).
- Live online lectures using the direct chat function providing anonymity when asking questions which the lecturer then relayed and answered (BVMS3).
- Face-to-face Practicals (where possible) (BSc1, BSc2, BSc3, BSc4), and hands-on practical experience (BVMS5) were very much appreciated.
- Clinical reasoning workshops (BVMS3).
- TECC (Teaching, Emergency and Critical Care) rotation with peer teaching, learning and assessment. New Selective placements in exotics practice, remote and rural mixed practice and disease surveillance (BVMS5).
- Interestingly, greater engagement with online teaching, student preparation for Clinical Skills practical classes which uses online resources (BVMS1) and digital platforms (BVM3) were noted this year. Also, online Moodle discussion forums worked better even compared to in-person discussions (BSc2).

Teaching Management

- Implementation of a system of personal learning objectives and ongoing monitoring of student performance allowed identification of students at risk of not achieving required competencies and planned mitigation (BVMS5).

SLS

The Student Experience

- Course Evaluations, NSS results, EE reports, SSLCs etc. all indicate that students appreciated the support and the quality of the education they received from staff. The commitment and willingness of staff to support their students and each other, their adaptability, flexibility, and willingness to work above and beyond the call of duty should be acknowledged as key to making things work. However, years like last year cannot be sustained.

Student Performance

- Student performance in assessments was generally very strong; learning happened and to a high standard for the majority who completed the year. Detailed statistical analysis of grading patterns and assessments evidenced a high level of discrimination. However, although difficult to draw comparisons, the average grade achieved was higher than seen in previous years.

Assessment

- Students adapted very well to online examinations (coursework has been submitted electronically already). Online exams: there is increasing appreciation across staff and students that open-book and less time-restricted assessments are more appropriate for most of the assessments. They are not a panacea, but they work, discriminate, assess more authentically, and drive deep reflection on the design of questions/tasks enhancing the assessment process.
- Turnitin: The School's use (as Pilot and then as spearhead) of Turnitin at point of submission for online exams (via Moodle Assignment) helped assure quality and instil confidence in the minds of students (and staff and External Examiners). Should be used more widely across the University.
- Student trust in assessments was undermined by the possibility of their classmates cheating, colluding or otherwise gaining advantage.

Teaching

- Feedback from students on the online learning was predominantly positive, and it was very clear the students appreciated the staff efforts in the circumstances.
- Students generally appreciated online-live events, i.e., the capacity to actively engage anonymously (whiteboard functionality in Zoom) and the ability to interact with and get support from peers and staff e.g., using Chat function or meeting and working with some classmates in breakout rooms.

- Online labs (and replacements) worked as well as hoped. Helped engage students and provide some related scientific training and education. However, not quite the real thing and students do have a strong sense of missing out.
- Live demonstrations at Level 3 were very well received. A live talk through fish parasite dissection and live data analysis sessions were highly rated by the students who appreciated having the opportunity to ask questions and interact.
- Majority/all of honours projects were 'dry' but produced high-quality outputs; the learning and teaching experience was obviously different from normal times; however, the actual learning content was not diminished, apart from the inevitable lack of field and laboratory experience.
- Good Cause generally worked well.

What needs work?

MS

The Student Experience

- Missing clinical skills / patient contact due to the pandemic and a catch-up clinical skills session is planned for the start of year which will address this (MBChB2).
- Introduction of face-to-face sessions (allowing for COVID-19 restrictions) for Q&A and to increase student engagement.
- More regular staff student liaison meetings.
- More guidance on content/structure of examinations.
- Going forward there will be increased pressure on capacity in placements as number of students increase.

Assessment

- Assessment and in particular exams. The School has to continue to make a case to Senate to be allowed to have proper summative "degree" exams as the requirement to use online platform and generous timings does not guarantee a fair measure of student knowledge and understanding and readiness to progress. It is also a system which is open to abuse. Proctoring or a return to exam halls should be considered (MBChB1).
- The lack of invigilation for online written examinations Years 1-4. A few cases of collaboration and potential plagiarism were identified, and some students were referred to Senate. This took up a major amount of staff time to construct the cases against students and it is likely this would have been avoided if remote invigilation had gone ahead. The School intends to further investigate the possibility of remote invigilation. For the first diets of written examinations after the COVID-19 restrictions were in place the School trialled Zoom invigilation. The students were positive about the approach and the logistics were manageable and have been adopted by other UK medical schools.
- The extended examination timing period. The written exams normally take place under reasonably tight timing constraints. This session, as the exams were online, the University regulations changed to allow students double the original time and this was further extended by an hour for students with specific additional requirements. This extra time was intended to mitigate against issues with sitting the exam online however very few issues out of the approximately 1200 students who sat the exam on Moodle and on the MSCAA platform were identified. It was observed that there was some grade inflation and cases of collaboration and plagiarism. The School would recommend to the Senior Management of the University to reduce the time duration of online written examinations.
- Year 5 written exams were held online but on campus with invigilation. There were serious logistical challenges in ensuring enough venues for this to take place and for all students to have the appropriate equipment. If examinations are being conducted in similar way in the future thorough planning will need to be done and all necessary equipment must be arranged in advance.

Teaching

- Delivery of a revised Clinical Skills programme, including small group work on clinical reasoning skills. However, due to large class sizes, it is difficult to provide truly small group teaching experience. Face-to-face teaching options are being explored (MBChB3).

- Operation Colleague in Medicine and Surgery with the new near-peer teaching and Team Professional Activities need to be developed further (MBChB3).

Teaching Management

- Review is ongoing to remove duplication and streamline ILOs. This will make it clearer for students to identify what they should be learning (MBChB2).
- Harmonising the Moodle sites, consistent format will be used in all blocks to make it easier for students to navigate.

Staff

- Staff support for career development and a fair and workable workload model.
- Adequate staffing levels both PSS and academic to support the delivery of the curriculum.
- Time must be protected for LTS staff for scholarship and a fair workload model across the School is required to ensure equity of work.
- There is need to recruit more staff.
- There is a need to introduce additional Educator Development programmes to include teaching strategies.

DS

The Student Experience

- Timetabling within the fluid environment, is still challenging, and finding alternative means of providing practical experiences are difficult due to physical distancing measures and patient supply.
- Although significant work has taken place to simplify the VLE Moodle pages, the link between content on Moodle and the student timetable continues to be troublesome for some students.

Assessment
- Urgent addition to question banks due to the number of questions it has been necessary to utilise from our secure question banks for online examinations.

Teaching Management

- Continuing two metre physical distancing regulations has placed limitations on a full return to normal essential face-to-face teaching activity.
- The main issue for dentistry is still the limited access for students to patient AGP treatment sessions. This remains essential for training dentists.
- The number of AGP 'Pods' (rooms within clinics with separate air exchange) needs to increase rapidly to ensure the School meets the GDC's conditions and is in a position to graduate a cohort of dentists in 2022.
- Liaison with some health boards has been easier and more fruitful than with others. It is essential that clinics with patient activity are accessed if students are to achieve sufficient clinical experience to satisfy the GDC this year and into the future. It is hoped that by negotiation we can move forward in a mutually advantageous way.

Staff

- Staffing levels are inadequate to deal with the required levels of supervision in the new COVID-19 working environment. Working in enclosed pods, required fallow times between patient procedures and constant changes of PPE means that larger numbers of staff are required to supervise students carrying out clinical work. Physical distancing regulations also mean repetition of essential face-to-face classes and the continued need for development of significant amounts of online materials creates a large workload. Current staff remain stretched and exhausted.

NHCS

The Student Experience

- The Year 2 curriculum has been most impacted by the pandemic. Over this 'extraordinary' academic year, Year 2 students have caught up on 375 clinical placement hours missed during Year 1 and completed a further 750 clinical hours normally required for Year 2 and engaged with online study.

Assessment

- Ensure that student assessment feedback maps clearly to intended learning outcomes (ILOs).
  [Note: This refers to courses on the outgoing programme which have multiple ILOs. The new Programme is underpinned with the principles of constructive alignment and has fewer ILOs. On the new Programme all ILOs are assessed and are clearly signposted for students on their feedback sheets. This will improve year-on-year as the old Programme runs out].
- This is the last year of the current Year 2 course, the equivalent course on the new Programme has fewer components of summative assessment which are evenly distributed across the academic year.
- The team must work on improving the timeline for submission of assignments in Year 4 to ensure that students have space and time to work on feedback from supervisors prior to submission of their dissertation.

Teaching

- More time allocated to face-to-face Clinical Skills as restrictions allow. Ensure that workload for self-directed activities maps accurately with time allocated on the timetable. Ensure that learning materials/resources are available as scheduled (BN1).
- Theory sessions were delivered fully online, and students mentioned persistent IT issues for some staff, this arose from staff having to rely on their home internet provision. Some teaching sessions overran, particularly where guest speakers delivered 'live' teaching sessions (BN3).
- Students found that technology was a barrier to their learning at times, this year the aim is to provide more face-to-face sessions as restrictions allow. Some students found that there were too many group activities/sessions. Negotiate with Year 4 students to determine the optimal balance regarding the number of group work activities (BN4).

SVM

The Student Experience

- Despite praise with regard to support of student mental health it was also noted as being an area where more support would be appreciated (BVMS3).
- There had been some reports of poor student experiences within the clinical learning environment.
  NOTE- Since being made aware of these reports the school has further developed the existing processes to ensure that any concerns are listened to, responded to and actions/responses are fed back to the relevant individuals. The process has also been developed to actively encourage the reporting of relevant incidents (BVMS5).

Student Performance

- Student performance in BVMS2, BVMS5 were below previous cohorts (schedule A and B assessments). This change may reflect the automatic progression of students in the 2019-2020 academic year without formal end-of-year, summative assessments.

Resources

- The pivot to online teaching greatly increased the use of Moodle and Moodle could at times be very slow (BVMS3).
- Interactive/active learning classes and tutorials need support and development. Students enjoy these sessions, however more staff time is required to continue their development and use (BVMS4).
- It is anticipated that with the return to campus there will be an increase in requirements for on-campus study space and 'university loaned laptops' for completion of online assessments (BVMS5).

Assessment

The BVMS programme is undergoing an assessment review and changes including regular end-of-module assessment will be introduced from 2021-22.

- Greater access to practice exam questions and formative feedback on their performance (BVMS1).
- Development of the question bank with regard to the number and clarity of questions with a focus on assessing higher level skills and/or case-based decision making (BVMS3, BVMS4, BVMS5). This would align with licensing exams e.g., NAVLE (North American Veterinary Licensing Examination) (BVMS4).
- Staff should have sufficient time, support, and recognition for engaging with the assessment process (providing questions, proofreading, standard setting, marking. Also, to provide exam paper drafts to the External Examiners in a timely manner for feedback and responses from the course team (BVMS4).

The BSc/MSC Veterinary Biosciences programme's move to online assessment in sessions 2019-20 and 2020-21 highlighted shortcomings in the assessment process, in particular with regard to the balance between course work and the end-of-course exam (BSc3) and assessment of higher-level skills, this was mirrored by comments from an External Examiner who encouraged a more critical approach to assessment that required evaluation of knowledge and greater contextualisation of information alongside current research (BSc4). NOTE: following a review in 2020-21 changes to assessment are being processed through PIP for session 2021-22.

Teaching

- Some students expressed a desire for a return to more 'normal teaching' rather than pre-corded lectures and blended learning (BVMS2).
- On occasions pre-recorded lectures were longer than the standard 50 minutes as lecturers were speaking slower and providing more detailed explanations (BVMS1, BVMS3, BSc1, BSc2).
- Live Zoom lectures, feedback indicated that unless there was interactive content or opportunities for interaction, then the lectures should be pre-recorded (BVMS3).
- The live weekly sessions were well received in both the BVMS and BSc/MSc veterinary Biosciences programmes, and it was requested that online lectures are supported by more live/interactive/review/ study group sessions (BVMS2).
- Virtual laboratory sessions were noted as not being a true substitute for in-person laboratory classes (BSc2, BSc3).

Teaching Management

- Staff shortages in clinical areas e.g., cardiology and diagnostic imaging are impacting on the delivery of relevant teaching and Practicals (BVMS3, BVMS5) and have resulted in the loss of some Selectives e.g., cardiology, oncology and soft tissue surgery and more limited opportunities in others e.g., orthopaedics (BVMS5).
- Improved communication between course teams and with students (BVMS5).
- Improved signposting when lectures or resources have been updated within modules (BVMS3).
- Clarify expectations of students with regard to 'out-of-hours' working patterns while on clinical rotations which reflects expected working patterns in practice, while also balancing student learning, patient, staff and student welfare (BVMS5).
- Improved communication regarding how the (new) personal learning objectives (PLOs) provide a longitudinal measure of performance and support success within the programme (BVMS5).
- Rotation leaders, where students with specific requirements e.g., caring responsibilities, disabilities require 'necessary adjustments' (BVMS5). NOTE: A process has been developed for supporting these students and communicating with rotation phase leaders.
- Restart primary care practice placement opportunities for students (RCVS priority) many were on hold due to the pandemic and expand primary care teaching at the Small Animal Hospital and the Equine primary care service based at the University (BVMS5).
- Ongoing need to review the structures of rotations and timetable patterns to ensure that learning is optimised and equitable as COVID-19 restrictions change (BVMS5).
- Loss of the option of Selectives in cardiology, oncology, and soft tissue surgery (due to staffing issues) and more limited opportunities in orthopaedics (BVMS5).

- Links with existing selective providers need to be maintained and developed to ensure that students in 2021-22 are able to complete the planned 6 weeks of selective rotations (BVMS5).

Staff

- Staff struggle to find the time to undergo training with new technology and the various Moodle upgrades (BVMS3).
- It is very difficult to find the time and space to incorporate innovations into the curriculum (BVMS3).
- There is ongoing pressure on staff which risks burnout, impacts on morale and, at times, also on the student learning experience (BVMS5).
- There is a cost to staff mental health of supporting the mental health of the student population.

SLS

The Student Experience

- To quote one of the External Examiners online laboratories are 'no substitute for the real thing'. Face-to-face laboratories, hands-on working are key to degrees and they cannot be replaced by online experience, which is, at best, a temporary emergency partial alternative. Some students definitely felt 'short changed', they did not receive the education they had paid for. Students were/are concerned about missing important field and laboratory skills.
- Lack of interpersonal contact and community building during the pandemic year has been problematic. Very isolating for students and detrimental to their experience and engagement.
- Online group working is very challenging for students, hard to make it work. Microsoft Teams is helpful.

Student Performance

- A significant subset of students did not make it through to complete the academic year (Lack of motivation, lack of engagement and mental health challenges). Online learning is very challenging for a subset of students; especially when they have not chosen to study in that mode.
- Good Cause and deadline extensions were very lenient, flexible hand-ins etc meant that many assessments dragged on for months this delayed provision of feedback to students, adding huge workload for staff etc.

Assessment

- Validity of assessments in part requires some assurance that others are not cheating, colluding or gaining unfair advantage. The University needs to address this aspect of validity very seriously if online assessments are to be accepted and have a future.
- 24-hour open exams were appreciated by most students. However, many used the whole 24-hour period to revisit and edit their answers.

Teaching

- Although the online format of teaching works perhaps better than expected at the beginning of the pandemic, teaching and learning online is more challenging and tiring than in a normal classroom setting for both staff and students.
- The pandemic year and its many faces meant that some courses could not be delivered e.g., Environmental Biology in Year 1, multiple final year option courses. The range of courses has been reduced by necessity rather than choice.

In the context of the extraordinary circumstances of this academic year, and any anticipated requirements and challenges in 2020-21, please reflect on any themes or issues that you wish to report to the responsible level of the University.

College

MS

- There is need for adequate support for all staff to ensure curriculum delivery and student AND staff Health and wellbeing. The core academic teaching team for MBChB2 worked over and beyond their expected roles this year. This was due to COVID-19, however this increase in workload is not sustainable long term, and there is real danger or burnout and ill health. There was a great deal of good will and mucking in to help each other out, but evenings and weekends were sacrificed, and staff were often working under difficult home conditions with home schooling and caring. To ensure the delivery of a high-quality course into the future, staffing levels and staff workloads should be carefully addressed and supported.

- As pressure on existing IT provision increases (with increasing numbers), and the complexity of logbook monitoring expands, a learning technologist is required to help maintain, and further develop TELT during these extraordinary circumstances. Also, it is important that there continues to be adequate funding available for TELT software and materials at a college level.

- Student numbers continue to rise in the MBChB programme and this has an impact on the teaching delivered as staff transition back to face-to-face learning. There are issues with room capacities, groups for small group teaching and laboratory sessions. Multiple runs of practical sessions will be required to cope with the numbers, and this requires increased staff input. Due to the increased number of entrants to the course, the number of clinical placements available for students might become an issue.

- There is need to increase support for the Student Welfare team. The pandemic has seen more students needing support from welfare. The welfare team at the School has done a marvellous job of supporting the students, but they are a small team. The School welfare team must be supported to allow them to continue this essential work.

DS

- 2021-22 will undoubtably be a very challenging year for the current BDS1 cohort. Students have been given four options: take a year out; join a Masters degree programme (available to post graduate students); join an Intercalated degree programme; take courses of additional value (Non-credit bearing).

- There is no student entry for 2021-22. Entry cohorts for 2021-22 have been reduced in number and deferred until 2022-23 entry. These prospective students will be given the opportunity to engage in a pre-BDS online course which is currently under development in collaboration with Aberdeen and Dundee Dental Schools. A reduced recruitment will also take place this year for applicants for the 2022-23 entry. Both cohorts will join to become the BDS1 of 2022-23.

- Staffing levels are inadequate to deal with the required levels of supervision in the COVID-19 working environment. Working in enclosed pods, fallow times between patient procedures and constant changes of PPE means that larger numbers of staff are required to supervise students carrying out clinical work. Physical distancing regulations also mean repetition of essential face-to-face classes and the continued need for development of large amounts of online materials creates a large workload. Current staff remain stretched and exhausted.

- Online assessment in a practical clinical discipline is not ideal and should be discontinued at the earliest opportunity. While the continuous assessment tool (LiftUpp) is being used to good effect, a return to face-to-face assessment is imperative.

NHCS

- Life science content is a unique selling point of our programme and year-on-year NSS feedback endorses the value of the science content and its contribution to student satisfaction with the programme. Life sciences provision has been excellent this year, but to address quality long term, a dedicated teaching team would provide stability and enable the team to collaborate to address student feedback and secure permanent changes that enhance the life science component of the programme.

SVM

- Staff shortages in certain clinical areas are causing problems with regard to lectures and Practicals (BVMS3) and the ability to offer Selectives to final year students (BVMS5).
- The lack of a counsellor at the SVM has caused problems as staff members, with little or no training, spend an enormous amount of time and energy supporting students (BVMS3).
- Many of the challenges posed by the continuation of a blended learning approach are not limited to the SVM, these challenges include (but may not be limited to):
    1. Work needs to be done to determine the optimal balance of online and in person teaching.
    2. If online lectures were to be retained, further investigation is required as to how students can be supported to ensure engagement.
    3. Further staff training and support is needed to enhance the online learning experience (BSc4).
    4. Staff struggle to find the time to undergo training with new technology and Moodle upgrades.
    5. There is a necessity for appropriate levels of IT infrastructure to ensure students can access wi-fi throughout the Garscube campus (BVMS1).
- Many of the challenges that SVM faces, have cost implication and therefore are also relevant to the College. These include:
    1. Staffing and workload issues.
    2. Ongoing provision of the small animal primary care trucks.
    3. Funding for Selective placements.
    4. Funding for Proctorio review.
    5. Increased use of on-campus study space and university loan laptops for assessments.
    6. Ongoing support for development of the performance feedback system (IT project).

SLS

- Extremely high (unsustainable) workload for staff in pivoting to online or mixed online and face-to-face learning. More administrative support might be valuable: could research staff (from academic to GTA) be better deployed in supporting education in this time of extreme challenge?
- Continue supporting learning technologies.
- College should consider establishing a unit that, like in SLS, supports education and assessment processes: administrative and specialist academic staff work together in an integrated unit to support and work with academics and course teams.
- College is undergoing a restructuring, which may have implications/challenges for how the School copes coherently with the 2021-22 session
- MCQ exams are not really suitable for open-book conditions, yet they are authentic assessments not only for professional programmes but also for early years (Year 1 and Year 2) of non-professional programmes. A suitable online MCQ assessment system is badly needed.

University

MS

- Although it is difficult with COVID-19 uncertainty, it will be helpful to have clarity on room bookings/allocations as early as possible to enable effective planning.
- All admission applicant groups are becoming more complex in their admissions advice and conversion from offers to places taken. Non-standard applications (outside the 'normal' high school or graduate profile) are increasing, as are candidate changes late in the cycle (fee status, response to offer, deferral). These factors make targets difficult to secure. Widening Participation (WP) has significantly grown, with GAP, MD20/40, REACH, SWAP (Sottish Wider Access Programme), Care Leaver and Remote and Rural all now needing to be identified and given different consideration under the WP umbrella. The MyCampus student record does not indicate the array of various WP categories on which the School is asked to report – the admissions team therefore needs to rely on additional spreadsheets/databases/separate communications provided by other teams, which introduces delay and potential confusion into the reporting process.
- There is need to adapt new technology and policies about physical on-campus facilities to deliver a high quality blended and online learning experience for our students.

- There should be more flexibility around invigilation and timing of examinations across different subjects. In medicine, the exams in early years are partly in preparation for a national licencing exam and in final years, the exams ensure students can practice safely. This makes these exams different to the aims of many other courses and invigilation and time limits would be appropriate for future assessment diets. The External Examiner comments show that they are strongly supportive of this and that the Medical School in Glasgow is currently out of step with other institutions. To meet the needs of the GMC we may also need to explore further, solutions for holding online exams under strict exam conditions with students own devices.

DS

- The University is providing opportunities for current BDS1 for additional study as they wait to continue with the BDS programme.
- Improvements have been made with CMIS electronic timetabling simplification this year. There is, however, continued frustration that the 'fourth term' (July-September) remains unfacilitated causing confusion for both students and staff.
- The number of suitable facilities in which to safely carry out AGP treatments remains insufficient as does the required number of supervisory clinical staff. If AGP experience provision is less than required to meet the GDC requirements the School will remain unable to graduate the final year cohort even after an additional year.
- There are some staff vacancies which need to be replaced as soon as possible. Additionally, some provision for cover of staff on long term sick leave is required.
- Currently with COVID-19 student supervision requires more staff than previously. Having several permanent staff vacancies is unsustainable and is compromising the student experience.

NHCS

- To enhance student experience, 'My Campus' needs further development to enable accurate handling of components of assessment and progression criteria across the BN(Hons) programme. The School is keen to work to secure these changes ensuring that 'My Campus' works effectively across the Programme.
- Graduation ceremonies, and celebrations ceased during the pandemic. This is an important rite of passage for the student community. During the crisis, staff were happy to support producing video, relying on the good will of friends/colleagues as a temporary measure. Moving forward, the University should invest in professional IT/digital services to support schools to design and deliver alternative celebrations/events. Written guidance and advice on creating videos was helpful, but this needs to be properly resourced and should not continue to fall to lecturing staff.
- The UoG CAPs (Counselling and Psychological Services) is a well-used and much needed resource for students. Further investment to expand the service and reduce waiting times. This was referred to by students in the NSS qualitative comments.

SVM

Assessment

- The automatic double time for assessments (plus extra for ASN students) was deemed excessive by teaching staff and External Examiners and the RCVS (the SVM was a significant outlier compared to its peer group).
- Considering the challenges, the impression is that students and staff think that many of the issues that develop have been successfully navigated.
- Remote proctoring of online assessments is likely to remain a requirement by some accrediting bodies.

Teaching

- Many of the challenges posed by the continuation of a blended learning approach are not limited to the SVM, these challenges include (but may not be limited to):
    1. Work is required as to how students are supported with digital learning to ensure engagement.
    2. Work needs to be done to determine the optimal balance of online and in-person teaching.
    3. Further training and support for staff is needed to enhance the student online learning experience.
    4. Staff struggle to find the time to undergo training with new technology.
    5. The digital infrastructure across the University must be fit for purpose.
    6. Appropriate IT support must be made available to staff and students.

Staff

- Workload models must recognise the time required for staff to undergo training with new technology associated with blended learning and digital assessment.
- Staff have gone to extraordinary measures to support the students, and this seems to go on without acknowledgement by the University.
- The University has not been proactive in helping to manage the mental health of staff (BVMS3).
- The lack of a counsellor at the SVM has caused problems as staff members, with little or no training, spend an enormous amount of time and energy supporting students – often to the detriment of their own mental health.

Communication

- University guidance with regard to the pandemic was at times slow to arrive at the School. While this is understandable, given the changing nature of the situation, it did make communicating with SVM students in a timely fashion challenging.

SLS

- Staff mental health should become more of a priority to the University and there should be more contact points for staff to rely on when they feel overwhelmed or very low/not coping. The conditions we had to work through this year were really tough and the amount of stress sometimes was unmanageable.
- Also, for student mental health. Many students did not make it through last year but would have in a normal year. They are our responsibility.
- Less centralised decision making, especially those seeking (and generally failing to find) solutions that suit everyone and every situation. Accept the inevitable truth that 'guidance' delivered early would EMPOWER Schools to act in their own initiative and to solve problems early. Schools were successfully through the 2020-21 sessions (and despite the centre rather than because of it) and will do so again for 2021-22. The centre should aim to inhibit schools less: trust schools more. A university aiming to be world leading should embrace management practices that are of this millennium and not of the last.
- Students and staff need firmer deadlines and rules regarding extensions and good cause and delayed or deferred assessments. The system used in 2020-21 was not suitable for purpose and caused massive stress and workload problems. 5 days extensions are sufficient (to avoid clashing with following assessments and a domino effect).
- Online exams only versus in-hall exams: (staff and students) need a decision/guidance early (before Semester 1 starts) as to which or both will be allowed for the full 2021-22 session.
- Code of assessment and support for assessment: upcoming changes are welcome to the code of assessment and the GCAT interim and partial solution. However, these are only the start, and the SLS encourages the University to invest more seriously and urgently in:
    a) Revising/simplifying the code of assessment
    b) Streamlining the processing of assessments (grading, aggregation, feedback, programme outcomes etc.)
- MCQ exams are not really suitable for open-book conditions, yet they are authentic assessments not only for professional programmes but also for early years (Year 1 and Year 2) of non-professional programmes. They do have a place. A suitable online MCQ assessment system is badly needed. Similarly for short-

answer-based exams that, like MCQ exams, legitimately assess breadth of knowledge across a broad curriculum rather than depth *per se*.

- Serious thinking about how to deal with Plagiarism and collusion in online assessments.
- Study space for students on campus that allow them to take part fully in online learning sessions.
- Technical support for mixed sessions (teaching but also committee meetings that are simultaneously online and face-to-face). Current provision is woeful.
- More lecture recording facilities for on-campus sessions
- Some students answered assessments with verbatim quotes from lectures. Is this acceptable under open-book circumstances? Should students be viewing recorded lectures during their exam? - More guidance needed.

In the context of the extraordinary circumstances of this academic year, please reflect on the impact of the course changes in 2020-21 on the student experience and opportunities for continuing any identified enhancements in the future design of learning, teaching and assessment.

What is working well?

MS

- To support WP students in medicine, annual WP students' networking events were organised which were open to all WP students. The representatives of the University services (Welfare, Financial Aid, Career Services, Counselling) delivered extremely informative sessions for new students. This year, an online support session together with MedicInsight (student society) was designed and there are plans to widen the scope of these sessions in the next academic year.
- The Assessment Team developed additional online events, guidelines, and practice papers to support students. The platform worked well, and students' feedback was positive. An additional benefit in using the platform was the enhanced psychometric and item analysis that was generated. This will help to further develop the question bank for valid and reliable future exams.
- Radiology teaching curricula has continued to expand to include more clinically relevant imaging into student's education. New updated material was introduced to cover change in IRMER (Ionising Radiation Medical Exposure Regulations) legislature and linking to NHS LearnPro certification. This helped Greater Glasgow & Clyde Health Board achieve their governance requirement of all incoming FY completing their IRMER LearnPro module.
- The newly developed Virtual Surgery model has been successfully evaluated. The hybrid SSC model has worked well and will continue to be utilised. Virtual Primary Care has also been a hugely useful resource.
- Histology teaching – all histology that would normally have been taught face-to-face with students on a microscope was replaced by recorded sessions using slides digitised from the Anatomy Department. Feedback from these sessions was excellent, and students preferred this type of teaching, as it was clear what students were supposed to be looking at, and the ability to pause recordings was valued. This approach to histology teaching will continue in the next academic year.
- Recorded patient insights – a series of short videos from patients talking about their experiences of various conditions. These were rolled out in the People and Illness block, and their use will be extended due to positive student feedback.
- Students enjoyed the use of the online packages for laboratory delivery and the hope is to receive funding to continue using these innovations.
- Initial trials of Practique have proved successful. Examiners find it easy to use and it should improve analysis of exam derived data which again should improve the reliability and validity of future exams.

DS

- Innovative techniques and technologies have been developed which has substantially altered the way in which the delivery of teaching and assessment in provided.

- The difficulties this year have allowed us to reappraise the current teaching methodology, and pilot changes that we will employ in future years (e.g., flipped/blended learning models for anatomy teaching) given the overall positive feedback from students.

NHCS

- Across the BN Programme, self-directed, online learning has provided an opportunity for deeper learning and encouraged students to read widely around their subjects. The UoG library services have provided an excellent level of support helping to develop electronic reading resources to accompany courses.
- Adoption of a consistent approach to Moodle design/layout across the programme.
- Adoption of 'Lt' to support delivery of life sciences, ongoing development of resources and extend this to Nursing courses and Clinical Skills.
- Virtual online support sessions for students on clinical placement, minimises student travel and enables all students to engage.
- Teams site, to support class social activities, include different channels for different activities/interests.
- Dissemination of links to free online events, including local and national conferences, and study days related to specific clinical topics.
- Flexible academic support sessions and use of Q&A apps on Moodle to enable students to post any assessment related queries.
- New clinical placement experiences have arisen because of the pandemic i.e., Health Improvement Scotland, and existing placement experiences have been adapted, e.g., Health Visiting collaborations to provide daily online teaching/learning opportunities.

SVM

- There were limited changes to course content or assessment methods, almost all changes were in means of delivery.
- Pre-recorded lecture delivery was well received by many (but not all) students, this could also apply to face-to-face lectures. A blended learning approach was recognised to provide students with increased flexibility for learning and encourage active and self-directed learning. For staff, increased flexibility with regard to timetabling of face-to-face activities, time to innovate and develop meaningful interactive teaching to supplement lecture materials which encourage active learning. This blended approach will continue.
- Zoom student presentations worked well. Online Moodle forums for discussions potentially worked better than in-person discussions. These approaches can be maintained, although there remains a need for students to be able to interact/present/discuss with an audience. A blended use of these methods is most appropriate.
- Online proctored exams worked well from a student and administrative perspective. The School recommends that aspects of online assessment should continue, to ease both exam timetabling and administration issues with delivering paper-based exams. The use of online assessment has identified methods of delivering more low-stakes assessments throughout the year, thereby spreading assessment load, and providing additional formative feedback. Changes to include low-stakes assessments throughout the year have been processed through the course approval and PIP systems for session 2021-22 (BVMS1).
- The move to online assessment led to an assessment review within the BSc/MSc Vet bioscience programmes. Changes to the balance of in-course and end-of-course assessments and assessment to test higher level skills (levels 3 and 4) have been agreed and processed through the course approval and PIP systems for session 2021-22 (BSc).
- Clinical teaching in final year BVMS will revert to 4-week rotations and a standard approach to delivery. However, there are several elements which will continue e.g., the availability of the online rotations' materials, some shift patterns which have worked well, the use of Teams for rotation leader communication, the incorporation of a teaching week into rotations.

SLS

- Recorded lectures worked very well for students. It helps their revision.
- The School's revised curriculum (pre-pandemic) may have helped the School to cope better with and pivot to online education: a more coherent curriculum from Year 1 to new final year (aligned with Programmatic Assessment, Assessment for Learning, move to less didactic lecturing, move to more data analysis/problem solving etc.). More assessments and opportunities for practice are appreciated by students and supports their learning.
- Most existing Learning and Teaching materials translated well to remote delivery.
- Equality and Diversity training was introduced as part of inclusive education at Year 2 (Core Skills in Biology): deservedly recognised by a University Teaching Award and a Herald Award (to Drs. Veitch, Paterson, and Stewart)
- Where appropriate and possible, assessments are being re-designed as open-book and the expectation is that open book-online exams will be the norm at honours level in the future: exceptions are likely, but they will be the minority (the situation for pre-honours assessments is not as straightforward e.g., MCQ).
- The amount and quality of feedback to students and script annotation have continued to improve: these are areas of strength and have been turned around in only a few academic sessions thanks to staff dedication and effort.
- Microsoft Teams and Zoom worked well and robustly for communication and administration.
- Using Moodle engagement metrics for early identification of students who may be struggling.
- Many new advisors of studies from Research Institutes supported the students.
- Recorded or online materials provided in advance of a learning session help focus on higher-level learning and with engagement/discussion/problem solving.

What needs work?

MS

- Missing Clinical Skills / patient contact due to the pandemic.
- Assessment and in particular exams. The School must continue to make a case to Senate to be allowed to have proper summative 'degree' exams as the requirement to use online platform and generous timings does not guarantee a fair measure of student knowledge and understanding and readiness to progress.
- The lack of invigilation for online written examinations Years 1-4. A few cases of collaboration and potential plagiarism were identified.
- If future Year 5 written exams are to be held online and on campus with invigilation, thorough planning will need to be done and all necessary equipment must be arranged in advance.
- Delivery of a revised Clinical Skills programme, including small group work on clinical reasoning skills. However, due to large class sizes, it is difficult to provide truly small group teaching experience. Face-to-face teaching options are being explored.

DS

- Staff support for online teaching and assessment. This support is likely to be an ongoing requirement.
- Additional resources for course development including pre-BDS1 course.
- Dentistry is a practical clinical course. The reduction in face-to-face and clinical teaching has been extremely challenging. This will continue to be the case moving forward. AGP clinical procedures must be increased, quickly, in the months ahead. This is the case for all years.

NHCS

- Work to develop engaging online learning platforms, and if blended learning becomes more of a feature, support to improve interfaces. Developing sites and platforms is time consuming and requires specialist support if this is to continue beyond the pandemic.
- Contributions from expert external speakers are another unique selling point of the BN(Hons) programme. Increased clinical demands and outdated IT resources (NHS side) has meant that some speakers were

- unavailable to deliver their sessions. There is a need to consider innovative ways of capturing this and delivering using TEL.
- As the academic year progresses, increased workload for Year 2 and Year 3 Leads, for the ongoing development of new courses in preparation for the new programme commencing in 2022 and 2023.
- Working with partner HEIs and practice learning staff to consider alternative placement experiences as the pandemic progresses despite innovation in creating new placements, there is a considerable shortfall in placement areas particularly in primary care and community settings.
- To develop a coordinated and consistent approach to delivery of student assessment feedback across the Programme.

SVM

- Due to the pandemic restrictions only practical classes essential for progression were delivered face-to-face in session 2020-21. This is not sustainable as some of the classes not delivered in 2020-21 are required to meet Day One Competencies. There is now a 'backlog' of missed classes which will have to be delivered and competence tested later in the programme (BVMS1).
- Continued use of a blended learning approach presents a series of challenges with regard to the optimum balance of face-to-face and online teaching. Such as monitoring levels of student engagement and IT and academic support for the development and delivery of digital resources.
- The continued development and updating of digital resources require that staff have appropriate support and training and importantly that these activities are recognised in relevant workload models.
- It is important that with a move to a blended teaching model, student timetables are respected and does not lead to an excessive learning time for students. (BVMS1).
- The mental health of BVMS3 students was badly affected in 2020-21. They reported feeling isolated and did not have any of the normal outlets for socialising. Therefore, with safety in mind, it is important to reintroduce as many events and club activities for the 2021-22 academic session as possible.
- It is not possible to download the exam paper of one individual student on Moodle. This makes script review with external examiners and failing script review more time consuming than it was previously.
- Utilising the potential of Microsoft Teams in the delivery of resources and online live or chat discussions.
- The BVMS programme will continue with online assessment and will need support for the Proctorio review process and some aspects of Moodle delivery. Further work is required as to the validity of open-book style assessments within the context of a clinical professional programme before they could be used.

SLS

- Online laboratories are no substitute for the real thing.
- Online learning struggles to be engaging in its totality and in the context of social isolation etc. Student engagement with online learning seemed to wain as the year went on.
- Communication at all levels. It is very difficult to manage peoples' expectations by remote or written means; non-verbal communication has been sorely missed.

Please list all courses that have been approved at local level i.e., temporary course changes to adjust to the COVID-19 pandemic (an appendix is acceptable)

DS

Due to the extension to the BDS programme the following practical-based competencies have been deferred until BDS1 students progress to BDS2 (2022/23)

- Basic Life support and Hand Hygiene

Due to the extension to the BDS programme the following practical-based assessments have been deferred until academic session 2021/22 (BDS2b):

- Pre-Clinical Skills Assessment (DENT2015) and OSCE (DENT2003)

- BDS3 OSCE has been postponed until end of part b year.
- BDS4 written finals have been postponed until end of part b year.
- BDS5 Finals OSCE has been postponed until end of part b year.
- Years 2-5 have had to carry clinical competence assessments into the part b year.

NHCS

Temporary Course Changes to Adjust to the COVID-19 pandemic			
Year 1	Year 2	Year 3	Year 4
Biomedical Life & Social Sciences 1. Foundations for Nursing & Health 1. Practice Placement Learning 1$.	Integrated Biomedical Life Sciences 2*. Nursing & Health Studies -2. Practice Placement Learning 2$.	Human Disease & Pathology. Nursing 3. Research Methods 3. Advancing Clinical Skills~. Practice Placement Learning 3$.	Dissertation 4H. Leadership & Management 4H. Nursing Policy in Context 4H. Clinical Consolidation Practice 3$.

*All theoretical content delivered fully online, and all examinations were online using '24-hour examinations' or 'timed examination'.

Practice placement learning experiences have continued, and students have retained supernumerary status this year. $There have been some restrictions on availability of placements due to service reconfigurations arising because of the pandemic, also students have had less choice of placement area, in years where this was previously permitted.

~Year 3, Advancing Clinical Skills, Summative OSCE moved from January to April 2021, due to phase II of the pandemic.

Additional matters

Please highlight any additional matters that you wish to raise from this year's Annual Monitoring cycle.

MS

Medical Student Electives Programme

- The situation posed by the global pandemic led to the suspension of Electives during 2020-21 session with no activity taking place.
- All students will be required to carry out a basic risk assessment and those planning travel to low- and middle-income countries will need to complete a more detailed assessment.
- The situation regarding global travel is expected to impact on elective planning and students will be encouraged to stay local for the coming year.

Clinical procedural skills

- During the past year COVID-19 has affected the running of clinical procedural skills. MBChB1 and 2 have not been on campus and with physical distancing limitations no sessions were run for these year groups. The only sessions were week-long catch-up sessions for MBChB3 prior to starting Phase 4. These sessions were very well received by the students.
- Clinical procedural skills teaching will resume for all academic years during the 2021-22 session. It will be a challenge to fit the missed sessions into what is already a very crowded timetable.

NHCS

In addition to the ongoing pandemic the School had the following events/activities taking place. As a small team these events/activities have placed additional demands:

1. Background Context to AY2020-21 Embedding a New Programme during a Pandemic.

In June 2020, the BN (Hons) Programme was revalidated by the Nursing & Midwifery Council (NMC). The validation process was extensive, consisting of four-stages spanning across an 18-month period. The NMC is the nursing and midwifery regulator for the United Kingdom (UK) and their revised education standards, called the

'Future Nurse: Standards of Proficiency for Registered Nurses' (NMC, 2018) prompted radical redesign of undergraduate nursing programmes across the UK. The new education standards are comprehensive and lay out the skills and knowledge necessary to prepare future generations of nurses to provide care to people with complex healthcare needs across community and healthcare settings. Roll out for Year 1 students began this academic year (i.e., AY2020-21).

2. Periodic Subject Review

The School Periodic Subject Review (PSR) took place in June 2021. The outcome was favourable but writing the reflective analysis and preparing for the event was a huge task for a small team, who continued to deliver programmes and courses, to support students (at the UoG and the Singapore Institute of Technology) whilst working through a pandemic.

SLS

- The university needs to acknowledge and celebrate their staff:
  A) Commitment and willingness of staff to support their students and each other over the last year has been amazing.
  B) Staff members' adaptability, flexibility, open-mindedness, and dedication in adapting to online delivery over this full academic year in the pandemic, and at great workload and cost (stress levels, work-life balance) has been superb.
  C) Staff working as an integrated team (administrative, technical, academic)
- Please retain this streamlined AMR process in future years as it helps.