University of Glasgow

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.

For session 2019-20 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
- Staff must be congratulated for the dramatic change in working practices which saw the remainder of the MBChB curriculum delivered, assessments carried out and preparations made to ensure delivery of the curriculum for the forthcoming session.

- Planned written assessments were moved to online delivery and student performance was largely unaffected by the change in delivery methods. MBChB2 External Examiner commented: '*Although virtual, the team went above and beyond to ensure we were looked after and could engage fully with the process. As ever, special circumstances were handled with great professionalism and with appropriate outcomes for students*'. It was more difficult to replicate clinical assessments online. However, a robust process to assess the competence of students was put in place. MBChB5 External Examiner commented: '*The swift but thorough response to the rapidly changing situation in the way in which the clinical assessments were changed was impressive (attention to educational theory and a collaborative approach)*'.

- OSCE examinations were cancelled due to the COVID-19 pandemic. However, where there was insufficient evidence of a student's competency online Virtual OSCEs were utilised to assess these particular students. The External Examiners were fully informed and discussion followed at an online meeting. An External Examiner commented: '*The teams are to be commended for the speed, creativity and standard of their actions*'.

- Online Virtual Wards (for Medicine and Surgery) developed and delivered via Moodle. Feedback from

students was very positive and this will be continued to MBChB4.

- Student support continues with meetings via Microsoft Teams. It is compulsory for MBChB1 and MBChB2 students to meet with their Adviser of Studies (AOS) and this is monitored using E-portfolio. Students from all years are encouraged to meet with their AOS via student support meetings, telephone and e-mail interactions. A new database is being developed to improve data gathering for monitoring and to enhance development of suitable student support services.

- The General Practice (GP) teaching team including Vocational Studies tutors adapted rapidly to online teaching. In particular the creation of two additional weeks of high-quality online GP teaching for MBChB4. The GP teaching team were able to support their students through very challenging circumstances.

- In summary, 2019-2020 has been a successful year for the Undergraduate Medical School. The School continues to evolve and further enhance the MBChB Programme.

DS

- Rapid collaborative response between all year teams and overarching management. This ensured standardisation of approach, common documentation and processes.

- Staff moved quickly to enable the delivery of didactic teaching into an online format following cessation of face-to-face teaching. Recorded content was followed by live question and answer sessions.

- Clear lines of communication were set up with students via their representatives as regards course and examination delivery. All mentoring programmes were stepped up to check in frequently with individual students and in their small mentor groups with regard to educational development and pastoral care.

- Urgent guidance was sought from the General Dental Council (GDC) as regards examination of all year groups and completion of delivery of ILO's. Confirmation was given that the Mock OSCE Examination for BDS5 in December could be used as the main summative examination. Consequently a Virtual OSCE was required for only three students. This worked well using Zoom Rooms and was replicated for the delayed BDS3 OSCE for the entire year.

- Online Mock Examinations were followed by group and individual feedback. Student connectivity was also assessed during Mock examinations.

- Online standard setting processes worked well.

- Written Examinations were delivered in a fair and robust manner using Moodle modules (Assignment and Quiz).

- Prior to COVID-19, Graduate Attributes teaching for BDS5 was expanded and was well received by BDS5 students.

- Use of the electronic assessment and feedback system LIFTUPP continues to be useful in determining clinical experience, professionalism and skills levels for all clinical years.

NHCS

- The online examinations worked well and student performance was reflective of ability across other course assessments. Students adapted well with the transition to online examinations. External Examiners indicated that online assessments were both robust and rigorous (BN2), and the open book examinations created opportunities for depth of discussion, whilst capturing the range of abilities across the cohort (BN3).

- Student evaluations indicate that the level and quality of staff support provided over the COVID-19 pandemic was appreciated and highly valued. Students appreciated the constant communication provided via e-mails, Zoom, and weekly check-ins whilst they were working remotely.

- BN2 – BN4 students participated in the workforce expansion scheme (April – September 2020) supporting the NHS during the COVID-19 pandemic. Supernumerary learning experiences were replaced with non-supernumerary contracted placements and guidance/standards for practice learning were substituted by the

'Emergency Standards for Nursing and Midwifery Education' (NMC, 2020). This enabled students (BN2-BN4) to fulfil their 'Practice Learning Experience' course requirements (i.e. clinical competencies and clinical hours) as NHS employees/students, and this has required students to work flexibly, in new and in different ways. The Nursing and Healthcare School have provided many opportunities for students to meet for reflection, pastoral support, and discussion in small groups via Zoom at regular intervals.

- Feedback on student performance from NHS partners, at local and at strategic levels has been positive. During clinical reflection sessions students have generally evaluated their experiences positively, any issues raised are followed up within the School's quality monitoring procedures and additional support provided.

- Despite the challenging circumstances very good/excellent grades for clinical practice using the 'Scottish Ongoing Achievement Record' were awarded.

SVM

- Students found courses stimulating and well run and were happy with the format of the courses.

- Students were well supported throughout the altered assessments, with queries or concerns managed in a timely fashion (BVMS5).

- Monthly focus group with the Professional Phase Lead and Senior Lecturer enabled students to raise concerns from rotations in addition to identifying 'Best Practice'. Then communicated to the cohort and staff, in a 'You Said: We Did' fashion (BVMS5).

- The portfolio was again highlighted by External Examiners, as an asset to assessing students (BVMS5).

COVID-19 Related Comments

- Restrictions prevented some aspects of face-to-face teaching. Staff promptly created online material to deliver theory; this was appreciated by the students (BVMS5).

- Staff reviewed and reduced the number of Direct Observed Procedural Skills (DOPS) that students were assessed upon (BVMS5).

- Communication channels with students were maintained, e.g. examination briefing, advisor Zoom meetings, Moodle forums, extraordinary SSLC meetings. This was appreciated by the students (BVMS1).

- Smooth transition from face-to-face to online teaching, considering the limited administrative and technological support available at that time (BVMS3).

- Online open-book examinations went well, all students passed, and the spread of grades was very similar to that obtained in previous examinations in similar courses (BScVetbio3, BVMS5).

- The open-book assessment format may well have benefited students whose performance is normally adversely affected by examination conditions. This format encourages more clinical decision making and critical thinking which graduates are required to do in their first few days of practice; this may provide a more authentic method of assessment (BVMS5).

- Notably fewer content-related queries about the examinations compared to normal (BVMS5).

SLS

- Commitment and willingness of staff to support their students and each other.

- Improving opportunities for, and quality of, feedback to and dialogue with students to support their learning.

- Strike action was accommodated smoothly.

- COVID-19 pandemic occurred sufficiently late to have little impact on student experience of learning and delivery of teaching.

- Implementation of examinations delivered online (open-book and 24hr window) for year 3 and final year students and application of "no detriment" policy proved highly effective:

a) Students performed at or better than previous cohorts (hence no evidence of systematic detriment).

b) Few issues, queries or difficulties encountered by students or staff.

c) Student-run Athena Swan survey of the student experience indicate that students are very happy with how the School and the University handled these challenges and their experience of their assessments, communications, etc. and very appreciative of staff effort and help.

What needs work?

MS

- The in-house student welfare system is working well. However this service requires extra resources as the workload has increased significantly and clinical and administration staff are severely stretched.

- Increased numbers has again been challenging in trying to deliver the curriculum both with facility availability and a requirement for more groups or repetition of classes.

- Advisor of studies system is likely to require further work with increased student numbers going forward.

- Development of remote and online delivery of the curriculum for 2020-2021 to cover the continuing COVID-19 emergency. This will be a balanced combination of live, recorded, blended and asynchronous learning.

- Development of policy and delivery of online examinations including Virtual OSCEs.

- Increase the number of questions by utilising question writing and quality assurance events. Also working with the Medical Schools Council Assessment Alliance (MSCAA) examination question bank.

- Continued development of question banks to support an increase in MCQs across all written assessments in preparation for the Medical Licencing Assessment.

- Rollout of Operation Colleague in Medicine and Surgery with new near peer coach and Team Professional Activities.

- Ongoing delivery of clinical skills teaching. Many sessions had to be cancelled and will have to be rescheduled. It will be difficult to run many of these sessions in the first semester due to the challenges faced by physical distancing.

DS

- Examination questions which were used online now require to be retired for a considerable time. This creates a profound need for large scale writing of new questions.

- There is currently a massive push towards blended learning with staff further developing online resources and seeking to provide pre-clinical skills teaching and clinical access. Face-to-face and clinical teaching is particularly difficult to organise with plans changing in an almost continual basis as information becomes available. There is a need for maximum flexibility.

- Clinical access for aerosol generating procedures (AGPs) and non-AGPs in the Dental School and Outreach Clinics is a critical problem. Patient confidence to attend is likely to have diminished in addition to the challenges created by physical distancing, minimising staff/student/patient exposure risk and related to personal protective equipment (PPE). Lack of clinical access may have a profound effect on the ability of the Dental School to graduate future years.

NHCS

- NSS indicates overall student satisfaction has risen from the previous year and now just short of the KPI

target of 91%. The objectives are to maintain current levels and consider ways of enhancing student satisfaction. The assessment and feedback KPI has decreased to 61.3%, the target is 75%. Based on qualitative feedback, the problem is a delay in the delivery of assessment feedback to students. The objectives are to identify the root cause of these delays, to manage assessment related workload and setting assessment schedules based on the UoG's 'Guide to the Code of Assessment'.

- Integrate Lt© as a method of technology enhanced learning (TEL). Development of an underpinning framework and upskilling staff to use Lt© within a blended curriculum model to support students' critical appraisal skills. Lt© is a cloud-based learning platform providing a range of immersive and active learning experiences designed to support and enhance knowledge of biomedical life sciences, pathophysiology, and clinical nursing care.

- Integrate Black, Asian and Minority Ethnic (BAME) content throughout the course.

SVM

- Managing student engagement with online materials and teaching (BVMS5).

- Development of support for delivering blended learning i.e. utilising our experience to enhance future learning opportunities, such as online materials, Moodle Lessons, etc. (BVMS5).

- Review and modification of current examination bank material for open-book assessment delivery (BVMS5).

- Standard setting of questions, informed by past performance to ensure standard setting is robust (BVMS5).

- Use of Moodle Quizzes or other online assessment software that would facilitate ease of delivery of assessments from the student perspective and expedite post-examination processing for staff (BVMS5).

- Review of the assessment 'window' and time restrictions for completing examination papers; i.e. a defined assessment window for each student, making assessment more authentic (BVMS5).

- The School needs a full-time digital learning technologist to support Moodle and Mahara.

SLS

- Much of the change over the last few years has positioned the School to cope better with the challenges and adjustments of the COVID-19 pandemic. Nonetheless, adapting to widespread use of remote/online teaching and blended learning will be a significant challenge for 2020-2021.

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.

(Check with your School or College Quality Officer if advice is needed on which is the most appropriate level)

College

MS

- A robust workload model to ensure adequate staff cover with future pressures. Many staff work less than 1FTE or deliver across different degrees and therefore at times it is unclear whether there is equitable share in delivering MBChB.

DS

- Ongoing learning technologist support to assist teaching staff to move further towards blended learning. The Dental School Learning Technologist has changed roles. However has maintained a level of support. A long-term solution is now essential.

- Continuation of the excellent training delivered by the Digital Education Unit to support staff during these challenging times.

- Additional equipment and consumables and importantly maintenance of equipment, will be essential to meet the demands of simulated practical teaching to replace patient activity during these unprecedented times.

NHCS

- Clinical skills will be more resource intensive (clinical skills laboratories, PPE, staff) due to the requirement for smaller groups.

- Adoption of blended learning model across the curriculum, requiring staff to upskill in specific TEL areas, whilst meeting ongoing operational demands and increased workload due to the COVID-19 pandemic.

- Funding for TEL, in particular Lt© to support delivery of life sciences, nursing, and clinical skills courses across the programme.

- Challenges in ensuring consistency and quality of life science teaching owing to lack of staff. Life science content is a unique selling point of the programme and year-on-year NSS feedback endorses the value of the science content and its contribution to student satisfaction. An inability to deliver the courses outlined in the programme and course descriptors could potentially impact on student satisfaction and ultimately league table rankings. This situation is being addressed, however requires close monitoring.

SVM

- The preparation of new online material to deliver the practical classes in academic session 2020-2021 will require significant resources e.g. recording equipment, software and IT technical assistance.

- Ensure adequate School staffing to allow delivery of courses requiring high levels of staff input.

- An urgent pre-COVID-19 requirement remains the creation of an examination question bank to allow efficient and effective assessment management. SVM does not have appropriate software and despite previously raising this requirement at College level there has been no progress (BVMS3, BVMS4).

- The continuing understaffing and "churn" within the SVM Undergraduate School has a significant impact on the ability of the School to meet the expectations of accrediting bodies, external examiners and student body in relation to delivery and assessment of the course (BVMS3, BVMS4).

- If future iterations of the summative Degree Examination are to be online; then access to and support for using Moodle Quizzes and/or tailored online assessment software with provision for invigilation would be

advantageous.

- The blocks in BVMS final year have been organised such that there is flexibility to accommodate students who are unable to attend originally scheduled rotations, if there was a substantial number of students who fell into this situation this could result in a delay to the completion of teaching for the whole cohort and this could impact on the date of graduation.

- There has been a potential for loss of clinical provision by some external providers, the school has been in active discussions with Scottish SPCA etc. and is formulating a strategy to mitigate against such a loss. This has financial implications.

- Physically-distanced teaching of practical skills to BVMS1-BVMS4, will impact on staff availability for BVMS5 teaching (and vice versa).

- The requirement for face-to-face teaching during practical classes and rotations carry a significant risk to staff and due to the low numbers of staff, if one member of staff becomes COVID-19 positive, teaching becomes untenable.

SLS

- Already in hand. Fluid situation and evolving more rapidly than suitable for AMR cycle.

University

MS

- Development of policy on delivery of online examinations.

DS

- Dentistry is unlike any other course within the University. There is a huge reliance on clinical access and patient treatment. It is essential that the University recognises Dentistry as an exceptional case. The Dental School will require unprecedented support to mitigate as far as possible the particular difficulties our course faces within this pandemic. The University should also be aware that we may be unable to graduate students in 2021 with the knock-on effect this will have on all other years.

- Some improvements have been made with CMIS electronic timetabling, however the Dental School continues to be frustrated by the lack of facilitation for our 4th /summer term.

- With a massive push as regards online teaching the infrastructure underpinning Moodle needs to be sufficiently robust to support full usage e.g. Moodle Quiz.

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- The requirement for face-to-face teaching during practical classes and rotations carry a significant risk to staff and due to the low numbers of staff, if one member of staff becomes COVID-19 positive, teaching becomes untenable.

- The absence of access for graduates to their Professional Phase Portfolio post-graduation remains unresolved.

SLS

- That online delivery of examinations be part of the assessment mix from now on and *ad infinitum*, and freely supported and available via Registry, and with flexibility: timed vs untimed, closed vs open book vs open-net, remote invigilation as an option, Moodle quiz as an option, use of Turnitin as routine etc.

- IT infrastructure is boosted sufficiently to only allow seamless online teaching AND any online assessment and functionality on scale, including unlimited availability of Turnitin (including for exam submission), timed online examinations, Moodle quiz functionality, MCQ etc.

- Code of assessment has had its day – and its weakness was revealed by the COVID-19 crisis: the Herculean effort needed to cope, points to the problem. The Code is:

  1) Too complex, and consequences thereof: not clearly explained in the guide, difficult to interpret, difficult to implement.

  2) Sometimes demands manual manipulation of data for individual students thus not efficient.

  3) Practicalities of implementation are not part of the design of the code or supported by any University systems: often requires storage of data that MyCampus cannot store and thus necessitates use of spreadsheets, requires comparison of numbers stored in different places/spreadsheets etc. Calculations can be very cumbersome, slow, and error prone.

  4) Point of weakness and potential failure in a core Institutional function and responsibility.

We need a new central assessment IT system linked to a streamlined code and we need these things urgently. Progress towards these goals seems to have stalled (in spite of widespread enthusiasm for the idea). Need an institutional commitment and some sense of urgency. COVID-19 has highlighted the importance of student education and the reliability and validity of their assessment outcomes to the University's reputation and its finances: time to invest in those neglected, unflashy, but key functions; or we play reputational Russian roulette.

- The University needs to make sure that laptops/wifi are available for all students to work from home as there are students with a less advantaged background who will struggle. For these students, we cannot simply rely on the provision of University PC clusters as these will probably not be available due to disinfection challenges and also because we cannot force students that live far away to take frequent transport to access these facilities. We need to make sure that these students are supported and that we are inclusive.

- We need some staff positions! Some key strategic and operational positions (including academic positions),

to be unfrozen to ensure continued and robust delivery in the short and medium terms and to allow future re-activation of courses that have currently been cancelled due to insufficient staffing and the hiring freeze (e.g. L1 Environmental Biology).

Additional matters

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

SVM

- Staff have felt supported by the University, although at times firm guidance was understandably a little slow.