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Scottish Covid-19 Inquiry

Day 61

November 14, 2024

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Thursday, 14 November 2024
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MS VAN DER WESTHUIZEN: Good morning, my Lord.
THE CHAIR: Good morning, Ms van der Westhuizen. Now, we
have three witness this morning I see.
MS VAN DER WESTHUIZEN: We do, my Lord. We have a panel of
representatives of three Scottish universities . We have
Dr David Duncan, who's the Deputy Vice—chancellor and
Chief Operating Officer and University Secretary of the
University of Glasgow. We have Professor Penny Macbeth,
who's Director and Chief Operating Officer of the
Glasgow School of Art and then we have Professor
Leydecker, who's Senior Vice—principal of the University
of Aberdeen.
THE CHAIR: Ms van der Westhuizen has some questions for you
so I'll ask her to fire ahead.
DR DAVID DUNCAN (called)
PROFESSOR PENNY MACBETH (called)
PROFESSOR KARL LEYDECKER (called)
Questions by Ms Van der Westhuizen
MS VAN DER WESTHUIZEN: I think before we kick off with the
panel session, I have introduced you, but if you could
please give your full name and your role now and during
the pandemic, please, and if we could start perhaps with
Dr Duncan and work our way down.
DR DAVID DUNCAN: I am David Duncan, I am Chief Operating
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Officer and University Secretary at the University of
Glasgow and that was the position I held during through

- 3 the pandemic.
- 4 PROFESSOR PENNY MACBETH: I'm Professor Penny Macbeth and
- 5 I'm director and Chief Executive Officer of Glasgow
- 6 School Of Art.
- 7 THE CHAIR: Thank you. Professor Macbeth, when did you take 8 up that role?
- 9 PROFESSOR PENNY MACBETH: Sorry. I joined Glasgow School of 10 Art in May 2020.
- 11 PROFESSOR KARL LEYDECKER: I'm Karl Leydecker. I'm Senior
- 12 Vice-principal at the University of Aberdeen and I was
- 13 in that role throughout the pandemic, joining in
- 14 March 2019.
- 15~ Q. Thank you. Then each of your universities have provided
- 16 a response to a Rule 8 request. My Lord, I'll just read
- 17 out the numbers so you have those. For the University
- $18 \qquad \mbox{ of Glasgow the reference number is SCI UGLXXX0000001}.$
- 19 The reference for the response from the Glasgow
- 20 School Of Art is SCI GSAXXX000125 and then the response
- 21 from the University of Aberdeen is in nine parts or
- 22 certainly the parts that we've lodged for the purposes
- 23 of this hearings are nine parts and they all start with
- 24SCI UABXXX and then the first one ends in 02, the second25one in 03, the third one in 04, the fourth one in 10,
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1 fifth one in 11, sixth one in 19, seventh one in 20, the 2 eighth one in 40 and the ninth one in 41. So it's one 3 response, but it's broken up. 4 If I could ask you now each in turn, please, just to 5 give an overview of your university in terms of size and 6 number and location of campuses, a broad indication of 7 the demographics of your student populations and just a 8 broad outline of the types of courses you offer and, 9 again, perhaps we can start with Dr Duncan and work our 10 way down the line thank you. 11 DR DAVID DUNCAN: Thank you very much. University of 12 Glasgow has been there since 1451. It has a turnover of nearly £1 billion a year. We have just over 40,00013 14 students, with a balance of undergraduates and 15 postgraduates, just slightly more undergraduates than 16 postgraduates. Most of the students, maybe ninety per 17 cent of them, are at the Gilmorehill Campus, the West 18 End of Glasgow, and the vet school and some research 19 activities are out at Garscube which is about three

- 20 miles west of Gilmorehill and then we have a small
- 21 campus with about 1 per cent of our students in Dumfries
- 22 and then a number of students being taught
- 23 collaboratively with other institutions in Singapore and
- 24 on three campuses in the People's Republic of China, but
- the vast majority of activity is as Gilmorehill.

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_	Q. Thank you. Professor Macbeth.
2	PROFESSOR PENNY MACBETH: The Glasgow School Of Art was
3	founded in 1945. It's a small specialist institution
4	with world-class status and, at the time of the
5	pandemic, it had 2,365 students, it's now risen to about
6	2,765. We have around 35 per cent international
7	students and the rest are 20 per cent rest of UK and the
8	rest are Scottish—domiciled students.
9	We have subjects that range from fine art practice
10	through to digital innovation and design and
11	architecture, so a really broad range of suites. We're
12	intensive and are very workshop and studio intensive.
13	We are situated in two campuses, one in Glasgow, and
14	then a tiny campus in the Highlands of Scotland in
15	Forres, which is a really very small percentage of our
16	students. That's us.
17	Q. Thank you very much. Did you give an indication of what
18	percentage are foreign students at Glasgow?
19	DR DAVID DUNCAN: I didn't. I think it's probably around
20	about 30 per cent currently and I should have said, of
21	course, we teach pretty much the broad range of
22	disciplines across the academic endeavour.
23	Q. Thank you and you specifically mentioned veterinary
24	medicine as well.
25	Professor Leydecker.

1 PROFESSOR KARL LEYDECKER: So the University of Aberdeen 2 founded in 1495, a little bit later. We have about just З over 20,000 students, about 15,000 of those are in 4 Aberdeen. We have a very large number online, one of 5 the larger online providers in Scotland, we have about 6 5,000 students online, and about one thousand students 7 overseas, either in Qatar or in China in partnership 8 with other universities . 9 About a quarter or more than a quarter of our 10 students are from overseas. I would say around 70 per 11 cent are undergraduate, the rest are taught 12 postgraduates, that's one-year masters programmes, but 13 we also have a significant cohort of PhD students so 14 research masters -- research students. 15 In terms of subject mix, we have -- in terms of 16 campuses, we have two main teaching campuses. We have 17 the old Aberdeen campus and then we have the 18 Foresterhill campus, which is joint with NHS Grampian, 19 where we have our medicine, dentistry, health sciences 20 nutrition , bio-medical sciences. We also have a student 21 residence, which is separate from the two campuses, at 22 Hillbead and I think that ---23 In terms of subject mix, we would have the broad mix 24 of degrees that you might expect from the health 25 sciences, medicine, through natural sciences and

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1	computing sciences, through then social sciences,
2	business and humanities as well, but we don't have an
3	art school, so fewer of those kinds of creative
4	subjects .
5	Q. Thank you very much.
6	The intention today is really to hear about some of
7	the key issues and impacts that were experienced by your
8	students, staff and the universities themselves under a
9	number of broad themes. So time permitting, I propose
10	that we discuss issues and impacts relating to, firstly ,
11	initial closure of universities ; secondly, remote and
12	online learning and the issues related to the move to
13	that and the delivery of that; thirdly, subject—specific
14	impacts; fourthly, specifically impacts on research and
15	elaborate—based work; fifthly, assessments, attainments
16	and classifications and new admissions and issues in
17	relation to that.
18	Next, mental health wellbeing and social impacts,
19	then issues specifically around the reopening of
20	university campuses and return to $face-to-face$ learning
21	and then the repeated opening and closures and issues
22	particularly in relation to guidance as well, if there
23	were any particular issues you experienced with that and
24	then impacts on universities and staff.
25	And then also I would like to give you the

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1	opportunity to make suggestions for what the
2	Scottish Government $$ in relation to the potential
3	lessons learned what the Scottish Government could
4	reasonably do to mitigate ongoing impacts of the
5	strategic response or could do differently to improve
6	matters in the future in the event of another pandemic.
7	The Inquiry is also particularly interested in
8	disproportionate impacts on particular cohorts of
9	students. We have obviously mentioned international
10	students specifically , but obviously there may be other
11	cohorts of students that were particularly impacted at
12	your institutions . I haven't included a stand—alone
13	theme for that, but that is something that is relevant
14	to a number of themes that we'll be discussing. So if
15	you're able to just remember if you do have any
16	particular concerns or particular cohorts of students to
17	raise that under the relevant subject, but if there is
18	time and, if necessary, we can always have a discussion
19	of that at the end as well.
20	So if we could perhaps turn first to issues in
21	relation to the closure of universities , including , for
22	example, the decisions to close and obviously university
23	campuses couldn't close completely so I say "close" in
24	inverted commas, any prior consultations with and/or
25	relevant guidance received from the Scottish Government

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1 and any issues with that, immediate practical challenges 2 that were faced by universities and university heads, 3 immediate impacts on students -- we'll obviously go on 4 to discuss specific impacts in relation to subjects and 5 mental health etc, but any immediate impacts that were 6 experienced by students -- any disproportionate impacts 7 on particular cohorts of students and any other relevant 8 kev issues. 9 So perhaps, again, if we could start with Dr Duncan 10 followed by Professor Leydecker and then because 11 Professor Macbeth you obviously started a little bit 12 later into the process, pick up with you at the end just 13 what you know about having had discussions with your 14 colleagues. 15 So Dr Duncan, kick off with you. DR DAVID DUNCAN: Okay, well thank you. 16 17 It's fair to say it was a bit of a shock really when 18 we realised we were going to have to severely curtail 19 activities on the campuses. But as you rightly point 20 out, you can't close a big university . There are too 21 many activities going on, particularly we had 3,500 22 students living in residences. They couldn't be sent 23 home after the onset of the pandemic. There were quite 24 a lot --- a few research activities' bits of equipment,

including animal research, that had to be looked after

1	and continued. Quite early on I think from government	1	it was very clear to us very early on what was going on
2	there was a commitment to continue COVID—related	2	to happen.
3	research so we had to facilitate that, particularly	3	So I think we reacted very early and moved very
4	through our centre for viral research, for example. And	4	quickly. That allowed us to adapt quickly, but we had
5	then just maintenance of equipment and buildings. So we	5	to make some really quite bold decisions. So we simply
6	still had quite a lot people coming in to campus from	6	said to staff take everything you need. You can take
7	very early on.	7	desks, you can take computers and so on, but we had $$
8	The first challenge was really to $$ was a	8	So we moved very quickly. It was fair to say that our
9	communications challenge, was to give advice to staff	9	digital infrastructure was not in the shape we were
10	and students about how things would operate and what	10	thinking. I remember we decided to turn on Teams on
11	people should do. And it's probably fair to say there	11	that weekend. So we didn't even have things we now
12	wasn't $$ in the early days there wasn't a lot of	12	expect. It's worth remembering that. So we moved very
13	information coming out of government or from public	13	quickly to put things in place. We had a very, very
14	health authorities, either at the $UK$ level or in	14	good group that coordinated throughout the pandemic and
15	Scotland, to tell us what to do. We were keeping in	15	brought everybody into the tent that allowed us to
16	very close contact with other higher education	16	mobilise people very, very quickly and I think that that
17	institutions, making sure that our communications were	17	stood us in good stead in terms of that rapid response.
18	consonant with theirs, and trying to give clear advice	18	But as my colleague has said, we were unable to
19	to staff and students about what to do.	19	close and we had to develop all kinds of guidance around
20	A lot of people were very worried, as you can	20	who could come on to campus, under what circumstances
21	probably remember, at the time about health issues.	21	and so forth and that worked very effectively .
22	People were worried they were going to catch COVID and	22	Q. And you say you had to develop guidance, what sort of
23	die. So that first care was to do with people's health	23	guidance were you receiving from the Scottish Government
24	and advising them on how best to look after it.	24	at that stage?
25	And I think $$ in retrospect, I think the transition	25	PROFESSOR KARL LEYDECKER: I think that came about a week to
	9		11
1	from full—on activities on campuses to something much	1	ten days later when we started to get $$ guidance
2	more curtailed was done remarkably quickly and with	2	developed more and more over the period so we started to
3	little fuss. People followed the rules, the obeyed the	3	get full written guidance published on the
4	rules, they had a thirst for information and	4	Scottish Government website that would set out how we
5	communications, which we probably didn't satisfy totally	5	should operate in what circumstances. But very early on
6	adequately in the early days, but people were very	6	we were $$ obviously, the universities were talking to
7	receptive to the advice they were given and responsive.	7	each other as well, but we were having to make quite
8	And then I guess we'll come on to talk about the	8	bold decisions at pace to the best of our abilities
9	educational aspects of that in a minute, but $$	9	really .
10	Q. Absolutely. And just you said people were very	10	Q. And just to what extent, because you obviously
11	responsive, are you referring to students, staff or	11	mentioned $$ Dr Duncan mentioned that you can't close
12	both?	12	because you have laboratories, you have students on
13	DR DAVID DUNCAN: Both I would say, yes.	13	campus, et cetera. To what extent was that understood
14	Q. Okay, Professor Leydecker.	14	by the Scottish Government at the time in the initial
15	PROFESSOR KARL LEYDECKER: So we suspended on face-to-face	15	stages?
16	teaching on Friday, 13 March 2020, and we accelerated	16	PROFESSOR KARL LEYDECKER: I don't think it was. I think
17	our plans for all staff or for homeworking for those	17	there was mention of we close the universities and
18	staff able to work from home on Monday, 16 March. We	18	I think the sector had to indicate that that was simply
19	were definitely taking our own decisions at that point	19	not a realistic understanding of what universities
20	and we were fortunate. Because we were able to draw on	20	comprise of in relation to, for example, we were
21	the expertise in our medical school in public health, we	21	supporting the health response for example from our $$
22	were able to see some of the data that was emerging	22	both our staff and some of our students who were
23	internationally about where infection rates were across	23	studying in the medical areas. We obviously had the
24	the world and we could see, you know, Italy minus ten	24	residences we couldn't close, as has already been
25	days and we could then see what was likely to happen and	25	mentioned.

1       Getting the IT facilities in place was very       1       them in doing so. And then as Ducksche has laid         2       important in order to address the digital supports of       3       students. We had to have people on campus to keep the         4       sudents. We had to have people on campus to keep the       4       5       We ther moved to what was a significant upkilling         6       servers signit, to package of IT equipment. You know, we had       5       We ther moved to what was a significant upkilling         7       to look after the wellbeing of students in rediferces.       6       and equipment the work and upport equipments that hilly cooling         10       very considerable amounts of evel. You have research       10       the digital platform thar, work in a reuch movel beards         11       equipment that you can't is alkew it of that it off       13       as an et school to verk. So contray to a bit of other         12       even over winter breaks and so on. So we have that sort       12       institutions, we worked with a neuroh movel blacharkite         13       as an et school to verk in a reuch movel housed       14       institutions, we have a lot of ducation to do that we vere       14         14       was always going to be a complex mitting what could safely be done       15       think all of the school to a school to verk in a reuch movel work in a reuch movel hand wore in a reuch in a reuch movel work in a reuch	<ul> <li>important in order to address the digital support, first,</li> <li>of all, for your stafl, but also the digital proverty of</li> <li>stafl, but also the digital proverty of</li> <li>stafl, but also the digital proverty of</li> <li>their cons bit and equipments so that they could work from</li> <li>servers going, to package up the boxes and email and</li> <li>server signing. To requirement. You know, we had</li> <li>to look after the wellbeing of students in reidences.</li> <li>to look after the wellbeing of students in reidences.</li> <li>to look after the wellbeing of students in reidences.</li> <li>to constrain the model to what was a significant up - solilling in terms of or using backage of work was undertaken, not only to stafl, but also car students specifically and a completance present or provide that you can't just have research</li> <li>equipment that you can't just have research</li> <li>de orgeniteme of leaping these things signif.</li> <li>school to use. So contrays to a lot of other</li> <li>equipment that you can't just have that start</li> <li>school to use. So contrays to a lot of other</li> <li>equipment that you can't just have that start</li> <li>de orgenite of leaping these things signif.</li> <li>as an at school to work in a much more collaborative way than Teams would have allowed us at the time.</li> <li>think all of these technologies have obviously moved at pace since then.</li> <li>way always going to be a complex mixture of what could</li> <li>think all of these technologies have obviously security, scaling, that avery small team on campus and then what could be done —</li></ul>				
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Day 61

1	inclusion or digital poverty of both staff and students,
2	if those were issues, impacts on staff and students in
3	having to engage in this manner, student engagement, if
4	there were any issues around that, any disproportionate
5	impacts on particular cohorts of students, any issues
6	with perceptions of online or remote learning being
7	somehow inferior to face—to—face. If you want to
8	mention any positive legacy impacts in relation to
9	online learning and any other relevant key issues.
10	So perhaps start this round with Professor Leydecker
11	followed by Dr Duncan and then Professor Macbeth.
12	PROFESSOR KARL LEYDECKER: So it was obviously a huge
13	challenge to move so quickly and so unexpectedly,
14	I guess, to online learning. There was a lot to learn
15	and we had to do a lot of up—skilling of our staff. So
16	we had a unit that led that and we provided a lot of
17	training and guidance.
18	We had that experience of online learning already
19	that was helpful for us and I think we built on that,
20	but we made some mistakes earlier on, I think, as a
21	university or probably as a sector in terms of probably
22	putting too much material online and not paying
23	sufficient attention to creating the right social
24	learning opportunities online.
25	So we did a very significant piece of work a year

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1	later to evaluate our approach to online and blended
2	learning. We started that quite early in terms of
3	having some surveys of our staff and students and some
4	focus groups so that we continually refined this
5	throughout. So no doubt it was a bit clunky in the
6	early days and there was a lot of work to do, first of
7	all , to ensure staff and students had the right kind of
8	equipment to be able to operate in this way.
9	There were no doubt some disadvantages to certain
10	groups at that time. There was digital poverty. The
11	funding from the Scottish Funding Council was very
12	helpful in supporting the issuing of equipment to
13	students who needed it. So I think, nevertheless, there
14	were some $$ definitely some groups of students,
15	probably the more disadvantaged anyway economically,
16	socially , who probably struggled with the adaptation
17	more, because of perhaps not having a quiet space or
18	their own personal space to study from, not having
19	wi $-$ fi, broadband at home and so forth.
20	So I think it was a huge learning curve, but one
21	that certainly we and I think the whole sector embraced
22	very quickly. I think one of the things is that we were
23	all thrust into a particular thing at once and I think
24	people really responded positively to that challenge.
25	And we found in our evaluation that on the whole

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students were reasonably satisfied with the blended learning they had received or the online learning they had received in the very early days, but there was a desire for more social contact and, therefore, the return to more in-person learning, when that was possible. So I think that's what how I would sum up the -that move. There's a lot you asked and we may want to unpack more of that, but that's an initial response. Q. Just in terms of the perceptions perhaps of remote to online learning, you obviously said there was a desire to have more social interaction and a desire to get back when possible, what was the perception of the quality of online learning versus face to face? PROFESSOR KARL LEYDECKER: So from our surveys of students, I think the perception was that on the whole it was very strong. There were things that we needed to change in the course of things. So there was a lot of discussion about whether asynchronous, where you record something and make it available, or synchronous, where you hold live teaching sessions, were more appropriate. That has

2.2 advantages and advantages for different groups. I think 23 we realised that a balance was really helpful because

24 that created the opportunity, particularly when you had

25 synchronous where you could have all of the class there

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and they could start to get to know each other and could start to benefit from that social learning, learning as a group. So I think it was a question of using the experience

5	that we had within the organisation to put in a base
6	level and then to continually enhance that as technology
7	improved, as people's familiarity with that improved.
8	The ability to create, for example, breakout groups
9	within larger group was something that was not a $$
10	people just didn't know how to do that initially, but
11	gradually people acquired the skills to allow them to
12	create a much more $$ a much richer learning environment
13	and that's one of the lasting legacies, I think,
14	relatively positive, that we have moved to be able to be
15	more experimental and more effective in that kind of
16	blended learning and we have retained some elements of
17	that.
18	I do think that there was not a presumption in the
19	public sphere in Scotland, in the media or anywhere
20	else, that blended or online was somehow inferior to
21	face-to-face and I think that was a helpful general
22	sense within Scotland which wasn't always replicated in
23	the rest of the UK that it was perfectly feasible and
24	possible to offer a really good quality level of
25	education. Not for all disciplines and not in all

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Opus 2

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1	circumstances, but for the broad group of students,
2	that's certainly possible.
3	Q. Thank you very much. Return then to Dr Duncan, please?
4	DR DAVID DUNCAN: Yes, I think Professor Leydecker has
5	covered it very well. I think universities are not
6	always the most agile institutions in the world, but
7	I think we surprised ourselves with our own agility at
8	pivoting to a different mode of learning and teaching
9	very quickly.
10	You know, few people might have had experience using
11	tools like Zoom before, but all of a sudden everybody
12	was using it and learning on the job how to use it
13	effectively . It was probably helped by the fact that
14	people didn't have a lot of other things to do, students
15	were bored because they were trapped in their own homes,
16	only able to go out for one walk a day, whatever, so
17	there was almost a willingness to engage. Those
18	students who perhaps in the past were unwilling to turn
19	up for 9 o'clock on a Monday morning were actually
20	turning up online for classes .
21	Again, as Professor Leydecker has said, that mix of
22	synchronous and asynchronous learning evolved very
23	quickly in most disciplines . It was possible to engage
24	in personal contact between teachers and tutors and
25	students and to give feedback in the way $$ informative

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1	feedback in the way that students expect and need. And
2	I think for some students in any way, perversely, it was
3	almost beneficial . Shyer students perhaps unwilling to
4	talk in classes of 10 or 20 or even larger, perhaps more
5	willing to engage online in front of a screen that they
6	might not in the classroom. But there were a lot of
7	issues and challenges along the way.
8	It required a huge effort on the part of teachers,
9	lecturers to adapt courses to the different mode and
10	quite quickly we got reports of exhaustion and fatigue
11	amongst the teaching staff and then of course there was
12	a curtailment of practical work, which covers a whole
13	swathe of disciplines $$ I'm sure you'll hear more about
14	that in a second $$ and then some of those basic
15	problems that we are all familiar with. Harder for
16	people who are living in inadequate accommodation,
17	perhaps with family members of different ages, problems
18	with wi $-$ fi, although they tended to be sorted quite
19	quickly, and then issues with access to laptops and
20	equipment. But, again, that was resolved quite quickly
21	and with government support as well.
22	So kind of a mixed picture, but people encountered
23	problems they never even thought about before and they
24	found solutions to them.
25	Q. And just in relation to digital inclusion, what sort of

22

1	percentages of students were impacted by that, that that
2	had to be addressed?
3	DR DAVID DUNCAN: I'm not sure what the percentage figure
4	would be, but the truth is the large majority of
5	students already had access to laptops. So the numbers
6	that needed to be given equipment I think was quite
7	small, but we set up systems to do that, to address that
8	need pretty quickly and were able to address it .
9	Q. Okay, thank you.
10	Professor Macbeth.
11	PROFESSOR PENNY MACBETH: Yes. So very similar to
12	colleagues, but with obviously particular nuances. So
13	we had a very low level of digital infrastructure when
14	the pandemic hit and, in a sense, we had to make
15	quite $$ what we felt was quite a strategic decision to
16	invest significantly . We obviously had support from
17	Scottish Funding Council with this, but we needed to
18	access really bespoke high—end pieces of kit and
19	equipment, laptops, desktops for particular disciplinary
20	areas. So we realised potentially that there would be a
21	significant problem in accessing those if we were to
22	bide our time and wait to see if the pandemic might
23	subside quickly. So we made the decision to move quite

could access it and, obviously, we made a decision to \$23\$

boldly towards the purchase of equipment just so that we

1	invest as an institution , but also then we had the
2	funding from Scottish Funding Council, which was also
3	hugely welcome.
4	So we did that and then we had to make a whole raft
5	of software that's very bespoke to art and design
6	practice available to students. We also needed to think
7	certain disciplines need certain kinds of capacity of
8	software and equipment and, therefore, for certain
9	disciplines , we needed to quite quickly triage those
10	sorts of kit and equipment and that very particular
11	software that might need to be used in a certain way.
12	So all of that was provided and in fact a legislation of
13	the digital kind of up—skilling was our ability to
14	provide that software to alumni in the first year during
15	the pandemic era. So I think that was a really strong
16	move towards that.
17	In terms of our champions within our academy and our
18	technical support team, we did have some. So we had our
19	digital natives that were very strong on developing
20	learning in that space and we also had experience of
21	doing joint projects with international partners. So we
22	were able to draw on our expertise within the
23	institution . So we had to draw them out and ask them to
24	lead us in a way that they might not have done before
25	and actually that was a really strong way of bringing

1	team cohesion together as well and sharing best
2	practice, but of course that didn't all happen at once.
3	You know that takes a little while to evolve.
4	We were very conscious of digital poverty and
5	digital inclusion and a lot of that was not to do with
6	providing the technical facilities , because we were
7	providing those to students, it was the infrastructure
8	within homes or within residences or just the bandwidth
9	if you have got a lot of students using a lot of really
10	high—end software that takes up a lot of capacity. So
11	we had to do lots of workarounds with that as well. And
12	our IT team were really fantastic in terms of how they
13	just really imagined and enabled us to do that.
14	In terms of classes, as Professor Leydecker said, we
15	started to use the digital facilities like Zoom and our
16	ways of connecting with each other in really
17	experimental ways. So in art school you'll sometimes
18	have group tutorials, group crits, you might have
19	several members of staff in with a cohort of students
20	and, quite quickly, we were using the Zoom space to have
21	breakout rooms, to have teams and then even to the point
22	of actually having online exhibitions or online
23	critiques , which is where students would come in and put
24	up their work. So all of that began to happen.
25	Again, trying to think through asynchronous and

25

1	synchronous learning. So some things were really
2	important to do together, so you might have a workshop
3	that would be led together and you would have the
4	materials in your home, because that is part of that
5	community of making and designing. But then other
6	things that were more skills – based need to be filmed and
7	provided so students could go back and relook at those.
8	So a lot of that sort of content really emerged during
9	lockdown and kind of was being populated by all the
10	schools, but also online resources as well actually just
11	to kind of give people things to do in actual fact.
12	I think we worked very hard to work with our
13	widening access students that we felt would be the most
14	disadvantaged and we had $$ once we were able to create
15	a hub within the art school, which was our hub building
16	where students could book in to get high—end cameras or
17	pieces of equipment that would then work within their
18	digital environment. And we had a click and collect
19	system, which we've actually kept as well. And we also,
20	obviously, had library access with that as well. So we
21	were able to do that. As soon as we were able to do
22	that, we provided a hub building, because some students
23	were not in a position to necessarily create the sort of
24	work they wanted to within the spaces that they were
25	occupying at the time and therefore we needed to provide

1 those in one building that we could keep, you know, very 2 strictly observing all the COVID requirements once we 3 were able to do that. 4 So, finally, sorry, just to say, I think the other 5 thing I think that we all learnt through this was the pace of learning online would need to be potentially 6 7 different to in person. That need to really highlight 8 the need for breaks, space to downtime and the pace and 9 intensity of learning, it was quite important to manage 10 that for everybody's health and wellbeing actually. Q. Thank you. Before we move on, just one quick question, 11 12 Professor Macbeth, about you mentioned delivering 13 digital resources to your students which were quite 14specialist . Were there any issues in relation to --15 I think you said it took a while to roll this out. Were 16 there any issues in relation to accessing that in terms 17 of supply chains or other issues? 18 PROFESSOR PENNY MACBETH: No, I think that was because we 19 moved very quickly in terms of realising we would need 20 to invest and actually for us as an institution it was 21 an investment in our future so we could see that beyond 22 the pandemic that was the right thing to do actually. 23 Q. Okay, thank you. 24 The next theme we have is subject-specific impacts, 25 including if we could have a discussion, for example,

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1	impacts on practical and vocational subjects, impact on
2	subjects requiring close contact with others, impacts on
3	placements and other relevant key issues.
4	And I think perhaps we could start with you,
5	Professor Macbeth, because obviously you have quite a
6	practical element to what you deliver. And I don't know
7	if you $$ you obviously have similar issues to the Royal
8	Conservatoire and if you are able to $$ I understand you
9	do have discussions with them, if you're able to draw on
10	any of those experiences as well.
11	PROFESSOR PENNY MACBETH: Yes. So I'll start there, if that
12	is okay.
13	The Royal Conservatoire and ourselves had very
14	similar issues during the pandemic, as did art schools
15	in the rest of the UK, and conservatoires also. So for
16	conservatoires obviously there were a whole range of
17	issues for them, particularly for dance students,
18	particularly their ballet dancers, where obviously they
19	need access to sprung floors, they need space to move in
20	and, in a sense, they not unlike a performance athlete
21	in their requirement and also the potential for them to
22	be injured. So that was of considerable concern and
23	certainly quite significant lobbying in terms of
24	government understanding that that there were specific
25	needs that were absolutely critical within that setting.
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1	And I think once we got into that level of	1	Q. Yes. Thank you very much. Perhaps we can turn to you
2	conversations beyond what are we doing with our	2	next, Dr Duncan, and then Professor Leydecker.
3	residences , how are we managing the sort of day $-to-day$ ,	3	DR DAVID DUNCAN: A similar story, but across I suppose a
4	very open to the fact that we had very particularly	4	wider range of disciplines and quite a significant
5	different circumstances within art school and	5	impact on the learning experience and the opportunities
6	conservatoires. So there was an issue there, but	6	for students across those disciplines .
7	obviously for students who played instruments,	7	So obviously, you know, for PHD students the
8	particularly wind instruments, in terms of the breathing	8	inability to carry on a lot of research for
9	and the need for screening around those students and the	9	dissertations , but for other students, the curtailment
10	social distancing that needed to go on. So all of that	10	of lab work or rather the switch of laboratory work to
11	was worked through.	11	virtual labs and the development of that whole concept
12	In terms of art school, obviously you have students	12	moving on quite quickly. Field trips obviously stopped
13	who might be welding sculptures or hoping to weld a	13	for teachers, social workers. Lack of classroom
14	sculpture for their final show and suddenly having to	14	interaction and placements for all students. A lack of
15	rethink that completely, because they didn't have access	15	opportunity to undertake internships and work
16	to any of those facilities , for instance, and therefore	16	experience, although there again you had the development
17	would have to start to think about how they might create	17	of virtual internships coming along quite quickly. And
18	that in a digital realm, rather than a physical realm.	18	a very different experience I suppose for medical
19	Some students we would encourage to perhaps flex, so	19	students, who were still quite often in hospitals and
20	to think about materials in a different way. So our	20	for vet students as well, because obviously work with
21	silversmithing and jewellery students who might be more	21	animals and human patients continued, but limited access
22	used to using precious metals would potentially be using	22	for the student population to take part in that.
23	kelp, so actually harvesting their local environment,	23	So a whole range of different impacts. I think the
24	but actually finishing and producing work of an	24	worst affected cohort were the dentists. Obviously,
25	exemplary level. And we actually have some of those	25	dentists soon after they have done their clinical dental
	29		31
	2)		51
1	items in our archives and collections now from that era	1	techniques exam they have to be in close proximity to
2	where people thought about their materials very	2	patients and that work was very severely curtailed and
3	differently . So really trying to support students to	3	so we lost a cohort of dentists across the whole of
4	produce in new and novel ways in relation to their	4	Scotland and I think that was probably the only
5	circumstances for our school I would say. For	5	discipline where that happened where you basically lost
6	concentrateire, really to continue to be able to practice	6	a year of students and for obvious reasons L suppose

6 conservatoire, really to continue to be able to practise 7 and rehearse in new ways or ways that were enabling us 8 to stay safe really. 9 Quite challenging, but we have networks across the 10 rest of the UK with our partner institutions there and

11 certainly we were very much working, myself and the 12 conservatoire, into those networks and sharing best 13 practice and sharing core issues that were happening. 14 So we were supported, we supported each other, but we 15 were supported by our peers as well and I think --116 suppose the only issue with that, and we'll come on to 17 that I know later on, was that because of the tier 18 system in Scotland and actually in the rest of the UK, 19 we were often, particularly in Glasgow, where we're both 20 based, in a different tier to our other art schools. So 21 there was a real concern once we came out of the 22 lockdown into the tier system as to why we were 23 operating in a slightly different way to perhaps some of 24 the other art schools in Scotland and of course that was 25 to do with the tier system.

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### nes and quite a significant experience and the opportunities ose disciplines . now, for PHD students the lot of research for other students, the curtailment he switch of laboratory work to evelopment of that whole concept y. Field trips obviously stopped orkers. Lack of classroom ents for all students. A lack of ke internships and work nere again you had the development coming along quite quickly. And ence I suppose for medical II quite often in hospitals and II, because obviously work with tients continued, but limited access tion to take part in that. of different impacts. I think the vere the dentists. Obviously,

1	techniques exam they have to be in close proximity to
2	patients and that work was very severely curtailed and
3	so we lost a cohort of dentists across the whole of
4	Scotland and I think that was probably the only
5	discipline where that happened where you basically lost
6	a year of students and for obvious reasons I suppose,
7	but quite a severe impact for them.
8	In other areas though I think people did their best
9	to find proxies, to find alternatives to face—to—face
10	activities where they could, but it's probably fair to
11	say across a wide range of subjects it was a slightly
12	diminished or curtailed experience.
13	Q. Just in relation to the dentistry students, you said you
14	lost a year of students, did they repeat, did they
15	defer, what?
16	DR DAVID DUNCAN: Yes. I think all students had to
17	basically delay a year in dentistry .
18	Q. So they weren't lost altogether, they just $$
19	DR DAVID DUNCAN: They graduated. We just lost one year's
20	cohort. So there was one intake that didn't happen, if
21	you like .
22	Q. Thank you very much. Professor Leydecker.
23	PROFESSOR KARL LEYDECKER: Yes, not a huge amount to add to
24	what Dr Duncan has said, but perhaps focus on the health
25	disciplines in particular. I know we have talked about

1	the specifics of dentistry, but I think it was very
2	challenging for those medical students as well for a
3	number of reasons. First of all, they were not able to
4	have as wide a range of practical placements in
5	different medical settings as they would normally have
6	done, for example, out in GP practices and they were
7	often volunteering to work on the frontline. That was
8	quite challenging for them at the time. And they
9	probably didn't have the range of opportunities in
10	different clinical settings. And we also need to
11	remember that many of the clinical $$ much of the
12	teaching is done by clinical academics who were on the
13	frontline of coping with the health emergency and so I
14	think that that did definitely have an impact on that
15	group of students and they often felt that they were
16	actually at the frontline . Many volunteered to work and
17	that was exceptionally positive, but they probably had
18	more experience in some areas than they were
19	anticipating and less in others, if that makes sense.
20	Fieldwork was a major thing that we spent a lot of
21	time thinking about. Not just virtual fieldwork, but we
22	also arranged fieldwork that was much closer to home
23	where students could gather outside and perhaps do a
24	little bit of observation locally where they wouldn't be
25	able to go and look at rocks up in the Highlands or

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1	environments in different parts of Scotland, say, in the
2	biological and geological sciences. But we did our best
3	to provide those opportunities and I think a huge amount
4	of excellent work was done around practicals for
5	sciences, for example. For example, you could film the
6	experiment and then pass the data to the students so it
7	was as though they had done that, but they had the
8	results that they could then work on interpreting.
9	I think that was really, really good and that allowed
10	I think a greater inclusion than might have otherwise
11	been possible, because of the work that was done there
12	so and I think some of those things are of lasting
13	benefit to certain students who might struggle with
14	certain aspects of practical work or the accessibility
15	of that.
16	Q. Are there any other particular groups of students you
17	had in mind in relation to that that might have
18	benefitted?
19	PROFESSOR KARL LEYDECKER: So some neurodiverse,
20	neurodivergent students perhaps struggle with group
21	settings and perhaps shy away from those, find it
22	difficult to be there for certain practical experiments
23	and so forth, but they were able then to participate in
24	a different way.

# That's just one example. There are multiple -- one

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1	realised that the complexities of individual student
2	circumstances were legion actually and it wasn't simply
3	about people with mobility difficulties , it was a whole
4	range of different disabilities , disadvantages, that we
5	learnt to cater for and actually some, you know, felt
6	that there had been really positive benefits to this
7	process. A greater availability of digital resources
8	that you could access in your own time suited certain
9	people perhaps with caring responsibilities and so
10	forth .
11	Q. Thank you. We've possibly touched on this already, but
12	the next topic I had was impacts on research and
13	laboratory—based work specifically, including, for
14	example, impacts on studies involving human
15	participants, distancing requirement, the extent to
16	which those were necessary or unnecessary, and any other
17	relevant key issues in relation to research and
18	laboratory—based work specifically.
19	Perhaps we could start with you, Professor
20	Leydecker, and then go to Dr Duncan.
21	PROFESSOR KARL LEYDECKER: So one of the real challenges for
22	the university sector throughout the period that we're
23	discussing was the requirements for physical distancing
24	in laboratory settings. There was a requirement for
25	two—metre distancing in laboratory settings, which

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1	severely reduced the capacity of our research
2	laboratories , something down to something like 25 to 30
3	per cent at two–metre distancing. The sector lobbied
4	very strongly on this with Scottish Government,
5	including Universities Scotland publicly lobbying on
6	this in 2021. The perception in the sector was that the
7	restrictions were over—restrictive for laboratory
8	settings in university specifically .
9	There were opportunities for less distancing in
10	laboratories in the private sector and indeed elsewhere
11	in the UK and I think that had a very significant impact
12	on our ability to operate those laboratories and to do
13	as much science as we would otherwise have done. And
14	despite this being something that we cared passionately
15	about and wanted to see change, that did not change
16	right through, I think, to March 22 when there was a
17	broad lifting of restrictions . So I think that was
18	probably one of the key impacts on research.
19	Clearly you mentioned research with human
20	participants, we have a clinical trials unit, a number
21	of clinical trials had to be abandoned, because we
22	either couldn't recruit patients, for example, or they
23	had to be abandoned halfway through because it was
24	impossible to continue to conduct those things with
25	human participants. Psychology was another discipline

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1	that has a lot of $$ certainly in our science $-$ based
2	psychology, a lot of studies were not possible and that
3	was something we lobbied quite hard on. It was
4	something we tried to move forward. So there were a
5	range of areas that were severely impacted.
6	At the same time, it has to be said that of course
7	the whole sector made a massive contribution to the
8	research effort through the pandemic. We received $$
9	there was specific funding streams for medical research
10	for COVID research and we were recipients of that and we
11	were very pleased, as the whole sector was, to play our
12	part in trying to find solutions and of course the
13	famous cases of that throughout Britain and throughout
14	the world in terms of that.
15	So but I think that laboratory settings was probably
16	the absolutely critical difficulty we faced and the
17	difficulty was it was seemed inexplicable, because those
18	spaces are very highly regulated, they have
19	exceptionally strong health and safety protocols, very
20	good ventilation and so forth and there was an
21	opportunity, I think, to trust the professionals in the
22	sector to operate those facilities in a way that that
23	would have been more productive for research in
24	Scotland.
25	Q. Thank you. Was there any other particular reason given
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1	for maintaining a two—metre distance requirement in
2	university laboratories versus a lesser requirement in
3	other laboratories?
4	PROFESSOR KARL LEYDECKER: I was not personally involved in
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4	PROFESSOR KARL LEYDECKER: I was not personally involved in
5	those discussions . I don't know you may have been. I'm
6	not aware of what the particular reasons given were.
7	DR DAVID DUNCAN: It may be that the government was more
8	receptive to approaches by commercial companies that
9	were concerned they would go out of business if they
10	couldn't continue to operate, rather than on research,
11	you know, which is noncommercial in nature. But I guess
12	that's a question for the government to answer.
13	PROFESSOR KARL LEYDECKER: If I could add on this, there's
14	perhaps a perception that because you could do
15	something, that was the appropriate decision. So it
16	was $$ because we could operate remotely in terms of
17	education delivery, therefore we should continue to do
18	that and of course in Scotland we did that much longer
19	than was the case in the rest of the UK and in other
20	places. So I think that's something that, reflecting on
21	this, that I feel is one of the things that was perhaps
22	a default position.
23	Q. Before I turn to Dr Duncan on this, obviously you talk
24	about the restrictions , the two metre restrictions and
25	difficulties generally with conducting research, we're

	11000 1.1					
25	difficulties	generally	with	conducting	research,	we're

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1 going to go on to talk about later impacts on staff and 2 universities , but for researchers who are reliant on 3 progressing their research in terms of career 4  $\ensuremath{\mathsf{progression}}\xspace$  , were there any other particular impacts on 5 them and on any particular cohorts of researchers at 6 your institution? 7 PROFESSOR KARL LEYDECKER: So I think PHD students were a 8 particular group that were adversely impacted. They 9 sort of sit between students and staff in a funny kind 10 of way in that research environment, but they have a time-limited amount of funding in order to conduct their 11 12 research and produce their dissertation and for many it 13 was simply -- they had to reconceive their research, 14 because they were unable to do the practical work, the 15 fieldwork or the scientific experimentation and so forth 16 or the work with human participants. 17 So the sector working with the funding councils and 18 others and our own funds worked really hard to try to 19 prioritise those who were nearest the end of their 20 studies who needed extensions and there was a lot of 21 discussion around that and negotiation and some funding 22 was provided, but in some circumstances  ${\sf I}$  think funding 23 was not provided and we needed to try and support them. 24 So I think that group was particularly strongly 25 affected .

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1	The other major impact, I think we'll probably come
2	on to this, is that the emphasis on providing a really
3	high quality student experience in terms of the
4	education side definitely detracted from the research
5	productivity at that time as people took the $$ took the
6	need to focus on that absolute priority of ensuring that
7	our students were able to progress and graduate, there
8	were some significant impacts on staff in terms of their
9	research progression. And that probably fell
10	differentially amongst those who were caring at home for
11	young children, particularly those who were
12	homeschooling. We have to remember that, despite our
13	requests, the Scottish Government did not classify
14	university staff as key workers and so they didn't have
15	access to that opportunity to $$ for childcare and
16	schooling and so forth that I think probably did have an
17	impact on research in the universities .
18	Q. Thank you. Dr Duncan?
19	DR DAVID DUNCAN: Yes, I mean just to pick up on a few
20	things that have already been covered. I think that
21	probably was one of the criticisms the sector made of
22	the regulatory regime that it was just overly
23	restrictive on research activities and perhaps a lack of
24	empathy or understanding of the importance of those
25	activities .

1	For a university like ours, across Scotland there's	1
2	an enormous amount of research activity going on in	2
3	universities , for us something like £200 to £250 million	3
4	worth of income every year comes from that. On average,	4
5	academics spend a third to 40 per cent of their time	5
6	doing research activity . It's hugely important in terms	6
7	of our reputation nationally and globally, but also more	7
8	important in terms of our contribution to humanity and	8
9	large swathes of that activity just had to be curtailed	9
10	for a significant period of time, with a loss of	10
11	research income as well for the university .	11
12	It's worth saying that there was a kind of switch $$	12
13	those who could, whether they were medics or engineers,	13
14	quite a lot of them switched to doing COVID—related	14
15	research because the regime in terms of what you were	15
16	allowed to do on that research was more liberal, both in	16
17	terms of income because funding bodies were switching	17
18	money to support COVID—related activities, but also	18
19	because you were allowed to do the research there was a	19
20	turn to that type of activity for a period of time,	20
21	possibly to the detriment of other important areas of	21
22	activity as a consequence of that.	22
23	But it was a very difficult time for research	23
24	activity and it probably went on for too long in terms	24
25	of the restrictions .	25
	41	
	41	
1	Q. Thank you. Professor Macbeth, I don't want to leave you	1
2	out and I don't want to be presumptuous, but I'm	2
3	presuming that research and lab—based impacts were not	3
4	so much an issue for the Glasgow School Of Art.	4
5	PROFESSOR PENNY MACBETH: They weren't such an issue because	5
6	we don't have science and laboratories, but I just think	6
7	it would be helpful to say I think the lack of key	7
8	worker status for researchers was a hugely $$ hugely	8
9	affected staff in a really unhelpful way. And of course	9
10	we must n't forget that we were right in the lead up to	10

T	Q. Thank you. Professor Macbeth, I don't want to leave you
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4	so much an issue for the Glasgow School Of Art.
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6	we don't have science and laboratories, but I just think
7	it would be helpful to say I think the lack of key
8	worker status for researchers was a hugely $$ hugely
9	affected staff in a really unhelpful way. And of course
10	we mustn't forget that we were right in the lead up to
11	the submission for the Research Excellent Framework, the
12	REF, which is absolutely critical to all institutions in
13	terms of their status within research and their ability
14	to partner, but also their funding. That was paused
15	actually and we were given additional time, which we
16	certainly took as a very small institution and that was
17	actually really critical at that point.
18	But also to echo what Dr Duncan said, we have staff
19	that are key parts of the Digital Care and the Health
20	Institute work with the University of Strathclyde and we
21	had a number of staff who were working into critical
22	areas within the COVID roll out in terms of innovation,
23	design and information design. So we had staff that
24	contributed enormously as well and, again, pivoted from
25	what they were working on to the pandemic itself.

1	So just really to reinforce and echo, but not to
2	forget REF, because actually that's a critical moment
3	for all HEIs.
4	Q. Thank you very much. My Lord, we need to take a break.
5	We're almost an hour in. It may be an opportune time to
6	take a break.
7	THE CHAIR: I would just like to say that you'll probably
8	not be surprised to know that many of the themes are
9	context related , but many of the themes we're hearing
10	we've heard for the past year now.
11	But to show you that inquiries can sometimes take
12	you by surprise, I have to say, Professor Macbeth, that
13	the substitution of precious metal by kelp is a complete
14	surprise, pleasantly.
15	Thank you. Quarter past 11.
16	(10.59 am)
17	(A short break)
18	(11.16 am)
19	THE CHAIR: Right. Ms van der Westhuizen when you're ready.
20	MS VAN DER WESTHUIZEN: Thank you, my Lord.
21	The next theme I have on my list is assessments,
22	attainments and classifications and new admissions, with
23	potentially just touching on, for example, difficulties

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with online assessments, difficulties with the practical

assessments, perception of the integrity of the

1	assessment process, no detriment policies, any positive
2	impacts and any other relevant key issues.
3	And perhaps we can start on this one with Professor
4	Leydecker and then Dr Duncan and then Professor Macbeth.
5	PROFESSOR KARL LEYDECKER: Yes, assessment was one of the
6	key challenges through the pandemic, clearly we had to
7	move away from in—person assessments, the traditional
8	examination in an examination hall. And this had $$ a
9	lot of things needed to be thought about through that
10	process. So we had to develop guidance for our staff on
11	the integrity of the assessment and how we could
12	effectively assess in different contexts. We worked
13	with professional statutory regulatory bodies as well to
14	ensure the assessments were in line with their
15	expectations. And I think as well though it allowed an
16	experimentation and a modernisation of assessment
17	practices across the university and across the sector as
18	we moved to a different type of assessment.
19	We invested a lot in that. It was important to us
20	to ensure the integrity of our assessment, and we also
21	took a tremendous amount of time to ensure that students
22	were treated fairly through the process. So
23	universities are of course well familiar with catering
24	for the individual circumstances of students who might
25	be, for example, ill during a particular period of

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1	assessment or suffering a bereavement or whatever. So
2	we have those sorts of things in place anyway, but of
3	course this was on a collective scale, whereby we tended
4	to take the approach across the university sector of a
5	no detriment policy.
6	So for example if a student had $$ we generally
7	classify degrees over the third and fourth year of their
8	typical four—year undergraduate degree in Scotland. So
9	we would ensure that if they performed less well in
10	their fourth year, they would not suffer a detriment if
11	it was a clear drop in their performance compared with
12	their third year. But we also had to make sure that
13	students were meeting the learning outcomes.
14	Ultimately, you can only award credit for learning
15	achieved if students meet the learning outcomes, but we
16	had to think quite hard about how we were assessing that
17	to ensure that students were continuing to meet the
18	learning outcomes and that was $$ that was a very
19	intensive piece of work.
20	There were lots of discussions across the sector
21	about how to approach this, but, ultimately, each
22	institution is responsible for its own academic
23	standards, working with its externally examiners and we
24	worked hard to ensure that (a) students did not suffer a
25	advantage and (b) standards were maintained throughout.

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1	Q. Thank you. I think we heard from on the National Union
2	of Students and I think they indicated that there were a
3	lot of really good and generous no judgment policies out
4	there, but there was a concern that there was no
5	uniformity across the university sector in relation to
6	the no detriment policies that were implemented and it
7	made it difficult for them to give guarantees to
8	students or reassurance to students and I think they
9	described it as a feeling of concern about $$ some
10	universities were concerned about calling the policies
11	"no detriment policies" out of a fear of being perceived
12	to be soft touch. And there was concern about it going
13	to becoming a postcode lottery, where, depending on
14	which college or university you attended, you might or
15	might not get a good no detriment policy.
16	Could you perhaps just explain, you have probably
17	touched on it there, about each university being
18	responsible for their own accreditation, but why that
19	might have been a perception of a postcode lottery
20	across and why it might have been different levels of no
21	detriment policy implemented?
22	PROFESSOR KARL LEYDECKER: So I think that probably does
23	refer to that fact that universities classify degrees in
24	different ways and have that responsibility . So there
0 E	is an actional summaries to downship also if on the Theorem

25 is no national approach to degree classification . There

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1	are various different approaches in $$ across the UK and
2	the Scottish sector . I can appreciate that it might
3	have been helpful to have had some guidance on this that
4	might have been then approached by individual
5	institutions . You couldn't say you must do X or Y,
6	because that would not map on necessarily to the
7	assessment practices and the classification practices of
8	individual institutions .
9	But it is fair to say that we worked hard to look
10	and see what others were doing as well. So there was a
11	little bit of, oh, they've done something quite
12	interesting there and our teams had to look across the
13	sector to see what might be appropriate and
14	proportionate and we needed to have the confidence of
15	students and our own academic staff in everything that
16	we were doing as well. So I think some guidance might
17	have been helpful in ensuring that students understood
18	that there was a consistent approach.
19	Just as, for example, Universities Scotland
20	developed a consistent core of care in student
21	residences in September 2020 so that, you know, students
22	could then see that there would be a consistent approach
23	to that, and I think that helped to settle things down
24	in that space, something similar in relation to no
25	detriment might well have been helpful, but I don't

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1	believe there was specific guidance either in the
2	Scotland or UK on no detriment.
3	Q. Thank you. Dr Duncan, if we could perhaps come to you
4	on this then?
5	DR DAVID DUNCAN: Yes, sure. Just to pick up on that theme
6	on no detriment, it's worth saying that universities
7	compete with each other all the time, but we're also
8	incredibly collaborative. People are constantly
9	swapping ideas and, in fact, the level of contact during
10	the pandemic increased markedly both with officials, but
11	also within people doing particular jobs within
12	universities . So that sharing of ideas and policy and
13	developing policy collectively , I think , happened almost
14	organically faced with new demands and pressures.
15	It's worth saying that the lockdown, the first
16	lockdown came just weeks before the main exam diet for
17	us and for most other higher education institutions so
18	we had to move very quickly to respond to how do we deal
19	with the summit of assessments and guarantee the
20	integrity of degree programmes. We took the decision,
21	as I think lots of universities did, not to have exams
22	for first or second years, in other words, to allow
23	progressions in upper years of undergraduate degree
24	programmes without that summit of assessment process and
25	to focus on people who were finishing their degrees,

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1	whether it's masters degrees or the honours years of	1	made sense to delay the cohort for that particular
2	undergraduate degrees. And that allowed us to spend	2	discipline .
3	more time and effort in making sure the integrity of	3	In other areas, over time there was, you know, a
4	those assessments was maintained.	4	growing level of engagement with those bodies to make
5	It's worth also saying that there has been a process	5	sure that they were comfortable with the forms of
6	to move away from an overfocus on exam hall—type	6	assessment that were being applied, but in some
7	assessments over a period of time. Universities for	7	instances of course you had to use proxies, rather than
8	some time have been engaging in more varied richer,	8	practical tests.
9	perhaps more meaningful, arguably more meaningful, forms	9	Q. I'm thinking, for example, you mentioned you have a
10	of assessment, which don't just test retention of	10	veterinary school as well. Were there any particular
11	information, but test understanding and skills as well.	11	issues, for example, around veterinary students?
12	The COVID period probably speeded that up to some	12	DR DAVID DUNCAN: Yes, I think sometimes examinations would
13	extent.	13	be done online, rather than in the surgery or on the
14	It's also $$ it's probably worth acknowledging that	14	farm. We have a university farm. But once you get into
15	there's still an active debate about the extent to which	15	outside disciplines , it was easier to maintain the
16	summit of assessment should rely on exam hall—type	16	social distancing that was required to meet the
17	activity, particularly in the numerate disciplines,	17	government's regulations.
18	where there's a concern that, frankly, you can cheat if	18	Q. Thank you. Professor Macbeth?
19	you are working at home. And so I think where we've go	19	PROFESSOR PENNY MACBETH: Yes, so really similar experiences
20	to, particularly in the numerate disciplines, is a	20	from us, really obviously focusing on standards. Where
21	balance of assessment that guarantees the integrity, but	21	we had professional accreditation with the Royal
22	also tests different aspects of a student's performance.	22	Institute of British Architects, there was a very clear
23	And in fact the COVID period to some extent has been	23	network approach from the architecture schools in terms
24	helpful in moving on thinking in that regard.	24	of how they would maintain standards and work through
25	But I think it's $$ just to repeat what Professor	25	the requirements from RIBA. So I think that worked
	49		51
1	Leydecker said, I mean the absolute focus was on	1	quite successfully there.
2	maintaining the integrity of degree programmes and	2	One of the things we really had to do and to focus
3	making sure that standards were maintained across the	3	students' minds on and particularly graduating students

23	network approach from the architecture schools in terms
24	of how they would maintain standards and work through
25	the requirements from RIBA. So I think that worked
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	51
1	quite successfully there.
2	One of the things we really had to do and to focus
3	students' minds on and particularly graduating students
4	was even though our graduate shows are now separated
5	from the final examination of work, they're very much
6	intrinsically linked in the students' minds and so
7	therefore we had to really strongly reiterate that they
8	were two separate pieces of work. But also there was
9	this absolute need for students to be able to showcase
10	their work in a different way to the way they would
11	normally have done through graduate shows, but actually
12	to have graduate online shows.
13	So that process of gathering a digital portfolio ,
14	where we had to encourage students to possibly rethink
15	what their outcomes had previously been going to be when
16	we closed in March. You know, you're not suddenly going
17	to be able to weld a very large—scale sculpture, you
18	might have to do something else. To support the student
19	in understanding there would be no detriment around
20	that, that would all be taken into account and the
21	previous trajectory and the way they had been working
22	had been documented and fully understood and we could
23	get to an endpoint. But also then to reassure that,
24	yes, we would show the work and actually now to an
25	international audience on these digital platforms that

board and I think we did a really good job on that.

many professional degrees, subject to externally

have attained the learning objectives that we've

Q. And you have touched on the lack of guidance from

think we did a pretty good job.

defined, but the thinking went on in universities . A

accreditation bodies. Were there any other practical

issues with, for example, for practical subjects with

DR DAVID DUNCAN: So there did have --- the General Dental

Council would be one where basically they just simple

said you can't graduate the students because they just

haven't had sufficient experience. Nobody wants to go

accreditation when you were dealing with external

lot of that thinking was shared across the sector and I

It's worth also saying worth adding that we are, across

scrutiny by bodies, Law Society of Scotland, General

Medical Council, a plethora of other bodies. We didn't

get help or guidance from those bodies I think through

the period. They themselves had not done much thinking

and would simply say you need to make sure that students

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25 to an inexperienced dentist of course. So it kind of 50

bodies?

1	then have a legacy beyond the normal time span of a	1	continued throughout the successive lockdowns as well.
2	graduate show.	2	I think it's probably fair to say that overtime more
3	So although that was a very difficult moment for	3	students over the years $$ certainly the years I have
4	students and we did actually follow up later on with a	4	been in this job $$ more students have been coming
5	whole series of pop $-up$ shows that probably we have only	5	forward with mental health conditions and with
6	just concluded actually doing for students to give them	6	conditions like neurodivergence on the autism spectrum,
7	that exposure in person to the art world, that I think	7	ADHD and so on of varying levels of severity. I think
8	is something that stayed with us. And so most	8	we have seen since 2020, the numbers here are 54 per
9	institutions now do have graduate online platforms as	9	cent increase in students coming forward to register
10	well as their physical shows. So a whole range of	10	with our disability services and 42 per cent of them
11	approaches.	11	have mental health issues and we see that number
12	We do a whole range of internal examination as well	12	realising . I think overall we have got about 14 per
13	as externally examination, which we invite colleagues	13	cent of our students now have registered with disability
14	from the rest of the sector to engage in. And so our	14	and that's higher in other universities . I think in
15	methods in a sense were already worked through. They	15	Edinburgh it's closer to 20 per cent. So there was a
16	just had to happen in a different realm, which was	16	trend that was happening I think before COVID. I think
17	digital, rather than physical, in the first instance.	17	it's impressionistic , but you can sort of guess from the
18	Q. Thank you very much.	18	numbers that COVID has exacerbated that experience but
19	Then if we could perhaps move on to mental health,	19	the trend is continuing post COVID.
20	wellbeing and social impacts, and include discussion,	20	So mental health issues is one thing, social issues
21	for example, on impacts and mental health and wellbeing,	21	is another, but the two obviously intersect . We could
22	any support offered, social impacts, disproportionate	22	probably talk for hours about it. It was a very
23	impacts on particular cohorts of students or other	23	important aspect of the provision that we tried to offer
24	relevant key issues. And I think in this context if we	24	students throughout the pandemic and beyond.
25	can focus on mental health and wellbeing and social	25	Q. Thank you. Professor Macbeth?
	53		55
1	impacts on students rather than staff, because we'll	1	PROFESSOR PENNY MACBETH: I concur with Dr Duncan o
2	come on to discuss impacts on staff separately.	2	much everything he has just said, apart from we didn't
3	So perhaps we can start with Dr Duncan this time	3	have major outbreaks in our halls of residence, I think
4	followed by Professor Macbeth and Professor Leydecker.	4	partly because some of your students had managed to
5	DR DAVID DUNCAN: Thank you, I mean this is a very broad	5	travel home prior to the main lockdown. But the
6	topic. To start with with social impacts obviously a	6	students that were left were either students that didn't

2	So perhaps we can start with Dr Duncan this time
4	followed by Professor Macbeth and Professor Leydecker.
5	DR DAVID DUNCAN: Thank you, I mean this is a very broad
6	topic. To start with, with social impacts, obviously, a
7	lot of students were living away from home and so when
8	the pandemic started, when lockdown started, a lot of
9	students couldn't go home and so we felt as an
10	institution we had a duty obviously to help to look
11	after, in the general sense, students, particularly
12	students living in our residences. There was one
13	residence with 1200 students, all first year students,
14	in Maryhill in Glasgow where at the peak we had
15	something like 600 students were testing positive for
16	COVID, which basically meant every flat in that building
17	people couldn't go out. They were having to stay in and
18	they were having to be supplied with food.
19	That was probably the most severe example we had as
20	a university, but obviously you had people socially
21	isolated, facing practical issues like access to food
22	and so on, but also suffering the loneliness and
23	isolation that could come from that and being separated
24	from their families, which is what was different from
25	the rest of the population. And of course that

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10	with our disability services and 42 per cent of them
11	have mental health issues and we see that number
12	realising . I think overall we have got about 14 per
13	cent of our students now have registered with disability
14	and that's higher in other universities . I think in
15	Edinburgh it's closer to 20 per cent. So there was a
16	trend that was happening I think before COVID. I think
17	it's impressionistic , but you can sort of guess from the
18	numbers that COVID has exacerbated that experience but
19	the trend is continuing post COVID.
20	So mental health issues is one thing, social issues
21	is another, but the two obviously intersect . We could
22	probably talk for hours about it. It was a very
23	important aspect of the provision that we tried to offer
24	students throughout the pandemic and beyond.
25	Q. Thank you. Professor Macbeth?
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1	PROFESSOR PENNY MACBETH: I concur with Dr Duncan on pretty
2	much everything he has just said, apart from we didn't
3	have major outbreaks in our halls of residence,I think
4	partly because some of your students had managed to
5	travel home prior to the main lockdown. But the
6	students that were left were either students that didn't
7	feel they were able to go home or international students
8	who were still with us. So at various points in the
9	pandemic and various moments, we may have had more or
10	less students, but we did manage to avoid major
11	outbreaks, which I think was helpful. But essentially
12	it was that loneliness, isolation, or potentially a
13	student being in a group where actually perhaps
14	relations had broken down for one reason or another and
15	that's quite hard to manage, although an awful lot of
16	pastoral care went into those residences in terms of
17	care packages and a whole range of wraparound
18	interventions essentially .
19	But of course the trend around mental health and
20	wellbeing being a problem that was increasing within the
21	sector and very noticeable I think to us all over the
22	last $5-$ to $10-$ year period had meant we were building our
23	teams in that area, but essentially actually there is
24	such a need for specialists in that field that actually
25	it's quite hard to access them.

1	So we had a small team, because we're a small
2	institution . We then really invested in a whole range
3	of other sort of online platforms, triage options and
4	certainly in the Christmas period 2020, when we went
5	into a second lockdown, we were very concerned about
6	people $$ students' situation at that point during that
7	period and put in a whole range of additional
8	interventions and had a senior call system, which I
9	think most institutions did, but really mindful also of
10	the impact of our counselling staff at that point and
11	actually the enormous work they had done and the
12	terrific work they had done and that actually that whole
13	triage of that space we needed to make sure that they
14	had some downtime as well.
15	So we put in a whole range of measures actually that
16	we've kept now, because actually they ensure that
17	somebody doesn't drop through any gaps in our systems,
18	which is obviously absolutely essential . I think the
19	issue really was around students that wouldn't perhaps
20	normally have been affected, the loneliness, isolation,
21	but also the uncertainty of the situation with us moving
22	in and out of tiers or in and out of lockdowns. So for
23	anyone that's feeling vulnerable, that lack of certainty
24	actually increases that. So I would say that would be
25	something we really need to consider in a future
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1	pandemic.

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2	Q. Thank you very much. Professor Leydecker?
3	PROFESSOR KARL LEYDECKER: Yes, I think thinking about the
4	four harms, the individual and societal wellbeing, this
5	is absolutely squarely the issue here around student
6	wellbeing and there is no doubt, as colleagues have
7	already mentioned, that there were very significant
8	impacts on mental health across our student body and I
9	think that some of that has been lasting as well . It
10	was good that we were able to get some additional
11	support with providing counselling, for example, but
12	there's no doubt that that level of counselling has
13	needed to remain in place and indeed expand even in
14	subsequent years post pandemic.
15	As we talked about a little bit earlier , the range
16	of different support needs was one of the defining
17	things. So there were people who were isolated, as we
18	have heard. There were people in private rental
19	accommodations who were perhaps particularly isolated
20	away from home and away from even, you know, a student
21	in the nextdoor room or whatever. There were people in
22	halls of residence who were subject probably to greater
23	restrictions , because there were testing regimes and the
24	close proximities than perhaps other groups in society,
25	even though infection levels I think have been proved to

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1		be pretty similar across that age group subsequently.
2		There were students who were $$ simply didn't have a
3		home to go to. That's $$ there were care experience
4		students, there were international students who had to
5		remain in residence and I think that was not always
6		fully appreciated.
7		So I think the key was having a dedicated team of
8		people who cared passionately about trying to respond to
9		the varying needs, whether in our own halls of
10		residents, whether in the private rentals sector,
11		whether the students were at home and working remotely.
12		So we worked really hard on trying to understand what
13		they were facing and then to try to respond to it and to
14		try to create that social opportunity they were so
15		missing. There's no doubt that that had a significant
16		and lasting impact on that cohort, those cohorts of
17		students that went to university during that period:
18	Q.	Thank you.
19		Professor Leydecker, if I could just ask you to
20		elaborate on something you mentioned there, you
21		mentioned the testing regimes and that it subsequently
22		turned out that the levels of infection amongst the
23		students were reflective of the wider population of
24		their age group. What sort of consequences were there
25		of that or if you could elaborate a bit for about what

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1	the testing regimes were as well, please.
2	PROFESSOR KARL LEYDECKER: I think outbreaks in student
3	halls of residence were probably more prominent, were
4	more visible in the media and in the public perception
5	and that led perhaps to longer restrictions on the way
6	we were able to operate, compared with other
7	jurisdictions . So for example, in the latter part of
8	the pandemic when restrictions were beginning to be
9	lifted , we had considerable distancing requirements in
10	place, for example, in our libraries and public spaces
11	that were not operating in nightclubs and pubs. And so
12	you had a differential between what was possible for our
13	students and what was possible for them in other
14	contexts, and I think that that was not necessarily
15	helpful in allowing universities to create the kinds of
16	social spaces, the kinds of interactions socially that
17	for a group that was, you know, predominantly amongst
18	that younger 18 to 22—year—old cohorts, that's not all
19	of our student body of course, but for those students
20	I think that they were probably subject to restrictions
21	in university settings for longer than was necessary and
22	longer than was operating in other contexts. And that
23	was both confusing for them and also I think detrimental
24	in allowing us to create the right social and learning
25	conditions to improve their mental health.

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1	Q.	Thank you very much. If we could then move on to
2		discuss the $$ again it's in quotation marks $$
3		"reopening" of university campuses and return to
4		face—to—face learning, and include in the discussion,
5		for example, multiple closures and reopenings and any
6		issues around that, the level of understanding by the
7		Scottish Government of the complex nature of
8		universities , which we have already touched on in the
9		context of closures, any issues in relation to the
10		differences in rules and guidance for Scotland compared
11		to other parts of the UK and across different parts of
12		Scotland $$ we have already touched on that, but if you
13		could laboratory on that $$ and for universities
14		compared with other sectors in society.
15		Any issues with the sort of one—size—fits—all
16		approach given the size and locations of different
17		campuses and the practical consequences of applying
18		particular a rule, for example the 5 per cent threshold
19		or the two metre distancing requirement, which we have
20		already touched on, and any particular challenges in
21		getting staff and/or students to return to campus and
22		any other relevant key issues .
23		There is a lot in there, but please feel free to
24		pick and choose what are the key ones. If we can
25		perhaps start with Professor Leydecker and then work our

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1	way back down the line with Professor Macbeth and
2	Dr Duncan?
3	PROFESSOR KARL LEYDECKER: So the framework was introduced
4	of levels . While on the face of it helpful in providing
5	that framework, I think our perception was that it was
6	almost one level too far in the direction of restriction
7	throughout, so at various levels , level 4, level 3, the
8	presumption was of very little in—person level, except
9	when it was absolutely essential, and that persisted for
10	a very long time and meant that we were operating under
11	a much more restricted environment and planning
12	framework than universities in other parts of the UK.
13	So, for example, in May 2021 in England universities
14	were largely returning to in—person learning. That did
15	not occur in Scotland until March 2022 when broadly the
16	pandemic was deemed to be beyond level zero in Scotland,
17	and I think that that $$ I think colleagues south of the
18	border were astonished at the extent to which we were
19	still operating as they had been operating during the
20	early stages of its pandemic. So I think that had a
21	very significant impact on higher education in Scotland
22	in terms of our ability to shorten the severity of the
23	impact and the kind of impacts we've talked about in
24	relation to mental health and so forth.
25	That's probably the key area I would want to focus

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1	on. Perhaps stop at that point just for now.
2	Q. Okay, we can perhaps move down and come back.
3	PROFESSOR PENNY MACBETH: Okay, so there were a number
4	things that really affected us in terms of that
5	reopening and I completely agree with everything
6	Professor Leydecker has just said.
7	Certainly that moment around Christmas 2020 to
8	January 2021, the uncertainty and concern around whether
9	students would be able to travel home and how that would
10	manifest itself and also then how they would come back
11	was an immense moment of concern I think for all of us
12	just in terms of, you know, what would be the
13	implications if that weren't able to happen. So I think
14	that was a hugely concerning moment and particularly in
15	terms of the different rules that were operating in the
16	other four nations, never mind internationally, but that
17	sense of if you were going to England or if you were
18	going to Wales, et cetera, et cetera, what that might
19	mean for a student or even a member of staff actually.
20	So I think that's something that we really need to think
21	of going forward.
22	In terms of Scotland in terms of art schools,
23	doesn't really apply to the conservatoire in quite the
24	same way, I don't think, we certainly had a lot of
25	pushback between students who had friends, siblings at

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1	other art schools, Edinburgh College of Art and Duncan
2	of Jordanstone, et cetera, because they were in
3	different tiers a lot of the time to us in Glasgow and
4	we were in a much higher tier. So our students quite
5	rightly probably thought why are they being so punitive,
6	why are they being so strict with this and of course it
7	was our particular setting and circumstances which of
8	course we communicated and reiterated, but,
9	nevertheless, it was very difficult for them to
10	understand that. And of course in terms of staff, that
11	was confusing for them in terms of commuting staff as
12	well and whether they were able to commute to us to be
13	on campus, if that was necessary, once we had started to
14	open up.
15	We also had changes and differences in our operating
16	model between our Highlands campus and our Glasgow
17	campus for the majority of the pandemic. In terms of
18	return to campus, certainly for ourselves there was a
19	moment where we were allowed to allow 5 per cent back
20	onto campus in sort of late 2021. We were in a position
21	where certainly conservatoires and art schools needed to
22	lobby across from UK into Scottish Government to say,
23	actually, we need all of our final years back in or end
24	students who were about to graduate so they can actually
25	use the resources, because everybody in the rest of the

1	UK is doing that now and we're now at a huge	1	aspects —— ther
2	disadvantage. We're putting our students at a	2	declared your lib
3	disadvantage. There's no data that's telling us that	3	the social distan
4	that is putting anyone in a difficult situation and	4	because in pubs y
5	actually, because of lobbying across from universities '	5	could in a library
6	UK groups into Universities Scotland and close work with	6	make sense to pe
7	the minister at that time, we were able to make that	7	amount of disson
8	case and to get back in at that point.	8	Q. Thank you. In te
9	But that fluctuation and the optics of how we looked	9	getting staff and
10	in Scotland in terms of why you might apply to us and	10	point and perhap
11	come to us when they are trying to weigh up should I go	11	work our way bad
12	to an English art school rather than a Scottish art	12	DR DAVID DUNCAN
13	school, in terms of our inability to allow full access	13	students were kee
14	or even any access into campus for most groups was	14	come back earlier
15	really concerning and did affect us and we're probably	15	of year differenc
16	only just recovering from that now.	16	was particularly
17	Q. Thank you. Dr Duncan?	17	For staff it
18	DR DAVID DUNCAN: Similar theme really, we felt that at this	18	and some staff ha
19	stage the regulation $$ the enforcement of the	19	sometimes was ex
20	regulation was too slow in moving and also there were	20	through the trade
21	frankly too many stages in it. It became quite	21	harder and it sti
22	confusing to remember the differences between the	22	others. But I th
23	different stages and I think some of the advice we got	23	back when they v
24	nationally at that stage was a bit weak. Lots of	24	relief from bein
25	confusions about whether you were supposed to cut	25	Q. Thank you.
	65		
1	bottoms off doors and all the rest of it just became a	1	PROFESSOR KARL
2	little bit ridiculous .	2	some staff —— t
3	I think as a consequence of that there was a certain	3	of course and we
4	sense of loss of moral authority. Whereas people at the	4	understood who

moral authority. Whereas people at the 5 start of the COVID-19 pandemic were prepared to accept 6 any rules, because they didn't know what's going to 7 happen, by that stage they were beginning to become 8 sceptical about the rules that were being applied which were too slow in moving and too complicated and too 9 10 confusing. 11 Then the differences between the rules in Scotland 12 and England it was impossible really to understand why there had to be any differences. Even the slogan was 13 14 different . In England they had, what was it, "hands, 15 face, space". In Scotland we had some longer slogan to 16 go with. It just became a little bit confusing and, as 17 I say, I think there was a bit of a loss of moral 18 authority, particularly with that younger demographic. 19 People 18 to 24, most of out students in that age group 20 are the least at risk demographic. Most of them had had 21 COVID. They had also been vaccinated. They knew that 22 if they got COVID, the worst of their symptoms for the

- vast majority were like a common cold and yet they were
   being restricted in their activities .
- 25 You know, some of the more -- some of the odder

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1	aspects $$ there was a joke going around that are if you
2	declared your library a pub, you would be able to reduce
3	the social distancing that you were required to do,
4	because in pubs you could stand closer together than you
5	could in a library . These sort of things didn't seem to
6	make sense to people and I think there was a certain
7	amount of dissonance in that period.
8	Q. Thank you. In terms of were there any challenges in
9	getting staff and/or students to return to campus at any
10	point and perhaps I can start with you, Dr Duncan and
11	work our way back up the line.
12	DR DAVID DUNCAN: I think for students, no. I think
13	students were keen to come back and they were keen to
14	come back earlier than they were allowed to and the kind
15	of year difference between England and Scotland I think
16	was particularly unfortunate.
17	For staff it varied. Some $$ people are different
18	and some staff had internalised a degree of anxiety that
19	sometimes was expressed to us individually, sometimes
20	through the trade unions. And so for some people it was
21	harder and it still is for some people harder than
22	others. But I think most staff were pretty keen to come
23	back when they were allowed to and saw it as a blessed
24	relief from being trapped in their own homes.
25	Q. Thank you.

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PROFESSOR KARL LEYDECKER: I would add. I do think that for
some staff $$ there were particularly vulnerable groups
of course and we worked really hard to ensure that we
understood who were in the most vulnerable category and
to ensure that they were not needing to come back and we
took a very patient and humane and sympathetic approach
to those who did have that and it wasn't simply staff as
well .
I do think there were many students who were quite
reluctant to return and I guess one of the lasting
impacts is that, you know, there's no doubt probably
that campuses are less busy in terms of both staff and
students following that and it has impacts for our
thinking about the future of our estate, what kinds of
space to create in order to facilitate that social
interaction , because there's no point coming into a
campus where the buildings are empty. So I think while
there's not necessarily reluctance, we did all put in
place homeworking arrangements which have remained in
place and had a lasting impact.
So reluctance not, but not always reluctance but
just changed patterns of ways of working that people had
found other ways of working and for some that has been a
positive thing. They have been able to balance work
with care and so on. We may come onto impacts on staff,

1	but that certainly $$ so it was not a straightforward	1	I think.
2	return, you know, now everyone is back, so to speak. It	2	In terms of heads and staff, I think obviously just
3	was quite nuanced and a lot of individual circumstances	3	the enormous amount of work that has to go into an
4	were taken into account in relation to both staff and	4	emergency situation and the new ways of working which
5	students.	5	stay with you and are positives, but you still have your
6	Q. Thank you. And Professor Macbeth, did you have anything	6	core business to attend to, you still have your
7	to add?	7	strategic plan to attend to. And I think there was
8	MS VAN DER WESTHUIZEN: I have nothing to add actually.	8	certainly a point sort of December 2020, January 2021,
9	I think it's been covered by colleagues.	9	where it was quite clear to us all I think that business
10	Q. Okay, thank you.	10	had to continue as usual and we had to manage our
11	Well, then perhaps we can turn to impacts on	11	pandemic strategy so we had $$ we had moved to a COVID
12	universities, university heads and staff and include in	12	gold group and in a sense we needed to manage that as a
13	the discussion, for example, financial impacts on	13	key strand, but it had to be managed parallel to our
14	universities , impacts on the ability to recruit foreign	14	core business and our other sort of obligations in terms
15	students, any ongoing impacts and any other relevant key	15	of student experience, partnership, et cetera, et
16	issues .	16	cetera.
17	And perhaps we can start with Professor Macbeth and	17	So I think we all sort of moved into that space
18	then followed by Dr Duncan and Professor Leydecker.	18	whilst managing and managing an awful a lot of time and
19	PROFESSOR PENNY MACBETH: So in the first year of COVID, the	19	effort at very senior levels . The amount of time
20	financial impacts were very kind of apparent to us all	20	principals meant was I think monthly if not bi—weekly at
21	and I think we all modeled a whole range of scenarios in	21	certain points, normally that's a quarterly meeting for
22	terms of what the financial impact would be in terms of	22	us, and certainly other colleagues in similar networks
23	particularly loss of international students, but also	23	and working into government networks. So just the
24	home and rest of UK students as well. There was a	24	enormous effort for ourselves, but also our student
25	financial impact for us, but it was at the lower end of	25	representatives as well, our student associates and
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1	our modeling. You know, potentially, it could have been
2	really problematic for us.
3	That was $$ we managed to mitigate that, I think,
4	because there was a lot of leeway between if students
5	might start online. If they were international
6	students, we couldn't necessarily expect them to start
7	in person, because we didn't know if in person was even
8	going to happen. So there was a lot of unknowns and I
9	suppose in a sense we were able to make that work. So
10	although financially there was an impact, it did affect
11	us and obviously that has an ongoing impact as we move
12	forward that I think we mitigated that as much as we
13	could and we did have support in doing that from the
14	Funding Council and others and were very much listened
15	to in terms of our concerns in that space.
16	In terms of recruitment, I think it did obviously
17	affect our international recruitment, but it affected
18	also a whole range of home and rest of UK students in
19	terms of the decision as to whether they would come to
20	university in Scotland or whether they would perhaps
21	rather go somewhere else in the UK where they could see
22	slightly less stringent regulations. Of course
23	sometimes that works in reverse, because some people
24	like the more regulated environment and are happier with
25	that, but generally that did affect us in small ways
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1	student unions, the amount of work they did within their
2	networks, but with partnership with us I think was
3	extensive and I think can't be underestimated.
4	It does mean that we all have a blueprint for what
5	we do if there's another pandemic or other really
6	concerning situation that we need to kind of get
7	ourselves around quickly, and I suppose you have to just
8	take the enormous effort into a moment of well,
9	actually, we know we can do that and we know how to do
10	it , we have the tools to do it . So I think that's
11	important for us to note.
12	Q. Thank you. Dr Duncan?
13	DR DAVID DUNCAN: Not too much to add. It's worth saying
14	that in universities like ours it's no secret we are
15	heavily depend on income from the international student
16	fee account and that's important both in terms of
17	income, but also in terms of our global reputation and,
18	at the early days of the pandemic, we were scenario
19	planning for a complete loss of international students
20	and catastrophic loss of income and global reach.
21	In reality, that didn't happen. You know, we
22	managed to maintain our recruitment of international
23	students and our attractiveness and the income
24	associated with it through the pandemic and that was,
25	you know, it wasn't something we anticipated, but so it
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1	wasn't really as bad as we had thought.
2	The impact on research activity, as I think we said
3	earlier , was probably quite severe and a lot of research
4	activity was disrupted and we're still recovering from
5	that now I think. Otherwise, I think, as I was saying
6	earlier , to some extent, as in other sectors , we
7	surprised ourselves with how agile we could be when
8	faced with a major challenge like this and I think
9	because there was a will across the student population,
10	across the staff population to respond positively and to
11	adapt to the new situation, there was a kind of a
12	Dunkirk spirit that affected the whole place and I think
13	positive outcomes and we learnt new skills through it.
14	University of Glasgow ran one of the national PCR
15	labs. We hired 800 staff within a few months and tested
16	tens of millions of people right through the pandemic
17	and then let those staff go at the end of it . So these
18	sorts of reactions and responses to, you know, what was
19	a national crisis I think were genuinely positive.
20	We also worked to avoid advantage. There's a risk
21	that people's promotion prospects and so on would be
22	impeded by not being able to engage in things like
23	research activities and there was a lot of effort went
24	on with the trade unions quite often to make sure we
25	were being fair to all staff groups.

1	Q. Thank you. Just in relation to you mentioned then
2	obviously no secret that the universities are heavily
3	dependent on funding from international students or
4	income from international students, one of the concerns
5	raised by the National Union of Students when they gave
6	evidence last week was specifically in relation to
7	international students signing up for courses
8	specifically in the 2020/2021 year, and not getting the
9	experience that they signed up for by having to go into
10	lockdown.
11	Do you have any comments on that? And I think
12	Professor Macbeth has suggested that Glasgow School of
13	Art allowed international students to start online
14	before coming in. What was the position in Glasgow?
15	DR DAVID DUNCAN: It was very similar. Obviously,
16	everybody's experience was affected by COVID and by a
17	switch to largely online learning and that probably
18	particularly affected international students. UK
19	universities are incredibly attractive for international
20	students. We attract $$ you know, we compete with the
21	best in the world in that sphere and Glasgow and other
22	universities here represented included in that, but we
23	maintained that attractiveness I think through the COVID
24	period and we did our best to make sure that the
25	experience was a meaningful one for all students,

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1	whether international or home students.
2	Q. Thank you. Professor Leydecker?
3	PROFESSOR KARL LEYDECKER: Just to add to that. I don't
4	think there's evidence, for example, from the national
5	student survey that's conducted across all universities
6	of a fall in satisfaction through the pandemic.
7	I think colleagues have covered off the financial
8	impacts. I don't think they were $$ they didn't turn
9	out to be what we anticipated.
10	I would like to focus more on the wellbeing impacts
11	on staff. I think there's no doubt that the workload
12	pressures were exceptionally intense, throughout the
13	pandemic, but particularly in the early part. We
14	conducted a survey, a COVID survey, in June 2020 and the
15	overriding message was around workload pressures and
16	that was really across the board. It was $$
17	We've heard about the pressures on our academic
18	staff to deliver education in a new way while trying to
19	sometimes do research at the same time, but there are
20	also our technical professional support staff, the ones
21	who were on campus. We worked really hard to ensure
22	that they felt that we really valued them in the
23	communications that we put out. I think the key thing
24	was to create a sense of a single community working
25	together across the entirety of staff and students.

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1 We took a number of measures to address the workload 2 challenges. We set up a group with our campus trade 3 unions to look at how we might address workload and I 4 think that stood us in good stead. We took a number of 5 key decisions that have been long-lasting about the 6 organisation of meetings, the timing of meetings, the 7 length of meetings, the avoidance of email out of hours 8 and at weekends, the necessity of people taking their 9 annual leave and so on to try to address those ongoing 10 workload pressures. Those workload pressures were 11 repeated in the 2020 end of day year survey and in our 12 survey in 2022. 13 There's no doubt that the pandemic put an enormous 14 strain on people because they wanted to do the right thing for the staff that they were working with and the 15

16 students that they were working with and -- but those 17 are, I think, lasting issues and there's no doubt that, 18 you know, that there is some talk of burn out amongst 19 some staff, because of the work that was put in 20 throughout that period. People in the NHS, our clinical 21 staff, you know, were working incredibly hard to 22 maintain the care in those clinical settings, while also 23 trying to deliver education in teaching our medical 24 students. 25

Those are just some of the elements of it, but

1	I think we need to put on record that was a really key
2	concern and the partnership working with trade unions
3	was really strong in our institution , I believe , across
4	institutions and that that stood us in good stead in
5	trying to work through those exceptionally challenging
6	years for all of us.
7	Q. Thank you, I'm going to come on just under this heading
8	to ask you all about key worker status, which we touched
9	on in the context of impacts in relation to research.
10	So I' II come on to ask you about it more generally
11	across, but, Professor Leydecker, before we move off,
12	Professor Duncan mentioned working to ensure staff
13	weren't adversely affected in terms of career
14	progression I think.
15	In Aberdeen University you mentioned, when you were
16	discussing impacts on research, PHD students in
17	particular and then you touched on those with caring
18	responsibilities , staff with caring responsibilities .
19	Which staff were those that might have had higher caring
20	responsibilities ?
21	PROFESSOR KARL LEYDECKER: So in our survey in 2020, 44 per
22	cent of respondents said that they had caring
23	responsibilities , this is across all staff, and 47 per
24	cent reported that this included homeschooling
25	responsibilities . These were widespread experiences by

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1	our staff and that's why we had to make adaptations, for
2	example, in our promotion system to allow people to
3	indicate where there might be mitigations in relation,
4	for example, to the volume of research outputs or amount
5	of activity that they might have been able to do.
6	We also tried to prioritise those who had been most
7	impacted for things like research leave when that was
8	possible to take when the pressures were off and teams
9	were able to free up staff, but it was really all hands
10	to the pump of for a while. But that had a
11	disproportionate impact on those with caring
12	responsibilities , particularly in relation to
13	homeschooling, which particularly of a younger age
14	cohort. I think it really depended on the age of one's
15	children as to how intensive that period was. But that
16	was really $$ and obviously for single parents it's a
17	much more complicated arrangement to try and balance
18	that $$ those responsibilities with $$ to the education
19	of the next generation with carrying out one's role at
20	the university.
21	Q. And was there any $$ was it equally split between men
22	and women or was it disproportionately backed on?
23	PROFESSOR KARL LEYDECKER: I think probably more women had
24	more responsibility for more of the care, but we

25 realised early on that that was a -- that was -- one

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1	shouldn't jump to that conclusion and there were
2	certainly households where that was not the. Case, for
3	example, you might have had the a female member of the
4	household might be a key worker going out to work in a
5	hospital or whatever and so the responsibility fell on
6	perhaps want male in a household in a two—person
7	household with young children.
8	So again, best not to jump to conclusions about
9	which particular demographics were impacted. We did
10	some work about $$ early on in the pandemic looking at
11	our research grant applicants and so on and we found
12	that actually, early on at least, there were not
13	particular gender impacts that we could see in the work
14	that we're doing. We tried to monitor that very
15	carefully . So I wouldn't draw general conclusions.
16	Q. Thank you. And then perhaps we can just then touch on
17	key worker status and whether that was $$ you mentioned
18	that research staff weren't granted key worker status.
19	What was the issue in relation to other just general
20	teaching staff and other staff, nonacademic staff, and
21	perhaps start with Professor Leydecker and work back
22	down the line?
23	PROFESSOR KARL LEYDECKER: I think it didn't really matter
24	what role you're in , this was a potential impact both $$
25	we talked about research before, but there were those
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1	who were heavily involved in the education side who were
2	obviously having to deliver probably more classes in
3	smaller groups when we were able to return to in—person
4	teaching in small groups and so forth. But also those
5	who had to come on to campus to do their roles, the ones
6	who were providing the food parcels to students, who
7	were doing at the laundry, the ones who were maintaining
8	the IT systems, the ones who were doing all of that
9	work.
10	So I don't think it was a particular part of our
11	workforce. I think it was $$ I think as I have said
12	there was a general impact and possibly the ones who had
13	to be on campus were the ones who had the most challenge
14	in any way, because if they weren't able to find $$ if
15	they didn't have key worker status, then they clearly
16	had significant difficulties in being able to come on to
17	campus and find other arrangements for the caring
18	responsibilities at home and the homeschooling
19	responsibilities .
20	Q. Thank you. Professor Macbeth?
21	PROFESSOR PENNY MACBETH: Yes, so essentially pretty much
22	all staff, whether they were coming in and key workers
23	or whether they were not deemed to be key workers but
24	having to not only home school, but potentially be
25	carers as well for others who wouldn't necessarily be

1	able to go into a health or medical setting that perhaps
2	previously would have been able to do, in a sense that
3	affected everyone, but they did have to continue
4	working. And I think the thoughts about how key worker
5	status is allocated I think is absolutely key going
6	forward, because the pressure is on those $$ everybody
7	really in that situation.
8	And I agree with Professor Leydecker, I don't think
9	it kind of had a particular gender effect. I think it
10	affected all sorts overpeople in all sorts of settings
11	in a variety of ways. So I do think the notion of what
12	a key worker is and particularly if there was caring or
13	childcare responsibilities involved is absolutely
14	essential going forward.
15	We managed it. We tried to triage workload. You
16	know, we listened to folk, we had workarounds, but there
17	was an awful lot of new approaches and new ways of
18	working that had to happen. So initially devising new
19	ways of working and therefore the workload in terms of
20	perhaps delivering a class, but in a very different way
21	online meant that there was an enormous amount of
22	additional pressure, but also additional expectation
23	from the receivers of that information, whether that be
24	work colleagues or students, and then obviously going
25	back into settings or partially going back into settings

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1	with really quite small student groups. We already
2	deliver in pretty small student groups, but when you
3	have social distancing, the sort of multiplication of
4	that, but obviously the expectation from a student is
5	still the same.
6	So all of those things really need to be thought
7	through and triaged, if this were to happen again.
8	Q. Thank you. And Dr Duncan?
9	DR DAVID DUNCAN: I don't have much to add.
10	On our campuses, there were about 70 people that
11	were deemed to be I think essential workers that had to
12	come in. Certain amount of tension at times between
13	staff whose jobs required them always to be on campus
14	and others who have greater flexibility , but that's true
15	all the time anyway in universities so I think it's
16	something we lived with.
17	Q. Thank you. Then finally, if I can invite you to
18	indicate any potential lessons that can be learned from
19	the experience of the pandemic, just in order to either
20	mitigate impacts that are ongoing and/or to ensure that
21	those impacts aren't felt as severely in any future
22	pandemic or other disaster.
23	If I could start with Dr Duncan and we can work down
24	the line?
25	DR DAVID DUNCAN: Just four quick points from me.

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1	One is I remember before COVID came along being
2	advised by our health and safety people that if there is
3	ever a pandemic, you will be told what to do. Public
4	health authorities will come in, your authority will be
5	taken away and you will be given clear instruction .
6	That just wasn't the case. There wasn't draft guidance
7	in place, I think, for any sort of pandemic as far as we
8	could see. And I think the first lesson has to be that
9	the country has to prepare $$ authorities have to
10	prepare with some sort of draft guidance for different
11	scenarios well in relevance next time.
12	Secondly, if we could avoid local variation and see
13	more joined—up thinking across the nations of the UK,
14	that would be helpful, because I think the variation
15	that we saw was unnecessary and extremely unhelpful for
16	us as we went about our business.
17	The third is that narrative that crept into public
18	discourse during the pandemic around balance of risk is
19	something that we need to think about from the start,
20	rather than just say, well, we'll lock everybody down
21	because that's the right thing to do to avoid deaths.
22	Well, not necessarily. You're locking people up who are
23	suffering a common cold and actually having a severely
24	adverse impact potentially on their mental health.
25	These sorts issues I think need to be kept in balance in

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1	the pre—thinking, as well as once the pandemic starts.
2	And then the last thing I think which is probably a
3	running conversation that ought to go on is around
4	making better use of the expertise that we've got in our
5	higher education institutions . I mean obviously a lot
6	of that expertise was used in all sorts of different
7	ways, but we could help prepare, we could create a
8	resilience unit, for example, that would support
9	Scottish Government in its planning and its preparation.
10	We could have a database of relevant expertise across
11	HEIs so it's not just a case of picking out a few
12	individuals to help. There are probably lots of other
13	things we could do to help in this space and I think we
14	would be willing to talk with officials and take that
15	discussion forward.
16	Q. Thank you very much. Professor Macbeth?
17	PROFESSOR PENNY MACBETH: Yes, just to sort of build on
18	that, I absolutely agree. I think a resilience unit so
19	the conversations we got to in the end were happening
20	already and just happened, because that would be good
21	for all of us, but also within that an innovation unit.
22	So one of the really strong legacies that's come out
23	of this is our approach to blended learning, hybrid
24	learning, that many of us have kept in order to do our
25	business in a better way and to augment what we already

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1	have. In a sense that could be built very strongly into
2	that and could be part of what is seen as a legacy of
3	this .
4	I absolutely concur that the $$ which is why I'm
5	going to reinforce $it$ $$ that the consideration about
6	how we work across the four nations I think is vital
7	if $$ going forward, and consistency of messaging to
8	avoid unnecessary concern, poor health, mental health
9	and wellbeing, but also just that agency for the common
10	good really, I would say. And I think, yes, no, I think
11	that's it really from me.
12	Q. Thank you very much. And finally, Professor Leydecker?
13	PROFESSOR KARL LEYDECKER: So I think to return to the four
14	harms. I think with hindsight, the third harm around
15	societal individual wellbeing was probably
16	underestimated and I think ensuring that that is fully
17	understood, that the impact on wellbeing, mental health,
18	was profound and long—lasting and should not be
19	underestimated and should form a key part of future
20	thinking in relation to pandemics.
21	I think government should not really impose greater
22	restriction on students than on the wider population,
23	unless there's a clear public necessity for this . And I
24	think we felt that probably at one point too many

different regulations and bits and pieces and changes

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1	and chopping that imposed an enormous amount of workload
2	to work out what kind of ventilation, what kind of
3	distancing, what kind of screens and so on. If a
4	broader framework were put in place and then we were to
5	be trusted to operate professionally within that, given
6	the complexity of our organisations, and I think the
7	points we made about, you know, distancing in laboratory
8	settings would be a classic example of that. That was
9	just something that if it had been left to us, within a
10	framework of working safely in laboratory settings, we
11	would have been able to operate perfectly safely and it
12	would have been to the benefit.
13	I think $$ finally, I think we felt that it would
14	have been helpful if we had had greater access to
15	testing and vaccination, particularly testing. We had a
16	joint centre in the end in Aberdeen which was really
17	helpful . It was a community testing centre as well as a
18	university test centre. But we didn't $$ we weren't
19	able to get the ability to test students there. You
20	know, the contracts were quite complicated and we
21	weren't allowed to test in a way that would obviously
22	have been of benefit. That would have allowed us to
23	test, students to test before departing for that winter
24	break, which would have been really, really useful. So
25	we had to, you know, put in place all the kinds of

So I think that was probably another key point that
we were thinking about in the future around access to
testing .
Q. Thank you very much.
My Lord. I have no further questions, unless your
Lordship has any.
THE CHAIR: No, I have no questions, but I would like to
thank you all for a very stimulating discussion, very
clearly and logically set out. I suppose I shouldn't be
surprised , that's what universities are for , stimulating
our minds and doing it logically .
In fact, listening to you took me back $$ it was a
very long time since I was at university , but it did
take me back to my experience there. Thank you all very
much indeed. That's an end to this morning's hearings.
It's this afternoon just. We will be back at 1.30.
Thank you all very much.
(12.18 pm)
(Luncheon adjournment)

measures to allow them to be safe in departing.

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THE CHAIR: Right. Ms Stewart will have some questions for 3 4 you. On you go Mr Stewart. 5 SUSAN MITCHELL

MS STEWART: Thank you. I do. Giving evidence this

University who will give evidence on graduate

apprenticeships and placement-based learning.

afternoon, my Lord, is Ms Mitchell of Glasgow Caledonian

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- 6 Questions by MS STEWART
- 7 MS STEWART: Can you please confirm your full name for us
- 8 Ms Mitchell? 9 A. Susan Victoria Mitchell.

THE CHAIR: Good afternoon, Ms Stewart.

MS STEWART: Good afternoon, my Lord.

THE CHAIR: You have a witness for us.

- 10 Q. And on behalf of Glasgow Caledonian University or
- 11 Glasgow Caledonian, for short, or GCU, you provided a
- 12 response to the Inquiry's Rule 8 request for 13
- information; is that right? 14 A. I did.
- 15 Q. My Lord, that is to be found at reference
- 16 SCI-GCU-000001.
- 17 Ms Mitchell, you are the Chief Operating Officer and
- 18 Deputy Vice-chancellor at Glasgow Caledonian; is that
- 19 correct? 20 A. Yes.
- 21 Q. And how long have you held that role for?
- 22 A. Over six years.
- 23 Q. Thank you. Can you tell us a bit about what your role
- 24 at the university involves, typically, and also in
- 25 relation to the pandemic period?

1	Α.	Thank you. I manage the vast majority of the	1	Q.	Thank you. And you mention in
2		professional services functions, so nonacademic	2		the academic schools you have w
3		functions of the university . But during the pandemic,	3		Within which of these schools the
4		I was also the COVID lead for the university. So that	4		typically sit?
5		meant liaising with my counterparts in other Scottish	5	Α.	So they're in two of the schools,
6		universities with Universities Scotland and, therefore,	6		and Society and the School of Co
7		with the Scottish Government around matters of policy	7		Built Environment.
8		and decision—making.	8	Q.	And in terms of the sorts of prof
9	Q.	Thank you. And in terms of what we want to ask you	9		people studying an apprenticeship
10		about today, apprenticeships, part of that response sets	10		you give some examples of those
11		out that Glasgow Caledonian is a leading provider of	11	Α.	Yes, so we would be talking about
12		graduate apprenticeships. Before we go onto that, can	12		industry or we might be talking a
13		you give us an outline of the university as an entity in	13		development, accounting, busines
14		terms of its size, the number of students and	14		description, AI, data science, th
15		apprenticeships and the types of courses offered.	15		industries .
16	Α.	Of course, yes. Glasgow Caledonian is the leading and	16	Q.	Thank you. You mentioned at th
17		largest modern university in Scotland. We offer a range	17		apprentices are in full—time em
18		of programmes across areas like business, accounting,	18		university part—time. Can you g
19		law, health and life sciences, computing and	19		they attend university? Is it so
20		engineering. There are around 23,000 students. It's a	20		blocks of time?
21		mix of home students and international. We're a very	21	Α.	Usual format is about a day a we
22		large institution .	22		from programme to programme, o
23		We have $$ most of our degrees are very much geared	23		industries people are coming from
24		towards future employment, so useful degrees that give	24		up so they attend for a more pro
25		qualifications that employers are looking for from our	25		week at a time, rather than a day
		89			91
1		students, which is most likely why we have 91 per cent	1	~	it is a day a week is the norm.
2		of our students, according to the most recent data, are	2	Q.	Are we to understand that the fo
3		in full – time employment or indeed further study	3		apprenticeships means that the p
4		15 months after graduating. We also it's worth	4		their training are done while in
5		noting that 22 per cent of our students are from the	5		theoretical elements are done at
6		country's 20 per cent most disadvantaged backgrounds.	6		there more of a crossover than th
7		We are the largest nursing provider in Scotland. We	7	Α.	That's correct to say, but it's a
8		are the largest provider of allied health professional	8		assessment needs to cover $$ the
9		education and the largest provider of graduate	9		oversees cuts across both the wo
10		apprenticeships .	10	_	side.
11	Q.	Thank you. And indeed it's those three courses, if I	11	Q.	Thank you. I want to look now w
12		can put it that way, that I want to ask you about, the	12		on those apprentices if we think

graduate apprenticeships, I beg your pardon, the allied 14 health professions and nursing. First of all, the apprenticeships, what is a 15

16 graduate apprenticeship?

- 17 A. So a graduate apprenticeship is when somebody who is
- 18 already in employment comes into the university in order
- 19 on a part-time basis so they are working and earning and
- 20 studying and earning at the same time in order to secure
- 21 a degree of some description, either an honours degree
- 22 or a masters degree.

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- 23 Q. And how long does it take to obtain a graduate
- 24 apprenticeship?
- 25 A. Typically, four or five years.
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- n the Rule 8 response about
- within Glasgow Caledonian.
- ne apprenticeships
- , the School of Business
- Computing, Engineering and
- ofessions or trades the
- ip can hope to enter, can
- e?
- out the construction
- about software
- ess management of some
- hose sorts of
- the outset that these
- mployment and attend
- give an idea of how often
- sort of weekly or in
- eek, but it does vary
- depending on the sorts of
- om. So we might set it
- otracted period, saw a
- ay a week, but typically

1		it is a day a week is the norm.
2	Q.	Are we to understand that the format for these
3		apprenticeships means that the practical elements of
4		their training are done while in the workplace and the
5		theoretical elements are done at the university or is
6		there more of a crossover than that?
7	Α.	That's correct to say, but it's also true that the
8		assessment needs to cover $$ that the university
9		oversees cuts across both the workplace and the academic
10		side .
11	Q.	Thank you. I want to look now with you at the impacts
12		on those apprentices if we think to March 2020 and what
13		we're terming and what's commonly termed lockdown.
14		There will have been some working for their employer and
15		some at university. Can I ask you to describe just in
16		broad terms for us the impacts on these two cohorts,
17		perhaps taking those at university first ?
18	Α.	Yes. So they wouldn't be wholly at university or wholly
19		at their employer. Most likely at the time, there would
20		have been a combination of the two through the week. So
21		the impact was very similar from an academic point of
22		view that it would have been for any undergraduate
23		student. So the students, of course, had to study from
24		them, but of course in most cases they were also working
25		from home those days when they were working for their

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employer, rather than doing their academic study. 2 Q. And in terms of the impacts they experienced, are they broadly the same as those doing other practical subjects, for example? A. Yes, absolutely. All study moved online. The only difference would be that for the days when they would normally have been in their employer, typically, they obviously couldn't be doing the practical work and therefore had to be at home. 10 Some of them of course were furloughed for the 11 period, a small number were made redundant and so then there was then another challenge about how do we then 13 support them to secure alternative employment. 14 Q. Thank you. We've heard from a panel of college principals and another panel just this morning comprising university principals about the impacts on 17 practical subjects and a little bit about at the impact on apprentices. Would you say there were more or fewer 19 negative impacts on apprenticeships, apprentices, I beg 20 your pardon, because of their link with an employer, for 21 example? 22 A. People may see it in different ways. I would argue that 23 perhaps -- well, it might be argued that there was less 24 of an impact on a graduate apprenticeship individual, 25 because they had other supports networks. So they had 93 1 the support of the university, they will also have had 2 the support, in the main, from their employer, but it will doubtless have varied from individual to individual. 5 Q. You set out in your Rule 8 response for us that when the

- 6 reopening of campus was permitted, or at least permitted 7 to a degree, you prioritised those doing practical 8 courses, did that include apprentices? 9 A. Yes, and no, depending on the particular programme of 10 study. It would have -- because that practical element 11 is typically in the workplace. So from our side, from 12 the academic side, they wouldn't necessarily have been a 13 priority .
- 14 Q. Thank you. In relation to the impacts on apprentices.
- 15 you have set this out at is various sections of your
- 16 Rule 8 response, but if I may focus on what's said at 17
- section 3H, page 15. You have a heading there:
- 18 "GCU Graduate Apprenticeships: Insights." 19 And you set out here the scale of the graduate
- 20 apprenticeship offer that you have at Glasgow
- 21 Caledonian, 345 apprentices and 200 employers.
- 22 A. Hm-hmm.
- 23 Q. You say this is offered across seven programmes.
- 24 A. Yes.
- 25  $\mathsf{Q}.\;$  Are we to understand the programmes as different to the
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schools?

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2	Α.	Yes, a programme of study. So civil engineering would
3		be a programme of study, accountancy would be a
4		programme of study and those are component parts within
5		a school. So within a school there might be an
6		undergraduate degree in accountancy, but there is also a
7		graduate apprenticeship qualification in accountancy.
8		They run side by side.
9	Q.	In that same section, you explain that the scale of the
10		apprenticeship therefore made it difficult for the
11		university to manage on one hand continuity of education
12		and on the other employer support. Could you explain to
13		us a bit about the relationship between the university,
14		the apprentice, the employer and how that works?
15	Α.	So we have a dedicated team who recite GAs, as we call
16		them, into the university through the employer. So they
17		work with the employer. At the outset when they're $$
18		typically often helping an employer to define what
19		skills and qualifications they need to develop to enable
20		their own workforce moving forward.
21		So at the very outset, there is a triumvirate
22		relationship between the student, the university and the
23		employer. That became quite critical during COVID,
24		because that team were able to liaise with the employer
25		and make sure that suitable support was being provided
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1		to the student, but to make sure that the employer's
2		needs were being met and whether anything needed to be
3		flexed in the programme.
4		One of the things we were able to do really
5		successfully at the university is flex a GA programme to

successfully at the university is flex a GA programme to 5 6 meet the needs of the employer, which could of course 7 have changed during the COVID period. So we were able 8 to do that through that very careful business 9 partnership relationship. 10~ Q. Can you tell us a bit more about what that might look 11 like in terms of what you were able to do? Would it be 12 to alter the order in which you taught certain component 13 parts? 14 A. Thank you, yes. So we very much changed the chronology 15 of events. Excuse me. So where there might have been a 16 period of learning followed by a period of placement -17 not placement, sorry, that's the incorrect word -- by a 18 period of time in the workplace, if that time in the 19 workplace couldn't happen, we moved events around so 20 that some of the academic learning was consolidated at a 21 period of time when the individual student couldn't go 22 into the workplace, which is incredibly helpful. It 23 maybe meant that the sequence wasn't the ideal sequence, 24 but it meant that the students could continue their 25 studies and come out the other side of COVID without

1		having had a significant detrimental impact.
2		That negotiation and navigation was quite special
3		from a graduate apprenticeship point of view and I think
4		was incredibly helpful for your students.
5	Q.	Should we understand then there wasn't an impact in
6		terms of delay in terms of qualification or career
7		progression in that regard?
8	Α.	That's correct, yes.
9	Q.	You speak about a large component of the apprentices
10		during COVID being employed in the construction sector
11		and you have mentioned today in your evidence about
12		furlough being a significant feature. What impact or to
13		what extent did that have an impact on the apprentices?
14	Α.	I think for those that were furloughed it was obviously
15		a very concerning time and one of the things we spent a
16		lot of time doing as an organisation is providing
17		reassurance and support. However, furlough wasn't as
18		challenging as being made redundant and we specifically
19		needed to support those individuals who couldn't
20		complete a graduate apprenticeship if they didn't have
21		an employer.
22		So actually in that instance, in those instances, we
23		were able to try and work with the individuals and our
24		network of employers to find them alternative employment
25		to enable them to continue with their GA programme,
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1		hugely successfully.
2	Q.	Thank you. To what extent was redundancy a problem for
3		the apprentices?
4	Α.	It wasn't huge, but of course each and every case is
5		huge to the individual .
6	Q.	Indeed, and what about furlough, was that a widespread
7		problem across ——
8	Α.	It was, it was a reasonably common occurrence.
9	Q.	Thank you. And is that that solely or prominently in
10		relation to construction or across the piece?
11	Α.	I would have to have a look at the numbers to tell you
12		that, but I could find that information and share it.
13	Q.	Thank you very much. We might come back to you and
14		invite you to do that, if that's something that wouldn't
15		be too onerous.
16		I want to move on to asking you now about allied
17		health professionals training and their placements, in
18		particular , and you have mentioned that GCU is the
19		largest provider of courses relating to allied health

- 20 professionals. What sort of allied health professionals 21 study at the university?
- 22  $\,$  A. So there are 12 AHP, as we call them, disciplines and at
- 23 the university -- Glasgow Caledonian we offer eight of
- 24 those 12. Our three largest programmes are
- 25  $\qquad$  physiotherapy, occupational therapy and dietetics .

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1	Q.	And am I right to understand that all of these AHP
2		require to have placement—based learning?
3	Α.	Yes, that's correct.
4	Q.	You have set out at section 3D, at the very top of
5		page 6, that lockdown caused significant impacts on the
6		practice elements of these AHP courses. Can you explain
7		a bit about these impacts? For example, did the
8		placement cease or were they modified in some way?
9	Α.	It was a huge impact actually. All of our AHP students
10		were on placement at the point when lockdown happened.
11		In the very first instance, they stayed in situ.
12		I think some other institutions may have withdrawn their
13		students. We didn't do that on and our working
14		assumption behind that was that students studying to go
15		into those professions and once in those professions
16		they wouldn't be withdrawing, but that was the very
17		early days.
18		Thereafter, quite quickly, a few issues emerged.
19		One was that the individuals that were working alongside
20		our students on placement were called to the NHS
21		frontline so they had to come away from their normal
22		working role and, of course, without them there, the
23		students can't be on placement.
24		The second one was that PPE was not provided.
25		Unlike nursing students where PPE was not provided, PPE

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1		was not provided to AHP students. And the third element
2		that arose was that it became clear that there was no
3		death in service indemnity arrangement in place for AHP
4		students so they had to be withdrawn from their
5		placement roles.
6	Q.	Thank you. You set out in the section that $$ if I can
7		quote from your Rule 8 response you say:
8		"In the early days of the pandemic response the
9		picture was confused. No overall leadership regarding
10		the decision—making about what to do about student
11		placements was forthcoming and as a result the
12		placements were cancelled in dribs and drabs."
13		Obviously, the picture there painted is one perhaps
14		of uncertainty. Can you explain the impact on the
15		students and the university of that situation .
16	Α.	Yes, it was a deeply uncertain time. A lot of thought
17		went in very quickly to what we would $$ do not what we
18		would do, but what would happen nationally in terms of
19		AHP students, which of course when they needed to come
20		out of placement would have caused significant worry to
21		your students. What does this mean for my studies?
22		What has it mean for the timeline of my studying and
23		acquiring my qualification and what's going to happen to
24		me? Also a sequential impact for our academic staff who
25		had to act very quickly to find an alternative solution.

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1	What actually happened in practice is that is the
2	HCPC, this is the regulatory for AHPs $$ too many
3	acronyms, l'm so sorry $$ they made a decision so allow
4	us to move away $$ the students could move away from
5	having to complete a fixed number of hours in order to
6	secure their accreditation towards being able to
7	demonstrate competency.
8	That was a hugely helpful and incredibly important
9	moment. What that enabled was our academic colleagues
10	to shift the placements into a simulated environment in
11	the university . Extremely difficult to do, because it's
12	not normal practice, or there is an element of that, but
13	it's not normal practice on that scale. And to
14	illustrate the point, there were 60,000 hours of
15	physiotherapy placement time that were lost to our
16	students and those hours $$ not the hours, because of
17	the regulated change $$ but the learning experience and
18	the demonstration of competency had to be shifted into
19	the university environment. Completely different from
20	anything that had been delivered before.
21	So it was a huge impact and I think it would be fair
22	to say that while many, many extraordinary things were
23	delivered by my colleagues during the COVID period, this
24	is one of those ones that really strikes me as being

is one of those ones that really strikes me as beingsomething quite special. And if I may, I would say they

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1		did it for two reasons. They did it to make sure that
2		our students could continue their learning and feel
3		supported, but they also did it because if they had not
4		done so, the critical supply pipeline to the NHS would
5		have gone. So the actions they took meant that that
6		pipeline was sustained.
7	Q.	Thank you. In terms of how the decision to work in that
8		way in terms of their placements came about, you mention
9		at section 3D at the foot of page 5 that you worked with
10		partners such as health boards, for example, to adapt
11		and innovate placements.
12		Can you tell us a little bit more about the
13		partnership working that was necessary. Clearly it
14		wasn't merely or rather simply the university and the
15		accreditation bodies, but there was other partners.
16	Α.	Yes, there were other partners involved and that was
17		about distilling what's essential . Some of that was
18		about front-loading theoretical learning where that
19		needed to be done to enable placements to happen. A
20		little bit like the graduate apprenticeships where we
21		had to change the chronology of events, colleagues in
22		this department had to do that, but also understanding
23		over $$ bearing in mind of course nobody knew how long
24		this was going to go on for and it's up to a four year
25		programme, depending on what year the student was in

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### 3 to happen when or what placement experience needs to 4 take place. 5 So there was an enormous amount of negotiation, 6 engagement, discussion, reframing, changing learning, 7 changing assessments. It all had to be reshaped. It's 8 almost impossible to describe the scale of change that 9 had to be quickly enacted in a matter of weeks to enable 10 those students to be able to continue. 11 Q. What was the impact on the students of having their 12 placements modified in that? Way was it largely 13 positive? As you say, it permitted them to continue 14with their studies. 15 A. I think after it had been initially very disconcerting, 16 for many students this was reassuring because everything 17 in our power was being done to enable them to continue successfully so that's really positive. I don't think 18 19 there's ever a substitute necessarily for placement 20 experience and the fact that we could get students 21 through the competency demonstration was incredibly 22 important, but maybe wasn't the experience they had 23 expected and I guess that will have inevitable had an 24 impact when they come to the workplace.

when lockdown happened, it was then a case of sequencing

what learning needs to happen when, what placement needs

We have been thinking particularly there about not

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1		so much competence, but confidence.
2	Q.	You have set out a little bit about this already. At
3		the foot of page six you say:
4		"In some programmes clinical module leaders were
5		responsible for creating alternative clinical
6		assessments and exams in digital format."
7	Α.	Yes.
8	Q.	You have been focusing on the placement so far.
9		I understand from your Rule 8 these were patient based
10		but not in a clinical setting. Can you explain a bit
11		more for us about at the assessments of AHPs?
12	Α.	Yes. So the assessments that would have taken place
13		during the placement period could not longer $$ it's not
14		just the placement itself that couldn't happen, the
15		assessment during the placement couldn't happen so that
16		also went into the simulated environment, which meant
17		that from a design point of view and a pedagogical point
18		of view, it had to be changed. The whole thing had to
19		be reconstructed from the beginning.
20	Q.	And was that done by simulating a clinical environment
21		within the university?
22	Α.	Yes, it was.
23	Q.	Thank you. And was that done online or was it $$
24	Α.	No, it would have been in person.
25	Q.	You have set out and you alluded to it a short while ago

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1	when you mentioned confidence and competence, in your	1	we can train, develop and then supply into the
2	Rule 8 response you note that one consequence of the	2	workforce. There is a shortage.
3	various impacts on placement—based learning and an	3	Q. Are we to understand from that then the university
4	assessment is we now have what you term "clinically	4	hasn't continued with the format of delivering this
5	naive students" and there is at least a perception of	5	alternative placement model that it had during the
6	there being a COVID cohort. Can you explain a little	6	pandemic, university doesn't do that anymore?
7	bit more to the Inquiry about that?	7	A. Yes, the competency was a temporary arrangement, but
8	A. I think it's fair to say that these students have had a	8	we're back to hours.
9	very different experience. It's impossible for me, I	9	Q. Thank you. I want to turn now with you to looking at
10	don't work in that field , to directly compare and	10	the third aspect of your evidence today and that's the
11	contrast the two, but it seems logical and my colleagues	11	mobilisation of the nursing students to supernumerary
12	tell me that "clinically naive" is an expression that is	12	paid placements. But before I turn to that, I want to
13	used. I'm not sure I particularly love it , because the	13	ask you a bit about redeployment of allied health
14	competence has been demonstrated and I think it is	14	professionals . You mentioned that there was
15	really important that we stress that.	15	redeployment of those already in the workforce and the
16	But I can only begin to imagine that if it were me,	16	impact that had on students who couldn't shadow or work
17	I would feel maybe less confident in that setting.	17	alongside them.
18	I think that's a human feeling, human response to the	18	But you have set out in your Rule 8 response that
19	situation .	19	certain AHPs were redeployed to frontline roles and I'm
20	Q. Thank you. You mention in your response also that the	20	thinking in particular of the Vision Centre and I'm not
21	university's ability to deliver placement—based learning	21	sure whether or not perhaps you will explain whether
22	to the allied health professionals hasn't quite returned	22	that is an allied health profession or not, but that
23	to pre—pandemic levels. Can you explain to us why that	23	they at the Vision Centre were redeployed to a frontline
24	is?	24	role. Can you explain a bit more about that
25	A. Yes, there are two reasons for this. The first one is	25	redeployment for us?
	105		107
1			
	that post—COVID recovery meant people were distracted	1	A. You're right. Vision science is not an allied health
2	that post—COVID recovery meant people were distracted and the ability to offer placements to that scale became	2	A. You're right. Vision science is not an allied health profession. However, it is delivery of health in the
3	and the ability to offer placements to that scale became more difficult .	2 3	profession. However, it is delivery of health in the environment. It's a different regulator. It's the GOC,
3 4	and the ability to offer placements to that scale became more difficult . The second one is that because of COVID the way that	2 3 4	profession. However, it is delivery of health in the
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1	Q.	And pre—pandemic would those students have had
2		placements in that Vision Centre?
3	Α.	Yes, effectively .
4	Q.	And in terms of their $$ were they paid placements they
5		had when they were redeployed?
6	Α.	No, no, absolutely not. When you make an appointment to
7		go to the centre, you are seen by a qualified clinical
8		practitioner and a student side by side.
9	Q.	Thank you. And that continued in the same way during
10		the pandemic.
11	Α.	It closed for a period of time and then when we were
12		able to reopen the Vision Centre, that restarted.
13	Q.	Thank you. I want to move on now to asking you about
14		the impact on nursing students and at page 10 you set
15		out some of the issues affecting these nursing students.
16		I want to go through the deployment of these student
17		nurses at various stages of their training to work
18		within the NHS. You say here that:
19		"Year 2 "
20		If we can take that first of all :
21		"Year 2 nursing students from all four fields were
22		recruited to work as AFC Band 3 nurses in health boards
23		and care homes."
24		I wonder if, first of all, you can tell us what's
25		meant by all four fields ?

1	Α.	I won't get them all right, but, for example, adult
2		nursing is a field of nursing, child nursing and so on
3		mental health nursing and I can't remember what the
4		fourth is.
5	Q.	Thank you. And in terms of the AFC, what does that
6		stand for or mean?
7	Α.	Can you tell me where it is in the $$
8	Q.	I beg your pardon, sorry. It's at page 10 and the

- 9 section entitled "Year 2 nurses". I'll just find it in 10 my hard copy first and we'll put it on the screen in 11 front of you.
- 12 I beg your pardon. I think I may have the page
- 13 reference wrong. Please, bear with me. Sorry it's page
- 14 12. It's about halfway down entitled "Issue 1" and you
- 15 called it mobilisation of student nurses into
- non-supernumerary paid placements." 16
  - And this is the first line there:

"Year 2 nursing students ... "

- 19 A. Yes, I see it . I can't immediately recollect what AFC 20 stands for. I will find out and confirm back to you. 21 Q. That's fine. That's something we can look into and
- 22
- perhaps I don't know if you are able to explain to us 23 about what "Band 3" means in respect of the nursing
- 24 profession? Is that the entry level upon graduation?
- A. Yes. 25

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Q. Thank you. Did the student nurses have both theoretical 1 2 and practical component parts to do after or in year  $2\,$ 3 and following? 4 A. Yes, there was both, theoretical and practical. Where 5 students, for example, year 2 students were being 6 redeployed into the workforce as a Band 3 a nurse, we 7 front-loaded some theoretical aspects before they went 8 out, so we made sure they were prepared for anything 9 they might encounter. And then their time they spent 10 redeployed to the frontline counted as equivalent hours 11 in clinical placement terms. 12 Q. And in terms of the theoretical elements of their 13 training, did that -- when they were redeployed, did 14 that continue or was it exclusively front-loaded as you 15 say? 16 A. No, the theoretical side did not continue. They were 17 employed, that's what they did and then it was only when 18 that came to an end that happen they went back to the 19 theory side. That said, they were supported throughout 20 by nursing colleagues who provided emotional, technical 21 support and advice via a helpline , so there was a 2.2 connection back to the university. 23 Q. In terms of what their placements on Year 2 would look 24 like pre-pandemic, can you explain what that may be in 25 terms of contact with university and supervision, for

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1 example?

2	Α.	Yes. So, yes, a student goes on placement. They would					
3		be supervised in the workplace. There would also be					
4		regular contacts with the institution throughout and the					
5		assessments would be reviewed, so it would be a sort of					
6		a three—way conversation, if you like. This was					
7		slightly different in that they were redeployed to the					
8		frontline , so it wasn't assessment in the same way. So					
9		it was tantamount to working in a conventional role.					
10	Q.	You're saying they were given the same level of					
11		supervision as ordinarily ?					
12	Α.	Yes, absolutely, they weren't left unsupervised, I					
13		should be clear about that. They were absolutely					
14		supervised in the workplace.					
15	Q.	Thank you. And you speak again about the year 3 nursing					
16		students that they could be bank nurses between April					
17		and September 2020 and they did their practice learning					
18		environment assessments during that time. Can you tell					
19		us what the practical learning environment assessments					
20		are?					
21	Α.	In terms of the Band 4 nurses?					
22	Q.	Yes, just in terms of $$ well, I think it relates to the					
23		Band 2, 3 and 4. They have practical learning and					
24		environment assessments.					
25	Α.	Yes.					

1	Q.	I think you mentioned seven and in year 4 they have	1	Q.	Thank you. Again, in terms of the practice learning
2		eight.	2		environment assessments and you might not be able to
3	Α.	Yes.	3		answer this, but you mentioned that the year 4 students
4	Q.	Can you explain a little bit about what these are?	4		undertook this while on placement and they then became
5	Α.	I don't think I'm qualified to comment on that.	5		fully registered nurses. I don't know if there was any
6		I would $$ I could describe in broadbrush terms, but	6		impact arising from doing the practical learning
7		that's not my field at all .	7		environment assessment in realtime while on placement
8	Q.	Thank you. We can explore that elsewhere. And again,	8		during the pandemic.
9		for want year 3 students, is it the same situation as	9	Α.	I couldn't comment on the experience, but I can comment
10		you've described for year 2 in terms of support from the	10		that there was no delay to any of them completing their
11		university and the employer?	11		studies because of this.
12	Α.	Exactly the same, yes.	12	Q.	Thank you. I want to ask you a little bit about broader
13	Q.	You mentioned that students in year 2 and 3 were able to	13		impacts on the students and on the university. You
14		opt in or out of these paid placements and did they by	14		mention there about the simulated placements that you
15		and large tend to opt in or opt out?	15		required to offer and you mention at page 7 about
16	Α.	Most students opted in. On the one hand, this could be	16		halfway down that there was a financial cost to the
17		seen as a fabulous learning experience, quite unique for	17		university . I wonder if you can expand on that a little
18		many students. However, some couldn't opt in, not	18		bit more for us.
19		because they didn't want to, but because's they had	19	Α.	Yes, so because moving $$ if we're talking about the
20		circumstances that prevented them from doing so, for	20		simulated placements, we're back on AHPs, because moving
21		example, somebody in their household who was shielding.	21		the placements into a simulated on campus environment
22		So that was tricky for those individual students who	22		where they don't normally happen that was a significant
23		effectively that practice learning phase of their	23		endeavour that is not part of our normal business model,
24		studies ceased at that point and then had to be returned	24		certainly not at that scale. Therefore, we needed
25		to later .	25		staffing , resourcing , space, facilities to enable that
		113			115
1	Q	Thank you. And for those who opted out, what was the	1		to happen. So there was a significant cost.
2	۹.	impact of that on their learning?	2		I think, if memory serves me correctly, in
3	Δ	So a material impact and it varied from student to	3		April 2021 there was Scottish Government funding
4	/ 1.	student, depending on where they were on their learning	4		provided to support this, but that was 12 months in,
5		journey, but for some students it was up to a two-year	5		over 12 months in, and we at Glasgow Caledonian used
6		impact. Because unlike the AHPs, where there was a	6		that funding to recruit clinical educators to support
7		shift from regulator from hours to competency, in	5		that process. That meant that the academic staff could
8		nursing it remained hours, so unless you had done the	, 8		be freed up to focus on the assessment side of the
9		hours, you couldn't get your accreditation. So, yes, a	9		operation. And the reason we did that was to increase
10		material impact for students who couldn't go through	10		the throughput of students, because there was a rate
11		that experience.	10		determining step happening here. We couldn't get the
12	G	Did they experience a delay in qualifying?	12		throughput to be high enough to meet the needs of
13		Yes, they would have been delayed by anything up to two	13		students in terms of their four-year learning journey.
10	/	is, any mean have been delayed by anything ap to two			e da contra de la

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system.

14 years.

15 Q. Okay. And again, I notice you mentioned in terms of

- 16 opting out that was open to the year 2 and 3 students. 17 A. Yes.
- 18  ${\sf Q}. \$  What about the year 4 students, were they able to opt 19 out?
- 20 A. Well, they're quite different , because they had reached the end of their studies effectively , so they were able 21
- 22 to graduate and go into employment.
- 23 Q. So they had finished the end of their theoretical
  - training in year 4 and --
- A. Yes. 25

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So this additional funding that was provided in

April 2021 was incredibly helpful to make sure we could

up the throughput and get those students through the

Q. Thank you. In terms of -- we have spoken a bit about

explained the redeployment of some of those

the AHPs and the placement-based learning and you have

professionals they work alongside. I wanted to ask you

ordinary duties? For example, you mentioned that they

undertook telephone consultations and can you tell us a

a little bit about how the change and how these

professionals worked once they returned to their

1		bit about how their duties changed and how that impacted	1	Q.	Is that something the students did in large numbers?
2		the students working alongside them?	2		Was it a widespread problem, would you say?
3	Α.	Well, I suppose twofold. One is that the far more	3	Α.	It was a very widespread problem. We did two surveys of
4		patient facing interventions were not face to face.	4		our students I think in the May of 2020 and the November
5		Therefore, it's a different experience for the student.	5		of 2020 to understand what they were facing. Some of
6		Also, there was a diminution in community-based	6		it —— it wasn't all digital challenges. Very often if
7		placements because of people not wanting to share	7		they're in the home environment, there are plenty of
8		vehicles . So it's an obvious thing, but it's not	8		other people in the home environment, therefore, finding
9		immediately obvious, but actually you can see how that	9		a quiet enough space in which to work was a significant
10		would arise.	10		problem, which is why we prioritised reopening spaces on
11		I'm trying to think what other impacts there would	11		campus that were socially distanced to enable them to
12		be. I think the main thing is the volume of placements,	12		return when they really needed to. And we worked with
13		the fact that the methodology changed, but also the	13		students to understand their individual needs so we
14		other thing was that we did a lot of peer—assisted	14		prioritised those who really needed it the most.
15		learning so we would put more than one student into an	15		But certainly from a digital point of view we
16		environment and there would be peer—assisted learning	16		provided hundreds and hundreds of pieces of kit to
17		that took place, structured. That had to stop because	17		enable students to continue their studies, without which
18		of physical distancing and the requirement to have a	18	•	they would not have been able to continue.
19		reduced number of people in any one relocation.	19	Q.	And in terms of the two surveys, you conducted one in
20	~	So it changed on a number of different dimensions.	20	•	May quite early on in the pandemic and November.
21	Q.	And in terms of the assessments of these students, would	21		Hm—hmm.
22		that ordinarily involve observing them conducting such	22	Q.	Did you see that problem reduce in terms of its
23		consultations, for example?	23		severity ?
24		Yes, exactly.	24	А.	It did reduce. I would say it took time for students to
25	Q.	And how was that impacted?	25		necessarily grasp, feel comfortable, understand that
		117			119
1					
1	А.	It meant the pace — the pace that that could be done at	1		they could come forward for support. That was quite a
2 3		and, again, for us —— in an organisation of our scale,	2		slow process. It's quite a different thing. We had
3 4		it is about volume of throughput. So that slowed things	3 4		never done anything like this before. No university, to
4 5	0	down.	4 5		my knowledge, had done anything quite like this before,
5	Q.	In terms of the move to online learning and teaching and	5		so it took a while to role that out.
7		the increased role of telephone consultations and IT in	G		I think a lat of students struggled by . Trying to
/		the increased role of telephone consultations and IT in	6		I think a lot of students struggled by. Trying to
0		the conduct of these professionals ' work, we're thinking	7		write an essay on a phone is no easy. A lot of students
8		the conduct of these professionals' work, we're thinking about digital inclusion, it's something the Inquiry has	7 8		write an essay on a phone is no easy. A lot of students struggled by thinking this is just a short-term issue
9		the conduct of these professionals ' work, we're thinking about digital inclusion, it's something the Inquiry has heard quite a bit about, is that something that impacted	7 8 9		write an essay on a phone is no easy. A lot of students struggled by thinking this is just a short-term issue and of course eventually over time we needed to
9 10		the conduct of these professionals' work, we're thinking about digital inclusion, it's something the Inquiry has heard quite a bit about, is that something that impacted the students that you work with, particularly the allied	7 8 9 10		write an essay on a phone is no easy. A lot of students struggled by thinking this is just a short-term issue and of course eventually over time we needed to provide —— we always provided alternatives, but
9 10 11	Δ	the conduct of these professionals' work, we're thinking about digital inclusion, it's something the Inquiry has heard quite a bit about, is that something that impacted the students that you work with, particularly the allied health professionals and the nurses?	7 8 9 10 11		write an essay on a phone is no easy. A lot of students struggled by thinking this is just a short-term issue and of course eventually over time we needed to provide —— we always provided alternatives, but eventually more came forward seeking alternative
9 10 11 12	A.	the conduct of these professionals' work, we're thinking about digital inclusion, it's something the Inquiry has heard quite a bit about, is that something that impacted the students that you work with, particularly the allied health professionals and the nurses? Well, it impacted across all student populations, not	7 8 9 10 11 12	0	write an essay on a phone is no easy. A lot of students struggled by thinking this is just a short-term issue and of course eventually over time we needed to provide —— we always provided alternatives, but eventually more came forward seeking alternative support.
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9 10 11 12 13 14 15 16 17	Α.	the conduct of these professionals' work, we're thinking about digital inclusion, it's something the Inquiry has heard quite a bit about, is that something that impacted the students that you work with, particularly the allied health professionals and the nurses? Well, it impacted across all student populations, not just those. We worked very hard as an institution to make sure that students were not negatively impacted by lack of access to digital technology, resources, be that the actual kit or quite often wi—fi access, those sorts of things.	7 8 9 10 11 12 13 14 15 16 17	Q.	write an essay on a phone is no easy. A lot of students struggled by thinking this is just a short-term issue and of course eventually over time we needed to provide —— we always provided alternatives, but eventually more came forward seeking alternative support. Thank you. You've mentioned there working from them and online learning from home and you mention in your Rule 8 response and you alluded to it just there about the impact of the lack of space and I know you had a number of students who were in the halls of residence. You
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9 10 11 12 13 14 15 16 17 18 19 20 21 22	Α.	the conduct of these professionals' work, we're thinking about digital inclusion, it's something the Inquiry has heard quite a bit about, is that something that impacted the students that you work with, particularly the allied health professionals and the nurses? Well, it impacted across all student populations, not just those. We worked very hard as an institution to make sure that students were not negatively impacted by lack of access to digital technology, resources, be that the actual kit or quite often wi—fi access, those sorts of things. So we put an enormous amount — as well as Scottish Government funding that was provided to a degree to support that, we put additional funding in to make sure no student was impacted. So any student, regardless of which portfolio they're in, could contact us for support	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22		write an essay on a phone is no easy. A lot of students struggled by thinking this is just a short-term issue and of course eventually over time we needed to provide —— we always provided alternatives, but eventually more came forward seeking alternative support. Thank you. You've mentioned there working from them and online learning from home and you mention in your Rule 8 response and you alluded to it just there about the impact of the lack of space and I know you had a number of students who were in the halls of residence. You highlight that in your Rule 8 response. Can you talk a little bit about the impacts on those two cohorts, those who were within halls in terms of their access to an environment to work in and then also those who perhaps were living elsewhere, either with

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1	students.
2	In halls, in particular, the one thing I would want
3	to highlight, quite apart from I am sure my colleagues
4	who were in earlier today have talked about the impact
5	on students in halls , but at Glasgow Caledonian we also
6	have the largest cohort in Scotland of care experienced
7	students in our university . They don't all live in
8	halls , but a significant number do. So when
9	universities were required to close, you've already said
10	earlier what you mean by close, for many students, this
11	was their home, they couldn't go home, this was their
12	home, and so therefore $$ and they were isolated when we
13	were in lockdown, not being able to work and that had
14	particular impacts for students who rely on part $-$ time
15	employment to pay for their student accommodations and
16	they were furloughed or zero hours and had no hours
17	available .
18	That's why we were the first university in Scotland
19	to remove charges for university accommodation to all
20	our students. We took that decision very early, because
21	we knew that if we didn't do that there were a number of
22	students who would probably have to a leave university

- and that wouldn't be a good successful outcome. So thatwas an early decision. We did it for everybody, not
  - 25 just for me certain individuals. So it was a material

1		impact and providing wellbeing support of all kinds,
2		whether they were just isolating or whether they
3		actually had COVID as well, providing that support for
4		your students was significant .
5		Now, there was a second part to your question. I
6		can't recall it.
7	Q.	It was those who don't live within halls of residence
8		and perhaps you have alluded to earlier on today the
9		access to space to work.
10	Α.	Thank you, yes. The vast majority of our students at
11		Glasgow Caledonian don't live within the halls of
12		residence, because they live in the local community. So
13		a significant portion of our students live within ten
14		miles of the Glasgow campus. Therefore, for many of
15		them they are living with their families . There may
16		have been other adults in the household also having to
17		work from the home environment. There may have been
18		children needing to do their schooling from home and
19		there may have only been one device that they were
20		sharing between them. So we took the opportunity to
21		survey those students to make contact with them to
22		understand what their needs were and to support them
23		wherever we could.
24		We took a very openminded approach to what is it we
25		can do to enable you to succeed.

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Q. The impacts on mental health and wellbeing was something that I wanted to ask you about as well and you have

mentioned it a bit there. Can you describe some of themental health impacts, first of all, on the staff?

6 Q. Generally.

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- 7 A. -- on the staff?
- 8 Huge impacts. I think probably it's only in 9 hindsight that we really understand that. When I have been reflecting on the COVID experience in preparation 10 for this Inquiry, I found that I was more struck now by 11 12 what was achieved then than I was at the time, possibly 13 because we were simply coping. When I talk to staff 14 about what they did and what they achieved, I'm deeply 15 struck by how much they did just off their own bats. 16 They just did what they needed to do to support the 17 students, which is actually quite astonishing. 18 So they did things they wouldn't ordinarily do. 19 They did things in timelines they wouldn't ordinarily 20 do. They provided different methodologies, different 21 forms of access, different forms of mental health and 22 wellbeing support. How we cared for students, it's a 23 central part of what we are as an organisation and not 24 every student needed the same support. So we really

 $25 \qquad \ \ \, \mbox{worked hard to make sure that we aligned the needs and }$ 

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1		the support requirements, but I simply am astonished at
2		what my colleagues achieved during that time.
3		When I look back now and I think about, in
4		particular, nursing colleagues, it was all colleagues,
5		but nursing colleagues and allied health professional
6		colleagues that we have talked about here today, what
7		they achieved was nothing short of miraculous and we are
8		incredibly proud of that, but we have moved on and
9		reflecting on it has been incredibly useful for us.
10	Q.	In terms of the impacts on staff, you have explained
11		about the pivot to online learning, did that impact them
12		in relation to their workload?
13	Α.	Yes, hugely. So a significantly increased workload and
14		for other staff who might do research, because a lot of
15		staff obviously teach and do research, if they would
16		have been doing research during that period, that went
17		on to the back burner. So there has been all sorts of
18		consequences arising for staff .
19		One of the initiatives we did was a post-COVID
20		research reboot to try and give staff an opportunity
21		where they hadn't been able to conduct research,
22		sometimes because of COVID itself or sometimes because
23		of what they had to do for us to support students during
24		that period, we have had to rethink how can we now get
25		them back on track. So the impacts were far reaching

<sup>5</sup> A. Generally --

1		and very diverse.	1		disability , care experience, whatever. A hugely
2	Q.	Thank you. You've mentioned a bit already about the	2		variable experience. This was not a single
3		impacts on students, but if I can ask you mentioned in	3		one-size-fits-all situation, so the level of nuance
4		connection with digital inclusion that you had ran some	4		we've needed to apply then and since in how we support
5		surveys and that had brought to your attention the	5		our students has been extraordinary.
6		nature and extent of the issues students faced.	6	Q.	In terms of the disproportionate impacts, we have heard
7		Was anything similar done in connection with mental	7		a bit about the impact on international students. Does
8		health impacts or how did you become aware that was an	8		your university have a significant number of
9		issue?	9		international students?
10	Α.	Yes. So my colleagues in our student life directorate	10	Α.	Yes, we do, and our international student population
11		who work extremely closely with students in all sorts of	11		grew significantly during COVID and has remained very
12		guises, including mental health wellbeing and	12		high.
13		counselling, would have ingathered a huge amount of	13	Q.	And would you say that they were disproportionately
14		information about the number of students reaching out	14		impacted as a cohort of students or is it broadly the
15		for additional support, not just during lockdown, that	15		same as the rest of the student body?
16		was a significant factor, but afterwards as well in	16	Α.	It was a very different experience, so I would imagine
17		terms of the longer—term getting back on track with	17		you have already heard that when learning was online for
18		their studies, reconnecting with the institution . For	18		a lot of international students who could remain in
19		some students coming back to campus.	19		their home country and still study, that was quite
20		We know that one $$ this is a generalisation so I'm	20		helpful to them, they didn't have the added cost of
21		slightly hesitant to generalise, but we know one cohort	21		coming to the UK, but of course that has gone and now
22		of students actually benefitted from lockdown were some	22		they need to be in the UK and comply with all UKVI
23		students with disabilities found it easier to engage in	23		requirements, which means attending classes and living
24		their studies by being able to study from home. Coming	24		where they say they're living and we monitor and manage
25		back to campus presented new challenges and that	25		that as an institution, so I think the impact was
		125			127
1		manifests in late of different wave	1		variable across the piece, depending again on their

1		manifests in lots of different ways.
2		So the support that was needed was not just for that
3		fixed period. It's a long term ongoing support
4		endeavour.
5	Q.	You have mentioned there about disproportionate impacts
6		on those who are disabled and you have also mentioned
7		care experience. I wanted to ask you about
8		disproportionate impacts, if we can take on different
9		cohorts. We'll take the students, first of all.
10		Did you see disproportionate impacts in connection
11		with those who were living in poverty or you have
12		mentioned the disabled already?
13	Α.	We did and colleagues worked really hard to adapt
14		whatever was needed for them, but actually the main
15		difficulty was getting to understand what is it the
16		students need. As a general rule, they don't shout for
17		help always, many do, but often they don't, particularly
18		if they have not shouted for help before and are not in
19		the system. So colleagues did a lot of reaching out to
20		students to enquire to seek to understand, rather
21		than $$ so there was a pull as much as anything, not
22		just the push factors.
23		So it varied. The experience varied hugely from
24		cohort to cohort, from programme to programme, and from
25		different dimensions that you describe, be that

5		your university have a significant number of
1		international students?
	Α.	Yes, we do, and our international student population
		grew significantly during COVID and has remained very
2		high.
	Q.	And would you say that they were disproportionately
		impacted as a cohort of students or is it broadly the
		same as the rest of the student body?
	Α.	It was a very different experience, so I would imagine
r		you have already heard that when learning was online for
5		a lot of international students who could remain in
		their home country and still study, that was quite
		helpful to them, they didn't have the added cost of
		coming to the UK, but of course that has gone and now
		they need to be in the UK and comply with all UKVI
		requirements, which means attending classes and living
		where they say they're $\ensuremath{\operatorname{living}}$ and we monitor and manage
		that as an institution , so I think the impact was

1		variable across the piece, depending again on their
2		programme of study.
3	Q.	Thank you. In relation to the disproportionate impacts
4		on certain cohorts of staff, I wonder if there are any
5		particular cohorts of staff in terms of their discipline
6		or their socioeconomic situation that makes them
7		disproportionately impacted?
8	Α.	Yes, well, there will be, absolutely. I think staff who
9		are delivering programmes that have more practical
10		aspects who needed to be on campus to enable that to
11		happen, and I have mentioned a few here today but ones
12		we might not have mentioned, for example, would be
13		specialist computing programs where they use typically
14		$high-spec\xspace$ kit that isn't typically available in the home
15		environment where students needed to come onto campus
16		and then therefore the academic colleagues needed to be
17		on campus too. There are impacts there that aren't
18		immediately obvious from an external point of view that
19		we needed to manage. Now, there were things we were
20		able to do to help that but depending on what programme
21		you're teaching, you might be able to continue online
22		quite happily, say if it's social science or something
23		versus a more technical programme that requires
24		specialist equipment.
25	Q.	Thank you, and you have mentioned the impact on staff in

- 1 relation to research and that some of them because of
- 2 the workload had to stop their research activities . Can
- 3 you tell us a bit more broadly about the impact on
- 4 research?
- 5 A. I'm not sure I can give you a general thing because it
- 6 does vary from discipline to discipline . One of the
- 7 things to know is that at Glasgow Caledonian we did a
- 9 research continued. We have a huge health research
- $10 \qquad \ \ \, \mbox{profile}$  which is incredibly important. Other research,
- 11 depending on whether it is lab-based research which had
- 12 to stop or whether it's desk—based research that could 13 continue in the home environment, it varied enormously
- 14 across the institution .
- $15\,$   $\,$  Q. Thank you. I wanted to ask you about ongoing impacts  $\,$
- 16 and some of the things you've mentioned there perhaps
- 17 whether or not they are still ongoing impacts. You 18 mentioned disabled students. Are they still able to
- 18 mentioned disabled students. Are they still able to
- 19 learn remotely or are they all back on campus?
- 20 A. They are largely back on campus. We still do some
- 21 remote learning but we constrain that to a fairly
- 22 moderate level so that students are getting the wider23 student experience.
- 24  $\quad$  Q. And in terms of mental health impacts, are there ongoing
- aspects of that for students and staff?

- A. There are. There has been a significant growth in all 1 2 institutions on mental health incidences, if you like. 3 that's not the right word, but requests for support, 4 let's call it, for mental health, can't put that down 5 entirely to COVID but there was a significant uptick at 6 that point in time and that has continued since and 7 particularly mental health and other disabilities, 8 individuals presenting with more than one, so managing 9 several conditions at once. I'm not sure of the precise 10 number but I want to say something in the region of 22 11 per cent or 24 per cent of new students report some form 12 of a disability of some description. That's a very 13 significant number. 14 Q. In terms of new students. I wanted to ask you about new 15 intakes and ongoing impacts perhaps for the cohort of 16 the students who were in school or perhaps in college 17 immediately prior -- or during COVID, sorry, and are now 18 at university, has there been a discernible impact on 19 that cohort? 20 A. Yes, I think there has been because their whole learning 21 experience has been disrupted so their expectations are 22 different , the assessment methodologies, as you well 23 know, were different over the piece, so actually the 24 dynamic has shifted. We found students looking to have
- 25 less dwell time on campus which does most definitely
  - 130

- 1 impact the broader student experience. We also have
- 2 students very keen for their time on campus to be
- 3 consolidated and a lot of that is because they're
- $4 \qquad \qquad \mbox{seeking part-time employment for the rest of the week to}$
- 5 support them in their studies. So it manifests in many,
- $6 \qquad \mbox{many different ways and none of that I see changing in}$
- 7 the near future.
- 8~ Q. Has there been a discernible impact on the student's
- 9 social skills , for example, perhaps what can be termed
- 10 their emotional resilience?
- 11  $\,$  A. I think my colleagues in student life would say, yes,
- $12\,$   $\,$  there has, but there certainly has been a clear impact  $\,$
- 13 in more students reaching out for support -
- 14  $\,$  Q. Thank you, and you have said you're not sure if that can
- 15 be attributed to COVID or otherwise --
- 16 A. Yes. 17 Q. -- but you notice an uptick in that?
  - Q. —— but you notic
     A. Yes.
- 18 A. Yes

25

- 19 Q. I want to ask you just briefly about communication with
- 20 the Scottish Government. You explained earlier in your
- 21 evidence about you being the COVID lead for the
- 22 university and that involved engagement with the
- 23 government. Were the impacts that you've articulated
- 24 for us today and also in your written response to the
  - Inquiry, were they relayed to the government at the time

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1 of their decision—making?

2	A. They were, repeatedly. Sometimes decisions were made	
3	and we knew at the same point in time when it was	
4	released to the public; sometimes we had a little bit of	
5	relevance notice on decisions that were being made; at	
6	every single opportunity $$ and I forget precisely but	
7	I want to say we met them weekly, I think that's what we	3
8	did, we met so often $$ we continually sought to help	
9	government officials to understand the actual impact of	
10	their decisions rather than their perception or their	
11	anticipated impact of the decisions, and that was quite	
12	tough—going, because it's a very nuanced business and	
13	there were quite a lot of assumptions made about what	
14	students are, who they are, how they work, the sort of	
15	environments that they live in, what they want to get	
16	out of their studies and we had to work as a collective,	
17	and we did work incredibly hard, to help officials	
18	understand, "If you do this, this is the consequence".	
19	Now, sometimes we were able to get $$ I wouldn't say	
20	decisions changed, that would be going took over, but we	2
21	were able to influence decisions at a reasonably early	
22	stage before things were done that were going to have a	
23	catastrophic effect , but not always.	
24	Q. Thank you, and the Inquiry will of course look at	
25	decision—making and implementation so it's helpful for	

24

25

Day 61

1		the former all the data for the second second set the states
		us to know that the impacts were relayed at the time.
2		Just in closing, and I'm finishing earlier than I
3		anticipated, are there any other key lessons Glasgow
4		Caledonian University thinks should be applied I suppose
5		to try to mitigate the impacts and you mention the
6		ongoing impacts?
7	Α.	For us it would be about talking to universities and
8		understanding exactly what the impact is of every
9		decision that's made, and not just the immediate impact
10		but the longer-term consequences. Very often we felt
11		that students were stigmatized in the thinking about
12		what needed to be done and then we find ourselves in a
13		situation where the pipeline to the NHS is affected.
14		There are serious long term consequences to what
15		happened that we sought to influence very robustly
16		throughout the COVID experience. I think where we felt
17		listened to, we were $$ and we were able to influence,
18		that's really positive. Not being able to influence was
19		extremely frustrating . And there were times for sure
20		when decisions were made that we were worried were going
21		to have a catastrophic effect on students. Some of them
22		were quite $$ some of them were quite awful and we had
23		to push back very sure firmly indeed so that things
24		weren't implemented that were planned to be implemented.
25		For example, we were briefed in December of 2020 that

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1	there was consideration that students wouldn't be
2	allowed home for Christmas and our strong advice to
3	government officials was, "Do not do that, it will be
4	catastrophic for the mental health and wellbeing of our
5	students to leave them wherever they are in Scotland,
6	away from home, not with their families potentially in
7	distress , they will be very vulnerable". And that
8	decision was changed, which was really positive, before
9	the students became aware, but then of course the
10	students came home and only after they had come home
11	they were told they couldn't just go back. That was
12	quite tough and engaging with that on a very human
13	level , as a parent with a student at university , that
14	was really very difficult . We worked extremely hard as
15	a collective . That's one example of hundreds of
16	examples. We worked extremely hard to try and make
17	those points and it wasn't always straightforward so
18	it 's for me some of the $$ I know we're not here to talk
19	about decisions, I understand that, but if we're talking
20	about impacts, references to class sizes of 30 $$ you've
21	probably covered this already earlier on today $$ that
22	being the maximum class size you can have without
23	thinking about the space, the environment, the learning
24	experience, allowing institutions to apply principles
25	and making sensible decisions. Instead it was terribly

1		prescriptive and that without a doubt impacted on our
2		student's learning experience because we were deeply
3		restricted on what we could brick back to campus when we
4		were allowed to bring things back to campus for a very
5		protracted period. I don't know how well understood
6		this is generally but it was exceptionally controlled so
7		we weren't free to make sensible decisions based on a
8		core set of balanced principles that we would then
9		apply. It was extremely prescriptive what we were and
10		weren't able to do, and I didn't think that was helpful.
11	Q.	I just want to pick up on something you've said there.
12		In terms of the guidance that was issued then, was it
13		your duty to interpret that guidance?
14	Α.	Yes, but we did that as a collective so there was no
15		sort of local interpretation but a lot of it didn't
16		require interpreting because it was so prescriptive so
17		no class sizes higher than 30, for example. But, yes,
18		my role was to take the guidance and then fathom how on
19		earth is this going to work in our environment. So, you
20		know, air quality monitors that we were asked to put in
21		to teaching and learning spaces, institutions have
22		hundreds of teaching and learning spaces and we can put
23		them in, how are we going to monitor them. So lots of

things that just were not that well thought through that we then had to think, okay, right, how will we make

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1	this $$ how will we operationalise this in a way that's
2	sensible for our students, doesn't increase risk for
3	staff and students but enables people to continue their
4	studies and achieve what they came to university to
5	achieve.
6	Q. Thank you. And connected with your answer at the very
7	start of your response there, you mentioned the pipeline
8	to the NHS. Is that related to the difficulties with
9	the placement—based learning?
10	A. Yes, absolutely.
11	Q. Thank you very much. I don't have any further questions
12	for you, Ms Mitchell, unless you have anything, my Lord?
13	THE CHAIR: No, I have no questions for you, Ms Mitchell.
14	Thank you very much for coming and giving your evidence,
15	appreciate that. Very good, that is all for today and
16	we're back tomorrow morning at 10 o'clock. Thank you
17	all .
18	(2.33 pm)
19	(The hearing was adjourned to 10.00 am on Friday, 15
20	November 2024)
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