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A SOCIAL REALIST STUDY OF THE MECHANISMS THAT CONDITION LECTURERS' EMERGING ASSESSMENT PRACTICES

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DECLARATION

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ABSTRACT

Assessment as part of the enacted curriculum is underscored by the professional judgement of the lecturer, who decides on the body of knowledge that should be learned. A vacuum exists in understanding how the practice of assessment is shaped by the lecturer and between the social groups within departments and the academic institution at large, as well as the transformational policies within the higher education space. Assessment is a key driver to advance a socially just medical curriculum, especially in the context of the legacy of colonialism and apartheid in South Africa (SA). Using the existing body of knowledge about assessment from the global North, without re-contextualising it for a South African context, has led to decontextualised practices that treat assessment as a one-size- fits-all phenomenon. In this study, the influences on lecturers' assessment practices within an undergraduate medical programme, were explored. Enabled by the critical realist paradigm, this study sought to illuminate the structural and cultural mechanisms that enabled or constrained medical lecturers' assessment practice. Margaret Archer's social realist theory was used to theorise assessment by using analytical dualism and giving powers and properties to structure, culture, and agency independently, as a way to explore and critically analyse the mechanisms that condition lecturers' assessment practice.

Using collective case study design, individual interviews were conducted, and the assessment documentation was gathered from six lecturers in the medical programme at one institution. Narratives from two pre-clinical and four clinical lecturers and the assessment documentation were analysed to provide a way to better understand the influences guiding lecturers' assessment practices. More importantly, how lecturers exercise their personal emergent powers and properties to enact assessment was examined. The analysis shows that the interplay of the systemic mechanisms that emerged in the assessment practice of lecturers set up complex choices for the transformation of assessment. In the context of historic transformation imperatives and the student protests, the study's findings show that lecturers exercised their agential powers and properties to elaborate the ideas and theories towards conventional evidence-based assessment practices that were predominantly teacher-led. Lecturers relied on their own experience of assessment, learning about assessment formally in education programmes and informally through colleagues and courses. However, the systemic constraints such as timetabling, limited integration, disciplinary power, insufficient human, and financial resources to innovate and transform assessment, encouraged choices that were ill aligned to inclusive assessment practices. The support of lecturers' assessment endeavours is desperately needed at all levels, national, institutional, departmental and programmatic, to transform assessment practice. The findings highlight the need for re-evaluation of current interventions to elevate the ontological and

epistemological issues. The results have implications for the design of staff development activities and the way assessment is designed, created, and administered.

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Then, to the many participants of workshops, general conversations, and discussions with colleagues, I offer my sincere thanks. These interactions, even the briefest encounters, whether by chance or scheduled, gave me the thoughts to put down on paper. I hope I did justice to these encounters. We are all needed to enhance the learning experience of students and during my time in staff development, I realised that almost everyone wanted to develop the future doctor that the profession and individuals could be proud of: these are the professionals who can work for the betterment of their patients' lives, no matter who they may be. This is no easy path. The challenges within the South African health care system are immense and without all those involved in the health care sector, we cannot succeed to address the evolving nature of healthcare in our society, and contribute globally.

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ABBREVIATIONS AND ACRONYMS

CBE - Competency-based education

CBME - Competency-Based Medical Education

CEPs - emergent powers and properties of culture

CoPs – Community/ ies of Practice

EDU - Educational Development Unit

EMI - Extended Matching Questions

FHS - Faculty of Health Sciences

HEQSF - Higher Education Qualification Sub-Framework

HS - Health Sciences

HPCSA - Health Professions Council of South Africa

MCQ - Multiple choice questions

NHLS - National Health Laboratory Services

NQF - National Qualifications Framework

NSFAS - National Students Financial Aid Scheme

OSPEs - Objective structured practical examinations

OSCEs - Objective standardised clinical examinations

PBL - Problem-Based Learning

PEPs - Emergent powers and properties of agency

PHC - Primary Health Care

SA - South Africa

SEPs - emergent powers and properties of structure

SAQA - South African Qualifications Authority

UCT- University of Cape Town

GLOSSARY

Agency: Agency is the voluntary efforts or activities by agents to influence the world in which they live. It represents how agents use their abilities to create and make a difference in the world.

Assessment: Assessment provides an opportunity to explicate the importance of particular domains of knowledge, skills, attitudes, and behaviour to students and society because it informs what was learned, intended or unintended. It is best understood through its multiple purposes. This includes summative assessment, also known as assessment of learning, and formative assessment, also called assessment for learning. Diagnostic assessment involves identifying areas of strength and weakness in student performance, and quality assurance serves to evaluate the educational system, including assessment.

Summative assessment: This refers to all forms of assessment, whether essays, assignments and so forth, where a mark is assigned to the work that the student submits. A mark quantifies the work of the student, and the grade implies a decision associated with the mark, which usually includes a pass or a fail decision.

Causation: Causation refers to the ways-of-acting of an object which exists by virtue of its nature.

Competency-Based Medical Education: Competency-based medical education (CMBE) supports graduate outcomes, and the abilities are organised around competencies. CBME is not time-bound; it supports the flexibility of the curriculum and promotes societal accountability as it is developed with the patient needs in mind, and emphasises student-centred learning.

Communities of Practice: *"*Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly*"* (Wenger, 1998).

Critical realism: Critical realism is a philosophy proposing that there is an independent world of objects and structures that exist independent of our beliefs and constructions (Maxwell, 2012). Critical realism retains an ontological realism acknowledging that knowledge exists independent of us, and that it is socially situated.

Culture in Realist Social Theory: Culture in realist social theory consists of the cultural and socio-cultural systems, where the cultural domain includes theories, ideas, beliefs, values, and concepts that are discursively constituted as discourses. The socio-cultural system is the relationship between the agent and the social system. Cultural systems encompass constraining contradictions or concomitant complementarities, called cultural emergent powers and properties (CEPs), that can frustrate or support the agents' emerging assessment project.

Emergence: This is a concept that defines the relation between two levels, explaining that one arises from the other but can revert to the lower level.

Agency: Agency is the ability of agents to reflect, critically consider, and work on their vested interests. These are the qualities of the individual that constitute their personal emergent properties.

Inclusive assessment: Inclusive assessment encompasses a variety of methods to assess student learning; offer students choice in the assessment; use technology thoughtfully; create opportunity for students to communicate in the language of their choice especially with patients, and engage students in the assessment process from design, construction, administration, and evaluation.

Mechanisms: Mechanisms are processes that can be seen, and which cannot be directly observed, whether economic, political, or structural. They are constituted of powers or liabilities that combine to produce actual social events.

Practices: Practices are the embodiment, enactment and application of discursive knowledge by agents known as rules and resources.

Project: This refers to "any goal countenanced by a social agent from the satisfaction of biologically grounded needs to the utopian reconstruction of society". A project in assessment includes any assessment-related activity, such as the design of the assessment instrument such as the development of rubrics, MCQs and SAQs; participation in assessment activities such as grading portfolio tasks, written assessments, and OSCEs/OSPEs; examination administration such as arranging venues, and timetables, and assessment-related quality assurances processes such as designing assessment feedback instruments, blueprinting, and reviewing questions.

Realist social theory: The realist social theory by Archer (1995) affirms humans as social beings. Where society is not separate from the human being, society is transformable, and social agents are affected by society as they seek to transform it. However, human beings are fallible and incomplete, and they consider issues based on their accounts of it.

Structure in Realist Social Theory: Social structure relates to class, ethnicity, gender, marriage, education, social positions, and roles. Structures can be physical or social but may not be directly observable except in terms of their effect, for example, the social structures of gender or education. Structure provides the distribution of material resources exerting power by enabling the resource to be used in a specific way. The structural domain possesses constraining contradictions or concomitant complementarities called emergent structural powers and properties (SEPs), that may or may not be exercised at any given time, as the powers only become active when activated by people (Archer, 1995).

Ultimate concerns: Ultimate concerns show who the individual is and what they care about enough to make things happen. As human beings, we determine our priorities and define our personal identities in terms of what we care about, and deem those an ultimate concern.

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CHAPTER ONE: INTRODUCTION

1.1 Relevance of assessment in the study

My focus on assessment is driven by the understanding that it provides an opportunity to explicate the importance of knowledge, skills, attitudes, and behaviour to students, the institution and society. The significance of assessment is reinforced by its multiple purposes: summative assessment is also known as assessment of learning, and formative assessment is also called assessment for learning. Diagnostic assessment involves identifying areas of strength and weakness in student performance and quality assurance serve to evaluate the educational system. Although all the purposes are meaningful, my attention is drawn to summative assessment typically carried out after a period of instruction to evaluate the outcome of learning (Kibble, 2017). Summative assessment is significant because students will spend their time and energy on the knowledge, skills and attitudes which they believe will be assessed (Cilliers et al., 2010; Norcini et al., 2011; Raupach et al., 2013). As teachers' assessment also serves to inform on course and teaching effectiveness, as well as programme accreditation, assessment can influence particular ways of doing and knowledge (Cook et al., 2016). For the student, the results of the assessment have important consequences as the assessment determines their progression to the next course as well as their qualification to gain future employment.

Different meanings are ascribed to assessment that may inform lecturers' practices. A brief review of the literature reveals the importance of assessment as measuring knowledge, skills and attitudes, while others consider it as a social practice. For example, Biggs (2012, p. 48) opines that assessment refers to the process that informs whether learning has been successful or not. Rowntree (1987, p. 4), on the other hand, says that assessment is conducted when one person evaluates the knowledge, skills, behaviour and or attitude of another person. Brown et al. (2013, p. 8) put forward that assessment involves decision-making about students' performance and calculating the worth of their actions, whereas Knight (2006) explains assessment as a practice of judgement. Knight's definition synergises with the ideas of assessment as a practice espoused in this study that hopes to engage students in analytical thinking, skilful judgement, and critical action. Assessment is ideally placed to contribute to the transformation of academic practices and professionalisation of those entrusted to evaluate students (Medland, 2016). Assessment is thus considered more than a method of assessment that evaluates knowledge, skills, behaviour or attitudes (Schuwirth & Van Der Vleuten, 2004). At the level of practice, assessment is a system that depends on the working of many parts to give effect to its multiple purposes. In South Africa (SA), assessment is guided by national policies on higher education and institutional governance (Department of Higher Education and Training, 1997, 2014; South African

Qualifications Authority, 2014). Institutional examination regulations, power and authority are given to those responsible for enactment and endorsement of the practice that entitles them to make decisions on a vast range of assessment processes, how knowledge is constructed and how it is ultimately assessed. These structural elements are not the only features that inform enacting assessment. Values, ideas, and knowledge gained through interaction with events and experiences during an individual's lifetime may affect how assessment is enacted, whether in a transformative manner or not (Gee, 2008). If meanings, values, beliefs, and knowledge play a role in the enactment of assessment, how they interact to exert an influence on lecturers' enacted assessment requires in-depth exploration (Entwistle et al., 2000; Reimann & Sadler, 2017; Sadler & Reimann, 2018; Trigwell & Prosser, 1997). The assessment practices of lecturers in the medical programme may reflect a different reality that challenges the ideas about the learning possibilities offered by assessment. Lecturers' practices may not necessarily align with an assessment that endeavours to create learning conditions to enthuse a diverse group of students. This means that paying attention to the individual while considering their background and circumstance as important (Dijkstra et al., 2008; Ho et al., 2008; UNESCO, 2009). Students learn to understand assessment as important for their learning when they are actively engaged in the process of assessment, whether through participating in the design, construction, or in review of assessment, and not only when they receive the assessment (McLean, 2018). However, there may be challenges for lecturers to engage students in the process of assessment that require a change in doing and thinking about assessment (Yeo & Boman, 2019). If an assessment is to be used as an educational approach to advance learning, unearthing a deeper understanding of how lecturers see and use the transformative potential invested in assessment to facilitate learning becomes a necessity (Gibbs & Simpson, 2004).

1.2 Positionality and insider research

My prior experiences and observations as a researcher in staff development were important in how I approached and conceptualised the research process. As a female, previously occupying the role of a physiotherapist and clinical educator, I am researching a programme outside of my professional qualification where I have spent the last few years working as a staff developer. I am an insider to the institution providing staff development opportunities in the Faculty. Similar to Floyd and Arthur (2012) and Fleming (2018), knowing the cultural environment provided valuable insights and gave me access to background information on some of the key challenges of staff development that are discussed below. However, I am also an outsider having never taught in the medical undergraduate programme and thus gained much from participants sharing their assessment experiences. I am mindful as Thomson and Gunter (2011) advice of the binary nature of insider/outsider discourse that is not always helpful. It may be that as the research progresses, the researcher shifts identity from an insider to an

outsider. In this process, having insider knowledge enables a more informed perspective of the context; however, as the research process unfolds, the researcher also develops. Identity, whether insider or outsider, is not fixed or intended to reflect a sense of stability devoid of the messiness of conducting research (Thomson & Gunter, 2011). As Floyd and Arthur (2012) contend, there is a complex interaction between the knowledge of an insider and that generated through the research process, as well as the influence in the research design. Being an insider, I acknowledge this dilemma in my attempt to adhere to quality in research. As part of this process, I sourced data from participants and their assessment documentation, engaged in member checking, gathered data until no new themes emerged which were aligned with the theoretical framework, and reflected on the process, as well as on my role as researcher and influence (Frambach et al., 2013).

My participants may view me as a colleague, a physiotherapist, a staff developer, or a researcher, or a combination of these. Staff development is never an easy 'coat to wear'. In some instances, it leaves one in difficult spaces like workshops, courses, seminars, and visiting scholars do little to change the practices on the ground. It may be laden with difficulties that are not within the realm of the idea of staff development to change. For example, in my environment, issues of ad hoc teaching employment, expectations that registrars or postgraduate medical students should teach undergraduate students, or tension between provincial health demands and university expectations, were confounding factors. At the heart of staff development in the traditional sense, is the student. However, in Health Sciences (HS), there is another stakeholder: the patient that if possible must be considered. Indirectly, they will be the recipients of staff development activities, whether these are successful or not. As a researcher in staff development, I observed a disconnect between the willingness of academics to innovate and transform assessment practice, but then again, I acknowledge that they were unable to do so. Where practices do change on the ground, it largely depends on individual agents to change existing practices that serve as singular examples of excellence (Knight & Trowler, 2000). The grounds for this situation may be found in the poverty of literature that values the assessment experiences of lecturers within the local context, thereby functioning as a constrain to transformation. Beyond the narrative of tension between research and teaching that has become the discourse of the day, I wanted to better understand the issues that inform lecturers' assessment practice. The consequences of such practices are that they may be unresponsive to the needs of students.

The Faculty of Health Sciences (FHS) at the university, in the years before the study, had been turbulent for everyone, including me. The student protests brought academic and non-academic issues to the fore. Although the research was conceived before these issues emerged, I understood that academics may not welcome the additional intrusion into their practices which they were exposed to during the student protests. The challenge with institutional research is that we are situated within the same

context and will have contact with one another during and after the research. My colleagues willingly gave their time and spoke freely about their challenges, and whether prior events made them more willing to share, I cannot say. I have been always mindful to ensure that what my colleagues shared with me, is treated with respect as a researcher.

1.3 Theoretical orientation

A social realist (Archer, 1995) lens was used in this study to unpack the interplay of structure and culture interacting with lecturers' agential powers to shed light on the outcomes of the interaction on their assessment project. In Archer's social realist approach, agency and structure are central concepts for advancing social change, making it a suitable theory for studies that use *how* questions (Cook et al., 2008; Newman, 2019; Wong et al., 2012). Although assessment decisions by lecturers' may be reached in isolation, they are driven partly by institutional circumstances, as well as academic beliefs and assumptions. Influences emerging from a range of sources impact lecturers' knowledge, decisions, and practice of assessment (Coleman, 2004). The influences include the social, environmental and norms that may inform their assessment practice. These become part of the tacit skills that embody the lecturers' assessment practice and guide their actions (Rust et al., 2005). In a time where learning is closely linked to assessment, these practices can profoundly impact the learning journey of an increasingly diverse group of students (Boud & Falchikov, 2007; Medland, 2016).

In my study, underpinned by the philosophy of critical realism that seeks to transform systems that do not work by addressing inequities, the analysis of lecturers in the medical programme provided a way to explore their emerging summative assessment practices (Archer, 1995). In this setting, the concept of emergence is central. Emergence is the ability of one mechanism to affect another with which it has an association. Bhaskar in Steinmetz (1998, p. 178) defines emergence as "the relationship between two levels such that one arises diachronically (or perhaps synchronically) out of the other but is capable of reacting back on the lower level and is causally irreducible to it". Emergence enables thinking about the nature of the conditioning mechanisms that influence lecturers assessment practice (Easton, 2010; Gerrits & Verweij, 2013). Accordingly, the term 'emerging' denotes developing of something, and in this study, it suggests that a particular practice of assessment emerges from the interplay of the structural and cultural mechanisms with lecturers' agency. Unpacking customs that underpin assessment critically is needed, as contemporary professionals face variability in the work environment, requiring them to exercise critical judgement and to flexibly engage in educational decision-making (Govaerts, 2016; Harden, 2018; Hattingh & Dison, 2019; McLean, 2018; Wong & Holmboe, 2016). I suggest that engaging with the expanding field of assessment knowledge must go beyond relying on one's own experience of assessment, self-educated assessment, disciplinary and objective centred assessment. Enacting assessment differently, especially in the advent of competency based medical

education (CBME), may be contrary to traditional learning, which assumes gaining knowledge or competencies will support future educational endeavours outside of the disciplinary expertise (Carraccio et al., 2016; Holmboe et al., 2010). It becomes apparent where limited success is achieved in the pedagogy of early entry academics. Equally so, staff development initiatives for existing staff informed by best practice strategies, collaboration, discussions and sharing of information as well as focus on an area of importance do not make significant changes in practice (Deneen & Boud, 2013; Quinn, 2012). If lecturers' assessment practices are to facilitate student learning, it is imperative to interrogate the influences on the day-to-day practices of lecturers. Institutions of higher learning and those employed within them, using the guise of addressing societal issues of inequality and inequity, perhaps could critically reflect how they contribute to shaping society and the professionalisation of those entrusted in the fulfilment of their assessor role (Bleakley, 2017; McArthur, 2015).

Using realist social theory, I sought to illuminate the interplay of the structural and cultural and personal agency mechanisms that enabled or constrained lecturers summative assessment practices in a South African medical programme (Archer, 1995). My focus is on lecturers who assess performance in the medical programme, but these individuals may refer and see themselves as disciplinary specialists first, and academics and clinician-educators second, which had profound implications for the identity they assumed and practices they enacted. How ideas, beliefs, knowledge, and theories interact with lecturers' agential powers and their inherited roles and positions they occupy, has not been explored extensively. The roles that lecturers hold, and the authority invested in the positions, are particularly relevant where the transformation of previously segregated higher education institutions (HEIs) which perpetuated racism, structurally as well as culturally. The practice of assessment would not have been spared the effects of apartheid and colonialism and therefore may benefit from review. Moreover, there is a duty to broaden participation and access as well as provide equal opportunities for all students, while, at the same time delivering academic programmes addressing epistemic and pedagogical issues to promote higher learning. I argue that the epistemic and ontological transformation of lecturers entrusted with educational assessment who work within, across and in between their original discipline and higher education, need to be explored (Murray, 2007).

1.4 Background of the Study

South Africa's history of colonisation and apartheid which embedded segregation based on race within all spheres of society, resulted in systemic challenges in higher education and has profoundly influenced the fabric of the South African society (Whiteside, 2014). However, higher education faces the challenge, not unique to SA, of increasing student numbers. The struggle for higher education including medical education, to emerge as champions to assist in the rebuilding of modern society out of a morass of social, cultural, and economic complexity, is not easy. The changes that emerged during the period

of democratic transition in SA may seldom align with the ideals of what was envisaged (Pimentel et al., 2018). Years post-democracy, SA still struggles to address the scars of colonisation and racial segregation present in all spheres of society, including higher education. The struggles are no more evident than demonstrated in the student protests from 2015 to 2017 that showed a disillusioned student body calling for fee-free higher education within a colonial image, whereby the lecturer student relationship affords the lecturer power over students. At the same time, the tenacious westernised education spurred the call for unbundling ways of thinking, knowing, and doing from our inherited colonial past. The #FEESMUSTFALL student protests and the call for decolonised curricula are present-day examples of disjunction between those tasked with the responsibility to deliver a curriculum believing that it is appropriate compared to the students' experience of the enacted curriculum. Specifically, the ideals of the curriculum expressed in the mission and vision of the university and what lecturers think is happening in the curriculum, differ from what contemporary students think is happening in the experienced curriculum as, for example, observed in the student demands that raised issues about assessment to the Faculty. For the students, it does not align with their lived experiences (Canca, 2017).

Lecturers, beyond being responsible for teaching and learning, face increasing demands to become responsive. To adapt to changes such as addressing the challenge of decolonisation of the curriculum in the South African context (Ogude et al., 2005). In assessment, this is compounded by the drive to appreciate how assessment can be used to support learning (Biggs, 2003). In HS, this includes assessment practices within the classroom and clinical sphere where interaction with patients form an integral part of the students learning environment. This synergises with Frank and Danoff (2007), who propose that assessment practice would benefit from being inclusive, formative and authentic to enhance students' actual performance with patients, especially in the clinical environment. The responsibility resides with the lecturer to ensure that such constructs reflect in assessment and translate into practice to inform decisions about good or poor student performance (Holmboe et al., 2011). But lecturers likewise need to take cognisance of the ideological and practical issues in education, as well as the historical contextual challenge brought on by the calls for dismantling the privilege and supremacy of colonial thought and approaches that permeate all levels of education (Mamdani, 2019; Ndlovu-Gatsheni, 2015). These are difficult issues to engage with, especially in contexts that draw predominantly on global studies to inform their assessment practices (Dean & Levis, 2016; Greysen et al., 2011). Lecturers may encounter spaces where they are required to critically engage with these complex issues. Therefore, in this study, I undertook to explore the field of assessment beyond how best to construct, implement, and select ways to assess that are often informed by the quantitative perspective. In the South African context, medical education research on

assessment similarly focusses on students, methods and overall ideas of assessment (Beets, 2009; Burch & Seggie, 2005; Burch & Seggie, 2008; Burdick, 2007; Cilliers et al., 2010; Cilliers, Schuwirth, Herman, et al., 2012; Cilliers, Schuwirth, & Van Der Vleuten, 2012; De Swardt et al., 2019; Friedrich-Nel et al., 2003; Gukas, 2007; Jenkins et al., 2013). There is a lack of literature that reflects South African lecturer experiences of assessment in the medical programme. A recent thesis from the University of Cape Town and Mexico exploring the assessor in the medical programme is noteworthy, as it begins to unpack the assessment practices of those tasked with assessment (Sims, 2020). Lecturers as with students need research to reflect their realities and circumstances which my study begins to do, by illuminating how structural and cultural mechanisms enabled or constrained lecturers' emerging assessment practice.

I now fast forward to 2020 to the COVID-19 pandemic that has ravaged the world and SA, brought new expectations, and changed the higher education landscape as we know it. The pandemic necessitated a rapid and momentous change to online teaching and assessment. It also exposed how in an unprecedented time supported by leadership, pedagogical change facilitated by interdisciplinary and inter-professional teams adapted teaching methods and became more responsive to student needs (Jacob et al., 2021). Unlike with the student protests, the teaching of students during the COVID-19 pandemic was enabled by circumstances that harmonised the need for change with the identity of the discipline (Henkel, 2005; Quinn, 2012). While the protests were student-driven, challenging the higher education sector especially with regard to decolonising the curriculum, the COVID pandemic not only impacted the health and well-being of society at large, but sharply refocussed the inequality and inequities in the education sectors with online learning (Czerniewicz et al., 2020). The demand for change similar to that of the student protests forced an alternative way of teaching and assessment. The pandemic highlighted the need for teachers to be adaptive and responsive to changing learning environments versus the student protests challenging the origin and emphasis on specific forms of knowledge, in addition to calls for fee-free education.

1.4.1 Aspirations of South African Higher Education

The White Paper 3 of 1997, *A Programme for the Transformation of Higher Education*, aimed to transform and develop new HEIs. In addition, address past inequalities and develop a new kind of student to assist with reconstruction and development in post-apartheid society (Department of Higher Education and Training, 1997). This laid the groundwork for the transformation of the HEIs towards a just and equitable system. The transformational aspirations signal the need to rethink all aspects of teaching and learning as these ideas brought on by political transition may struggle to enter lecturers' everyday practices (Medland, 2016).

The policy changes post-apartheid compelled universities in SA to be responsive to racial redress post-apartheid by increasing the number of Black students with some changes in pedagogy. The presence of Black students was not unusual at institutions of higher learning, as even during apartheid, English speaking universities had significant numbers of Black students on their campuses compared to Afrikaans universities. Institutions managed to do this by using the permit system which allowed the admission of Black students into programmes, if their field of study was not available at the designated racially defined institution (Bunting, 2006). For the English-speaking universities, accepting the students represented a way of resisting the influence of the apartheid government by showing unity with the oppressed racial groups. As the student numbers increased exponentially post-apartheid, enforced by the policy changes, this provided a different challenge to the academic and intellectual autonomy of the established universities. For some universities, the students were no more than an avenue to counter the influence of the apartheid ideology. Transformation now needed to happen at the level of the curriculum which resulted in, for example, an increased number of Black students in the HS programmes, student-centred learning, problem-based learning (PBL) and developing alternative academic support programmes to support students (Ige, Amosun, & Hartman, 2017). Unlike during apartheid, the medical students that entered university were now regarded as an affirmative action grouping (previously marginalised), as the admissions criteria were adapted to serve as a means of redress (Burch et al., 2007; Mayosi et al., 2012). Students were entering established post-school environments which challenged the traditional universities differently in terms of their numbers, schooling experience and the socio-economic issues emerging compared to pre-democracy. Enabled by the history of apartheid education, higher education could locate the school system as one reason why Black students struggle when entering post-school education. This may be true and recognised by the government of the day.

The schooling challenges encouraged the continuation of a set of ideas and ways of doing that alienated a significant part of the student population as many students that enter higher education in South Africa are representative of the previously marginalised groups. They bring with them a recognised liberation but oppressive history. The history reflects the determination to overcome racial discrimination during apartheid alongside an ideologically inferior education system. However, ways to capitalise on this agency are less actively explored (Luckett, 2016). In the current higher education experience, Black students take longer to complete their degree, more often fail a course, or an academic year, or leave compared to their White counterparts (Akoojee & Nkomo, 2007; Letseka & Maile, 2008). Black students are considered to be academically struggling and become the object of various academic interventions aimed at helping them to succeed, for example, extended degree programmes (Scott, 2008; University of Cape Town, 2019). They share similarities with the tendency to focus medical research on the Black

population that objectifies Black communities as participants, but never as equals in the process of co-constructing knowledge (Keikelame & Swartz, 2019). Instead of advancing success, Black students may be experiencing continuous reiterations of their perceived inadequacies, which has the potential to undermine their agency (Soudien, 2008). Educational interventions to accommodate Black students, accompanied by staff demographic shifts may be well-intentioned. However, the educational interventions may contribute to a sense of never being equal to those who previously inhabited the higher education space. They raise the question of how lecturers, knowingly or unknowingly, use assessment to perpetuate ideas or advance alternative ways of understanding knowledge. Stupart et al. (2008) indicated that they could find no evidence of bias in the oral and clinical examinations in their department and reinforced the need for ongoing academic support for students from disadvantaged educational backgrounds, and for those who do not speak English as a home language. The institutions may have been ontologically and epistemologically ill-prepared to take on the task of educational transformation as they have grown and embodied the ideas of segregation and privilege using education as a tool. Finding alternative ways of supporting the educational transformation imperatives in SA are needed. My study views the academic environment as a social system with ways that are embedded within historical structures such as class, gender, academic position, and ethnicity. It also sees the academic environment as having diverse ideas, knowledge, theories, and beliefs which may be shared by a group, but can also be specific to each individual.

Some HEIs, especially within SA, has experienced an increase in student numbers post-apartheid. The students arriving at university represent diversity by gender, race, religion, sexual orientation, belief and more. The expanding student body has resulted in global and local changes in assessment from a small elite group with similar schooling, socio-economic background and culture, compared to a wide range of students entering higher education. The evolving student population resist attempts at labelling them by their socio-economic background, ethnicity, gender preference, language, physical disability, religion, or spiritual beliefs. In some instances, challenging the status quo at institutions of higher learning was observed in SA through the lens of student protest from 2015 to 2017 that demanded free decolonised education (Langa et al., 2017). Researchers such as Boud and Falchikov (2007); Knauf (2016); Opertti and Brady (2011), amongst others, called for practices that are comprehensive and adaptive. Such appeals are important in a context where prior societal, economic, and cultural conditions legislated the exclusivity and uniqueness of one ethnic group over others, as during the apartheid era. In a transformed higher education context, assessment practices that promote inclusivity play an important role. Assessment as part of the enacted curriculum assessment is dependent on the professional judgement of teachers (Marsh, 2009). Thus, lecturers decide what is taught and assessed, contributing toward the knowledge, skills, behaviour, and values of the student.

Inclusivity in assessment suggests that lecturers' practice would benefit from exploring a variety of methods to assess student learning, offer students choice, use technology thoughtfully, engage students in the process, monitor, review and share practice to change the culture of enacting assessment from individuality to inclusivity (Kneale & Collings, 2018). This will include learning with and from others as an important part of developing an understanding of what is required by the assessment to achieve the intended learning outcomes. Accompanying inclusivity is giving students feedback so that clarity on what is expected is revealed. Debate and critique are then instilled as a core part of the assessment process (Sadler, 2010). These are some of the basic constructs of assessment that signal transformation of assessment from exclusivity to inclusivity to make assessment more equitable and just. More importantly, it provides students with epistemic access to the knowledge that is assessed. The challenge will be to affect ontological change that allows students who are experiencing the system as oppressive and marginalising them to feel included and herein lies the challenge for lecturers in SA (Bhana, 2014).

1.5 Context: Institution and student protests

The study focuses on lecturers within the medical programme at a university situated in South Africa. The institution is one of nine universities that provide education for students towards a medical degree in SA. The historical background of the teaching in the medical programme requires that the study engages flexibly with the term academic to include all individuals appointed and assigned to teach students. The lecturers in the HS Faculty are made up of those employed by the university in academic positions and those who are mainly part of the clinical service team. This study draws on participants from these key areas, academics and those with dual lines of responsibilities. The institution is a prominent research-intensive university featuring leading scientists as part of its staffing complement and medical innovation. The lecturers face similar challenges to their work as their colleagues elsewhere with the diversity of students including their preparedness for academia and escalating student numbers. Added demands in our context may be the pedagogical challenge to reflect the health needs of the population such as the burden of disease, inclusion of indigenous knowledge and languages. However, much of the medical education literature that lecturers draw upon, emerges from the global North. The demands of what lecturers teach and how they assess co-exist alongside the institutions aspirations to be a research haven, setting itself within the global domain of research-intensive universities. It boasts the oldest medical school with numerous accolades flooding in through the work of world-renowned academic staff, but it cannot deny the colonial heritage that largely remains in place suggestive of the difficulty to disrupt the shackles of colonialism (Naidu, 2020). Lecturers, as part of a group or as individuals, may hold alternative ideas, beliefs, theories, and

knowledge, which are not easily rooted out by structural changes brought about by the democratic transition in SA.

While the university aspires to become a world contender with ideas, innovators and push the boundaries of science offered by research, it also needs to provide knowledge in the form of education to the masses and thus teach (Graham, 2002). As a South African university, racial and socio-economic transformation is essential. Changes are visible in the student demographics, adoption of the Primary Health Care (PHC) Approach and PBL pedagogy. The Faculty, which hosts a range of professional programmes such as BSc Physiotherapy, BSc Occupational Therapy, BSc Speech Therapy, BSc Audiology, MB ChB and science programmes, has spent considerable effort on transforming not only the curricula but the student as well as staff profile to be representative of the South African society (Amosun et al., 2012). Although the depth of transformation may be contested, attempts by the university to transform itself from a historically privileged, White, English-speaking university should be acknowledged. The transformation is evident in the university's mission and vision (University of Cape Town, 2020). The transformation in FHS includes engaging with the PHC approach, curricula that reflect the local burden of disease, oath-taking required for all HS students, transformation charter, and increasing the number of Black students and staff, as revealed in the vision and mission (Faculty of Health Sciences, 2020; University of Cape Town, 2021c). While FHS has had its challenges in the last few years, the Faculty, like others in SA, is attempting to address issues raised by students. What appeared to be a successful transition into the new democracy was significantly challenged by students in HS during the student protests, when racial discrimination and stigma amongst others were raised. At the same time, academic voices from within HS at Faculty spaces raised concerns and showed ways to go forward in an attempt to disrupt the status quo (Behari-Leak et al., 2016). In respect of assessment, the experience of discrimination by students has also been raised and is discussed in Chapter Four, but raises important points for this study to consider. Why are these issues persistent when the Faculty has a long history of Black students in its programmes that should have advanced a better understanding of these concerns? What was the role of the subsequent curriculum transformation post-apartheid and how do these issues reflect on the transformation journey of the medical programme and those teaching within it? Lecturers do not only have to consider pedagogical shifts but maybe need to be mindful of the students who face persistent struggles carrying the burden of different forms of marginalisation. In the South African context, some of these present as challenges that are remnants from the apartheid era, being socio-economic in origin, while others emerge from well-intentioned post-democracy ideas embedded within curriculum transformation. The challenges require critical consideration of the pedagogical practices that lecturers engage with to advance student learning.

1.6 Lecturers' workloads in Health Sciences

Enacting assessment is part of a wide spectrum of responsibilities that lecturers undertake in higher education. The academic position entails a process of multitasking by combining research, teaching and administrative duties with assessment subsumed within the ambit of 'teaching'. The effect is that the workload of the lecturer will ultimately be divided between the core responsibilities, with assessment incorporated as part of the teaching. In HS, teaching and learning, as well as assessment, occur in hospitals, clinical and other learning settings with patients. At the level of practice, undergraduate HS education is a pressured environment where teaching competes with other academic functions, such as research and administration or for those with clinical responsibilities with patient care. Research in an institution like UCT plays a leading role in career advancement, affecting how people may choose to spend their time and effort. Research supports not only knowledge development, innovation, and transformation, but retains staff and contributes to infrastructure development (Mullan et al., 2011). Assessment research helps to advance the field and serve as a vital source of knowledge for those in the clinical arena and the academe alike. It also ensures that clinical practitioners and lecturers remain relevant locally and globally. Lecturers in HS, like their colleagues elsewhere, have come to realise that the global expression of their ideas is more powerful than institutional teaching, which may become repetitive and mundane (Chan et al., 2018). The outsider lens through engaging in disciplinary research that is globally relevant thus poses a significant opportunity for lecturers to use and generate economic resources. Importantly, it also allows agents or groups of agents to influence social energy in the form of living labour through the production or reproduction of knowledge (Lubin-Levy & Shvarts, 2016). Boyer (1990), much earlier, asserted that the emphasis on research within academia contributed to a movement away from the student to the professor, from general to specialised education; from loyalty to the campus, to loyalty to the profession. These issues point to a critical site of tension, between personal as well as professional aspirations. Furthermore, in medical education disciplinary research focussing on biomedical knowledge may more easily be accessible in practice and thought than teaching. The development of lecturers as teachers aimed at enhancing practice and scholarly engagement within education and assessment specifically may be debatable under such conditions.

1.7 Role of Staff Development

Staff development also called faculty development can serve as a meaningful structure to support pedagogical change at the institutional level. Staff development aims to improve the teaching and learning of individuals as well as enhance institutional change (Austin & Sorcinelli, 2013). Even though these aims are laudable, institutions may hold different views on staff development; for example, institutions that consider it important, make attendance mandatory. Other liberal-minded institutions that uphold academic freedom, do not compel their staff to attend, which affects staff commitment

towards education. It is often offered in the form of workshops, seminars, short courses, or fellowship programmes. Lately, staff development encompassed formal qualifications such as postgraduate degrees and diploma programmes in HS education. Alternative means of accessing the knowledge of teaching and learning is possible should lecturers wish to make use of these options (Karg et al., 2013). Staff development is a well-established field internationally that has helped us to understand the range of initiatives possible to aid the development of academics as teachers. However, it also indicates a chasm between practices founded in well-established countries that advance the theoretical and methodological grounding of faculty development (Camblin & Steger, 2000; Yvonne Steinert et al., 2007; Steinert et al., 2016) compared to SA, with human resources constraints, increased student numbers, historical imperatives and ideologies that are difficult to reshape.

In SA, the field of academic development, broadly encompasses staff, student and curriculum development was characterised by three phases that of academic support, academic development and institutional development (Volbrecht & Boughey, 2004). The early years post-apartheid provided access to previously marginalised and disadvantaged students through academic support programmes usually outside mainstream programmes. These programmes were aimed at students that some within academia believed did not have the necessary background to benefit from 'standard' teaching when entering universities (Boughey, 2010). Inevitably, Black students were the recipients of many of these interventions as they were the ones that failed and needed the support contributing towards a different form of marginalisation based on lack of educational preparedness. The emphasis was on transforming the students to succeed in the academic institution that had a way of practising teaching and assessment which reflected the historical heritage of language and cultural ideas of the previous minority. In the next phase of academic development, institutional transformation and equity shifted the focus to changing the institution and collaborating with staff through staff development initiatives. Later on, institutional development became the focus informed by the policy developments at the national level such as the NQF, HEQF, the university funding model based on enrolment counts and pass rates, foundation phase grants for bridging and extended programmes, as well as admissions testing.

The goals of staff development coupled with the legacy of academic development in SA that mainly focussed on Black students and policy initiatives, rather than lecturers, set up areas to explore how best to facilitate lecturers' assessment practice. Lecturers are holding steadfast to traditional notions of assessment as discussed later in Chapter Two. Some of the reasons for this include institutional and individual challenges affecting whether changing assessment is considered important. Staff initiatives need to explore the reasons for the gaps to transform assessment and search for ways to address them. In SA, a support instrument has been provided through the university capacity development grant

system to address national strategies for the development and recognition of academics as teachers and to guide the allocation to universities to support teaching and learning (Department of Higher Education and Training, 2017). How the funding provided can be leveraged further needs to be debated, especially in the context of recognising that the appointment of academics in a country such as SA, is mainly for their disciplinary expertise and research capacity.

1.8 The rationale for the study

The purpose of my study is to provide an in-depth exploration of the opinions, processes and actions that influence lecturers' assessment practice. Using this knowledge, I hope to inform faculty development initiatives whose aim is to support lecturers in the fulfilment of their changing role, that is to facilitate students' ability to utilise analytical thinking, skilful judgement and practice. Lecturers in HS prepare students to work in a society that recognises and respect differences of race, class, privilege, gender, religious and spiritual beliefs as well as medical knowledge and skills. However, as early as 2010, Frenk et al. (2010) argued that traditional curricula have resulted in ill-prepared health professionals that are unable to address the 21st century needs of communities. They asserted that HS education should develop graduates that can contribute towards a just and equitable society and be responsive to the local health challenges. Research highlighting the discrepancy in health services provided to different members of society by Bourke et al. (2006); Neal and Allgar (2005) and Peters et al. (2008) support this argument. Lecturers inform the curriculum as the official documentation that includes the goals of teaching and learning, the instructional methods, and materials as well as the assessment. The curriculum shows the envisaged aspirations of society as well as the curriculum that is implemented. A curriculum also demonstrates what was learned by the student through the assessment system. Assessment is purported to support the learning experience of students; if this is so, understanding the institutional context, the lecturer and the local needs to be considered.

My interest in understanding lecturers' assessment practice is driven by the fact that it is not uncommon for different disciplines in the medical programme to assess students without formal or informal knowledge of assessment and have varied assessment responsibilities is discussed later on. The structure of the medical programme with basic science taught in the earlier years and clinical exposure in the latter years has resulted in a range of people responsible for the teaching and learning as well as the assessment in the programme (Irby et al., 2010). The programme thus brings together different tribes with a distinct and sometimes different epistemological orientation of their disciplinary fields (Becher & Trowler, 1989). In this varied group, even now it is not uncommon that those responsible for teaching, learning and assessment have no formal or informal experience in education. Srinivasan et al. (2011) suggest that this may be attributed to a lack of understanding of the competencies required to teach. Moreover, undergraduate medical students do not learn about

educational theory, but many are expected to teach once they become health care professionals. The tradition is a legacy from the *see one, do one, teach one* principle of years gone by, which is increasingly being questioned as the way to develop competent medical doctors (Speirs & Brazil, 2018). A move to include educational principles in the undergraduate degree is now seen as a way forward informed partly by the understanding that when medical students become the lecturer, they assume the role of the knowledge mediator(Soriano et al., 2010; Speirs & Brazil, 2018). As knowledge mediators, lecturers are expected to guide learning and engage students in the process using various learning approaches strategically. It is unlike the thinking in the past of supervisory or the reliance on the preceptor role assumed by clinician educators that helps students to acquire the necessary knowledge and skills needed in a specific discipline. Some lecturers may rely on their own educational experiences which occurred at a different time as a means to convey the knowledge and skills of the discipline. Others may have informal and formal education experiences to use in the enactment of education.

The range of people involved in undergraduate education may participate across a wide spectrum of assessment responsibilities or they may participate in one singular aspect of an assessment process. These assessment practices include the design of assessment systems, constructing methods and questions, marking of student answers as well as monitoring and evaluation of assessments (Gallagher, 2010; Holroyd, 2000). Assessors can design and implement an assessment method without the relevant knowledge of the guiding principles of assessment. In such a context, the assessor may draw on knowledge gleaned from observation or having been through the process themselves. First-hand experiences as a student often make for fertile ground to draw upon, such as the experience of being questioned as a means of testing knowledge at the patient's bedside by the clinician-educator. This can be done without understanding when this way of assessing may be appropriate and when it may be problematic. Furthermore, certain assessment methods allow themselves to be individualised, namely, that the lecturer is the only one that creates questions such as multiple-choice questions (MCQs). Individual practices of assessment lessen the opportunity for scrutiny unless this is accompanied by external moderation and not only by a specialist within the designated field, but someone who understands the fundamentals of assessment in undergraduate education. Other methods of assessment, however, require a group of examiners, for example, in objective structure clinical examinations (OSCEs). Such ways of assessing open up an opportunity for discussion about what is to be assessed, what is an acceptable standard of performance is and the criteria thereof (Bandaranayake, 2008; Boursicot & Roberts, 2005).

1.9 Research problem

The existing body of assessment knowledge has contributed exponentially to understanding how to enact assessment. Lecturers can draw on a large body of literature addressing best methods to assess

student learning (Albanese, 2000; Ben-David, 2000; Coderre et al., 2009; Gallagher, 2010; Govaerts, 2006; Govaerts et al., 2011; Schuwirth & Van der Vleuten, 2011; Tekian & Norcini, 2016). The aim is to inform practice through developing evidence that supports the use of the best method of assessment for a particular skill or knowledge (Altshuler & Kachur, 2001; Bandaranayake, 2008; Boursicot et al., 2007; Harasym et al., 2008; Lypson et al., 2004; Silbert & Lake, 2012). This ensures that assessment is valid, reliable, feasible, fair and fit for purpose through the educational benefit (Van Der Vleuten, 1996). The desire to underpin educational assessment with evidence-based and best practice advice can confine lecturers' ability to interrogate the ideas which inform their assessment practices giving rise to a decontextualized view of assessment.

The current body of knowledge does not help the development of lecturers that may function as gatekeepers of knowledge and professional skills without being aware of it. Lecturers may fall victim to execute epistemic injustice through reproducing knowledge imported from the global North as they may not interrogate it sufficiently (Fricker, 2007). Exploring the influences on lecturers' assessment practices would provide an opportunity to interrogate the relationship between the identified constraints, enabling conditions and human agency. The exploration is particularly crucial at a time where students question the power relations and conceptions of knowledge that reproduce hierarchies of race, gender, and geopolitics with its roots traced to coloniality (Ndlovu-Gatsheni, 2015). My study recognises that assessment of student learning, although situated within higher education, has impact and consequences for the broader society. Against this background, we draw our students from and in turn, where our students will return to as health professionals. My study thus seeks answers that will enable lecturers to use educational practices to equip students with the metacognition and competencies to better society. Moreover, this should not seek to perpetuate and reproduce a social order that sustains conditions of inequality and inequities which plague society currently (Bleakley, 2010; Pimentel et al., 2018). Lecturers and higher education would benefit by critically interrogating taken-for-granted practices upon which they construct knowledge for others. The assumption that lecturers individually can make shifts in practice and knows enough to engage with complex and difficult topics beyond disciplinary expertise prevails to an extent. The idea of transforming lecturers' practices as simplistically engaging with best or evidence-based practices, must be interrogated. Many lecturers struggle to respond to the challenge of positionality where students question those in power (Kumagai et al., 2017). Challenges might be more likely in a context where the lecturers' positionality may privilege some students and or marginalise other students.

1.10 Research question

In the context of educational transformation, I pose the following research question:

How does the interplay of the structural, cultural and agential mechanisms condition the emerging assessment practice of lecturers in the undergraduate medical programme?

1.11 Chapter synthesis

The present chapter began by stating the relevance of assessment, background, the aspirations of higher education relevant to assessment in SA, and the context and rationale for the study. The context demonstrates the unique features that educational assessment must respond to, and within which it is operationalised. While assessment is a core part of teaching, the embeddedness thereof may contribute to the coalescences of the work of assessment and that of teaching as the same. In situations with competing interests, individuals may be faced with the dilemma to select and focus their attention on activities that have the best opportunity for success. For educational assessment, it means that individuals may not aimlessly make choices in their practice but are carefully choosing where to invest themselves. In Chapter Two, the literature review that explores the influences on lecturers' assessment practice is presented.

1.12 Overview of the thesis

Chapter 1: Introduction

The rationale, context of the study in SA higher education (HE) and societal background are explained.

Chapter 2: Literature Review

This chapter reviews the literature relating to previous research in the areas of the influences on lecturers' assessment.

Chapter 3: Conceptual framework and Theoretical foundation

In this chapter, the conceptual framework and theoretical foundation that underpin the study, are described. Choices and reasons for the theoretical and analytical framework that inform the research question, the research approach, and the methodology, are discussed. The chapter highlights Archer's analytical dualism that separates 'the parts' and 'the people' as each having powers and properties. The morphogenetic approach is a way to examine and explain the interplay of mechanisms occurring at the level of the Real to better understand events, observations, and experiences over time.

Chapter 4: Methodology

In this chapter, I present the theoretical and analytical framework that informs the research question, the research approach and the methodology. I firstly present critical realism as the philosophy that underpins the case study, while social realist theory is used to explain and clarify how lecturers interact within their context.

Chapter 5: Structural and Cultural Conditioning T1

This chapter presents the first findings of the research, where I explore the mechanisms that condition agents' context using data sourced from participants, including their assessment documentation. The structural and cultural emergent properties that have the potential to condition the assessment projects of lecturers at the level of the *Real*, are probed.

Chapter 6: Social and Socio-cultural Interaction T2-3

The findings and discussion continue in Chapter Five by analysing and discussing the social and socio-cultural-Interaction at T2–3 of the morphogenetic cycle. This is done by illuminating the interaction of social agents with the structural and cultural mechanisms.

Chapter 7: Cross-case Analysis and Synthesis T4

In this chapter, I explore lecturers' assessment practices to explain whether structural and cultural morphostasis or morphogenesis has taken place.

Chapter 8: Conclusions

This chapter draws to a close the discussion about how the structural, cultural mechanisms and the agency influence the assessment practice of lecturers in the medical programme. The key findings, implications, and the contribution of the study to the field of assessment and staff development are elaborated upon.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

The previous chapter explained the significance of summative assessment and lecturers' workload, the societal background and hopes and aspirations of a transformed higher education, the context of the study as well as setting the background of the study, including the rationale. In line with the research question my examination of the literature is to gain a better understanding of the influences that shape, inform, enable and or constrain lecturers' assessment practices emerging from the social and cultural spaces. Here I restate the research question as expressed in Chapter One:

> How does the interplay of the structural, cultural and agential mechanisms condition the emerging assessment practice of lecturers in the undergraduate medical programme?

In this chapter, I present a review of the literature and in this process, find ways to contribute to the knowledge, the analysis and understanding of lecturer' summative assessment practice. Understanding lecturers' assessment for me becomes a precondition to advance socially-inclusive transformative assessment practices that endeavour to enhance learning for all students. In an attempt to understand the influences on lecturer's assessment practice the pertinent literature associated with the phenomenon of interest using the SPIDER tool was reviewed (Cooke et al., 2012). The SPIDER tool defines the sample, the phenomenon of interest, design of the research, the evaluation and the research type. Literature searches were conducted using the web of science, Pubmed, followed by a broad search on google scholar. In the search strategy I made use of the Boolean operators AND/OR employed a variety of search terms: 'teachers/lecturers/ medical clinicians' AND 'undergraduate assessment' OR 'undergraduate medical programme' AND 'interviews/surveys/questionnaire/mixed methods / case studies', AND 'influences OR factors/ facilitate / hinder' and lastly 'qualitative OR quantitative research'.

I start the literature chapter with describing the shift from teacher-led to student-centred assessment, the changing demands from outcomes-based to competency-based education (CBE), differences between lecturer' practice and the theory of assessment, personal and cultural influences on lecturers' assessment practice, and then continue to explore the impact of the role of communities of practice (CoPs) in the scholarship of assessment. Finally, I end the chapter with focussing on the contribution of this study to add to the body of knowledge exploring the role of lecturers' agency in shaping lecturers' assessment practice.

2.2 From teacher-led to student-centred assessment

Assessment is recognised as important in higher education for student learning and to assure the broader society that the person is qualified to practice the qualification they hold which is critical especially within the health care profession (Norcini et al., 2018). In recent times the emphasis to enhance assessment as a pedagogic device that will benefit not only the student but society as well is seen as paramount significantly informed by the evolution of CBE especially for health sciences (Holmboe et al., 2010). This approach is different to traditional education that may have emphasised the teaching as opposed to the end outcome, which is done in outcomes and competency-based education. Contemporary assessment discourse shifts away from the teacher-led model of assessment, advancing the role of the student as integral in the assessment process (Harden, 2018). Whereas the traditional model favours assessing professional silos, performing single high stakes assessment, limiting the use of diverse assessment methods, and thus have poorly described outcomes or objectives, selective sharing of assessment detail with students, poor moderation systems, and a poorly defined assessment system (Frenk et al., 2010).

Contemporary assessment envisages a student-centred approach that aligns with a socially transformative approach using authenticity-aligned practices to the professional context. Assessment may include the opportunity for peer and self-assessment, critical use of evidence-based research to inform assessment design and having a variety of methods to assess students. In addition, students are given more choice in the assessment, technology is used skilfully, students are active participants in the assessment process, interprofessional and across- or trans-professional opportunities are explored. These features change the practice from individualistic-enacted to inclusive, student-centred assessment. A non-traditional approach to assessment may cast doubts on the old practices questioning the legitimacy of lecturers and the ways they choose to assess and thus, challenges lecturers' disciplinary discourse. Discourse with a capitalised D is described by Gee (2008) as the socially constituted ways of speaking and writing, acting, interacting, valuing, feeling, thinking, and believing in a discipline. This nature of transformation may not only confront a teacher's way of enacting the assessment but their mindset and perspectives, challenging the assumptions that people hold. Mezirow (2003) calls this transformative learning that confronts "habits of mind, meaning perspectives, mindsets". However, lecturers' assessment practices show a resilience that withstands the pressure to recognize and implement alternative ways of thinking and enacting assessment in section 2.5 I explore this further.

2.3 Changes impacting lecturers' assessment practice: from outcomes to competency-based education

The demands on assessment to become student-centred occurred alongside the changes within curricula from outcomes-based transitioning to a competency-based education, predominantly originate from the global North, considered as developed countries (Biggs, 2003; Black & Wiliam, 1998). Outcomes-based education endeavoured to change the pedagogy to become more student-centred (Entwistle et al., 2000; Trigwell et al., 1999). This was a way to ensure that medical education addressed the evolving health care challenges of society (Harden et al., 1999). The authors proposed that the pedagogy of outcome-based would indicate what a student should be able to do with the knowledge, skills, and behaviours developed after a period of instruction. This could shape the assessment processes within a designated course or programme. Outcomes developed by lecturers are intended to indicate what health sciences curricula would want their graduate professionals to have on their exit from higher education institutions. It is therefore important to learn about disease and the management thereof, and about the development of graduates that are able to contribute towards a just and equitable society. In South Africa during apartheid, access to health care was determined by the race group to which an individual belonged, which prohibited equitable access to health care amongst many other infringements of basic human rights (Coovadia et al., 2009). Thus, contrary to developed countries where the education system, health service and professionals need to accommodate minorities and immigrants; our history perhaps should be a strong driver for ensuring equitable educational experiences and subsequent healthcare provisions (Peters et al., 2008; Stegers-Jager et al., 2016; Stegers-Jager & Themmen, 2013).

Internationally, outcomes-based education has served as a springboard for competency-based medical education (CBME). The draw towards CBE is underpinned by its understanding that competence is multi-dimensional, dynamic, contextual, and developmental. In a CBE model, different assessment sources could inform several competency domains associated with the roles, which include the medical expert, communicator, scholar, collaborator, manager, health advocate and professional, each with key competencies and enabling competencies (Frank & Danoff, 2007). The enabling competencies associated with each role are assessed to ensure that students possess the required knowledge, skills and attitudes (Holmboe et al., 2010).

As the curriculum model was shifting to CBE, it also raised the questions about the preparation of lecturers as assessors. A systematic review of faculty development in medicine from 2002-2012 by Steinert et al. (2016) highlighted the need to provide ongoing pedagogical support through induction of new staff and revitalisation of experienced teaching staff. More concerning is their finding that

although literature ascribes importance to assessment for student learning, staff development of assessment is not adequately advanced. James (2003), reporting on a national study on student assessment in Australian higher education, signals what the reasons may be for a disconnect between literature and practice. James (2003) found misalignment between that which is valued and practised, which is often overstated and unrealised. A recent study by Konishi et al. (2020) in Japan, was more optimistic; their findings indicate that faculty development programme benefitted staff, providing opportunity for sharing meaningful knowledge. Roxå and Mårtensson (2017) advocate for staff development to step out "in a world of wider discourses, values, and ideologies", and to answer questions about the theory and practice gap. O'Sullivan et al. (2012) called for research into educational process and outcomes focussed on both the faculty development of the academic community and the workplace community. This means different levels of preparedness for different levels of examiners. Here, faculty development is moving beyond methods and looking at the context and structural mechanisms of the different, layered support being offered. This discussion indicates the importance of lecturers as assessors and the value of raising awareness about beliefs and ideas, including how these may impact learning (Taylor et al., 2007). The views presented are significant in medical education, given that learning happens not only in the classroom but in clinical spaces that are places of work, where patients are provided with health care and where tensions may emerge between the role of educator and clinician.

2.4 Disjunction between lecturers' practice and knowledge of assessment

The domain of assessor reasoning posits that there are qualities beyond the technical expertise of enacting assessment that influence assessment design, choice of methods used, and the examination process. In reviewing research on assessor cognition, a panel of experts, Gingerich et al. (2014), reasoned that current research positions about assessment judgements emerge from different fields: the assessor as trainable, the assessor as fallible, and the assessor as meaningfully idiosyncratic. They contend that instead of regarding each as distinct areas of research, they may in practice combine them, and therefore the three different perspectives each make a useful contribution in developing a better understanding of the assessors and how they make assessment judgments. Yüksel and Gündüz (2017) examined the opinions of the instructors relating to the importance of assessment in education at three different universities in Ankara, Turkey. Participants reported formative assessment characteristics as important; however, when implementing assessment, participants enacted summative assessment methods rather than formative assessment. This discrepancy between thoughts and actions is not unusual and was found by Deneen and Brown (2016) as well. In their study, the knowledge of assessment did not translate into anticipated action of pre-service teachers enrolled in a

12-week graduate-level course on assessment at a university in New York City. In my study, I hope to further illuminate some of the facilitators and barriers to lecturers' assessment practice.

Reimann and Sadler (2017) attributed the difference in understanding of academics entrusted to assess students, to the different contexts within which assessment is operationalised. This adds to the body of knowledge that assessment decisions are complex because of the relationship between thought and practice. The assessment decisions are not neatly arranged sequences of events that unfold and inform each other, and may be influenced by a range of issues which I will explore further in this study. The authors consider the different professional lenses and learning environments where assessment is conducted as instrumental to inform how assessment is enacted.

Harrison et al. (2017) explored how the personal and collective beliefs aimed at improving students' use of assessment-related feedback influenced the redesign of a summative assessment culture at Keele University, a British medical school. In their participatory study, a group of medical students, clinical teachers and senior faculty members together needed to find radical solutions to improve the use of post-assessment feedback. The results indicated a shared belief on the importance of summative assessment. Participants' prior summative assessment experiences strongly influenced proposals for change making it difficult for them to consider change that may include feedback. If and how lecturers' prior experience of assessment shapes their actions, is an important considering point for my study to note.

In exploring how examiners make decisions, a Canadian study by Chahine et al. (2015) revealed that Objective Structured Clinical Examination (OSCE) examiners expected students to use a sequence of events during the examination that were not made explicit to the student. However, the steps helped to informed examiner decision on the competency of the student. Similar to Chahine (2015), Yeates et al. (2013) noted subtle differences in assessor judgment of performance assessment in a United Kingdom study. Assessors in this study paid attention to different aspects of the performances; the marking criteria were constructed differently, and the marking was influenced by recent experiences of assessment. The study found that assessors were more likely to describe their decisions about students' performance as a global impression rather than as criterion-referenced. This shows that assessors are not all the same and may differ in how they implementation best practices that guide assessment decisions.

A study by Deneen and Boud (2013) in Hong Kong found that lecturers resisted change, viewing assessment as too high risk to intervene. In a study by Postareff et al. (2012) at the Faculty of Pharmacy, University of Helsinki, lecturers mostly described the use of traditional forms of assessment such as summative assessment, and pen and paper examination, with few using formative assessment criteria

and a variety of assessments. The authors found that there was a relationship between conceptions of assessment and the practice thereof, similar to the research into beliefs about teaching (Eley, 2006; Entwistle et al., 2000). Teachers with conservative conceptions of assessment were more likely to maintain conservative practices. The finding is important as in this study, one objective is to ascertain the outcome of a particular way of enacting assessment.

A study by Taras (2008) conducted at an English university provides additional insight into lecturers' understanding of assessment practice and how it relates to theory using a questionnaire. As part of the research, the author explored the relationship with current formative and summative assessment frameworks, and these were found to contribute to lecturers' understandings which were confused and illogical. For Taras (2008), these findings reflect the fragmented theoretical, practical frameworks and alignment between summative and formative assessment, signalling a disconnect in understanding of the different purposes of assessment.

A South African study by Beets and Le Grange (2005) favours the integration of *Ubuntu* in assessment as a philosophy that might enhance learning in the African settings. *Ubuntu* is an African word that speaks to being aware of one's own being but also of one's duties towards one's neighbour. The authors maintain that if it is integrated as a core value in assessment practices, it would facilitate learning. For them, the use of humanness, caring, sharing and compassion would support assessment practice and may thus aid transformation. However, under conditions where assessment may be entrenced with values and ideas that could alienate a significant group of students, the question would be whether these ideals by Beets and Le Grange (2005) are adequate. In a recent South African study that reviewed institutional assessment practices using a self-administered questionnaire, Joubert et al. (2020) reported that the undergraduate medical programme at their university assessed all the different competencies required. In this descriptive cross-sectional study, multiple-choice questions and OSCEs as methods of assessment were frequently used, and there was evidence of poor feedback and poor moderation practices.

Lee et al. (2017) advocate for real world research to help understand assessors and the decisions they make. Within the South African context, a real-world challenge is to address the patterns of power that would require confronting the legacy of educational practices which may contribute to the alienation of students. As Maldonado-Torres (2007) theorises, coloniality is not something that can be wished away and remains alive in much of we do today. A recent study by Eichbaum et al. (2021) calls for the reconsideration to shift colonial paradigms toward more equitable partnerships in global health education. They encourage decolonisation by emphasising patient safety, applying fair trade principles

to educational programs, developing global health curricula, learning objectives, and competencies and lastly, equalising access and opportunity of educational experiences.

2.5 Influences on lecturers' assessment practice: personal and cultural

In this section, I attempt to gain a fuller picture of the conceptions, experiences, work environment, practical implications of enacting assessment, preferences of using particular forms of assessment, external pressures from the institution and the students that impact lecturers' assessment practice.

Hodgson and Garvey (2020) in their study at a university in Australia report on staff and student conceptions of assessment and the students' experience of the assessment processes in their Biomedical Science degree, using a questionnaire. In the responses, staff and students expressed different opinions about assessment: for instances, students identified the use of assessment in reflecting institutional quality as more important than staff, and students did not recognise that assessment can be used for modifying teaching practices, an important role of assessment.

Norton et al. (2019) used questionnaires that explored lecturers' views about assessment design, marking and feedback. The study set out to validate two questionnaires but also explored the existence of professional practice in assessment and analysed any perceived hindrances as well as possible effects of participants' subject discipline. 356 lecturers from two United Kingdom universities, with a range of teaching experience and disciplines, took part. Participants recognised that practical issues such as time, workload and cost of assessment (67%) as hindrances in putting their pedagogical beliefs into practice. There was also a substantial proportion (57%) who thought there was little incentive for lecturers to innovate in their assessment practice. The responses (58% of participants agreed) also highlighted that lecturers view that students could successfully complete the assessment requirements without learning anything.

In a recent Spanish study, Panadero et al. (2019) reported that an increased number of assessments were used compared to historical trends, but conventional methods were still preferred. In their study, peer and self-assessment was rarely used, with minimal change of assessment methods between years of study and different disciplines accounting for the difference in uses of assessment.

An Australian study found that there had to be an impetus such as feedback from a review process or programme level to initiate assessment change. The study was conducted using 31 semi-structured interviews with 33 university educators from four different institutions. They located two areas of influence as significant in the study, environmental and professional influences. Environmental influences were issues about the design of the assessment. Also, student learning, organisational requirements, organisational culture, different student cohorts, responses and interaction on

assessment and resources, were reported as influences on how the assessment was designed. Professional bodies and communities also contributed to some extent to how the assessment is designed, but to a lesser degree than professional and environmental factors. Professional influences involved personal histories and professional identity. For example, past experiences of conducting assessment and awareness of student performance and feedback also contributed to how the assessment was designed (Bearman et al., 2017). In my study, I similarly look at past experiences of assessment but explore them from the lecturers' perspective, including their subsequent assessment practices.

Like the Bearman et al. (2017) study, teachers in a New Zealand qualitative study indicated that contextual and personal factors impacted their decisions about their assessment actions in the classrooms. In this study, the sociocultural context reflected as the school priorities, traditions and embedded practices as well as students' cultural and ethnic backgrounds, were considered important. Personal factors included teachers' own beliefs about assessment, ethical matters related to assessment and teachers' emotional responses to assessment which helped to inform their summative assessment decision. In certain instances, teachers would not adhere to prescribed assessment processes, highlighting the role that teacher reflection had on their decision-making (Edwards, 2020).

Heitink et al. (2016) used a systematic literature review and found that the teacher, student, assessment and context played a role when enacting assessment for learning. For example, teachers must be able to interpret assessment information on the spot, and student engagement in the assessment process is vital. Fulmer et al. (2015), reviewing the literature on factors that influence lecturers' assessment practice of school children, found significant research at the teacher level, on teachers' values, conceptions and knowledge. However, they remark on the limited research at the school level or connecting this with the teacher- or school-levels.

The implementation of rigorous, valid, education beneficial, practical and fair assessments may belie the complexity of accurately defining the amount of time and workload for the development of the lecturer and the learning requirements for the student. How assessment is enacted may be affected by many factors, such as increasing student numbers and pressures of research. Scott (2015) highlights the complexity when attempting to quantify the workload of assessment for students and staff due in part to the range of assessment formats and the multiple roles assessment plays within higher education.

An Australian study by Trede and Smith (2014) examined physiotherapy clinical educators' interpretations of their assessment practices through semi-structured interviews. This revealed that educators were aware of the challenges, and they grappled with the tension between their practice-

based judgements and documentation of competence. Despite this tension, there was a reluctance in this group of workplace-based educators to move from awareness of practice tensions towards action which could address these tensions. Therefore, the authors expressed the opinion that the subjective judgements which inform assessment practice must be acknowledged.

A study by Norton et al. (2013) explored the views on assessment design of 586 newly-qualified or still qualifying lecturers, including those within health sciences, using a questionnaire called the Assessment Design Inventory. The study from the United Kingdom found that lecturers saw little motivation to innovate in assessment and felt that students may not support a change. It supports the view that external factors emanating from the institution and the discipline can also shape and constrain practice.

Grunwald and Peterson (2003) at the University of Michigan in the United States used a survey of faculty from seven institutions to assess participants' perceptions of their institution's student assessment patterns and their own satisfaction with and involvement in student assessment. They found that the institution's student assessment purposes, its administrative support patterns, and its faculty instructional impacts, influenced faculty satisfaction with their institution's approach to and support for student assessment. The authors reported that external influences on faculty, and perceived benefits of professional development practices for student assessment, significantly influenced faculty involvement with student assessment in their institution and their classes.

An earlier study by Ecclestone and Swann (1999) at the University of Sunderland, United Kingdom, used an action research design of 11 lecturers, raised the concern about defending lecturers' assessment practice from challenges by students, colleagues, and external bodies. These create tensions between educational aspirations to improve practice and having to defend assessment decisions. The research demonstrates the complexity of involving students in the assessment, as indicated in best practices advocated by assessment literature similar to other studies mentioned. For instance, when efforts were made to involve students more in the assessment, the lecturers faced significant resistance from students themselves; examples are when shifts were discussed to provide detailed assessment criteria and effective standardised written feedback. A minority of students were hostile to attempts to improve the work of the cohort by making grading criteria more explicit, particularly those who always perform well. It appears that a longer cultural shift is needed to motivate students' engagement with feedback opportunities. However, when involving students in changes to assessment, students overwhelmingly supported a proposal to decrease the weighting for the assessment of written work in favour of weighting group oral and visual presentations. This could be attributed to the fact that students expected this to result in a higher aggregate mark. The same research highlights that while

attempting to improve their assessment practice, lecturers became aware that these improvements could be used to `protect' their practice. In using theory-derived assessment and evidence-based practices, they realised these could enable them to defend their judgments against challenges by students and institutional managers. Lecturers thus saw it as a way to respond to challenges posed by litigation or that it could be used to assist learning (Ecclestone & Swann, 1999). Similar to this study, Cilliers et al. (2010) also found that student learning behaviour and conduct was influenced during summative assessment. Harland et al. (2015) conducting interviews with students and staff in one of the few qualitative studies in this review, eloquently captures the tensions for lecturers and students. In their study, they reported how students were generally happy to accumulate small marks, while being irritated and stressed by frequent grading. Lecturers were aware of better practices but felt trapped by circumstances.

2.6 Communities of Practice role in the scholarship of assessment

McDowell et al. (2004) suggest that lecturers' reflections on and understanding of assessment are closely related to the nature of the subject domain and therefore it is essential when attempting to improve assessment practice, to start from the perspective of lecturers in the discipline. Furthermore, Dornan and Kelly (2021) emphasise the value in both individual learning and participatory learning, especially given the nature of medical education encompassing both classroom and clinical learning spaces. In this section, I explore the role that the CoPs play in the scholarship of assessment.

CoPs as a concept was first proposed by Lave and Wenger (1991) and has become a widely used construct. The CoPs may be explained as a learning community where community is seen as the group of people and learning community described as the individuals engaging and learning through observation, interaction with experts and through discussion with colleagues (Li et al., 2009; Wenger, 1998). This is underscored by Cruess et al. (2018) who posit that medicine is a community of practice where learning is inherent part of the identity of a medical doctor, synergising with the cultural, structural and behavioural as well as moral qualities of the profession. The CoP recognises formal and informal learning experiences as meaningful in this process (Wenger, 1998). Three characteristics form the core elements of a CoP (Lave & Wenger, 1998):

- The domain is a shared domain of interest with members sharing a commitment to the domain of interests, and valuing their collective competence that enables learning from each other. Cruess et al. (2018) state that in medicine, this may be associated with the prevention and treatment of disease and the promotion of public good.
- The community, while engaging in joint activities and discussions, help each other and share information. In any social context, as in medicine, individuals can become part of a number of

communities. The one that may hold more value, specifically in medicine and which influences individuals, can be linked to their area of specialisation (Ericsson, 2015).

- The practice and members of the community have a shared repertoire of stories, experiences, tools and ways of addressing recurring problems. In medicine, practice may consist of clinical care, educational practices, and research. In this context, practice encompasses a social environment that includes work and learning which is a useful perspective to draw upon for my study (Cruess et al., 2018; Powell et al., 2015; Wang & Kogan, 2018).

The CoPs is considered by Wenger (1998) as a social learning system, where learning is developed between the person and the social world that is constituted by the CoPs. Learning occurs between the members of the community. The CoPs as a social system has the characteristics of an emergent structure, complex relationships, self-organisation, dynamic boundaries, ongoing negotiation of identity and cultural meaning. Cox (2013) explains the benefits of CoPs in support for early-career academics. Cox reported on a faculty learning community model, a CoP taking place over two decades at Miami University, a research-intensive university, which was then is extended to other institutions of higher education in the US, followed by current international explorations. In this article, the author offer evidence that support early academics teaching, becoming part of the university community and their interest in the scholarship of teaching and learning. Engaging in the CoP did not hinder their promotion trajectory, although the author reported and felt that it had the potential for transforming institutions.

Participation and reification are necessary parts and important aspects of becoming a member of the community. It occurs through taking part in the activities of the CoPs and developing tools that are used within the community. Participation is facilitated through conversations, reflections, and other forms of personal participation and taking part in the social activities of the CoPs. At the same time, resources are created in the form of stories, notes, documents, words, or tools that become part of the experience of the CoPs. The resources gathered through practice that reflects the history of the CoPs can also become an obstacle to learn something new or different. In this way, it is a difficult and challenging balance to maintain, being open to new and different modes *versus* showing loyalty to history (Wenger, 1998). The physical and conceptual artefacts reflect the shared experiences of the CoPs which contribute to becoming a member of the CoPs. The CoPs thus becomes a form of corporate agency, as described by Archer (1995), being capable of producing institutional change. Through the process of participation and reification, the CoPs defines its membership, whether explicit or tacit, developing a set of criteria and expectations over time. Through engaging in the activity together and over some time, members share expertise and determine the level of competence or incompetence of the

members of the community. Once a shared experience is generated, the experience reflects the competence of the community, and then only do individuals become active participants in the CoPs. Tension may arise between the competence and the experience gained as part of the CoPs. Individuals have their own experience of practice, which may or may not reflect the competence and experiences of the CoPs. Lecturers as assessors could ideally invest in activities that prepare students for knowledge retention, application, transfer, and future learning (Kulasegaram & Rangachari, 2018). However, they may be inhibited when situated within a CoP that is less amenable to alternative ways of assessment. When interviewing 12 fine art lecturers, Orr (2010) in order to explore and unpack the concept of connoisseurship in relation to subjectivity, objectivity and tacit practice, reported that lecturers' expertise was co-constituted in communities of assessors through participation and engagement. Elwood and Klenowski (2002) in an action research project explored their own teaching of the subject of assessment at postgraduate level. The authors describe the processes and procedures by which common meanings of criteria and assessment quality for Masters' level coursework held by one community of assessors were shared and interpreted by students to enable them to articulate their own learning through self- assessment.

Price (2005) cautions against unhesitating taking on the ideas of CoPs for assessment, describing the methods and difficulties of establishing, sharing and applying assessment standards within module teams in a business school. The author makes the argument that academic CoPs may not provide an adequate framework to support the sharing of assessment standards. Instead, Price (2005) advances that the scholarship of assessment becomes the means to support the development of assessment specialisation and assessment standards discourse within communities. The scholarship could in turn support the sharing of assessment standards. This is how the CoPs is considered in this study and supported by Rust (2007): it provides more depth as to what such scholarship may look like. Rust (2007) includes, for instance, promoting the good-practice principles in designing and implementing courses, acknowledgement of the how feedback could be structured and given, as well as emphasising assessment as promoting learning.

2.7 Lecturers' agency in shaping assessment practice

Researchers have helped us to better understand lecturers' assessment practice through measuring perceptions of assessment, explaining context, cultural and the personal dimensions signalled some of the influences on lecturers' assessment practice. These are situated predominantly within the empirical paradigm and have contributed to a better understanding of lecturers' assessment practices. It also signalled that the academic performance in assessment during a student's education journey cannot solely be attributed to their educational and socio-economic background, and as a result, be their responsibility to adapt to the assessment practices. Therefore, assessment research that directs their

interventions at students may support a deficient pedagogy. In my study, I seek to better understand the influences on lecturers' assessment practices by unpacking the structural, cultural and agential influences. From the research presented here, this relationship and how agency mediates and results in social change is not often explored. Orr's 2007 position that the posivist paradigm of assessment possibly contributed to backgrounding lecturer agency, synergises with my observation and the literature presented here. Clegg (2005) reinforces the importance of agency and how it can be used to better understand lecturers' actions or inactions. Kneen et al. (2021) explored agency in a teachers' using a qualitative approach by means of interviews and observations. The authors found that achieving teacher agency at institutional level is more complex and challenging than is the case at the other levels. They therefore suggest that more attention must be given to teacher agency particularly at institutional level. Clegg in Maxwell and Aggleton (2013, pp. 70-85) conveys the importance of agency to action and in my study, I refer to the action of lecturers as they enact assessment.

Emirbayer and Mische (1998) describe human agency as a temporally embedded process of social engagement, informed by the past (in its habitual aspect), but also oriented toward the future (as a capacity to imagine alternative possibilities) and toward the present (as a capacity to contextualise past habits and future projects within the contingencies of the moment). Human agency for them is iteration, projectivity and practical evaluation (Emirbayer & Mische, 1998, p. 11). Prideaux (2003) sees a curriculum as the result of human agency because it is underpinned by a set of values and beliefs about what students should know and how they come to know it. Archer (2000) articulates agency as observed through the ability of people to take a course of action that produces the desired outcome after thoughtful consideration (i.e., act on their ultimate concerns, as discussed in Chapter Three). This is dependent on corporate or primary agency, with corporate agency being able to bring about substantial change (see Chapter Three). In this study, I explore how, mediated by agential powers and properties, lecturers bring about change or elaborate their assessment practices, and how the constraints and enablements exert their own powers on the actions of lecturers.

2.8 Chapter synthesis

In this chapter, I have provided a review of the pertinent literature of the influences on lecturers' assessment practice by placing the study in the context of existing literature. I argue that the positivist perspective has dominated the research to better understand the influences on lecturers' assessment practice and in the process, relegated the individual perspective to the background. In making this argument, I have also presented literature that reveals gaps in the field on lecturers' agency in shaping assessment practice. In this chapter, I have presented literature in Section 2.5 that demonstrated to me the way members in an institution understand assessment (Knight, 2006). It also indicates that local practices may be different to what evidence-based and best practice strategies project assessment to

be. It may be no surprise that there is a difference between theory and practice and under such circumstances, advocating for different practices could be more difficult, whatever these may be (McInnis, 2006). In the South African context, it is not only transformative regarding student-centred inclusive practices, but cognisant of the historical injustices and challenges emanating from the context. A fundamental shift in lecturers' practices on the ground needs to occur, as the transformation in assessment goes beyond a change from one method to the other: it brings about a difference in thinking and doing. My study hopes to add to the body of evidence that broadens our understanding of the elements that constrain and enable lecturers' assessment practice. The results of this literature review thus contribute to a better understanding of the multiple facets that need to be considered from both a theoretical and a practical standpoint when exploring assessment practice. In a complex environment, different theoretical approaches may illuminate the intricacies of the issues at play. In the next chapter, I provide the conceptual framework and theoretical foundation for the study.

CHAPTER THREE: CONCEPTUAL FRAMEWORK AND THEORETICAL FOUNDATION

3.1 Introduction

In Chapter One, I presented the background, context, and rationale for the study. Chapter Two illuminated existing literature and debates about the elements that influence lecturers' assessment practice. To better understand lecturers' assessment practice, we need to be clear about the contribution of historical structural, cultural properties and powers and that of the lecturer (Archer, 1995). In choosing to research this way, I part ways with research on lecturers' assessment practice that is studied under controlled conditions. Accordingly, I see the enactment of assessment as an open system where the consequences of the interaction between the individual and the practice are not predictable.

The research question seeks to establish how the interplay of structural, cultural and agential mechanisms condition the emerging assessment practice of lecturers in the undergraduate medical programme. To accomplish this task, in this chapter I present the theory and analytical framework that inform the research question, the research approach, the methodology and the interpretations. I firstly present the stratified ontology of critical realism underpinning the study (see Table 2), while social realist theory is used to explain and clarify how lecturers interact with their context (Archer, 1995; Bhaskar, 2013; Cohen et al., 2017, p. 71). As researcher, I adopt a social realist stance, which allows me to understand how lecturers mediate the constraints and affordances within their context, whether emerging from the institution, clinical context and/or academic discipline or department. In keeping with social realism, the study draws on structure, culture and agency as key concepts which are expanded upon in Sections 3.3.3.1 to 3.3.3.3. In this study, the morphogenetic approach of Archer (1995) separates structure, culture, and agency to examine their interplay with each other over time (Behari-Leak, 2015).

3.2 Bhaskar's Critical Realism

My study was informed by the beliefs, values and methods of inquiry espoused by critical realism. In this study, critical realism situates reality as constructed by the individual's interaction with their social surrounding, cultural, historical, and individual context that plays a key role in shaping their views. Simultaneously, I acknowledged that although an individual's view of the world is recognised, it is never infallible, thereby recognising the ambivalence of our interpretations as human beings (Maxwell, 2012). Critical realism holds that there is an independent world of objects and structures that exists independent of our beliefs and constructions (Maxwell, 2012). The objects and structures give rise to

actual events that do and do not occur (Mingers, 2006). An event depends on the interplay of structures and mechanisms which remain dormant unless activated by the reflexivity of agents. The subjectivity of the experience is acknowledged while accepting that there are different perspectives on reality that are similarly valid. Individuals will experience the same event differently because their cultural, historical, and individual contexts may not be the same. By describing reality in this way, critical realism does not assume an alternate reality, but rather that our understanding of the world is developed based on our worldview. Critical realism thus retains an ontological realism acknowledging that knowledge exists independent of us and recognises epistemological relativism that knowledge is socially situated. Critical realism also acknowledges that not all perspectives are equal and subjective claims are not all valid i.e., judgemental rationality. In this study, I focus on lecturers' assessment practice, trying to understand the influences on assessment from participants' perspectives, alongside the researcher's critical interpretation.

Bhaskar's (2013) layered ontological approach consisting of the Real, Actual and Empirical domains, is helpful to unpack the assessment practices of lecturers. In the domain of the Real, structures and mechanisms are observed; the Actual domain is constituted of events and the Empirical domain consists of observations and experiences (Table 1). Events, observations, and experiences emerge from the interplay of social structures and mechanisms which are situated in the Real. In this model, reality is considered ontologically stratified providing a way to extend our understanding beyond events and experiences to identify the structures and mechanisms at play within the social system, for example, assessment practice in this study. The domains of reality proposed by Bhaskar are not necessarily considered to be in synergy with each other (Bhaskar, 2013, p. 42).

Table 1: Domains of Reality (Bhaskar, 2013, p. 47)

	Domain of Real	Domain of Actual	Domain of Empirical
Mechanisms	√		
Events	√	√	
Experiences	√	√	√

Mechanisms are processes, whether economic, political, or structural (Maxwell, 2012, p. 9). They are constituted of powers or liabilities that combine to produce actual social events (Archer, 1995, p. 3). The social events ensue as a result of emergence (see definition in Chapter One section 1.3). Mechanisms depend on causation, that is, the ability of one mechanism to influence another, whether

hidden or visible (Sayer, 2012). For example, traditionally and to a significant extent currently, health sciences educators are employed as educators based on their clinical expertise rather than teaching skills (Foster & Laurent, 2013). How to assess may be passed on within the routine of day-to-day practices. The idea of causation as observable departs from the Humean view that causal relationships cannot be observed but are only a "constant conjunction" of events (Maxwell, 2012, pp. 33-34). Stand-alone causation has limitations as it alone cannot explain why things are the way they are. By integrating the analytical approaches of induction, deduction, retroduction and abduction, the realist researcher can conclude causation. Specifically, the processes of abduction and retroduction are important for the critical realist in understanding causal mechanisms. As analytical tools, abduction and retroduction enabled me to integrate and layer the phenomena of interest with the theoretical perspective offered by critical realism in Chapters Five and Six. In this way, the theoretical approach opens possibilities to explore the influences on lecturers' assessment practice. Abduction and retroduction are understood as follows:

- Abduction entails moving in analysis from: "To interpret and recontextualise individual phenomena within a conceptual framework or a set of ideas. " (Eastwood et al., 2014, p. 3)
- Retroduction entails moving in analysis: "From a description and analysis of concrete phenomena to reconstruct the basic conditions for these phenomena to be what they are. By way of thought operations and counterfactual thinking to argue toward transfactual conditions." (Eastwood et al., 2014, p. 3)

In this study, Bhaskar's layered ontological approach offers a way to analyse the mechanisms actualised in the events and experiences, at the level of the Actual and Empirical in the enacted assessment practice of lecturers. More importantly, Bhaskar's critical realist approach aspires to change the social structures that do not work to make society better (Bhaskar, 2013). Thus, emancipation is central to Bhaskar's critical realism which aims to make society more equitable and just, initially called transcendental realism. If it is accepted that assessment impacts learning because students spend time and effort learning what they think is important, surely it should play a role in the transformation of society (Health Professions Council of South Africa, 2008a, 2014, 2015a).

3.3 Realist Social Theory

Realist social theory by Archer (1995) affirms humans as social beings who are part of the society in which they live. Where society is not separate from the human being, it is transformable, and social agents are affected by society as they seek to transform it (Archer, 1995, p. 1). But human beings are fallible, incomplete and they consider issues under their descriptions. Their motivation and actions originate from the three orders of reality, that is, the natural, practical, and social orders, which become

the ‘ultimate concerns’. The ultimate concerns do not result in the achievement of a project because individuals dedicated themselves to it; agents need to confront the constraints and enablements in their context. As illustrated in this study, lecturers grapple with the constraints and enablements in their environment to realise their ultimate concerns. In the end, lecturers invest more of themselves in one order while subordinating the other.

There are different ontological and epistemological assumptions that inform the conceptualisation of society and the people within it. While ontology is concerned with questions such as what is reality, what exists, what it means for something - or somebody - to be, epistemology considers issues of knowledge, truth, meaning, or sense and how they are recognised and legitimated (Packer, 1999). Research originating from different paradigms would make claims about the nature of truth informed by the particular worldview. In positivism, knowledge of the world is developed through a process of objective sense-making whereby under controlled conditions, a phenomenon can be studied. The main outcome here is to predict action (Ayers, 2011), whereas the interpretivist approach looks to develop a better understanding of the world and the people within it through describing social action. Interpretivism accepts that reality is subjective and socially constructed. But critical realism posits that social events such as assessments arise from the interface of various mechanisms at the level of the Real that are constitutive of powers (Bhaskar, 2013; Boughey & Niven, 2012). This includes the powers such as those ascribed by social realism to structure, culture, and agency (Archer, 1995; Elder-Vass, 2012). In social realism, ‘the parts’ are constituted by structure and culture: structural mechanisms are observed through gender, ethnicity, education, position, policies, and regulations, while the cultural elements are composed of ideas, knowledge, theories, and beliefs about assessment and those embedded within policies and regulations. ‘The people’ are agents, either primary or corporate agents, and agency is observed through the ability of people to take a course of action that produces the desired outcome after thoughtful consideration.

3.3.1 The Relevance of Emergence

Structure, culture, and agency each have emergent properties that are proper to themselves and distinct from one another. Emergence, as stated earlier, is the ability of one mechanism to affect another that it has an association with (see Chapter One Section 1.3). Archer theorizes that the emergent properties of structure and culture are time-related, comparatively autonomous and exert causal influence on agents. As a social form, structure and culture exert an influence upon people. On the other hand, people possess properties and powers distinct from those of social forms ”such as thinking, deliberating, believing, intending, loving and so forth” that social structures or cultural systems do not possess (Archer, 2003, p. 2).

Archer states that emergent powers of structure and agency come into being through social combination and exist due to inter-relationships (Archer, 1995, p. 9). The way lecturers exercise their agency within the positions and roles they assume to enact assessment give insight into how they use the learning potential of assessment to understand who benefits and who does not. But emergence also creates an opportunity to question the status quo of particular practices in contexts where alternative ideas about education may be considered a threat to the professional identity that has vested interests to protect.

3.3.2 The Social and Systems Integration

In advancing the analytical separation of structure and agency, Archer's morphogenetic approach builds on the work of Lockwood (1964), who first offered the analytical distinction of social integration from that of systems integration. Lockwood proposed social and systems integration; they operate over different periods and can be distinguished from each other. While Lockwood (1964) used the term 'social', Archer talks about agency and systems integration refer to structure (Elder-Vass, 2007). Archer proposed the analytical separation of structure and culture from the agent. Her central argument is to link structure and agency rather than 'sink' it. Archer suggests 'analytical dualism', explained below as a methodology because of the potential embedded within 'historicity of emergence'. That is, structures pre-date the roles that agents occupy in time as well as the context in which they exercise their agency. As an example, lecturers' assessing students in the clinical years occupy different positions, which have structural properties and powers, whose roots could be traced back to the professionalisation of doctors as teachers (Parsell & Bligh, 2001). The power invested in these positions endowed the lecturers with responsibilities presenting both constraints and enablements on their emerging assessment practices. Thus, structural mechanisms have their own emergent properties and powers which come into being when enacted by people; people also have emergent powers and properties, allowing them to transform or reproduce social structure rather than create it. To explain transformation or reproduction, the realist must examine the interplay between structure and agency. Cultural and socio-cultural systems in the study are visible in the ideas about the how, what, and why of assessment gathered from a range of formal and informal experiences and the relationship with lecturers.

3.3.3 Analytical Dualism: 'The Parts' and 'The People'

Archer (1995) posits that to understand social reality, there is a need to give powers and properties to structure, culture and agency. By separating 'the parts' and 'the people' through the theoretical separation called analytical dualism, Archer breaks with reductionist and conflationary tendencies.

Drawing on this analytical distinction in my research, 'the parts' are constituted by structure and culture. Structural mechanisms are observed through gender, ethnicity, education, position, policies, and regulations, while cultural elements are composed of ideas, knowledge, theories, and beliefs about assessment and those embedded within policies and regulations. 'The people' are primary or corporate agents observed as lecturers from the preclinical and clinical years of the undergraduate medical programme in this study. They include, for example, medical doctors, scientists, lecturers, and educationalists in this study. By analysing structure and culture, one may be able to see the relationship of how 'the parts' enable or obstruct in shaping and reshaping lecturers' assessment practice. While exploring the interplay of the systemic features of structure and culture at an analytical level, Archer maintains that at the level of practice, they are inseparable. Each element is explored and analysed separately as each has properties and powers. Agency and structure are considered distinct from the other, recognizing that they are 'irreducible to one another' because of the distinctive properties and powers accorded to them. Thus, structure and agency cannot be treated as the same as each has emergent powers. Emergent powers signal the development of something that does not stand alone but in relation to agency or structure (Archer, 1995, p. 51). However, at the same time, there is recognition that some powers and properties are historical, that is, anterior to where and when the present power is exercised. To examine emergence, the separation of the properties of structure from the properties of the agents are required to enable a better understanding of their causal powers (Elder-Vass, 2007).

The substance of analytical dualism lies in the appreciation of historical powers and properties embedded within structure and culture that condition; they do not determine the environment for the ensuing agents but are mediated by agency (Archer, 1995, p. 66). Structural and cultural mechanisms condition the context for agents signalling the importance of personal emergent powers and properties to facilitate or repudiate the assessment activities of agents. By separating who lecturers are, their position and their role in assessment, we can see why lecturers choose to assess in a particular way. Doing so presents an opportunity to expand on how lecturers are facilitating epistemic access to students, where they are not and what the reasons are.

3.3.3.1 Domain of Structure

Social structure as defined by Archer relates to class, ethnicity, gender, marriage, education, policy, position and role (Archer, 1995, p. 67). These can be considered inherited features of society. Structures can be physical, social, or psychological, but may not be directly observable except in terms of their effect, for example, social structures of gender or education. Structure provides the distribution of material resources exerting power by enabling the resource to be used in a specific way. Structural

mechanisms can be observed through the positions that individuals occupy as a clinician or an academic. But colonialism and apartheid have also located the power of ethnicity as an important structural mechanism in SA, alongside the professional position. Pre-democracy, the medical profession was mainly White and male, which embedded a way of being within the profession and medical education that conflated being a medical doctor with Whiteness. With the reform agenda mandated through the White Paper 3 of 1997, the higher education space was changed such that the profession had to admit more Black and female students, challenging the identity of the medical profession. How agents choose to enact the powers invested in the position and role may or may not be influenced by their ethnicity. However, on entering an established system developed on White privilege, they would have connected with the powers emerging from the position and role they occupy in assessment (Khan et al., 2013; University of Cape Town, 2003). Lecturers may have entered the profession as primary agents, but they can now exercise choice to align or not align with the ideals of other corporate agents, and the material resources made available to the corporate agents (see Section 3.2.3.3 for the description of primary and corporate agents).

Structure is not time-bound as structural resources pre-date contemporary agents that inhabit the space, or they embody the structural resources. The emergent powers and properties that structure possesses (SEPs) may or may not be exercised at any given time, as the powers only become active when activated by people (Archer, 1995). For example, in this study by examining the way that lecturers use the powers and properties invested in the positions and the roles that they occupy to affect assessment may show the complexity of this interconnectedness.

3.3.3.2 Impact of Cultural and Socio-Cultural Systems

Analytical dualism at the cultural level embodies the cultural and socio-cultural systems. The cultural system includes the theories, ideas, beliefs, values and concepts that are discursively constituted as discourses (Boughey & McKenna, 2017). The socio-cultural system is observed through the relationship between the agent and the social system, including the exercise of power as part of the socio-cultural system contrary to Foucault, who emphasised power in constituting knowledge (Archer, 1996, p. xx). Socio-cultural systems describe the interaction of people with culture, physical setting, and their social circumstances. In Chapter Five, I describe the socio-cultural action that takes place in the context of ideas, knowledge, theories, and beliefs. Cultural systems encompass constraining contradictions or concomitant complementarities, called cultural emergent powers and properties (CEPs), that can frustrate or support the agents' emerging assessment project.

I recognise that other researchers for example in medical education may consider culture differently. Some may see it as integrated patterns of learned behaviours and beliefs that include thoughts,

communication, views of roles and relationships, values, practices and customs shared between members and between generations of the same group through different socialisation practices (Brach & Fraserirector, 2000; Fischer, 2009; Pratt & Schrewe, 2016). It may also include race, socio-economic backgrounds, gender, languages, sexual orientation, physical abilities, occupation and spiritual/ religion as proposed by Dogra and Carter-Pokras (2005). My study views culture through the lens of ideas, knowledge, theories, and beliefs about assessment, whether as formative, summative or for accountability purposes, operating within the selected disciplines. Furthermore, examining how these interfaces with the lecturer offered an opportunity to illuminate the discourse about assessment. Although lecturers may have a particular idea about assessment, students may hold different views of assessment which may influence lecturers actions. Fletcher et al. (2012) found that students saw assessment as often irrelevant, unfair, and having little or no direct application to teaching, whereas teachers expressed assessment as useful for supporting student learning (Fletcher et al., 2012). A study by Deneen and Brown (2016) observed that pre-service and practising teachers knowledge of assessment did not result in the application of this knowledge or practice. Lecturers may have ideas and knowledge of assessment that can be contradicted by their practice.

3.3.3.3 Agency: Persons, Agents, Actors, and their Actions

Archer (1995, p. 256) positions human beings as Persons, Agents and Actors. Agents are referred to by Archer in the plural. They are collectivities with the same life changes, being born into a socio-cultural system where "all have agential effects on stability or change" (Archer, 1995, p. 257). People are thus agents of the system that they transform into groups and collectivities. Archer (1995, pp. 258-259) presents two types of agents, primary agents, and corporate agents:

- primary agents are "lacking a say in structural or cultural modelling. At that time, they neither express interests nor organize for their strategic pursuit, either in society or a given institutional sector…"(Archer, 1995, p. 259)
- corporate agents "who are aware of what they want, can articulate it to themselves and others, and have organized in order to get it, can engage in concerted action to re-shape or retain the structural or cultural feature in question" (Archer, 1995, p. 258).

A primary agent in one role may be a corporate agent in another. Primary agents, due to their position such as an ad hoc or temporary appointee, are not able to effect change as they lack the resources and are less in numbers. In assessment, primary agents may be junior, senior, ad hoc or joint staff member, have disciplinary expertise, education knowledge, and are involved at a course level. Corporate agents, in contrast, may have senior positions or disciplinary expertise that is significant as they usually take part in institutional decision making. Corporate agents may represent the academic programme at

different levels; they could be a senior staff member, who would most likely have disciplinary expertise, while some may hold education expertise through formal or informal courses or qualifications. Corporate agents can transform themselves into social actors. Social actors have roles that have powers and properties that cannot be reduced to the person inhabiting that role. The agential powers which actors can draw upon are always conditioned, though not determined, by the socio-cultural context in which people live. The conditions that influence agential powers are transmitted by structural and cultural mechanisms each with its emergent power and properties that shape the contexts in which agents find themselves. Situations are shaped through the distribution of material and ideational resources which are available to agents to use. Action is thus an emergent property of agency, and the power to realize action can either be suspended or fostered by the nature of the structural (systemic) context in which agents are placed. The distribution of resources is pivotal in shaping the context for agents. It separates the primary agents from corporate agents. This means that:

- "agents with low access to all resources will be in the weakest bargaining position;
- agents with differential access to the various resources will be in a stronger bargaining position;
- agents with high access to all resources will be in the best bargaining position." (Archer, 1995, p. 300).

Actors are 'role incumbents', with roles having emergent powers and properties which are not attributed to the person occupying the position. Therefore, the earlier statement upholds that positions and roles pre-exist agents occupying social positions, that they demonstrate durability over time, and the ability to persist despite a change in the people occupying the position. The relative autonomous power of constraint and enablement of the position and the role can be lost when the person ceases to occupy the role associated with the position (Archer, 1995, p. 276).

A social actor is someone who voluntarily identifies with a particular role and actively personifies it in a particular way. Personal and social identity are not two separate people; they are the same person with different roles. Thus, for Archer (1995), the distinction is only historical and to assist analysis. Although everyone has a personal identity and social identity, the social actor requires that the person invests enough of themselves to feel that they occupy that identity. Social actors represent roles that have powers and properties that cannot be reduced to the person inhabiting the role extending beyond the person inhabiting that role, since the role has inherent powers and properties which are embedded within the role. Lecturers who are primary agents have the least resources to drive their assessment change. Social actors can rely on their resources amassed from various sources, such as education,

clinical expertise, collaboration with other corporate agents and social actors, to support their assessment practice.

Agents can reflect, critically consider, and work on their vested interests. These are the qualities of the individual that constitute their personal emergent properties (Archer, 2000, p. 288). My study draws upon lecturers' personal emergent powers and properties (PEPs) as primary agents, corporate agents, or social actors, to gain a better understanding of their assessment practice. Furthermore, it demonstrates the mechanisms that these lecturers encounter in the enactment of their assessment practice.

3.3.4 Reflexive deliberation of agents

Archer maintains that human beings have the power of reflexivity which they bring to bear on their social contexts and that helps agents to act purposefully towards their vested interests (Archer, 2000, p. 201). Reflexivity changes the social environment or may result in institutional and cultural elaboration. Change is brought about as agents can evaluate their context, envisage alternatives and collaborate with others (Archer, 2000, p. 308). Reflexivity speaks to the internal conversation that people have; these are internal dialogues of people which allow them to "define and clarify their beliefs, attitudes, goals, evaluate social circumstances and define and work towards their ultimate concerns". Internal conversations and processes do not suggest that agents recognise and see the conversation (Archer, 2000, p. 315; Caetano, 2015). In my research, I asked lecturers to reflect on their practice to begin to unpack the internal conversations captured in the narratives. I asked what they were guided and encouraged by, as well as what raised difficulties for them in performing the assessment.

The ultimate concerns that eventually drive the assessment projects that lecturers engage within this study are refined through the process of their internal conversation. Our ultimate concerns show who we are and what we care about enough to make things happen (Archer, 1995, p. 201). As we determine our priorities and define our personal identities in terms of what we care about, that is deemed an ultimate concern. These are internal aspects that agents care about and are willing to invest themselves in and dictate what they will bring to live out their ultimate concerns. An ultimate concern from Archer's perspective is an emotional issue that lets the agent prioritise what they deem as ultimate concerns that temporarily holds superiority over other concerns. Although personal identity is achieved through defining one's ultimate concerns, it needs to be worked at daily through a process of reconfirming and renewal of concerns (Archer, 2000, p. 195). An individual's ultimate concerns may arise from any of the three orders of reality, the natural order, practical order or the social (discursive) order (Table 2).

Table 2: The Emergence of First-Order Emotions (Archer, 2000, p. 199)

OBJECT OF EMOTIONS	CONCERNS	IMPORTS	EMERGENCE FROM
Natural order	physical well-being	visceral	body-environment relations
Practical order	performative achievement	competence	subject/object relations
Discursive order	self-worth	normative	subject/subject relations

However, ultimate concerns are not enough to cause action. Action is activated through an internal process of self-reflexive awareness, the internal conversation described above, which through a unique pattern of commitment, develops the self to achieve a personal identity. A person, when they find the ultimate concern good enough beyond other ultimate concerns, will be moved to invest in it (Archer, 2000, p. 23). The agent will willingly spend time engaging actively in activities pursuing the ultimate concerns against other concerns and commitments. Agents' commitments can be seen through how participants work to explore different ways of assessing the learning of their students. For example, by using their knowledge of assessment and medicine to assess student learning. It shows the things that people will do to give effect to their ultimate concerns that are important to their social identity. Engaging in specific actions through committing themselves to adapt and/or improve the quality of the assessment helps agents to make their ultimate concerns real (Archer, 2000, p. 83).

Then again, as reflexive beings, agents can make adjustments that result in the lack of fulfilment of their ultimate concerns. Once agents have considered all their options, they consider the best way forward and dedicate themselves to a course of action that leads to the development of a project. The project becomes established through the practice's agents engage with. Consequently, practice is the human embodiment of the self which is dependent on the learning through which the sense of self is developed, that is, the entire representation of values, beliefs, and enactments of the self.

In assessment, the idea of practice can be considered as the embodiment, enactment and application of discursive knowledge by agents known as rules and resources (Archer, 1996, pp. 116-117). The "rules and resources are the medium of production and reproduction of practices" (Archer, 1996, p. 79). Practices eventually become part of the culture and appear in the projects taken up by individuals, thus representing the fulcrum of knowledge, how knowledge is enacted and produced over time(Archer, 2000, p. 152). Concerns, commitments, and the realisation of projects form the basis for the practices that develop and become part of the established culture within social groups (Archer, 2000, p. 199).

Archer advances the primacy of practice described where humans are aware of their bodies, are committed to the continuous practical activity and have the potential that is socially dependent, allowing people to make judgements on the social conditions they encounter (Archer, 2000).

Agents signal their personal identity and eventually social identity through their ultimate concerns. Through processes of internal reflexivity demonstrated in discernment, deliberation and dedication, agents work to achieve their projects.

3.3.4.1 Reflexivity: Discernment, deliberation, and dedication

Discernment

Archer positions that in the process of discernment, the 'I' and 'You' work together to determine which projects are worthy to invest in. Archer (2000) refer to the I', the 'Me' and the 'You' respectively as the past and the future endeavours of agents. In discerning what is important agents, put the reflective, retrospective and prospective thoughts together and in the process contrast and compare them (Archer, 2000, p. 233). In making the judgment of worthiness, our emotionality plays a key role in consideration of the importance of a particular project and influence on which agents are drawn. However, the internal conversations can get it wrong or right, and therefore it is a recurring dialogue, internally situated weighing up the worth of one project against another (Archer, 2000, p. 231). The 'I' constantly reviews current concerns directed at the 'You' that is the future, to make the change. The 'You' is concerned with conservation and changes, working through reproaches and challenges. Discernment is not a definitive moment; rather, it is a process of considerations. While discernment is a non-discriminating moment in defining the concerns, it serves as a store of concerns (Archer, 2000, p. 233). In the study, the discerning moments were observed as participants reflected what were the enablements and constraints on their practice. Here they would recall for instance, *"I would love to do OSCEs, but we do not have the resources".*

Deliberation

In the moment of deliberation, agents question, answer, and re-question their ultimate concerns. Here agents evaluate themselves. The internal conversation serves as a ranking in the totality of concerns. Both the 'I' and 'You' serve as a basis for generating questions as they aim to identify the specific ultimate concerns that are worthwhile investments. In the process, the ultimate concerns are considered against each other, and clarified, and the worth of certain projects above others are established. To illustrate, working collegially with others may be worthwhile in helping the individual work towards their ultimate concerns. But in doing so, the difficulty is to find suitable allies. Eventually, for example, opportunities may be explored inside and outside the course across disciplinary

boundaries. Consequently, while obstacles may be present to collaborative projects, they may create enablements for the lecturers when they cannot be accommodated within a designated context.

Dedication

Dedication is an emergent moment when agents may see their dedication to the project that they choose to invest in. Here agents prioritise their ultimate concerns that emerge from the three orders of reality. In the process of prioritising, a conversational struggle ensues where the agent must align their ultimate concerns through a process of accommodation and subordination. The internal process is imperfect with the agent evaluating and accommodating their ultimate concerns. Then again, as part of the internal conversation transvaluation of the emotional commentaries may occur. In this instance, the agent may be faced with a decision of 'doing without', or 'doing with much less', resulting in reframing their ultimate concerns. Once the internal conversation achieves prioritisation, the resultant accommodation and subordination represent that which the person can live with. In this process developing a particular personal identity is established through their ultimate concerns. When lecturers dedicate themselves to a particular ultimate concern, for example, ensuring assessment transparency, they can demonstrate this through engaging more with students about the examination process.

3.3.5 Mediation of structure and culture through human agency

Agents can mediate the obstructive and facilitatory mechanisms emerging from the structural and cultural domains through agency. Agency is the ability of people to take a course of action that produces the desired outcome after thoughtful consideration. According to Archer, structure and culture are mediated through human agency resulting in change or elaboration. Agency represents how agents use their abilities of "thinking, deliberating, believing, intending, loving and so forth" (Archer, 2003, p. 2) to create and make a difference in the world (Archer, 1995). Agents can exercise their agency, through the power of reflexivity to consider where to invest their time and effort, and which projects are important enough to have influence. Agents are not simply left to their own devices; they can resist, repudiate, suspend, or circumvent structural and cultural trends because socio-cultural powers are dependent on people to realise them (Archer, 1995, p. 195). In this manner, 'the parts' are always mediated while the agents are the mediators (Archer, 1995, p. 196). The generative powers and properties of structure and culture, which are mediated by agency, shape the context for agents. Although contemporary agents are faced with context and situations, not of their own making, they can affect them through structural and cultural elaboration as well as agential elaboration.

The emergent properties of structure present objective limitations upon the situations and settings which contemporary agents encounter. Similarly, the ideas, beliefs, knowledge from the cultural domain can impact the environment for agents and "delimits that which can be reproduced, re-

formulated, rejected or transformed" (Archer, 1995, p. 197). Intentionality to entertain projects are the emergent powers of people and define the labour required to accomplish them (Archer, 1995, p. 198). The relationship of structure and culture with a project can frustrate or enable the same project that the domain has a connection with. Since structural and cultural domains have emergent properties and powers (SEPs and CEPs), they are "features of the situations in which people find themselves" (Archer, 1995, p. 198). Structure impacts projects without agents' "compliance, consent or complicity" as they pre-exist agents' existence (Archer, 1995, p. 200).

As the social structure is mediated through human agency, the power of the 'parts' condition, but do not determine the projects of 'people' with opportunity costs, degrees of freedom and directional guidance, each exerting an influence on the projects that agents conceive of (Archer, 2003, pp. 5-8). Thus, to condition entails something that involves the interplay of two different types of causal powers, that of structure and that of the agent (Archer, 2003, p. 4).

3.3.5.1 How does agency mediate structure?

Structural conditioning always works through the projects that people entertain and realise. A project is defined by the intentionality of the agent to see the desired end. Agents can take different courses of action, or agents may take the same course of actions from different social contexts. Agents can therefore be differentially constrained and enabled. Through their personal emergent powers and properties, agents can negotiate the structural powers that they encounter.

Structural mechanisms such as distributions, roles, organisations, or institutions have emergent properties that exert causal powers of constraints and enablements (Archer, 2003, p. 5). These remain unexercised unless activated by agency. For any mechanism to exert a constraint or enablement, they must stand in relation to an agential enterprise or decided course of action such as an assessment project. Structural mechanisms use the power of constraint and enablement with projects that they have a relationship with. Conversely, agents may foresee impediments and would choose not to pursue the project, for example, insufficient human resources can become a structural constraint that prevents any change in their assessment. Agents may also pursue the projects that can be achieved through ease of access and where benefits may emerge from and thus be encouraged to continue and pursue these. One instance would be selecting ways of assessing students that do not require clinician educators to leave their clinical duties can be deemed appropriate while being aware of their limitations (Wang & Kogan, 2018). Additionally, agents may act strategically when a project is constrained or enabled to work around these or settle for the next best option. Lecturers in leadership positions may demonstrate consciousness of workload and service demands in the clinical space and adjust their expectations accordingly. This is what Archer terms "degrees of freedom" when pursuing a project and determining

a specific course of action. But agents may also be involuntaristically placed, have vested interests, opportunity costs, and directional guidance that drives their projects discussed below. Under these conditions, agents will exercise their emergent agential powers in different ways depending on the outcome that they desire. For example, in this study, the role of the course convener and being a student activist requires a weighing up of the agents' vested interests when faced with challenges in assessment.

3.3.5.1.1 Involuntaristic placement

Archer conceives that individual's life chances are determined by the distribution of prior material and cultural resources given to them by birth but have agential effects on stability or change. For example, when taking on different roles and positions agents are provided with advantages and obstacles, thus they cannot evade the emerging structural and cultural conditioning that affect them, many of which are not of their own making. Involuntaristic placement positions agents as situated in roles and positions that pre-date them. Consequently, structural, and cultural causal powers and properties involuntarily shape the social environments for ensuing agents which can be objectively observed at the individual and larger contexts. This accounts for the material and ideational resources that are distributed and the shape of the distributions (Archer, 1995, p. 201).

3.3.5.1.2 Vested interests

Archer maintains that as people, our mediatory mechanisms should have something to work against. Archer sees vested interest as embedded within all socially structured positions (Archer, 1995, p. 203). Members of society have different vested interests which are part of the position they find themselves in. These vested interests influence agents to different actions and courses of action and "even towards different life courses" (Archer, 1995, p. 203). The vested interests are how structural and cultural properties exert a conditional influence on subsequent action. Vested interests are usually associated with a particular position, for example from ad hoc employment with limited work security, to a full-time position that offers academic opportunities. Should the position change, so will the vested interests. When vested interests are associated with a social position, it is about "satisfying wants but it is not equally accessible to all " (Archer, 1995, p. 203). For instance, in the study, agents vested interests of being a lecturer and by default an academic or clinician-educator may be important, but the interests encounter the assessment role and activities that lecturers are required to execute.

3.3.5.1.3 Opportunity costs

There are different responses to situations that hinder or enable individuals. Vested interests require weighing up the cost of deciding for or against something. Nothing determines whether an individual works towards their vested interests, but there are costs associated with each of the choices. There are

different costs for the same course of action dependent on the individual's social position. Consequently, a social position can limit or advance a particular vested interest as there are constraining and facilitatory effects on the vested interests. Opportunity costs are not only about benefits and obstructions or ease for different groups, but facilitate which projects can be considered and which projects can be realised. While obstructions can make the realisation of a project difficult or impossible, enablements become a benefit for people to stay ahead and grant access to a range of resources. Opportunity costs can be observed when agents must commit whether to explore alternative assessment methods at the expense of other activities. Such a commitment requires careful deliberation that in the end the status quo may be the best course of action, as a change would require time and effort to effect the changes. Moreover, opportunity costs have degrees of freedom entrusted to the different groups because of their social position and access to resources.

3.3.5.1.4 Degrees of interpretative freedom

To promote one's vested interest requires taking strategic actions. Here 'discretionary judgments' are made aided by degrees of interpretative freedom on the course of action which may be taken. However, some constraints may impact the decisions made based on the effect of the vested interests. The action that is taken is associated with degrees of interpretative freedom. The constraints may discourage certain courses of action which individuals want to take and affect their vested interests. Both structural and cultural mechanisms ultimately may affect the strategic actions. Since they are analytically separate, the power of structural emergent properties and cultural emergent properties are often out of sync with each other. One may be in the process of morphostasis while the other is in morphogenesis that has important implications for the projects that agents entertain and realise (Archer, 1995, p. 212). For instance, agents can select the knowledge and alter the methods of assessment. However, agents may encounter structural and cultural mechanisms that influence their ability to alter the organisation and ideas of assessment in the programme.

3.3.5.1.5 Directional guidance

Situations are shaped differently for different agents depending on whether corporate or primary, due to the access to material and ideational resources. The different situational logics predispose agents to different courses of action informed by the vested interests (Archer, 1995, p. 216). Situational logics help to unpack the second-order level by looking at the emergence of SEPs and CEPs and how these motivate different courses of action for primary and corporate agents in the study (see Section 3.6.4).

Different transformative processes exist within situations because all situational logics motivate different forms of strategic action. By way of predisposing different sections of the population to see their interests served through defensive, concessionary, competitive, or opportunist modes of

interaction with other groups. Thus, as a form of situational logic is strategically carried through, it represents the generative mechanism of either morphogenesis or morphostasis, promoting strategic success or failure, for example, policies or regulations. This determines whether morphostasis or morphogenesis occur at the systemic level that is itself conditioned by the relative power of the interacting social groups. Archer indicates that power is influenced by the shape of first-order distributions which determine the bargaining power of the groups involved "in compatibilities or complementarities (second-order) and their negotiating strength vis a- vis each other" (Archer, 1995, p. 217).

3.3.5.2 How does agency mediate culture?

Cultural emergent properties have propositions, theories and doctrines that can obstruct and facilitate agents' projects. The propositions, theories and doctrines can be reproduced, reformulated, rejected or transformed. In effect, this can frustrate or enable projects from being realised. Social agents have ideas and are conditioned in various ways depending on the ideas and beliefs they hold. However, ideas can vary considerably amongst agents. Relations of contradiction or complementarity with other ideas place actors in entirely different positions. If there are logical relationships as internal and necessarily different, situational logics will be observed. The reason for this is that the cultural context is shaped by the constraining contradictions that entangle people upholding the values and ideas in a problem-ridden situation (Archer, 1995, p. 245).

3.3.6 Situational logics

Archer suggests that different situational logics guide agents to different actions directed towards their vested interests. These are created by the relations within and between the SEPs and CEPs. The formation of situations has strategic guidance that works through supplying reasons that are considered good enough for different courses of action. Then again, the situational logics are associated with premiums and penalties when following them observed as positive or negative impacts demonstrated in the vested interests of agents' decisions. The second order is concerned with how the different relationships between the SEPs, and CEPs motivates different courses of action for a large part of society (Archer, 1995, p. 213). Structure and cultural formations can be presented similarly in situational logics referred to in the tables below (Tables 3 and 4).

Table 3: Situational logic of structure

Situational logic of Structure	Result in	Presents in the study as follows
Necessary complementarities	Protection This ensures protection in the system. The mutual benefits serve to protect those that benefit from the situation. Having collective interest in the acquired rights ensures that it is protected This ensures morphostasis.	Financial model endorsed by the White Paper 3 1997
Necessary incompatibilities	When the social system of two or more institutions has incompatibilities, which are more or less internally and necessary related, there is a potential for change. Here compromise is needed to serve to maintain the delicate balance between invested interests of the groups. But is unstable relationship	Timetabling Role of clinicians and academics Financial resourcing University policies Burden of assessment Relationship between research and teaching absence of professional development.
Contingent incompatibilities	In contingent incompatibilities the parties become part of situational logic of elimination looking at which one can cause the most harm.	Not applicable in this study

Contingent compatibilities	Contingent compatibilities entail a situational logic of pure opportunism, for only gains can accrue from their exploitation." Here the potential for transformation.	Knowledge production through research

Culture

Culture can be conceptualized as supplying directional guidance for agency on the same terms as being employed for structure despite their substantive differences.

Table 4: Situational logic of Culture

Situational logic of Culture	Result in	Presents in the study as follows
Constraining contradiction	Syncretism that results in sinking of differences and the effecting of union between its components	Not applicable in this study
Concomitant complementarities	Protection that results in ideational systematization (that is, the "strengthening of pre-existing relations among the parts, the developments of relations among parts previously unrelated, the gradual addition of parts and relations to a system, or some combination of these changes"(Archer, 1995, p. 236)	Ideas and knowledge about assessment Collaboration Freedom of decision making
Competitive contradictions	Offering agents choice, by accentuating differences, by insisting on their salience, by undermining indifference and by making the question of alignment inescapable.	Course rules and regulations White Paper 3 1997 internationalisation
Contingent complementarities	Opportunity extends to human agency with few strings attached. These condition action precisely because they objectively increase the opportunity for cultural free play - for novel combinations and	Not applicable in this study

	applications involving conceptual integration, theoretical reduction or doctrinal extension, all of which have ideational synthesis as their common denominator.	

3.4 Archer's Morphogenetic Model

Morphogenesis refers 'to those processes which tend to elaborate or change a system's given form, structure or state' contrasted with "morphostasis which refers to those processes in a complex system that tends to preserve the above unchanged" (Archer, 1995, p. 75; Buckley, 1967). The morphogenetic approach provides a way to examine and explain the interplay of mechanisms occurring at the level of the Real to better understand events, observations, and experiences over time (Archer, 1995). The interplay of mechanisms (Archer, 1996; Archer, 2000) advances the exploration of the interaction of structure and culture with agency. Drawing on the tenets of critical realism, Archer's morphogenetic approach signals that the 'morpho' indicates that society has no pre-set form or preferred state, "the genesis part is a recognition that it takes its shape from, and is formed by agents, originating from the intended and unintended consequences of their activities" (Archer, 1995, p. 5). In the morphogenetic approach, Archer (1995) sets out how structure influences agency using a non-conflationary approach which separates structure and culture from the powers and properties of the agents to understand social transformation and elaboration. The morphogenetic framework is made up of three cycles, that is, T1 that describes the structural and cultural conditioning which is in place at the beginning of a cycle; this is followed by T2-T3, that allows analysis of the interaction that takes place at each period and finally, T4, the period at the end of any one cycle (Table 5). At this stage, it is possible to see whether a change has taken place or not. In this study, the Archerian morphogenetic approach is used to gain a better understanding of 'the what and the how' of lecturers' assessment experiences thereby defining the boundaries of the study. Social reality has a temporal element that locates events and experiences within a specific time and place. Time (defined by the T) is considered asymmetric and the trajectory of an open system makes it unidirectional (Gerrits & Verweij, 2013). By exploring the lecturers' assessment practice from entry into academia and or the student protests as focal points, I hope to better understand the conditions that influence assessment change or reproduction (see Table 6: Overview of the data collection process).

Table 5: Morphogenesis/stasis Approach

Archer's Social realism	Morphogenetic approach and Analytical dualism		
	T (Time)1	T (Time)2-3	T(Time)4
	Structural and cultural conditioning of lecturers' assessment practice (see 3.4.1 for description).	Structural and cultural interaction with lecturers' assessment practice (see 3.4.2 for description).	Structural and or cultural elaboration or reproduction of lecturers' assessment practice (see 3.4.3 for description).
	Causal mechanisms that may enable and/or constrain assessment practice.	Mediation of structure and culture through agency influencing the emerging assessment practice of lecturers.	Lecturers' emerging assessment practice discussed.

3.4.1 Conditioning cycle

The conditioning phase of T1 is the period that explores the systemic and cultural conditions, that lecturers encounter which are not of their own making (Archer, 1995; Archer, 1996). These conditions do not determine the context for lecturers. In this study, at T1 it is important to understand the possible structural whether positions, roles, institutional and organisational rules, and regulations and cultural mechanisms, such as ideas, theories, the knowledge about assessment enable and or constrain the lecturers at the systemic level. In this study, this is achieved by illuminating the mechanisms originating from the macro level, which is international, national, and at the institutional level, and to return to the micro-level at a departmental level, to see how they shape the assessment practice of lecturers.

3.4.2 Interaction cycle

The interaction phase is concerned with social interaction (Archer, 1995; Archer, 1996; Archer, 2000). This is the second phase, T2-3 of the morphogenetic approach, that analyses whether and in what ways the structural and cultural conditions influence the assessment practices of lecturers in the undergraduate medical programme. In Chapter Six, the social interaction arises from lecturers

interacting within institutions facing both constraints and enablements are explored through the narratives. This is a state of complexity as it emerges from a range of interactions. Here I sought out the proxies of power invested in those entrusted to assess students.

3.4.3 Elaboration cycle

The last cycle of the morphogenetic framework, T4 is the period that seeks to explore whether the transformation has taken place or if it has resulted in stasis (Archer, 1995; Archer, 1996; Archer, 2000). Stasis is observed when assessment practices remain relatively similar, irrespective of the difference in time and context. In this phase, cross-case analysis was conducted where the outcomes of T2-3 were observed for the cases. The idea of change or stasis does not have to be fixed, but rather explores where the opportunity to have a change occurs. For example, student protests can be seen as an opportunity for change but may equally result in the reproduction of practices. Here participants' ability to see the potential for change at the moment by reacting to the pressure for change from the students or whether they see it as an opportunity to critically reflect beyond the immediate to think about their assessment practice can be pivotal moments of transformation or stasis.

3.5 Critique of Realist Social Theory

The morphogenetic framework provides a way to describe the form structure and culture takes relative to assessment. The framework examines the interaction between structure, culture, and its effects on agency to inform whether lecturers reproduce particular assessment practices or change their assessment practices. Newman (2019) found the morphogenetic approach and analytical dualism important analytic tools to understand social reality. Other researchers such as Li (2016) have found that the Archerian approach provides central analytical and explanatory significance to the multiple specific social contexts within which any learning with technology course exists and the specific social interactions that take place amongst those engaged. Recent publications by Westaway et al. (2020) and Clarke et al. (2020) indicated that the theory is useful for teachers in mathematics education and professional development respectively.

On the contrary, critics like Caetano (2015) commented on the limited emphasis of the influence of society on the agents in Archer's work which they considered undermining the usefulness of the theory. However, that does not mean that it cannot be used but serves to allow testing theory in the domain of assessment practice. The critiques suggest that these differences create an opening for debate. Tsilipakos (2015) raises concerns with the definition and concepts, while King (1999) criticises the ontology of Archer's morphogenetic social theory, arguing that the concept of autonomous social structure on which she bases this social theory is contradictory.

In this study, the non-conflationary theorising of Archer's analytical dualism is valuable as it recognises the agents with powers and properties, separate from that of structure and culture. Furthermore, the morphogenetic approach recognises the transformative and reproductive potential of structure and agency.

3.6 Chapter synthesis

In this chapter, critical realist philosophy as the ontological orientation of the study and realist social theory was discussed. The morphogenetic model and analytical dualism provided me with a framework to locate the social structures, whether education, policy, regulation, ethnicity, position and/or role, and the cultural mechanisms such as theories, ideas, beliefs, values and agency. This in turn enabled me firstly, to examine how the interplay between the social structures and the cultural mechanisms and agency influenced the emerging assessment practice of lecturers. Secondly, the framework allowed me to explore if and how the structural and cultural mechanisms emerging from the individual (three orders of reality) and/or the institution (situational logics) enabled and/or constrained lecturers' assessment practice. Lastly, through studying how the interplay between structure, culture, and agency influences the assessment practice of lecturers, the framework can offer possible reasons for the changes or reproduction. In Chapter Four, I describe the methodology and research design for my study.

CHAPTER FOUR: METHODOLOGY

4.1 Aim of the study

The study aims to explore the interplay of the social, cultural, and agential mechanisms that influence the assessment practice of lecturers in an undergraduate medical programme.

4.1.1 Objectives of the study

Objective 1

What are the structural and cultural mechanisms that condition the existing assessment practice of lecturers in the undergraduate medical programme?

Objective 2

How do the structural and cultural mechanisms enable and or constrain the emerging assessment practice of lecturers in the undergraduate medical programme?

Objective 3

How does the interplay between structure, culture, and agency shape the emerging assessment practice of lecturers in the undergraduate medical programme, and for what purpose?

4.2 Introduction to the chapter

In this chapter, the choices that were made in selecting the research design are outlined, and the recruitment of the participants, methods used to generate data and how the data was generated, managed, and stored, are discussed. In keeping with the critical realist ontology espoused in the earlier chapters, it assumes that there are "alternative valid accounts of any phenomenon" (Maxwell, 2012, p. 5) and that our view of the world and the way it is depends on our perspective and worldview. Accordingly, an individual's beliefs, values, meanings, and intentions are considered real as much as physical phenomena. Therefore, they provide valuable insight into the personal perspective of participants' reality (Maxwell, 2012, p. 40). However, individual and social phenomena necessitate exploration using different concepts and frameworks (Maxwell, 2012, p. 8). To capture the individual's context and influence on their role in assessment, a case study design drawing on data obtained from interviews, assessment documentation consisting of learning outcomes, assessment detail shared with students, rubrics and examples of assessment methods, as well as the researcher's reflective commentaries, were included (see Table 6 for an overview of the data collection process). These methods were thought to facilitate the explanation of the processes within the domain of assessment practice that is less amenable to quantitative analysis, since it deals with events and processes allowing for the exploration of the mechanisms that influence the assessment practice of lecturers (Maxwell,

2012, p. 36). The practices, institutions, rules, roles, or relationships are understood to depend on what they mean in society or to its members. Therefore, I chose to elicit participants' understanding of assessment practice in their context.

Table 6: Overview of the data collection process

Morphogenetic cycle	Data collection through
T1 Structural and Cultural conditioning explored	Interviews, assessment documentation including other sources of documentation that were mentioned or could be deduced during the interview, such as national, institutional or departmental policies and regulatory reports; all obtained through literature searches and the institutional website. Researcher commentaries and notes.
T2-3 Social and socio-cultural interaction	Follow-up interviews with each participant, follow-up electronic communication, assessment document review and member checking. Researcher commentaries and notes.
T4 Elaboration or stasis	Analysis of interviews and documentation.

4.2.1 Approach to the study

4.2.1.1 Case study

I chose a case study method for my study and drew on the guidelines proposed by Yin (1981) when designing the case study. Yin (1981, p. 103) proposed that the case should explain the main topics to be covered, the types of individuals or their roles from whom the data will be collected and the unit of analysis at the case level. I approached the study as a collective case study with the unit of analysis being the lecturer: this forms the case, with a specific interest in lecturers' summative assessment

practice in an undergraduate programme (Lai et al., 2016; Stake, 1995). Similar to Au and Blake (2003) and Bray (2011), the study was conducted at a single institution and programme, thereby allowing the knowledge of the environment to inform the study (Floyd & Arthur, 2012). I selected lecturers' accounts of their summative assessments to be the focus of this study because it is considered a key driver of learning due to the influence on what and how much students learn (Gunzenhauser, 2003; Raupach et al., 2013). The in-depth inquiry of the case study enables a scientific and systematic process of data collection from multiple methods such as interviews and assessment documentation used in this study (Cohen et al., 2011; Easton, 2010). Documentation relevant to each participant's assessment practice, such as examples of their assessment method, learning outcomes, and examination products, were collected (see Appendix G). The case study design helped me to establish what is to be studied, how it will be studied and when.

There are different types of case studies that can be organised according to their purposes or domains of study (Cohen et al., 2017, p. 377). According to Denscombe (2010), case studies can be discovery-led or theory-led cases, although they may use elements of both. Other researchers categorise them differently. Stake (1995) identifies three different domain case studies: an intrinsic case study design, which is undertaken to understand something better; instrumental case studies, which examine a particular case to gain insight into an issue or a theory, and multiple or collective case studies as groups of individual case studies that are undertaken to gain a fuller or more general picture (Cohen et al., 2017, p. 378). A collective case study as utilised in this study, allowed me to focus on lecturers' summative assessment practices by carefully selecting individual cases to demonstrate the issue, allowing comparison across the cases. A multiple or collective case study design is useful when the phenomenon, employed as summative assessment practice in this study, occurs in different situations (Crowe et al., 2011; Yin, 1981). This is significant as assessment practices are influenced in part by the learning setting within which it is enacted. It was therefore essential to include different academic and clinical departments at the institution rather than multiple research sites, to observe the varied perspectives on assessment to emerge from diverse learning settings, while situated within one programme. At the institution, medical students in the clinical years may be assessed by clinicians as they rotate through different health care facilities that offer different levels of patient care: tertiary hospitals offer specialised and sub-speciality care with intensive care units, in regional districts specialist services are provided to regional district, or a district hospital, where primary level care is offered and services to a specified health district is provided (Faculty of Health Sciences, 2018; South African Legal Information Institute, 2021). Furthermore, academic and clinical departments in health sciences may function almost independently from the idea of a centralised faculty that presents as a

uniform body composed of distinct knowledge and ways of doing. Instead, they may develop their own ideas and knowledge that hold them together (Becher & Trowler, 1989).

I wanted to better understand the lecturers that assess students; I therefore represent each case in a narrative form, illuminating key moments that shape lecturers' assessment practice. Drawing on the embedded data in the narratives and Archer's internal conversation, the process of dialogue that occurs between individuals' ultimate concerns and their emotional commentaries make for fertile ground for this exploration (see Chapter Six). Here, human reflexivity allows the inarticulate to become articulate, where individuals intentionally recollect their actions concerning the social situations they confront (Archer, 2000, pp. 230-241). The reflexive deliberation by agents is, of course, entirely subjective and fallible since agents can get their concerns that they ultimately invest in, quite wrong.

Generalisability informs whether the findings can be transferred and to whom can it be generalised (Cohen et al., 2017, p. 254). The purpose of my study is not to focus on generalisation of the results to a larger population or to quantify the outcome, but to use a theoretical lens to develop a better understanding of the reasons that influence assessment practice in a learning setting, place, and time (Cohen et al., 2017, p. 380). Yin (1999, p. 1212) states that "extent investigators doing case studies are not theory driven (a criticism that has been raised by some) but are driven to theory." In this study, the interview data and assessment documentation inform each of the case studies presented. Each case study functions as a comparison with the other to facilitate cross-case analysis between the collective cases to look for similarities or differences, discussed in Chapter Seven (Lai et al., 2016; Stake, 1995).

4.2.2 Characteristics of study participants

4.2.2.1 Study setting

The study occurred within the higher education environment of a racially transforming, previously White, English-speaking public university that champions liberal thinking. The Faculty stands as a bastion of impressive research-intensive machinery and features prominently in the worldwide university ranking and subjects. It offers education in undergraduate and postgraduate programmes in a range of health sciences disciplines and interdisciplinary sciences. This study focuses on one of these programmes, the undergraduate medical programme, because it is the oldest medical school in SA, has reviewed its curriculum, and has transformed the student and staff profile while facing challenges from its student body. These factors make it an ideal setting to conduct the study.

4.2.2.2 Participants' inclusion and exclusion criteria

Lecturers were included in the study if they assessed students in the pre-clinical (1-3) and clinical (4-6) years of the undergraduate medical programme. This included designing, creating an assessment

system from the learning outcomes, developing methods, administering the examination, implementing assessment, or examining students. They were thus all eligible to participate. Lecturers were excluded if they had less than 12 months of experience in the medical programme.

Participants were included if they:

- taught and assessed within any of the courses as per the undergraduate handbook from semester 1 (year 1) to semester 12 (year 6) (Faculty of Health Sciences, 2018);
- held an academic or jointly appointed position in the Department of Health and were associated with the university as joint staff, which entailed a teaching component, or as permanent or ad hoc staff who may have been employed by the university as an academic.
- represented the diversity of the Faculty in race and gender, and were representative of the demographics of South African society, being Coloured, African, White or Indian.
- were willing to share their stories. (Demonstrated in the Table 7: Overview of participants) Participants were given pseudonyms to ensure confidentiality, but this will be elaborated upon later.

Table 7: Overview of participants.

Pseudonym	Position	Academic / Joint Appointee	Race	Gender	Context	Years at UCT	Postgraduate qualification& informal education courses	No of interviews conducted & time
*Jenny	Senior lecturer /Academic	UCT	White	Female	Clinical	7	Masters and informal education courses	1=52min 2=46 min 3=15min
*Tim	Senior lecturer/Sub Speciality	Joint	White	Male	Clinical	10	Workshops College of Medicine	1=50min 2=20 min
*Luke	Senior lecturer/Specialist	Joint	African	Male	Clinical	10	Postgraduate Diploma	1=40 min 2=40min
Andrew	Senior lecturer/Academic	UCT	White	Male	Academic/clinical years	>10		1=40 min
*Arthur	Senior Academic / scientist	UCT	White	Male	Preclinical	>10	Masters	1=60min 2=30 min 3=14min
*Lee-Ann	Senior Academic / Sub speciality	UCT	Coloured	Female	Clinical	7	Informal education course	1=90min 2=30min
Beth	Senior lecturer/ Sub Specialist	UCT	Coloured	Female	Clinical	10	Masters and informal education courses	1=55min
*Frank	Lecturer/ Academic/scientist	UCT	Indian	Male	Preclinical	>10	Postgraduate Diploma	1=70min
Elizabeth	Senior lecturer/ Sub - Specialist/academic	Joint	African	Female	Clinical	10	Postgraduate Diploma	1=46min

** Indicate participants included in the study * All names are pseudonyms*

4.2.2.3 Sampling method

As the research was directed at years 1 to 6 of the undergraduate medical programme, it was necessary to ensure that the sample was representative; in this respect, purposive sampling was employed (Cohen et al., 2017, p. 214). This allowed me to target the group of lecturers within the medical programme that assessed students. Maximum variation sampling provided a strategy to select extreme and typical cases, which in this study ensured that lecturers on academic and clinical appointments could be included (see Table 4.2(Cohen et al., 2017, p. 219). How lecturers think and subsequently practise, is in part informed by the context within which they work (Samuelowicz & Bain, 1992), especially as it is common for students in medical faculties to be taught by staff employed by the provincial Department of Health and the university. Clinician educators in this situation may experience different influences on their assessment practice because of the different employment environments in which they find themselves (Dougan & Swingler, 2018).

4.2.2.4 Sample size

Given the qualitative nature of the research, ensuring adequate representation of the sample in question is key (Entwistle et al., 2000). The main consideration was to ensure that the sample was representative of the academics teaching and assessing in the undergraduate medical programme which is structured as a six-year academic programme. The aim was to recruit at least 12 lecturers across the six years to allow for attrition. As data collection continued, no new concepts and themes emerged indicating that information saturation had occurred. Through further interrogation of the data, studying the relevant literature, and looking for concepts that are relevant and meaningful to the theory, theoretical sufficiency occurred (Cohen et al., 2017; Vasileiou et al., 2018).

Ultimately, nine lecturers were interviewed representing the gender and ethnic diversity of the Faculty (see Table 4.2.2.2). Of the nine participants interviewed, six were selected based on their position and roles as cases for the research, four in the clinical years and two in the pre-clinical years. Firstly, two of the lecturers in the clinical years were in joint staff positions, and two were on academic conditions of service. Of the two participants in the pre-clinical years, one was on academic conditions of service, while the other was an ad hoc appointee. Secondly, participants in the pre-clinical (1-3) years could assess students predominantly on campus using classroom-based assessment methods, whereas participants in the clinical years could assess students in diverse clinical settings using a range of assessment methods. I felt that the position and roles lecturers occupied would provide valuable insights contributing to a better understanding of the enablements and constraints in their learning contexts.

The data from three participants' first interviews were transcribed but not included in the study. The three data sets helped to familiarise me with conducting qualitative research by reflecting on my interview skills, reading and analysing the data. No further documentation was sourced from the three participants, nor did further communication transpire between the researcher and the participants. The reasons for excluding the participants from the write-up are two-fold. Firstly, two of the three participants were situated within the clinical disciplines and the third participant taught and assessed students in the pre-clinical and clinical years. Secondly, these participants' undergraduate and work environments were similar to the six selected cases for the final write-up, and they employed similar methods of assessment as the other participants. Thus, no new knowledge emerged from these participants.

4.2.2.5 Recruitment and enrolment

Once ethics approval was obtained (HREC Ref No: 651/2018), university permission was sourced to contact the staff members in the undergraduate medical programme. Only then were participants invited via an introductory and explanatory email about the study. A recruitment letter was sent (see Appendix D) via email to the prospective subjects or course conveners, informing them about the study. The invitation to participate was sent to programme and course conveners of years 1 to 6. They were asked to circulate the study to academics within their selected courses. In this way, it assisted in accessing participants but not coercing them to participate. However, it did result in difficulty in recruiting participants, with only three participants responding initially. The non-response accounted for the data collection period to be extended for nine months to the end of October 2019. Follow-up emails were sent to all year 1 to 6 courses and the programme conveners. This resulted in an additional six participants responding.

Once participants indicated their interest by responding to the recruitment email, the study consent form was emailed to the potential participant and when returned signed, they were included as study participants (see Appendix C). Potential participants were asked to indicate whether they required additional information before a meeting date was set. Once confirmation of participation was reached, a time and place convenient to participants were set to meet. Before the start of the interview, the purpose of the study was explained again, with clarification of any questions from the potential participants.

4.3 Ethical considerations

As a researcher at the University, I had to fulfil the ethical procedures required by the institution. Consideration was thus given to obtain approval from the ethics committee; thereafter the Human Resource Department was contacted to give consent to access staff employed within the medical

programme (see Section 4.2.2.5 participant recruitment). Head (2020) notes that the ethical considerations extend beyond the scope of the institutional administrative procedures that include rules and sets of principles. These procedures are helpful to ensure that researchers conduct themselves and the research process ethically from a governance perspective (Head, 2020). Ethical dilemmas, Head (2020, p. 75) states, "are organic, dynamic and dependant on context and relationships, and which are often contestable" occurring throughout the research process. Ethical consideration therefore also encompasses values, disposition and the willingness of the researcher to conduct themselves ethically dealing with the complexities of research (Pring, 2001). As such, in Chapter One I recognise my position and role within the Faculty, the impact on my research design and within this chapter, the methodological implications of the data collection methods. I was fortunate enough during the study to have limited to no interaction with assessment related to matters in the undergraduate medical programme, which enabled me to reduce the immediate conflict between being the insider researcher and my professional role as a staff developer. But I was mindful as a researcher that my analysis of the data and subsequent publications may illuminate aspects related to participants' assessment that needed to be critiqued and thus raised questions about their practice, which unintentionally may cause them discomfort or harm. I detail some of the steps taken in addressing this tension next.

As I acknowledge the moral qualities that inform the research process, I am cognizant again of the need to adhere to the required prescripts of the research procedure as mandated by the institution. I acknowledge that the data obtained will belong to the researcher and will not be used in a way to identify the participants. This is a difficult part, as it means some information that may be typically part of a narrative, was removed to maintain anonymity. For example, the specific disciplines were not included and instead, the broader field was mentioned; age was also not explored. Following several emails clarifying the purpose of the study and describing the interview process and documentation required, all participants gave their consent to be part of the study (see Appendix C). As stated, once participants agreed to take part in the research, an email was sent with the consent form and an appropriate time arranged. This would be followed by an email where I would share the questions of the interview (see Section 4.4.3 for the detail that informed the interview process). As the participants in the thesis permitted me to use their stories to explore an element of assessment, I needed to tread carefully to maintain the authenticity of the participants' voices. Participants were allowed to check the transcribed data in keeping with respectful engagement and reflect on what transpired in the interview (Yin, 1981). Participants' clearance was sourced by giving them the opportunity to read their narratives to inform what information should be included (Candela, 2019). It is important to acknowledge that what is told, how much of the story is retold using participants' own words, and the interpretation that

is based on the decisions made by the researcher. While it is important to keep the researcher 'hat' on, this was done while allowing participants' views to emerge by enabling them to comment and to change the narrative if they so wished.

To maintain privacy and confidentiality, all data was stored on the researcher's laptop and hard drive, which was password protected. The information was recorded excluding the identification which would be used to identify the participants; this included specific disciplines, names and titles from the transcription used for analysis. In addition, the clinical rotations and subject matter were replaced with XXX or subject A, B, C respectively, where verbatim quotes were used in the analysis and reporting thereof. As the sample was drawn from across the six years of study in a Faculty with close to 2500 staff members, it would assist to limit the specific identification of the individuals taking part in the research.

4.4 Research procedures

4.4.1 Pilot phase

Before the start of the data collection, two interviews were scheduled as part of the pilot phase to examine the suitability of the interview questions, whether the documents could be sourced, and to ensure ensuring that the information relevant to the narratives could be recorded. Only one interview was concluded as the second interviewee failed to participate. The interview was done before commencing with the study by recruiting the participants from the Department of Health and Rehabilitation Sciences, as their programmes were not the object of the study, nor did they conflict with or impact the aim of the study. In the process of working through the interview questions and listening to responses, the gathering of assessment documentation helped to indicate the availability of information but also showed how participants may respond to the questions. As part of the process, it emerged that giving participants access to the interview questions before or at the start of the interview may have been more useful. It would help the participants in their preparation and ensure transparency as to the purpose of the study. Furthermore, the participants who were excluded from the write-up of the study helped me to reflect on my interview skills, reading and analyses of the data (see Section 4.2.2.4).

4.4.2 Overview of research procedure: Morphogenetic approach

The research process depicted in Table 8 outlines the research process used in the study following the pilot phase.

Table 8: Research Procedure Using Archer's Morphogenetic Framework

Morphogenetic cycle	Data collection through	Data analysis of	Outcomes
T1 Structural and Cultural conditioning explored (see Section 3.3 on the Morphogenetic approach for explanation)	Interviews with each participant and document analysis. Researcher's reflective notes and commentaries (Appendix E).	Interviews and assessment documentation, including national policies & institutional documentation illuminated from the interviews and documentation from SAQA, White Paper, The Higher Education Qualifications Sub-Framework, institutional assessment Policy. Findings presented in Chapter Five.	Narratives, critical discourse analysis of the structural and cultural mechanisms.
T2-3 Social and socio-cultural interaction (see Section 3.3)	Interviews with each participant, follow-up communication, document analysis and member checking. Researcher's reflective notes and commentaries (Appendix E).	Narrative, interview data and assessment documentation. Findings presented in Chapter Six.	Narratives, critical discourse analysis of the structural, cultural mechanisms and interaction with agency.

T4 Elaboration or stasis (see Section 3.3)	Review of participants narratives and documentation.	Exploring structural, cultural and agential similarities and differences between the six cases. Findings presented in Chapter Seven.	Exploration of structural, cultural mechanisms and how they influence lecturers emerging assessment practice. Exploring what the outcome of the interplay is.

4.4.3 Data collection methods

The data was collected from interviews using reflective and guiding questions, assessment documentation and my field notes, where I recorded assumptions, thoughts and reflections throughout the interview process and observations. The interviews offered me an opportunity to speak to participants, as the primary source of data gathering was the most sensible way to obtain the necessary information. The student uprising, matters related to bias and stereotyping of students, especially in the assessment process, which emerged from internal faculty meetings, were thought of as the choice of methods were considered. The internal corridor talk suggested to me that staff were feeling demotivated not only because of the student protests, but also issues that emerged from the passing on of a leader in the Faculty. This made me acutely aware of the sensitivity with which the research needed to be approached. Recognising that the last few years at the university were difficult for staff and students, researching at this time might not have contributed to the best conclusions; hence participation was an important consideration. The data collection commenced after the student protests and the death of the Dean of the Faculty of Health Sciences.

4.4.3.1 Case study approach

4.4.3.1.1 Interviews

Interviews provided a rich source of data as they allowed for exploration of concepts and views, especially as the interviews were conducted on a one-to-one basis using reflective and open-ended questions accompanied by a topic guide. The reflective question was a means to stimulate participants to speak about their assessment practices (see Appendix B). The open-ended questions were used to guide the unfolding conversation, rather than dictate the interview, allowing me to unpack the mechanisms that constrained or enabled participants' assessment practice related to the theory in more detail (see Appendix A). The questions were shared before the time and a hard copy was available

during the interview so that participants were aware of the topics that would be discussed at all times. Although the questions were formally framed, I would start the interview by saying 'T*ell me about your assessment experiences' or 'Let's talk about your own assessment experiences and influences'*. The reflective question framing was helpful as it served to inform the participant what would be included in the interview. In the literature, there is recognition that the person who sets the topics and the course of the interview exercises significant authority over the process. The interviewer sets the location and environment which can affect the quality of the responses in the interview. Both interviewee and interviewer can bring their own unconscious experiences and biographical information into the discussion. Although attempts are made to limit these, it is important to acknowledge that the potential does exist. Using the guidelines provided by Cohen et al. (2017), I set out to conduct the interviews. I dedicated about 90 minutes, a time frame most often utilised by researchers, to each interview (Davis, 2006; de Graaff et al., 2021; Haglund, 2004; Jessup & Parkinson, 2010). The interviews were audio-recorded and transcribed. Most interviews lasted up to 60 minutes, with some much longer. In conceptualising the research process (see Table 8), two interviews were planned, the first to capture participants' assessment stories, and the second to delve deeper into participants' assessment practices. Of the six participants selected, five had two or more interviews, with a single interview for one participant as well as the three participants that were not included in the write-up of the study, as they provided no new information or context (see Section 4.2.2.5). I used an audio recording as a means of data collection to make sure that participants focussed on the questions rather than on using video recording, where participants may become distracted by how they appeared on the video. I was able to listen and re-read transcripts where there were unclear parts in the audio recording. Transcription was done by an external person to assist with the analysis of the audio recording. The interviews were conducted either in my office or at a place convenient for participants, such as their office space or meeting room. I provide more detail about the first and second interviews next.

In the first interview, I wanted to understand the participants' personal stories of assessment and whether they contributed to how they enacted assessment, which helped to construct the narratives. In designing the reflective question, I was aware as Rowntree (1987, p. 3) states, that assessment is not unique to education but shares some similarities with other forms of assessment. Examples are everyday conversation or medical diagnosis. I therefore created the question to encompass the range of contexts where participants may experience educational assessment. Although the reflective question was intended to guide participants' deliberations, the tension remained that the participants may have been focussed on answering the question rather than sharing their experiences in a storied manner, or sequentially, as events unfolded when prompted (Molineux & Richard, 2003). In this regard, the second interview was useful as well as the follow-up correspondence, to clarify further issues. After

giving participants time to talk about their own assessment experiences and subsequent practices using the guiding questions, I spent time getting to understand the assessment constraints and enablement, and participants' involvement within the Faculty of Health Sciences. Here I drew on the theory to better understand their assessment practices. Then I moved towards the ways of assessment, why assessment is done in a particular way, and what participants hope to achieve with the assessments. Often all the information could not be captured within the first interview and became part of the second interview. The second interview was scheduled at participants' convenience two to three weeks later for five of the six participants included in the study. The aim was to try to get more insight into participants' assessment experiences missed in the first session or focus on those that needed more information; we clarified also issues within transcripts. For the one participant, an email sufficed to clarify further questions on their assessment experience and entry into academia.

Listening to participants and eliciting their accounts of their academic history, however brief, gave me insight into the person and their experiences. I could not do otherwise than to listen to the tone, the silences, the absence of current issues and body language. Some were professional accounts as they glossed over their academic journey; others took time to tell the story, recalling important moments for them. In two narratives, the death of the Dean was mentioned. In one, it was more pivotal and another mentioned this as part of the challenges that the Faculty had to deal with, which prevented members from acting as speedily as they should with many of the issues at hand. Two participants, one during the interview and one after reading the transcript, asked for removal and change of information that I had captured. The remainder made minor corrections to the information captured. These are issues central to qualitative research and respect for the participants and what they are willing to share. Listening to participants speak about their practices also made me aware of what may be conceived of as problematic areas of practices for an outsider. I realised that these are real tensions that accompany the experiences of people who have the role of enacting assessment. Each day may be a moment where decisions are made about aspects which the literature points out as areas of contention and could be taken for granted.

4.4.3.1.2 Narratives

Narratives, stories or retelling of cases, serve as a way for the researcher to explain human experiences and meaning-making of past events (Josephsson et al., 2006; Linde, 2001). Moreover, employing a narrative approach during interviewing can inspire lecturers to intentionally reflect on their actions (de Ville, 2010a, 2010b). Through reflecting on experiences, the stories emerge that are meaningful to the individual (Smith & Squire, 2007). The stories may be elicited by a question or questions that open opportunities for ideas, beliefs, attitudes, personal identities and teachers' epistemological approaches to become explicit, but can also serve to highlight bigger societal issues, making this a suitable approach

for my study (de Ville, 2010b; Souto-Manning, 2014). Armed with information obtained, the researcher can re-tell an individual's experiences (see Section 4.4.3) (Linde, 2001; Molineux & Richard, 2003). In this way, it demonstrates the meaning-making of participants' realities as they perceived them to be at a given moment in time.

Molineux and Richard (2003) provide a five-stage process for narrative analysis that I found useful in representing the lecturers' narratives in Chapter Six. In the first stage, the boundaries of the story are set so that it has a beginning and end. This was done through the formulation of the reflective question (Appendix B). I wanted to pay attention to a specific aspect of the person, namely, their assessment experiences gained from school, post-school or within the position that they are in currently. The second stage concerns ordering the events because participants may speak so the information does not follow a logical sequence. Therefore, when creating the narratives, I started with how participants came to be in academia, exploring participants' own assessment experiences and influences, courses that they assess and how they assess, trying to capture their aspirations and ideals. In the third stage, it was important to establish the plot of the story to be retold; here I explored the data to develop an understanding of what was being said and to make sense of the data (see Chapter Six). In the fourth stage, the researcher must determine the contributors to the story. This is where I reviewed the data and decided which of the many events spoken about influenced participants' assessment practice (see Chapter Six). In the last stage of writing up the narrative, I used the actual words of the participants to write the six stories (see Chapter Six).

Asking participants about their experiences allowed me insight not only into their assessment practices but also their personal assessment experiences. This relied on participants being comfortable sharing their information. Being researchers themselves may have added to the expectation that the information would be treated with utmost care and confidentiality. While recalling specific events and times were difficult, I prefaced it by recalling how literature points to these aspects and where their experiences differed. I would return during follow-up interview sessions asking more about their assessment experiences as a student or registrar. It is impossible to capture all the experiences but, in this instance, it was used to record key, critical events, and moments relevant to assessment, since the approach provided a way to centre the discussions on participants' assessment practice.

As alluded to before, narratives can be captured using questions during an interview to meaningfully illustrate the participants' perspective. Some researchers use anything between 45 minutes to 4-hour interviews to capture the full detail, including correspondence via email (Davis, 2006; de Graaff et al., 2021; Jessup & Parkinson, 2010). In my study, I used the reflective question as a prompt at the start of the first interview, which is discussed further. As stated, I would do a follow-up interview more to probe

further or only if specific questions and clarification would be conducted via email or in-person (see Table 4.4.2). As we conversed, I would provide a summary of the participants' input before going onto another point, although this may have created a disjunctive moment with the possibility of disrupting the continuation of the interview. I felt that it was important to indicate to the interviewee my understanding of what they had said thus far. In keeping with respectful engagement, participants could read the description of their narrative.

Since the narratives were created from more than one discipline, they supported the comparison between the cases rather than dependence on one data set. Through the comparison with similar written sources, they lent to identifying points of similarity or differences across the different cases looking at common themes which emerged from the descriptions.

4.4.3.1.3 Assessment documentation

Documents and other resources are in most instances readily available and usually factual. More importantly, in the Archerian framework of morphogenesis, government policies and legislations have structural and cultural emergent powers and properties embedded within them (see Table 4.4.2 for an overview of the research process T1). Documents were not used as the sole source of data but rather served together with the interviews to inform the research. This is because, within the interview, opinions may be expressed that support or contradict the resource material shared with students or the aspirations of policies and regulations. The documentation allows for further opportunities to illuminate values and beliefs. The type of assessment documentation that was sourced and used related directly to the objectives of the study, including the learning outcomes, course content, rubrics and examination questions whether assignments or MCQs, as well as lecturers' resource material (see Appendix G). Any other sources of documentation that was mentioned or could be deduced during the interview, such as institutional or departmental policies and regulatory evaluation reports, were obtained through literature searches and the institutional website. This included the national and institutional assessment policies (South African Qualifications Authority, 2014; University of Cape Town, 2021a), regulation (Department of Higher Education and Training, 1997); the medical curriculum act (Department of Health, 2009), Health Professional Council of South Africa (Health Professions Council of South Africa, 2008b, 2015b; HPCSA, 2008); curriculum review documentation accessed on the university internal website, and University and Faculty mission and vision (Faculty of Health Sciences, 2021; UCT, 2013) (See Appendix H). Participants freely shared their assessment products. They would either bring the documentation referred to earlier with them to the interview or email it to me. I also consulted the Faculty handbook as another source of information to better understand the academic course structure and add to the information provided by participants (see Appendix G)(Faculty of Health Sciences, 2018).

4.4.3.1.4 Additional data sources

The follow-up emails and researcher notes were important additional sources, although a much smaller part of the data capturing process and utilised in the analysis only where needed.

The researcher's reflective notes became useful to record ideas and points for clarity in the follow-up interviews. I used them to capture some impressions and observations (see Appendix E). I also used the reflective comments and notes within the data analysis as I formulated impressions of participants (see examples in Sections 6.1.1, 6.2.2, and 6.3.2).

4.5 Data analysis

The morphogenetic framework and analytical dualism were used as analytical tools together with critical discourse analysis to analyse the data (see Chapter Three on the Theoretical framework) (Newman, 2020). The analysis was organised in the three phases aligned with Archer's morphogenetic framework and analytical dualism as follows: T1 included analysing the conditioning cultural mechanisms such as values, ideas, theories and the structural mechanisms of participants relevant to assessment; T2-3 explored the interaction of the structural and cultural mechanisms on the assessment by looking for key experiences that influenced participants assessment practice and how they exercised their agency towards developing their assessment project, and in T4, the theoretical approach was used to ascertain whether a change had taken place or not in the assessment practice of the participants (see Table 4) (Archer, 1995). As stated, the data was gathered over nine months using individual interviews, where participants were asked to respond to questions that formed the basis of developing their narratives. This included their responses to reflective and open-ended questions, as well as the relevant assessment documentation (see Appendices A, B and G).

4.5.1 Critical Discourse Analysis

Critical discourse analysis provided a framework to analyse the relationship between discourse and elements of social practice (Fairclough, 2001). I used critical discourse analysis to examine the transcribed data for the exercise of power, through discourses, that included participants' responses during the interview (see Appendix B and Section 4.4.3.1.1), together with their assessment documentation. But more importantly, the individual narratives presented in Chapter Six allowed me to connect with issues emerging in the social and cultural domains related to the theoretical framework for each case (Forchtner, 2021; Souto-Manning, 2014). Through critically describing, interpreting, and explaining, using the theoretical tools of abduction and retroduction, I illuminate how discourses construct, maintain, and legitimize ideological authority and social inequalities to move beyond the personal and individual to connect the systemic features in cross case analysis (Cohen et al., 2017; Mullet, 2018) (see Chapter Seven). Retroduction enabled me to reconstruct the basic conditioning

mechanisms associated with lecturers' summative assessment practices, which I describe in Chapter Five. This is done by looking for links and locating the historical cultural and structural mechanisms emerging from the data during the conditioning cycle (T1) of the morphogenetic model. Abduction allowed me to redescribe the structural and cultural mechanisms that condition the assessment practices of lecturers in the undergraduate medical programme informed by the theoretical constructs of analytical dualism in Chapter Six (see Section 3.1 for description of abduction). This was done through employing Archerian reflexive deliberation (see Section 4.5.3.1) during the interaction cycle of the morphogenetic model.

While critical in critical discourse analysis enables reflection and self-reflection for the researcher, it also embeds the data in the social context (Wodak, 2001). In this study, critical discourse analysis illustrated how lecturers negotiated, resisted, and took on board, ideas about assessment within their context. It went further to demonstrate how lecturers obtained and maintained power within assessment (Wodak, 2001, p. 2). In this way, critical discourse analysis enabled me to see the meaning-making of lecturers' assessment practices as a social practice.

The definition of discourse by Kress (1985, p. 67), as follows, was used to guide the analysis: he writes of *"systematically organised sets of statements which give expression to the meanings and values of an institution. Beyond that, they define, describe and delimit what it is possible to say and not possible to say (and by extension – what it is possible to do or not to do) with respect to the area of concern of that institution, whether marginally or centrally."* For this study, emphasis was placed on discourse as a mechanism for social change or reproduction, not on the linguistic features of the text. Critical discourse analysis enabled the exploration of the cultural conditions values, ideas, theories and beliefs that inform assessment practice whereas the relevant structural mechanisms were recognised as they emerged through concepts associated with social structures (see Section 4.4.1) (Fairclough, 2001; Miles et al., 2013). Fairclough (2012) considers a social field such as an institution or organisation as an 'order of discourse' that is a social ordering of relationships amongst diverse ways of making meaning. Examples are different discourses, genres, and styles. It is an open system and can change social practice. In employing critical discourse analysis, although not sequentially as presented below, I examine the data for:

- the dominant cultural conditions that existed within each lecturers' data set relevant to their assessment practice (see Section 4.5.2 T1 analysis);
- the enabling and/or obstacle mechanisms by trying to ascertain what it is within the assessment process that makes the problem the way it is, (see T 1, T2-3 and T4 analysis). As follows:

- the network, for example, if and how discourses emerging from the position, role, profession and institution construct, maintain and or legitimize the assessment practices they are located within;
- the 'order of discourse' emerging from the institutional and or departmental that may legitimize different ideas about assessment;
- the interactional exploration to see how the knowledge, values and beliefs are articulated together. For instance, examining why are disciplinary and or research knowledge privilege more than assessment knowledge, looking for the implicit reference to regulation, policies, acts and so forth emerging from the data;
- actions and choices made of how discourses are understood, for example, why and how are discourses used for maintaining and legitimising actions in practising assessment.

Furthermore, critical discourse analysis moved from establishing what was achieved and what was not fully realized by exploring participants assessment ideals, plan and eventual execution or lack thereof.

In Chapter Five, I began to show the relationships and linkages of discourses between the cultural and structural conditions illuminating the underlying associations to establish core themes between discourses and practices of assessment discussed in Chapter Six. In Chapter Seven, analysis across cases enable more exploration of systemic issues at play. These are discussed further next.

4.5.2 Analysis at T1 within cases

4.5.2.1 Structural and Cultural conditioning

In the first phase, T1, I examined the interview data and assessment documentation looking for links and references to historical cultural and structural mechanisms for each of the cases (Archer, 1995). I examined the cultural mechanisms through critical discourse analysis exploring the values, ideas, theories of participants informing their assessment practice and located the structural mechanisms observed using social class, gender, ethnicity, education, position, policies, and regulations, as concepts that may condition the context for participants. Through this process, I was able to discover the structural influences originating from different contexts (international and national), regulations, policies and cultural influences of values, ideas, beliefs and theories concerning assessment. Thereafter, I reconstructed what the conditioning mechanisms must have been like for the participants that influenced their summative assessment practices to develop the way they did in Chapter Five (see discussion on retroduction in Section 4.5.1).

4.5.3 Analysis at T2-3 Social and socio-cultural interaction within each case

4.5.3.1 Archer's reflexive deliberation

Following the account of the individual narratives that illuminate their own assessment experiences and transition to academia, I proceeded to unpack the agential powers and properties of the agents, how they realised their assessment project taking into account the enabling and constraining mechanisms within their context of each case (Archer, 1995). In the Figure 1, the stages of analysis are depicted for the T2-3 of the morphogenetic approach explored in Chapter Six.

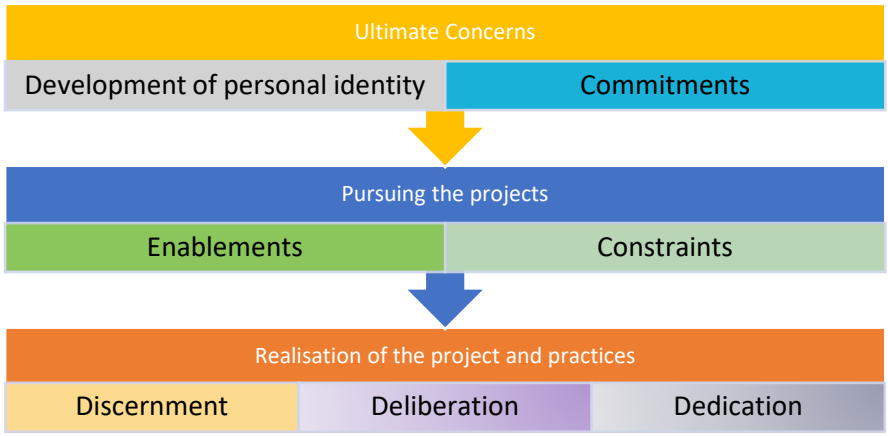

Figure 1: Analytical Approach

4.5.3.1.1 Identification of ultimate concerns

The identification of participants' ultimate concerns was established by looking at what participants were willing to spend their time on and dedicated themselves to: here the internal conversations of discernment, deliberation and dedication illuminated the emergence of participants' assessment projects (see Section 3.6). Archer states that as human beings we determine our priorities and define our personal identities in terms of what we care about. That which we care about is deemed an ultimate concern. These are internal aspects that agents care about and are willing to invest themselves in the process. They are first-order emergent properties that define who bring what kind of resources to bear on their vested interests and signal the bargaining power of collectivities of primary agents. This is before participants confront the constraints and enablements emerging from the structural and cultural domains (Archer, 1995, p. 297). See Section 3.3.4 for further discussion on Archer's ultimate concerns.

4.5.3.1.2 Projects and practices

The second-order emergent properties centred on negotiating strengths where the resources and corporate agents are observed relevant to one another (Archer, 1995, p. 300). This is visible in the interaction between participants' ultimate concerns and their commentaries on them.

Archer defines a project as "Any goal countenanced by a social agent from the satisfaction of biologically grounded needs to the utopian reconstruction of society." (Archer, 1995, p. 198). A project involves an end that is desired. While agents can be involved in several projects, I was interested in assessment projects as the desired end. Projects are enacted by agents that through the investment of themselves, show that they identify with the roles and thus give credence to their ultimate concerns. Study participants projects included any assessment-related activity from the design of the assessment instrument such as the development of rubrics, MCQs and SAQs; participation in assessment activities such as grading portfolio tasks, written assessments, OSCEs/OSPEs; examination administration such as arranging venues, timetables, and assessment-related quality assurances processes such as designing assessment feedback instruments, blueprinting and reviewing questions. The analysis comprised any of the assessment activities that require performance by the lecturer, from grading to quality assurance processes.

The practices that emerged emanated from agents' ultimate concerns, commitments, and eventual realisation of their project. This forms the basis for the practices that develop and becomes part of the established culture within social groups (Archer, 2000, p. 199).

4.5.4 Cross case analysis at T4 across the case studies

4.5.4.1 Morphogenesis and morphostasis

In social realist analysis, the morphogenetic framework enables a focus on change or stasis over time. In this study, cross case analysis (presented in Chapter Seven) between the cases as described in Chapter Six enabled me to develop an understanding of the systemic features at play. At the T4 level of analysis, morphogenesis and morphostasis form the third-order emergent properties where I explored the transformational and reproductive power of the agents as the concluding objective of the study (Archer, 1995). Morphogenesis and morphostasis can be viewed as the end product of the interaction of the social being with the ideas and knowledge as well as structural mechanisms in their contexts. At this point, agents exercised their PEPs towards realising their projects. Using their properties of creativity and collaboration as well as the powers of reflexivity, agents act with commitment towards their vested interests. During the interaction, agents either elaborate or reproduce social structures. As mentioned, through commitment the agents develop their personal identity that shows what they care about most. As much as transformation is possible, Archer (2000) states that it is not equally available to all in every situation. Corporate agents can bring their resources to bear upon their projects and work towards transformation whereas individuals who are primary agents are consigned to live within the context created by corporate agents.

In this phase of the analysis, the theory became the analytical tool helping to discern whether a change had taken place or not. To do this I explored their assessment practices, interaction with the constraints and/or enablements their assessment, drawing on agential powers and properties to establish whether change or reproduction of assessment practice had taken place in the context of the changing student body, knowledge about assessment and transformation demands of the South African higher education environment. In this process, the collective case study served to elevate the systemic issues at play that informed the assessment practices of lecturers within the undergraduate medical programme. The cross-case analysis enabled me to look for similarities and differences emerging from the theoretical constructs of structure, culture and agency between the cases, and whether a causal relationship exists between them.

4.6 Rigour and trustworthiness

In retelling participants' assessment journeys, it is impossible to include everything. I have focussed on their assessment experiences during formal and informal educational and professional experiences in keeping with the research question (see Appendix B). Through this process, I tried to gain an understanding of the phenomena of interest. In Table 7, I present the overview of participants. The research data process is depicted in Table 8 and the information obtained from participants documentation is explained in Appendix G. I have given attention to the research procedure and included accounts of what I have seen through the assessment documentation shared with me and heard during the interview. The research process also takes account of the subjective interpretations by me as well some of my thoughts captured in the reflective notes of the researcher in keeping with descriptive validity (Maxwell, 2012, p. 135) (see Appendix E). The actual participants' accounts form the basis from which the inferences were made (see examples Appendix F). Participants' descriptions became the focus with the concepts, and verbatim quotes of participants forming the basis for the analysis that was conducted adhering to interpretative validity (Maxwell, 2012, p. 138). In engaging with participants' accounts, attempts were made to remain true to the theory of the phenomenon of interest, that is, the theory of the concepts themselves as they were applied to the phenomenon, and secondly, through the postulated relationship between the concepts to account for theoretical validity (Maxwell, 2012, p. 140). While generalisability in empirical research signifies the ability to extend the account to a particular situation, population, other persons, times and so on. In qualitative research, as in the current study, the development of the theory that makes sense of the persons or situation studied can explain how the same processes in different situations can lead to different results. Here, I put the etic lens in place on the case studies using the Archerian theoretical framework.

In observing rigour and trustworthiness, member checking was done allowing participants to review the full transcript and the narrative accounts for accuracy and quality. As noted, two participants asked

for removal and change of information that I captured. The remainder made minor corrections to the information captured. Debriefing by supervisors and peers, and the researcher's reflexive journaling proved to be valuable processes to engage with helping to illuminate assumptions, clarifying concepts and enhanced critical points of discussion in the study (Maxwell, 2012).

4.7 Limitations and delimitations

Limitations are the influences that the researcher cannot control, for example, time or people. The nature of the research is such that what people say and the views they express may have their limits. It can be interpreted differently by others. The nature of this research is not for generalisation and is concentrated on a particular group of people in academia. Here, the focus was on the lecturers' assessment practice described by them which can be different to their enactment of it. The time allocated to the interviews may have impacted what lecturers could share about their assessment. Through having lecturers read the final drafts of their narratives I hope that this would address the aforementioned issue. As much as it is true that people who are willing to share their practices and did not fear or hide anything were happy to participate, it was also important that the research was not about showing good or poor practices but rather to develop a better understanding of lecturers' assessment practices. Finding as many people as possible to quantify the study results was not the objective of the study, but rather to develop a deep sense of what was happening at the level of the Real for people assigned to take part in the research. Their willingness can be seen as they had nothing to hide or that they were confident and worse problems existed elsewhere. The findings in this study relate to the small sample, certainly, and must be interpreted in this context together with the points raised above.

As the researcher, I had set boundaries for the study. I focussed on the lecturers and what they could and could not do within the domain of the assessment responsibilities endowed to them. Previous research focussed on influences on assessment and concluded that the environment, personal, and cultural aspects could have influence. What this research focussed on was the interaction of personal agency in making the choices. There is a tendency to place the lecturer outside of the activity of assessment with no influence over the choices made in assessment, such as the type of assessment methods used and knowledge evaluated, or to include it under the basis of validity, reliability and fairness (McArthur, 2015). Social realism allows the bridging between the objectivity of the structural and cultural conditions and subjectivity of the agent by giving it a framework within which to view assessment and in this process answers the research question posed in this study.

4.8 Implications of the study

The research was written up to fulfil the requirements for a doctoral thesis and thus the research process was important to me. The hope is that the discussions in the thesis will contribute to conversation allowing a better understanding of how lecturers in health sciences experience, reproduce or change assessment activities. This is a way to generate research that has real-world relevance rather than remaining an academic endeavour (Yardley, 2014), especially in situations where being assessed counts significantly in lecturers' understanding, creating an undeclared trust in the experience. Social realism could give an alternative basis upon which to examine practice and look at what shapes lecturers' practices without preferencing disciplinary knowledge above assessment knowledge. In reflecting on the theory, I thought it may be beneficial to broaden lines of inquiry for lecturers within multi-disciplinary curricula, resource-challenged environments, greater societal challenges of inequality and engaging with different forms of knowledge development that help to better understand the theory-practice gap for staff development. In this process, I have to be mindful of my own assumptions, practices and beliefs, especially during the data collection process that may incidentally affect the research which I have attempted to address during the study (see Chapter One on Positioning and Section 4.3 on Ethical considerations).

4.9 Chapter synthesis

As I wanted to explore the social, cultural, and agential mechanisms that influence the assessment practice of lecturers in the undergraduate medical programme, I approached the research as a qualitative study. In this chapter, I introduced the research design, and explained the recruitment of the participants, and the methods used to generate and analyse the data. In this process, using Archer's analytical dualism based on the realist ontology, I highlighted the separation of structure, culture, and agency as analytical tools to explore assumptions and practices. Throughout the chapter, I have tried to link the theoretical framework to the research process. In Chapter Five, I start by applying the conditioning cycle of the morphogenetic framework to demonstrate the structural and cultural mechanisms that condition the context for lecturers as the first findings chapter. This is followed by Chapter Six, where I explore the social and socio-cultural-Interaction at T2–3 by illuminating the interaction of social agents with the structural and cultural mechanisms. Thereafter, Chapter Seven explores how the interplay between structure, culture, and agency shaped the emerging assessment practice of lecturers in the undergraduate medical programme and whether this led to elaboration or reproduction of practices.

CHAPTER FIVE: STRUCTURAL AND CULTURAL CONDITIONING

5.1 Introduction

In this chapter, the findings as they emerged from the interviews, assessment documentation including other sources of documentation, are discussed. This includes reference to national regulations (Higher Education Act 101 of 1997, White Paper 3, SAQA, HPCSA competencies, CHE Vital Stats Public Higher Education), institutional policy (Assessment Policy) and internal curriculum documentation. The document-based data added to my understanding of the situational context by making it possible for me to contextualise the lecturers' interpretations of their assessment project, with those evident in the documents, especially the national policies and regulations.

In presenting the findings, I begin by exploring the first objective of the study, which is to establish the structural and cultural mechanisms that condition the existing assessment practice of lecturers in the undergraduate medical programme. Stated differently, in this chapter I explore what conditions must have been like for the six lecturers at the institution, that influenced their existing assessment practices to develop the way they did (see Section 4.6) (Archer, 1995; Bhaskar, 2013; Boughey & Niven, 2012; Elder-Vass, 2012). T1 enables the illumination of structural and cultural elements emanating from previous morphogenetic cycles that have a reasonable association with the current mechanisms that influence lecturers' assessment practices (see Section 3.4 and Chapter Six). Structural and cultural mechanisms that existed prior to lecturers' entry into academia and the student protest, are understood as T (time)1, to gain a better understanding of the influences on assessment change or reproduction (see Chapter Seven). Here, I start with the structural followed by the cultural conditions.

5.2 Structural conditioning in the national context

Social structure as stated before (see Section 3.2 Chapter 3) relates to class, ethnicity, gender, education, policy, position and role, operating at the macro level (e.g. global) and the micro level (e.g. a university department), which will be discussed in this section (Archer, 1995). Structure provides the material resources through which action may be motivated, thereby exerting power by enabling the resource to be used in a specific way. Therefore, in the next section I describe the conditioning mechanisms such as massification in this study, facilitated through the White Paper 3 and observed through increasing student numbers, the tension of research and teaching; the transformation of higher education (White Paper 3) observed through funding, limited resources; student experiences of assessment; the Medical Curriculum Act informing generalist training, and the influence of the national and institutional assessment policies.

5.2.1 Effect of massification on assessment practice

In this section I explore the influences on the lecturers' assessment practice observed as the increase in student numbers, the tension of research and different support networks in place for those taking on assessment responsibilities in clinical departments. Institutions of higher learning are instrumental in providing teaching and learning experiences for students, developing new knowledge and innovating through research. International institutions, similar to South African institutions, also have to contend with the influence of government policy on the knowledge economy informing what they do and societal demands (Department of Higher Education and Training, 1997; Marginson, 2010). The demand for institutions of higher learning to be responsive to societal needs has meant that worldwide, higher education has evolved, shifting from providing education to a small elite group of students to accommodate larger numbers of students. Institutions internationally also face opportunities such as the acceleration of technology and how best to incorporate it into teaching, learning and research, as well as marketisation of universities seeking to attract students to their campuses. But institutions also experienced challenges brought about by globalisation (Barnett, 2004; Rossi, 2010). Globalisation, for Knight (2004), is "the flow of technology, economy, knowledge, people, values, [and] ideas . . . across borders". More importantly, it affects countries and their higher institutions differently given their environmental landscape. My study illuminates some of the challenges that affect the work that higher education does; for example, massification of higher education in South Africa had an impact on academics' workload, an increase in the student-staff ratio, the types of pedagogies used, and the assessment system engaged while seeking to be knowledge producers (Kember, 2010). The medical student numbers have continued to be more than 200 per year for several years. Jenny, a pseudonym for one of the respondents, highlights the consequences of the increase in student numbers, for example, affecting the learning opportunities for students. She was hesitant to consider alternatives as the day-to-day practices demand constant attention.

> *Jenny, 1st interview, March2019: We had already decreased the number of our patient cases, for example in the fourth year just to cope with the student numbers…*

Notably, the age-old debate of how much time and space should be devoted to teaching and learning versus research, intensifies the power dynamics within institutions. Luke explains how earlier thinking in the clinical department considered the position of an academic as a researcher.

> *Luke, 1st interview, March 2019: I think before, academic was being thought of as research…,*

The #FeesMustFall protest challenged the idea demanding emphasis on teaching and transformation of the curriculum. It marks an uneasy space for academics who are expected to teach and conduct research in addition to other academic and for those with clinician-educators' clinical responsibilities.

In contexts such as SA, a critical interrogation to better understand what it means to be an academic teacher is required, especially in light of the demand for societal, political, and economic transformation, with a qualification considered a way out of poverty.

For SA, our context requires racial transformation and responding to similar demands as globally placed on universities. Swartz et al. (2019) speaks to the points raised here, highlighting the tensions of a public university in SA having to produce research, prepare a workforce, address societal inequalities and generate income as problematic areas to reconcile. Barnett and Bengtsen (2017, p. 9) proposed that universities rethink their space as centres of knowledge and see themselves as ecosystems living for the well-being of the earth. They highlight that within institutions, departments, course teams, and research units may have competing values and differ in how they teach and facilitate the learning of students. In this study, lecturers working in the same institution and programme expressed different ways in which they were supported in their assessor role. One participant in an academic position took ownership of the assessment programme bolstered by the HOD's support. The support was valuable when challenged by students to adjust the duly performed criteria.

> *Jenny, 1st interview, March 2019: I am given essentially carte blanche to change things; however, I see fit so my HOD doesn't micro-manage me, [the HOD] trusts me with this system and I have been able to make all the changes that I saw fit.*

Another participant had more of an accounting support structure.

> *Tim, 1st interview, February 2019: Whenever there is an issue, I like to raise it with him [HOD]…so we are on the same page, and I don't make any decisions unilaterally…*

5.2.2 Higher Education Policy and assessment practice

5.2.2.1 Relevance of Policies on assessment practice

At the dawn of democracy, the South African government was confronted by the post-election challenge on how best to go about reorganising and reinventing the colonised and apartheid designed higher education (Mouton et al., 2013). The White Paper 3 of 1997 became the main structural driver for this sector in SA. It dealt with the nature of higher education; redress imperatives through changing the demographic profile of students and staff; addressing management and governance issues; modes of delivery, programme changes and confirmed academic freedom, as important to the sector (Mouton et al., 2013). Universities were thus tasked to undergo extensive transformation at all levels. For the medical curriculum, this had profound implications for staff and students, the programme, and the curriculum structure. It necessitated pedagogical changes, curriculum redesign and changing the

student profile to be representative of the country, brought about through the MB ChB review (DHET, 2014; Seggie, 2010).

The Higher Education Act 101 of 1997 (Office of the President of South Africa, 1997)aims:

> To regulate higher education; to provide for the establishment, composition and functions of a Council on Higher Education; to provide for the establishment, governance and funding of public higher education institutions; to provide for the appointment and functions of an independent assessor; to provide for the registration of private higher education institutions; to provide for quality assurance and quality promotion in higher education; to provide for transitional arrangements and the repeal of certain laws; and to provide for matters connected therewith.

A Programme For The Transformation Of Higher Education, the Education White Paper 3 (Department of Higher Education and Training, 1997) states that:

> South Africa's transition from apartheid and minority rule to democracy requires that all existing practices, institutions and values are viewed anew and rethought in terms of their fitness for the new era. Higher education plays a central role in the social, cultural and economic development of modern societies. In South Africa today, the challenge is to redress past inequalities and to transform the higher education system to serve a new social order, to meet pressing national needs, and to respond to new realities and opportunities. It must lay the foundations for the development of a learning society which can stimulate, direct and mobilise the creative and intellectual energies of all the people towards meeting the challenge of reconstruction and development.

The White Paper and the Higher Education Act outline a comprehensive set of initiatives for the transformation of higher education through the development of a single co-ordinated system, with new planning, governing, and funding arrangements. But as will be shown later in this section and in Chapter Six through the narratives of participants, they become pivotal influences. In my study, it was noticeable that the knowledge of the higher education policy was largely unvoiced among participants, except for one participant who in passing referred to the White Paper. Yet the policy upholds the academic freedom that academics value and the need to transform the curriculum that lecturers are part of. Against this background, it was noteworthy how often participants articulated the importance of the health care context and burden of disease representativity in their assessment. One may argue that the emphasis on profession is appropriate but perhaps this may come at the cost of critically interrogating

where knowledge originates from and their appropriateness for context and practices, as will be discussed (Eichbaum et al., 2021).

> *Lee-Ann, 1st interview, March 2019: So, for me that is the kind of institutional, you know, if our curriculum still fitting, appropriate, and then as I said, all feeds to the health system, with the changes and the white paper, the national health insurance that we need, to actually be producing doctors fit for South Africa…*

Many years later after the envisaged transformation of higher education, the student protests from 2015 to 2017 challenged the higher education system, and its escalating and unsustainable cost at institutions of higher learning for Black families (Langa et al., 2017). Alongside the demand for fee-free education and other issues, decolonising the higher education system was put on the table as students took institutions across the country to task on how they constructed knowledge. Lecturers in this study often spoke about the integration of the local burden of disease into their courses, signalling an appreciation that teaching and assessment could also reflect the discipline. How assessment may perpetuate privilege and supremacy of colonial thought and approaches in medicine, were unspoken in this study (Eichbaum et al., 2021; Shay, 2016). At the Faculty, there are illustrations of how courses are transforming health sciences pedagogy (Pentecost et al., 2018). Pentecost et al. (2018) propose the integration of marginalised knowledge and self-image, instilling an appreciation of history and social context, and an integrated focus of clinical work as ways to humanise and decolonise medical education. However, planned transformation may occur at a slower pace, still preferencing one domain of knowledge over others, exemplified in part by the protracted curriculum review process of the medical programme. How the transformed knowledge and skills will be assessed requires careful consideration from the beginning of the transformative process and may benefit from ongoing evaluation.

> *Jenny, 2nd interview, May 2019: We've emphasised much more patient management rather than history taking and examination… because that's what we're preparing them for. We've made them much more real-world applicable and a lot more practical …*

> *Lee-Ann, 2nd interview, June 2019: We are not teaching about the diseases that are seen in the Americas and so forth. We are teaching more related to South African or African-related burden of disease - that type of profiles.*

> *Luke, 1st interview, March 2019: I would also like to think that the content is more reflective of the local burden of disease which is something we have tried hard to do …*

5.2.2.2 Staff as a scarce resource

With the democratic transition, the staff numbers increased marginally by 15% but did not accompany the doubling of student numbers by 2014 (de Wit et al., 2015). The profile of academics was also changing, with more African academic staff (Department of Higher Education and Training, 2017). However, White staff still have a minor dominance in the sector by 2016 at 24 614 versus 21 336 for African academic staff (Council on Higher Education, 2018, p. 47 Figure 73). A substantial proportion of academic staff of all races is in temporary positions, at 65%, versus 35% for permanent positions (Council on Higher Education, 2018, p. 47 Figure 72). The reliance on temporary academic staff to deliver teaching and or research was accompanied by marginal gains in the combined staff numbers (51 for permanent academic staff versus 18 combined), alongside increasing student numbers from 160 624 to 203 076 in 2016 (Council on Higher Education, 2018, p. 58 Figure 94). An increase in student numbers was supported by expanding the NSFAS eligibility criteria through the amendment of the poor and working-class descriptions (TIMESLIVE, 2017). Luke describes the difficulty to implement alternative assessments due to insufficient human resources to adequately assess the students. As a result, the existing assessment practice will remain even with the limitations it poses for student learning.

> *Luke, 1st interview, March 2019:…also, even to get multiple inputs on the assessment is hard because there are only a few people in the department who are interested in that role, so it kind of gets left to one or two individuals to carry it and that is the problem actually. So there is a lot of knowledge but not a lot of people to implement the things.*

Furthermore, the temporary nature of a more casualised labour force, signals a troubling pattern. The challenge is shown in Frank's narrative (see Chapter Six); Frank, as a dedicated teacher, has limited time to invest enough of himself into changing assessment activities not provided for in the existing course plan. Further exploration is needed to understand the academic demands of a casualised workforce, especially when requiring pedagogical change (May et al., 2013).

> *Frank, 1st interview, April 2019: …given the tightness of the timetable and that is what restricted me in adapting, because I was also juggling with other courses.*

As student numbers increased, permanent staff showed marginal growth, as indicated (Council on Higher Education, 2018, p. 57 Figure 94). This is accompanied by marginal gains in the combined staff numbers, but continually increasing student numbers, with headcount increasing from 160 624 to 203 076 (Council on Higher Education, 2018, p. 7 Figure 10). Bearing in mind the changes in staff and students in the context of the student protests, there have been gains in research productivity per capita across all institutions from 2011 to 2016 (Council on Higher Education, 2018, p. 98 Figure 165).

The university was one of eight universities that exceeded the national average of publications produced by permanent instructional and research staff at 1.53. The role of soft funded research appointments may have contributed towards this trend (The SFARS Steering Committee, 2015). A similar trend was noted for research publications from Masters and Doctoral graduates (Department of Higher Education and Training, 2018 Figure 9). At face value, this signals the importance of scholarly work and contribution to the global knowledge economy of institutions of higher learning in SA. But it also synergises with a participant's commentary that the institution still privileges research even while the student protests highlighted teaching as a concern.

> *Luke, 1st interview, March 2019: The recognition on the ground is still not there so obviously people are still being looked at in terms of publishing, but it is changing slowly.*

5.2.2.3 Funding

The South African higher education policy, organised centrally from national government, has given institutions autonomy, but it also created a funding model that dictated the source of funding from state subsidy and student enrolment income. While funding slightly increased from 2011 to 2016, the number of students increased as indicated earlier, to adhere to the government's reform agenda (Council on Higher Education, 2018, p. 93 Figure 155). UCT generates more income from third stream funding (44%) than state subsidies (30%) and student fees (26%) (Council on Higher Education, 2018, p. 96 Figure 161). Third stream is also called private income that may encompass donations or endowments; money earned through contract research or entrepreneurial activity, and income from investments (Council on Higher Education, 2018, p. v Definitions). For instance, more than 200 students per year are admitted to the medical programme alone. Clearly, the student numbers could impact staff and the model of teaching and learning. Although aspirations of transformation of teaching and learning pedagogy remain, the accompanying funding to assist transformation was slow in coming. This resulted in the student to permanent staff ratio (55 to 53 from 2011 to 2016 respectively) remaining high, with the sector dependent on temporary staff to assist with research and or teaching, as indicated earlier (Council on Higher Education, 2018, p. 57 Figure 93). To illustrate the challenges of the funding model in 2019, the Faculty had a total of n= 2466 staff with 20% academic staff whose role includes teaching and assessment; 32% are joint appointees employed by the Department of Health and university as clinicians and lecturers; 3% are employed by the National Health Laboratory Service (NHLS) and the university and 45% are professional administrative staff. Close to 40% of the staff, double the number of academic staff (n=964), are research funded positions, which inevitably means that they spend their time and effort on research (Williamson, 2019).

> *Lee-Ann, 1st interview, March 2019: If, for example, we had the money to be able to…I just think in the course, we would so much want to have the infrastructure to assess our students in an almost OSCE like the type of environment.*

Archer posits that different situational logics guide agents to different actions that are created by the relations within and between the SEPs and CEPs that occur in particular contexts. In this context, universities derived benefit from the higher education policy by the autonomy and allocation of partial funding (Department of Higher Education and Training, 1997, p. Chapter 4). Institutions must generate other forms of income from sources such as student enrolment income, which puts them at odds with students who are feeling the financial burden of education. Even with all these visible tensions, the state, and the institutions derived a form of benefit from the system. Institutions gained autonomy with partial funding and the state is not required to take on the full financial responsibility of funding higher education. The situation leads to the situational logic of necessary complementarities protecting the system for both parties, essentially supporting morphostasis at a policy level (Archer, 1995, p. 220). More recently, the state has, through the University Capacity Development Programme (UCDP), supported both teaching and research, and UCT has used funds from DHET to support teaching (Department of Higher Education and Training, 2017; University of Cape Town, 2017). How the funding contributes towards lecturers' pedagogy or the preparation for teaching is still unclear. It is difficult to make a direct link between the funding model and the development of research and joint appointees' positions at the Faculty of Health Sciences. Looking at their numbers, it can be said that the two groups of corporate agents, researchers, and joint staff appointees, can exercise their agency towards institutional morphogenesis that is directed at their vested interests aligned with their position and role, consolidating their dominance.

5.2.3 Medical Curriculum Act

5.2.3.1 Generalist training versus specialisation

In SA, the medical curriculum is described under Act No.54, 1974, updated in 2009 (Department of Health, 2009). This includes the registration of medical students, the overarching curriculum emphasising basic medical doctor training (generalist) and their examination. The Act explains:

> On the successful completion of the curriculum referred to in sub regulation (1), such student should have developed into a basic medical practitioner under supervision in an approved internship programme, and should have the foundations for further specialist education and training (Department of Health, 2009, p. 8 Chapter 2).

The Medical Act lays the foundation on which institutions build their curricula with the autonomy to create their course curricula and syllabi that speak to the requirements of the Act. In teaching, although

student-centred learning and problem-based learning are specified, autonomy can be exercised in how they may be used.

The Act also makes provision for the medical programme to be accredited every five years by the Health Professions Council of SA (HPCSA). The regulatory professional body is mandated by law to ensure that the education of healthcare professionals aligns with the requirement of the profession, that is, to deliver health services to the public. It functions as an external and impartial professional accreditation body that grants recognition for academic and education standards of the healthcare professional programme at educational institutions, and accreditation signals their approval of the said curriculum. The Act deals broadly with teaching, learning and assessment but is outdated, taking into consideration the change to CBME authored by the HPCSA (Health Professions Council of South Africa, 2014), neglecting opportunities that inclusive assessment practice offers the medical profession. It is silent on the historic nature of teaching as part of becoming a medical doctor.

Requirements relating to the assessment of performance of students in medicine are as follows:

> (1) Continuous assessment of both the knowledge and skills of a student shall be emphasised.
>
> (2) The skills required by a student for admission to internship training shall be acquired under supervision and shall be assessed.
>
> (3) The focus in the assessment of a student shall balance an emphasis on the recall of facts with an emphasis on problem solving, critical thinking, clinical reasoning, clinical skills, professional competence and social values.
>
> (4) The assessment and examination of prescribed modules may be integrated or divided (i.e. discipline-based) at the discretion of the educational institution concerned: Provided that there shall be some component of the final assessment that assesses a student's ability to adopt an integrated approach to clinical knowledge and reasoning.
>
> (5) In order to ensure continuing assessment, examiners shall take into account the documented portfolios of a student's work throughout the course of study, including optional modules.
>
> (6) A student shall pass both the clinical and the theoretical components of the assessment. The pass mark shall be as prescribed in the educational institution's rules: Provided that a student's mark for the clinical components of the assessment shall not be condoned to a pass on the grounds that other components are satisfactory.

7) The final student assessment must enable the accredited educational institution to meet its legal obligation to certify that the candidate is competent to practise in a safe and effective manner in relation to the essential skills/competencies as defined by the board for the undergraduate medical degree (Department of Health, 2009).

Where the policies that are designed to support transformation are delayed in responding to the current context, it is difficult to make a decisive break with the past, as described by a participant.

> *Arthur, 1st interview, March 2019: There is a concern amongst the specialists that we aren't training the undergraduates in as thorough way as we used to that would allow them to go into this programme or that programme or postgrad. It is a more generalist approach.*

> *Frank, 1st interview, April 2019: I was told, these medical students, they need to be able to apply, they need to understand, all the diseases revolve around xxx system, so if they don't know the basics of the subject it will be difficult for them,, they're not going to scientists, they're not going to be researchers, maybe some of them are passionate about, might pursue, but most of them are going to be practise and become specialists one day… but for them to understand the human body and the intricacies of the system, we need to start from what is that element for them.*

The Medical Curriculum Act No.56 sets inspirational ideas as the framework that supports the function of the medical programme (Department of Health, 2009). The challenge that remains within the system is that students struggle to excel in a higher education space that functions differently from the espoused ideals of transformation. Previously marginalised groups in particular grapple with the dissonance, as seen in the student demands to the Faculty (Langa et al., 2017; Nhlapo et al., 2020).

5.2.4 National and institutional assessment policy

The medical qualification requires that students demonstrate the scope of knowledge and level of thinking relevant to the discipline (South African Qualifications Authority, 2014). Through the assessment process, health sciences students must demonstrate the desired competencies as prescribed by the SAQA framework as they move through the different HEQSF levels from level five to achieve level eight by year six. The SAQA framework describes this as follows:

8. Requirements relating to the evaluation of curricula and programmes (Department of Health, 2009)

(1) An approved educational institution shall construct programmes which -

(a) must be in congruence with the prescribed Board guidelines and taking into account the guidelines of the Department of Education; and

(b) should comply with the principles as determined by the South African Qualifications Authority (SAQA) to qualify for recognition under SAQA Act. 1995 (Act No.58 of 1995).

The framework has implications at a practice level for the approach to assessment, the methods used, purposes of assessment, organization around the timing and setting of assessment. Assessors may need the assessment literacy to understand what is required of them at each year level. Frequently, those entrusted to assess students may not have the necessary knowledge and skills to enact assessment (Pienaar et al., 2019). In this study of the six participants, five had exposure to educational courses and or educational degrees (see section 4.3.1). While some lecturers in the study do have the knowledge and skills, they are confronted by a range of duties that affect the time dedicated to improving their assessment.

> *Jenny, 1st interview, March 2019: I know I get sent that beautiful thing about the MCQs and about discrimination and all of that, but I find it difficult to have time to actually go and scrutinise that.*

Universities also have assessment policies indicating the institution's idea of assessment to outsiders, stakeholders, students, and staff members. Individual lecturers have the freedom to design and determine their assessment. At the current university, the assessment policy serves as a guide to lecturers' assessment practice informed by what is current best practice (Schuwirth & Van Der Vleuten, 2004). It was noticeable that not one lecturer in this study explicitly referred to the institutional assessment policy or even the levels of knowledge being tested. This knowledge may be more tacit such as the application of knowledge through framing of the MCQs as a clinical case. In reviewing the documentation, it showed that the basic tenets of assessment, such as marking guides (rubrics) for portfolio (case reports) and OSCEs, formulation of MCQs, are being adhered to (see Appendix G for documentation detail and information extracted). This may be due to the separation of examination processes and procedures where the outcome, student grades, are recorded on the formal university system (i.e., the examination policy). The assessment policy thus differs from the examination policy, informing individual practice and is not imposed on lecturers being in the realm of academic freedom. At UCT, the policy is not included in the student handbook, but is housed on the university website making it more accessible for staff; it does not differ from what is commonly proposed across the literature with regard to assessment. This signals to me a lost opportunity for using the policy more creatively to support contextual innovation and push the boundaries of assessment knowledge. An extract is presented next (University of Cape Town, 2021a).

> The intention of this policy[2] is not to prescribe particular philosophies or methods of assessment. The assumption is that academics know best what and how to assess within their disciplines.

> Consistent with both the national quality assurance frameworks of the Higher Education Quality Committee (HEQC) and UCT's own quality assurance policy framework[3], the intention of this policy is to provide faculties with a set of criteria for critical self-evaluation of their own assessment systems.

The SAQA framework and assessment policy taken together should ideally inform the assessment processes at the institutional level drawing on current evidence.

5.3 Structural conditioning in the local context

At the local level historic development of the medical programme left a legacy, the pedagogical changes brought about the earlier curriculum review and the assessment practice that emerged from there, are important conditioning mechanisms, as discussed next.

> *Our Vision* Faculty of Health Sciences (2021):
>
> To be a centre of excellence in health sciences that is locally relevant and globally competitive.

5.4 The student experience of assessment

More than 20 years later, after the reorganisation of higher education, increased participation, access of Black students and growth in Black academic staff, challenges remain. At the university in early 2015, the #RhodesMustFall movement, and in late 2015 to 2017, the #FeesMustFall movement, were critical times showing the simmering of tensions when neglected (Luckett, 2016). These tensions subsequently exploded. Staff within the university and the Faculty of Health Sciences raised their voices to urge the leadership and academics to consider education differently (Behari-Leak et al., 2016). At the Faculty of Health Sciences, students listed 34 demands that included student health, teaching and learning, assessment, student and staff engagement, transport and safety, finance, and fees. These issues indicate that while there were national calls for decolonised education and fee-free education, institutions also had local pedagogical matters that they had to contend with. A range of concerns was also raised at a very emotive Faculty assembly followed by a list of student demands to the Faculty. The demands listed below feature assessment, but one example of how the students organise as a group or 'corporate body' during the student protest to effect change. This is what Archer terms corporate agency (Archer, 1995). Notably, assessment-related matters featured prominently in the student demands and recalled by Jenny as long standing issues (Nhlapo et al., 2020).

> *Jenny, 1st interview, March 2019: …so it was terrifying and scary to be scrutinised like that, but we came out on the other end knowing that the problems that we had with the assessment were things that were pre-existing and they were not new issues that the students were bringing up in that protest environment,*

Student demands (Nhlapo et al., 2020) to the Faculty included the following:

- Recording of oral examinations and a thorough breakdown of how the examiner arrived at that particular mark.
- Access to OSCE mark sheets.
- Return of examination scripts at no additional charge, in the interests of transparency.
- OSCE follow-up questions should be standardised, and clear guidelines to be given on how markers are to arrive at a final mark.
- Explain the role of the Examination Board, who sits on the Board, the guidelines followed, and what regulatory mechanisms are in place to ensure the best interest of students.
- Repeat of failed courses only and not the entire year.
- Time for adequate studying to be made available between the final exams and the supplementary exams for failed blocks in clinical years.
- Flag system to be transparent and students to be informed if they are flagged.
- Timetables to be received timeously.

For some, the student protests were both positive and negative influences.

> *Jenny, 1st interview, March 2019: The protest helped me crystallise the fact that we needed to be more transparent about our assessments.*
>
> *Arthur, 2nd interview, April 2019: We abandoned our oral exams in years 1 to 3, so we don't do orals anymore, in our subjects. …*

The White Paper 3 of 1997 envisages that graduates will contribute intellectually and creatively towards the reconstruction and development of the South African society, addressing the historical roots of injustice and discrimination (Department of Higher Education and Training, 2014). To change the experience of Black students, we need profoundly different curricula and pedagogies that are flexible, responsive and adaptive to support graduates (Ramrathan, 2016). More importantly, academics that take on the task of teaching and learning will need to engage differently with student learning alongside other commitments, and therein lies the challenge for higher education, as will be discussed in Chapter Six.

5.4.1 The medical programme

5.4.1.1 Human resourcing

As mentioned in Chapter One Section 1.5, the medical curriculum consists of multidisciplinary teachers due to the nature of the knowledge taught in the programme similarly found in this study. The staff in this study in the medical programme are drawn from full-time academics employed at the university, clinicians working in the provincial health services, and *ad hoc* staff members serving either as lecturers or tutors, facilitators, or demonstrators in some courses. Medical doctors in this study appointed under clinical service conditions of employment as clinician-educators, are primarily responsible for clinical service in different hospitals that provide tertiary to secondary level care, community health services as well as clinics. In addition, they are involved in teaching. These characteristics of clinician-educators are not unique to SA and are part of the medical curricula globally (Northwestern University, 2021). A joint appointee staff member is a clinician employed with the majority of time dedicated to clinical service and up to 30% of the time dedicated to teaching medical students. These positions are held by clinicians who fall under the University's agreements with the provincial Department of Health and the NHLS (University of Cape Town, 2021b). This dispersed staff model has raised concerns that joint appointees understand their responsibilities to the university as research and service. It is different to what is expected by the university, namely, research, education and service (Williamson, 2019).

> *Luke, 1st interview, March 2019: You actually need someone to be able to sit and rethink what we do every now and again, but we don't have that capacity and then service and province thing; I don't think that will ever be resolved.*
>
> *Tim, 1st interview, February 2019:….sometimes, we [as clinician-educators] have to squeeze in teaching sessions between clinics and after hours and stuff like that…*
>
> *Tim, 1st interview, February 2019: I think having ring-fenced time [as convener now], to have designated time for teaching, where I know that, THAT is what I'm doing, there'll be no distractions.*

5.4.1.2 The pedagogy in the medical curriculum post-apartheid

In the years after democracy, the medical programme reviewed its curriculum and adopted a PHC-led curriculum approach after an extensive process of curriculum restructuring commenced in 1998/9 (Hartman, 2009). This process culminated in the development of the medical curriculum document of 2007. Currently, the curriculum includes pre-clinical training from years one to three, and years four to six provide clinical exposure with clinical rotations of eight weeks across the academic year. A course structure is followed until year five with year six changed to a modular system during 2016/17, with a hybrid longitudinal integrated clerkship programme offered alongside it . An intercalated degree in BSc in year three is also offered. Interestingly, the curriculum broadly aligns with

the Edinburgh model of medical school in the way it is organised: this is the colonial medical programme originates (Edinburgh Medical School, 2019; Mindel, 2003, p. 124).

The educational approach in the earlier years of the medical programme uses a hybrid problem-based learning approach (Seggie, 2010). The problem-based learning (PBL) guided by facilitators alongside tutorial, lectures and practical skills, was found to positively influence the success rate of previously marginalised students (Burch et al., 2007; Iputo & Kwizera, 2005). The freedom designated to the academe permit some courses to be taught through lectures, practical sessions, group work and tutorials accommodating different teaching approaches in the pre-clinical years. In the clinical years, students rotate through various clinical disciplines within the provincial health care settings where they receive tutorials, lectures, and clinical exposure and interact with patients. The clinical exposure includes community, rural, secondary, and tertiary hospital settings (Annual Report to the HPCSA 2015*).*

This current curriculum and adapted versions emerged about 22 years ago when the Faculty set out to change its curriculum. The first phase of curriculum review was completed around 2002 with the curriculum for the pre-clinical years. The remaining process to revisit and align the clinical years with the pre-clinical years, started in 2011. In 2010, the clinical curriculum revision task team was established to continue the curriculum process in early 2011, for implementation in January 2012. The curriculum review, taking into consideration the 2010-2012 events, indicates a lengthy process signalling the difficulty to pull through earlier ideas to enhance teaching and learning. Ultimately, the preference remained as generating research with some shift in thinking initiated by the student protests.

> *Luke, 1st interview, March 2019: I think before, academic was being thought of as research, but in the last year or eighteen months to two years, I think my sense is it has been said that actually academic is not just research, and that teaching undergrads and postgrads is part of that.*

In this study, disciplinary hegemony (see Arthur's narrative in Chapter Six) was more visible rather than issues related to race, hierarchy, and privilege, and the pedagogical difficulties in addressing these issues directly in the educational setting (Good, 2013).

> *Arthur, 1st interview, March 2019: I have heard the comment that because the specialists are keeping up to date with information about their topics, it may be that if I begin teaching it, I may be a couple of years behind and I may not be able to keep up to date and I may be teaching a slightly older view of a particular topic, and then I see danger there because the students are going to receive two different kind of sets of input and so I think there are a couple of reasons.*

The invisibility of race, hierarchy, power and privilege in the expressions of participants is thought-provoking, given that the Faculty of Health Sciences has been troubled by reports of racism and White

privilege over several years, especially prevalent within the clinical years of the medical programme. A hierarchy persists not only within medicine between the different specialities and sub-specialities, but also with other healthcare professionals. It has affected many students and remains a challenge even with the change in the racial profile of the Faculty (Ramugondo & Makamandela-Mguqulwa, 2016; Tsai et al., 2016).

5.4.1.3 Assessment process at the Faculty of Health Sciences

All undergraduate programmes currently report to the portfolio of the Dean of Undergraduate Education as does the medical programme. The educational organisation design includes year conveners for all the undergraduate years responsible for the overall organisation of all the courses within their year; each course has a convener and an overall programme convener for the clinical years four to six and another for years one to three. As a result of the curriculum review, design teams were developed comprising those teaching within the different courses typically found in the pre-clinical years. The design teams meet regularly during the academic year, discuss teaching, learning and assessment and thus shape the course curriculum and inform all of the desired learning outcomes. Although the overall quality of the course is the responsibility of the head of the division, it is delegated to the course convener. Thus, the operationalisation of assessment happens at the level of the course conveners who are responsible for the educational processes. It is noted that four of the lecturers held convenorship roles and their concerns, expanded in Chapter Six, speak directly about having to engage with the practicalities of making assessment work.

The quality assurance of assessment operates at different levels within the Faculty, such as internal test boards at the level of the division or the department, then the Faculty sub-committee examination board, and the Faculty examination undergraduate committee, Faculty assessment committee, conveners' year and course, and the different undergraduate programme committees. The pass standard is set at the traditional 50% but may increase, depending on individual course preferences reinforcing different criteria across courses and years of study (Bandaranayake, 2008; Reimann & Sadler, 2017). For example, in the second-year integrated course, the pass rate was set at 65% when the participant was interviewed.

> *Arthur, 1st interview, March 2019: We have a pass mark in second and third year of sixty-five percent because we want them to know two thirds of the core and that is the minimum.*

Course rules can include a subminimum for each sub-section or subject and rules for repeating the course when failed. The structural mechanisms such as being part of a committee, the role of the convenor, the methods of assessment may set up structural constraints or enablements on the

assessment projects of agents. Lee-Ann articulates how the position empowered her to raise issues about assessment.

> *Lee-Ann, 1st interview, March 2019: I was also the deputy chair on the undergraduate, the sub-committee for education in the course, and it was through that that I could then, you know, speak and say to people listen here…*

Similar to other universities in SA, the current university experienced an unrelenting call for free decolonised education from 2015 onwards. In addition, to the national debate, demands in the Faculty of Health Sciences included an extensive list of academic issues mentioned above. During the time of the student protests, staff felt under pressure to react to student demands about issues within teaching and assessment. At that time, some academic adjustments were made that otherwise would not have been allowed, such as reduced examination, and missed classes, which meant that students could not be examined as a result of missing content, adjustments to course examination (some were cancelled or rolled over to the following year). The Faculty of Health Sciences was subjected to an external review of governance, leadership and management of the deanery, following the death of the Dean in 2018. This raised several organisational and governance issues around leadership, functioning and accountability of the deanery, which were addressed in the recommendations by the panel (Nhlapo et al., 2020).

> *Lee-Ann, 1st interview, March 2019: …so part of the changes have been what was spurred on by the student protest actions and demands of 2015/16, where assessments were a very big part of it, ..What bothers me about that is that some of those things were put in place for, say they would be in place for like 16/17 until 2018, and then for reviewal, and they've never been reviewed and now students certainly accept that as the norm.*

5.4.1.4 Models of staff development

Staff development in this section illustrates the different ways in which the lecturers improved their knowledge, skills, and behaviour as teachers and assessors (Steinert et al., 2016). Academics can self-select the development they need, or specialised units are assigned the area of work offering a range of activities. It may take formal or informal forms. Formal formats may offer structured opportunities for self-development with an informal structure allowing more freedom in decision-making by the individual. For example, novices may be observed by their senior peers and feedback given on their teaching after the observation (Costanzo, 2018). Another way is through involvement in academic programmes or courses and thereby help to develop knowledge. Arthur's narrative encapsulates the resources he managed to gather as part of the curriculum review team.

> *Arthur, 1st interview, March 2019: That was the time when we as the curriculum review team discussed what we were going to do with this curriculum in respect of the teaching and learning, as well as the assessment.*

Conversely, acquiring the requisite knowledge and skills while performing the teaching and assessment responsibilities captured how Tim as a junior consultant learned about education (Sparks & Loucks-Horsley, 1989).

> *Tim, 1st interview, February 2019 :.. there was absolutely no induction or instruction on what I was required to do, it was just a question of, Okay Tim, you are taking the students for 3 sessions a week, go for it.*

More formal structured staff development can be delivered through workshops, seminars or short courses offered in person or using technology (Chan et al., 2018). Individuals that assume a staff development role can be located within a designated unit with a mandate to do staff development or they may take on the role informally (Jacob et al., 2019). In FHS, the Education Development Unit (EDU) is a structural entity offering staff development courses and workshops. The EDU began in early 2000 to assist colleagues in the undergraduate medical programme with the review of their curriculum. The EDU emerged from the Academic Development Programme, a unit within the Centre for Higher Education Development. Before this, there was no dedicated Faculty-specific educational support. Where it did exist, it was situated within the different health sciences programmes and organised informally (Kent, 1994). In the current study, few participants learned about education through activities offered by the EDU enough to enhance practices within a well-defined curriculum, although they spent significant years at the institution. Lee-Ann described how she learned about assessment that helped her to advocate for enhanced assessment while the other lecturers referred to the interventions as informing their practice in a general manner. It could be that lecturers acquired the intended knowledge, skills or attitudes based on their participation in the intervention, that align with level two of the Kirkpatrick evaluation model (Paull et al., 2016). The well-conceived courses or workshops may offer less opportunity for lecturers to engage and challenge their own and colleagues, pedagogical discourse in a meaningful manner to bring about change. Unless staff developers explicitly draw on the structural enablements of the national frameworks their initiatives may lack the authoritative voice to transform practice as they are operating in isolation (Department of Higher Education and Training, 2019). When individuals are situated in research-intensive environments, the challenge to inform practice, transform and revitalise educational practice may be intensified (Irby & O'Sullivan, 2018). Staff developers often find themselves in institutions where the academic designations of junior lecturer, lecturer, senior lecturer, associate professor, and professor do little to

support the goals of staff development. These structural positions may be counter-intuitive to what is required to emphasise the importance of teaching and learning.

Staff development is not an easy task and requires a sustained effort from those working in the field, planning and the ability to be adaptive to change (McLean et al., 2008). Addressing educational change at the level of the individual only, without considering the transition that contemporary academics need to make, even for those with an educational identity, may not realise satisfactory results. Furthermore, when staff development activities do not acknowledge the circumstances within institutions and disciplinary fields which influence the uptake of educational practices these activities may have limited success in changing practice.

> *Lee-Ann, 1st interview, March 2019: Finances also, you know… you cannot say okay right so you're convener X, you're convening xxx in 5th year, I can see you're quite keen on the education side of things you know, would you like to go to conference or something, we'll pay for you, or we will pay for a locum to come…*

Some assumptions about staff development may be influenced by the traditional career trajectory of individuals entering the field as a lecturer who does not hold a qualification in education. As shown in my study, the lecturers engaged in formal and informal development (see Chapter Six). This supports the assertion that some academics enter university as a planned career and may have a qualification in education or informal courses (Tekian, 2012). In certain disciplines, teaching others is considered part of implicit identity formation, such as becoming a health professional. In this instance, acquiring the skills that are needed may be more valued through role modelling, observing and or experiential learning. The National Framework for Enhancing Academics as University recognises the challenges of becoming a teacher and the transition required for those in professional disciplines. There is an acknowledgement that the journey needs to be characterised by the continued effort, input and monitoring at all levels and not only be individual dependent (Department of Higher Education and Training, 2019). It signals the need to develop a new generation of academics that may be supportive if accompanied by an emphasis on teaching and learning innovation, creativity in scholarly output and practice equally to biomedical research (Badat, 2010).

> *Tim, 1st interview, February 2019: Workshops, they [College of Medicine] do workshops, they schedule workshops regularly which are incredibly useful, about blueprinting, about assessment tools, about how to write MCQ's, all that sort of thing, it's incredibly useful, ja [yes].*

5.5 Situational logic at the structural level

While the structural constraints were set up by pre-apartheid and apartheid-era societal, economic and political systems, the Department of Higher Education and Training (1997) attempted to offset this through the national framework but acknowledges the difficulties observed through the academic issues faced by Black students. It emerged that there were profound changes in the system that cannot be addressed through changing the demographic profile of students and staff, or cosmetic curriculum and pedagogical issues. Extensive curricula and pedagogical transformation that appreciates the African contribution in knowledge production, as well as global knowledge, is required. The White Paper 3 of 1997 highlights the need to maintain the internationalisation of higher education, which brings forth the situational logic of competitive contradiction for academics. It offers academics the choice to engage with the world through recognising knowledge economy, but at the same to address the demand for decolonisation highlighted by the students. Internationalisation permits the production of knowledge required by a modern university which is enabled by international collaborations. This sets up a dilemma for lecturers in light of the calls for decolonisation. At the one end, the policy promotes international collaboration, but the student protest calls for decolonization of knowledge. At the local level in the study (see Chapter Six), lecturers are constrained for example by increased student numbers and the combination of clinical service staff not directly employed by the university, which means that they may have less time for teaching.

The role of clinicians in teaching students is part and parcel of the medical programme. The Faculty of Health Sciences, over and above dictating the percentage of time allocated to teaching, are dependent on staff who are primarily employed as clinicians, to teach students and enact the ideals of transformation. The situational logic of necessary incompatibilities results in morphostasis created by the compromise between the vested interests of clinicians who deliver teaching and the Faculty that demands 30% of their time for teaching, with minimal intrusion, as explained in the narratives of Luke, Tim, Jenny and Lee-Ann (see Chapter Six).

> *Luke, 2nd interview, October 2019:…because everyone teaches a little bit and not necessarily teachers well, everyone thinks that they can teach in that teaching is happening quickly.*

However, contingent compatibility opened up opportunities for morphogenesis. It provided an opportunity for those whose vested interests lie in research to take knowledge production on board, as noted in Luke's narrative (see Chapter Six). But the situational logic also meant that the transformation of teaching and learning aspired to by the White Paper 3 of 1997 opened the opportunity for the creation and innovation in assessment. Although the contingent compatibilities entail an opportunity, the financial under-resourcing of higher education, while demanding

transformation, may come at the expense of the very student that it is supposed to support. It thus becomes a constraining mechanism that can condition the context for academics.

5.6 Cultural conditioning in the international and local context

The conceptualisation of culture is diverse due to the multiple lenses through which it can be viewed and thus researched (see Section 3.3.3.2). For example, researchers in medical education may consider culture as an integrated pattern of learned behaviours and beliefs (Brach & Fraserirector, 2000; Fischer, 2009; Pratt & Schrewe, 2016). For researchers within the critical realist paradigm such as Elder-Vass (Archer & Elder-Vass, 2012, p. 98), culture "refers primarily to our institutionalized practices: ways of living that are shared by groups of people, and enacted by individuals because they are so shared". Elder-Vass in Archer and Elder-Vass (2012) differ from Archer, who posits that culture include the cultural system as the register of ideas and socio-cultural system that includes the interaction of the individual with the ideas (see Chapter Three Section 3.3.3.2) (Archer & Elder-Vass, 2012). Both researchers share the realist ontological framework of culture but understand the description of culture differently (Leibowitz et al., 2015). In this study, I have aligned with Archer (1995); Archer (1996) conceptualisation of culture. For Archer, culture emerges from repeated cycles of interaction between the cultural system and sociocultural interpretations. With this in mind, I unpack how the cultural system conditions the international, national and local assessment practices. This is discussed next under the themes of outcomes and competency-based assessment, becoming the assessor and the CoPs. These conditions may have the power to enable and or constrain the assessment projects of lecturers, as will be unpacked in Chapter Six through participants' narratives.

5.6.1 International and local context

5.6.1.1 Outcomes and competency-based assessment

As noted, the White Paper and the medical curriculum act had elevated ideals of transforming the higher education and the medical programme. However, it is noticeable that lecturers were primarily operationalising assessment at achieving outcomes-based, although the HPCSA have supported a move to CBE (Health Professions Council of South Africa, 2014). Learning outcomes are concise educational statements that inform students what knowledge, skills, attitudes and behaviour will be achieved on completion of a course and which they will be assessed upon (Krathwohl, 2002). Learning outcomes are designed within an educational framework, such as CanMed or Outcomes-based Education (CBE). CBE is a version of outcomes it uses defined competencies (e.g. scholar, physician etc.) which the student needs to exit with rather than the typical statement of 'a student should be able to 'of the outcomes-based model (Frank et al., 2010a; Harden et al., 1999). CBE aligns with key competencies or abilities which serve as outcomes, are not invested in time-based training, promote greater flexibility

in the curriculum and advance a student-centred model of teaching and assessment (Frank et al., 2010b). For instance, the assessment in the competency-based model is less reliant on once off, evidence-based methods of assessment that was observed amongst lecturers in this study administered were conducted at the end of a learning experience (see Table 9).

Table 9: Methods of assessment and weighting

Participant	Method/s	End of course weighting
Frank	MCQs, fill in the blank; OSPEs	100% end of course
Arthur	Self-developed integrated assessment, OSPEs, MCQs, SAQ	100% end of course
Tim	Portfolio, OSCEs, MCQs	100% end of block
Luke	Portfolio, written paper, OSCEs, MCQs	More than 50% end of block
Jenny	Portfolio, OSPEs/OSCEs, MCQs	50% or more end of course
Lee-Ann	Portfolio, OSCEs, MCQs & EMIs	50% or more end of course

CBE integrates formative assessment as integral to facilitate learning during the earlier stages of students' development and may draw on the same method of assessment for summative purposes later in the students' learning trajectory (Gruppen et al., 2018). Using formative assessment this way may be a useful consideration in settings were increase student numbers and assessors are limited. In Chapter Six Section 6.3.2, Luke alludes to the potential of using formative assessment for summative purposes. However, he has yet to draw significantly on this aspect (unlike Lee-Ann), which includes mapping the learning growth of the student to the rubric scores. In SA, the CanMEDS was adapted to form part of the core competencies for undergraduate students in clinical associate, dentistry and medical teaching and learning programmes (Health Professions Council of South Africa, 2014). The CanMEDS framework highlighted seven distinct roles to meet the needs of society. The roles include the medical expert, communicator, scholar, collaborator, manager, health advocate, professional with key competencies and enabling competencies (Frank & Danoff, 2007). Under ideal conditions, these roles with key competencies could be taken on board by lecturers informing the assessment of students.

Although the medical programme at the institution envisaged a transition to CBE during the earlier curriculum review process, it is still in its infancy with the curriculum focussing on achieving learning outcomes.

> *Lee-Ann, 1st interview, March 2019: We have also, between myself and Doctor, looked at the medical graduate profile, according to CanMEDS so that we can say to persons at different levels, different years, you know, this is the kind of things on the…so that's what we've done…*

Schuwirth and Van der Vleuten (2011) advocated for a systems-based approach to assessment by aligning learning outcomes to several methods, with clarity on the construct in question as this needs to link back to the learning outcome. Here, a series of formative assessment experiences can serve to inform summative decisions (Bok et al., 2013; Schuwirth & Van der Vleuten, 2011; van der Vleuten et al., 2012). In this way, there is a move away from evaluating methods of assessment and their purposes according to their psychometric properties only but looks at how the method informs learning. The CMBE assessment and programmatic assessment shifts from using isolated best evidence methods to viewing decisions about learning as ongoing and facilitated. However, it relies on assessors that are knowledgeable, innovative, and creative, as the process is dependent on sufficient human resources, advanced management of assessment data, understanding learning as an evolutionary process (for instance, not time-based), which has implications for the curriculum (Swan Sein et al., 2021).

5.6.1.2 Becoming the assessor

In this study, four participants were medical doctors (see Chapter Four). Therefore, in this section I spend some time to address this group who as in my cohort is a significant group, within medical education having to prepare students to become medical doctors. As part of becoming a doctor, acquiring the ways, doing and ideas about assessment may be embedded in one's experience. Until recently, in medical education, many of the teaching experiences encompassed hands-on learning in the art of becoming a teacher. In this context, teaching depends on capable role models to deliver the teaching who help to transmit tacit and explicit forms of knowledge (Wilkinson, 2016). The long period of undergraduate learning in health sciences provides exposure to role models enacting their professional role, trial and error, and participation in a social group that occurs within a setting that is meaningful and functional to the student. The extensive engagement in education helps students to gain access to the disciplinary discourse and to develop an understanding of assessment, albeit as the one being assessed.

Gee (2008) explains that true mastery of discourse develops from a combination of acquisition and learning. Learning by doing has for a long time been a preference in developing the knowledge and skills as well as the professional identity of a medical doctor (Pellegrino, 1990; Yardley et al., 2012). The

professional experience may reinforce the identity of the assessor as someone who learns while doing. The identity is enabled by the tendency to employ academics such as medical doctors and others based on their disciplinary expertise rather than teaching skills, as found in this study (McLeod et al., 2009).

> *Tim, 1st interview, February 2019: …when I started my involvement in medical student training, I was a relatively junior consultant myself.*

The consciousness that some aspects of assessment may be taught is missing when the more traditional notion of teaching is sustained. The behaviour of having to transition by oneself and learn by doing is part of medical training, the sink or swim effect (Dornan et al., 2007; Gill, 2013). It may be a remnant of the historic acquisition phase of medical education, which was often part and parcel of medical training mainly observed in the specialisation years. The assumption may be taken from a history of medical 'training' that puts acquisition of professional identity, knowledge and know-how as important (Cruess et al., 2016; Roberts, 2004), instead of recognising that both acquisition and formal teaching is important when transitioning into a different role.

> *Luke, 1st interview, March 2019: To be fair, I think it was more this is how I was taught, and this is how we will keep doing it.*

Individuals, when they join departments, become part of a disciplinary group, which also informs their thinking and identity development explained earlier. Each individual brings with them histories of early experiences, practice and learning that inform the way that people act and react. All the experiences, practices and knowledge carry through into individual and collective practices and reproduce the social conditions where they were acquired. One could argue that the experiences, practices and knowledge may be implemented to a varying degree. In enacting assessment. Some lecturers in the study were able to create practices and perceptions which become regular and which the lecturer is not necessarily aware of outside of their discipline (Bourdieu, 1977). Some lecturers take these practices on unquestioningly, perpetuating particular ideologies.

> *Frank, 1st interview, April 2019: So, I used to have multiple choice questions like, same like going back to school…*

Through providing access to the ideas and procedural aspects of assessment, a substantive body of work situated within the positivist paradigm such as best and evidence-based practice assessment shape the becoming of an assessor (Albanese, 2000; Altshuler & Kachur, 2001; Bandaranayake, 2008; Gallagher, 2010; Govaerts, 2006; Govaerts et al., 2011; Harasym et al., 2008; Lypson et al., 2004; Schuwirth & Van der Vleuten, 2011). The dominance that emerges from this domain of knowledge has

long secured the idea of assessment as an objective measurement does not help support assessment as a way to support learning.

> *Jenny, 2nd interview, April 2019: I've never had the MCQ contested because I think they [students] understand that it is one of the most objective methods, I think; so I've never had that contested, I have had our short answer question exam contested*

Becoming the assessor requires more than technical knowledge, methods, or statistical analysis it requires an investment of self. As the individuals develop as an assessor, they are developing an understanding about themselves as the assessors and what it means to assess students, as well as why one assesses students.

5.6.1.3 Scholarship of assessment and the CoPs

In this section, I refer to the CoPs as an approach of scholarly practice. I illustrate how participants use both formal and informal learning spaces to develop assessment discourse within communities that could support the sharing of assessment standards (Price, 2005). Although CoPs is commonly used in the education of students, it is also important for how professional people learn and receive legitimacy (see Chapter Two). CoPs enhances socialisation into the professional role, creating and managing knowledge between the members of the community and enabling change but they can equally face constraints (Y Steinert et al., 2007). In this study, where lecturers met regularly in committees, meeting groups, informal learning communities and design team were considered in line with the ideas espoused in the CoPs. This does not imply that I analysed the CoPs to see whether these are indeed CoPs, but I listened to participants speaking about their peers, groups that they engaged with in academic settings, who supported them, who they turned to for assistance or who they did not turn to about assessment matters, and what assessment artefacts they drew upon. These were all meaningful opportunities where I could observe connections or spaces where participants engaged or disengaged.

In speaking about CoPs, I am aware that one cannot take their functioning for granted or that it exists (Gourlay, 2011); it can be observed that for some, the CoPs was not a supportive environment but a place where a group with a specific purpose of administering a course met regularly. The design team within the medical programme is a form of a CoP, but as articulated by Arthur, faces challenges.

> *Arthur, 1st interview, March 2019: The group will gather on a Tuesday afternoon and sometimes the attendance is good and sometimes it is poor, depends on the time of year and other pressures…some of the members of the design team are clinicians and working in the labs. They have other pressing issues.*

CoPs create opportunities for inexperienced staff to become legitimate peripheral participants. Novices like Frank would enter an existing community as legitimate peripheral participants. Once he has gained enough cultural and knowledge capital, would move to the inner circle of the group and become a fully-fledged participant and a legitimate member of the community. The CoPs indicates values and beliefs that allow knowledge and practices to be shared amongst the members of the community. Lave and Wenger (1991) state that individuals become part of communities of practice which creates conditions for a range of issues and practices to be re-lived and become part of daily discourse.

> *Frank, 1st interview, April 2019: Actually, the convener, Dr X and I worked very closely with her from the time, all the time I've been involved with the programme, I mean she's a great mentor, very empathic and she's the one I will go and knock on her door for anything, even to brainstorm ideas.*

In many ways, the idea of CoPs conjures up positive images of collaboration, interaction and working together on mutual interests but it can also be places where power and hierarchical issues are at play, although these issues are not an exclusive domain of any professional field and can obstruct the working of the community. The community can become a space that nurtures poor display of relationships, behaviour and variable levels of competencies. Medical education still grapples with hierarchical and power issues that preference certain values over others, as observed in the Faculty of Health Sciences (Ramugondo & Makamandela-Mguqulwa, 2016). As described in Arthurs's narrative in Chapter Six, these issues for me are viewed through disciplinary hegemony where the preference remained for disciplinary knowledge in a generalist medical programme. Lecturers learn to belong and develop their identity to the profession through CoPs, and thus may be exposed to different ways of being socialised into the professional role, knowledge, understandings and practices. As professionals, they have entered these CoPs bringing their own experiences to bear, but also need to take on board those of the community if they want to belong to the CoPs.

5.6.2 Situational logic at the cultural and sociocultural systems

While knowing how best to operationalise assessment has permeated the literature with ideas, knowledge, theories, and beliefs of assessment, it either facilitated or obstructed lecturers' understanding. The ideas of assessment emerge from various spaces such as communities of practice. Learning while doing and observing role models, the curriculum process, assessing knowledge through evidence-based practice, and setting up enablements and constraints to agents' envisaged projects. CoPs can become highly organised groups setting up the situational logic of concomitant complementarities. Here the group may contribute to 'ideational systematization'. But lecturers may compromise and accept inducing the situational logic of constraining contradiction which promotes

sinking of differences and results in the union between different ideas. The ideas and knowledge of assessment point to utilising evidence-based practices that inform the way lecturers approach their assessment practice in medical education and Health Sciences (Altshuler & Kachur, 2001; Bandaranayake, 2008; Boursicot et al., 2007; Burch & Seggie, 2005; Burch & Seggie, 2008). The dominant discourse of practice-based literature draws heavily upon a view that knowledge, which is scientifically verified and as a result, lends itself to logical interpretation as useful of consideration.

Although contingent complementarities brought about by the ideas of transformative and inclusive assessment synergise with the national policies, lecturers need to feel that they can make use of such opportunities to become the assessor (Department of Higher Education and Training, 1997, 2014).

As a health care professional, teaching other professionals are embedded within the role where knowing the discipline may be considered enough to be able to teach the content. The knowledge of the discipline becomes essential rather than the ability to convey the disciplinary knowledge in a meaningful manner to the student. Specialisation within disciplines embeds expertise, bestowing the holder of this knowledge with special expertise to be able to teach is common in medical education (Ericsson, 2015). Educational knowledge of how students learn and how to best assess the learning of students has evolved considerably. The reliance on personal experience and disciplinary knowledge may be misleading and contribute to the development of misconceptions upon which practice is developed.

> *Lee-Ann, 1st interview, April 2019: Knowing that there's an education part of it, you know, an academic side to it, you don't have to know all the ins and outs …*

5.7 Chapter synthesis

This chapter has shed light on the structural and cultural mechanisms operating within the higher and medical education space emanating from the narratives of participants, including documentation explained in the introduction. Structural emergent properties deriving from the higher education policies, the medical programme, and the lack of assessment staff development set up variable constraining effects on the projects that the lecturers envisaged. In the cultural and socio-cultural system, taking on the role of the assessor, ideas about assessment and CoPs offered more enablements than constraints for lecturers' assessment projects.

In the next chapter, I will set out how agents reflexively mediate the enablements and constraints in their context to realise their assessment project. Thereafter Chapter Seven explores how the interplay between structure, culture, and agency shaped the emerging assessment practice of lecturers in the undergraduate medical programme and whether this led to elaboration or reproduction of practices.

CHAPTER SIX: THE SOCIAL AND SOCIAL- INTERACTION AT T2–3 OF THE MORPHOGENETIC CYCLE

6.1 Introduction

In the previous chapter, Chapter Five, I illustrate the structural and cultural mechanisms that condition the assessment practices of lecturers in the undergraduate medical programme. I introduced the democratic developed higher education acts, and the post-apartheid Medical Curriculum Act, which provided the impetus for structural transformation. I explored the ideas, knowledge and beliefs emerging from the cultural and socio-cultural system informing educational assessment. Together, these are the mechanisms that became enduring, conditioning the educational context for successive agents in the medical curriculum.

In Chapter Six, the analysis of the social and socio-cultural-Interaction at T2–3 of the morphogenetic cycle is illuminated through the interaction of social agents with the structural and cultural mechanisms (discussed in Chapter Three). Here I address Objective Two, that explores if and how the structural and cultural mechanisms enable or constrain the emerging assessment practice of lecturers in the undergraduate medical programme. The knowledge generated with participants' reflections (see Appendix B) gained during the interview, are described through the individual narratives (discussed in Chapter Four), to reveal their emergent agential powers and properties. Moreover, it presents an opportunity to describe the cultural and structural influences through the beliefs, knowledge, ideas, environment, and the resources which participants bring to bear on their assessment projects (Archer, 1995, p. 22). The interaction between the powers and properties of the social self and the cultural dimensions displays the socio-cultural interplay in the emerged assessment practice of academics. Following each narrative, the responses to the interview questions and documentation guided me to examine how the underlying mechanisms impact participants' assessment practice. This is the interaction phase of Archer's morphogenetic approach (discussed in Chapter Three).

The six narratives described in this chapter emerge from participants who occupy different academic positions: lecturer, senior lecturer and Head of a Clinical Division. Their assessment involvement includes one or more assessment-related activity, which could be the design of the assessment system, development of examination questions, grading of examinations or assessment-related quality assurances processes. The domains of ultimate concerns, projects, and practices are used to gain a better understanding of the effect of the generative mechanisms which enable and constrain these participants' assessment activities (discussed in Chapter Four). The assessment activities are captured under the umbrella term 'an assessment project' (discussed in Chapter Three).

6.2 Frank's Narrative

After completing my Masters degree in a branch of life sciences, I arrived at the Faculty as a PhD candidate more than 10 years ago. During that time, I pursued and completed my doctoral studies as well as professional development activities. Then I became involved in years one and two of the undergraduate medical programme, taking on different roles such as demonstrator or problem-based facilitator. As a facilitator or demonstrator, I was not setting up the examination paper, but I did assess students who were conducting simulated patient interviews. A few years later, I was appointed as a lecturer in the extended degree programme on a contract basis. The group of students that I taught either failed semester one or two; then are they placed into this extended programme for an additional year. The extended degree programme was developed to support first-year students who needed extra time to adapt to the university, and acclimatise to the university environment and subject knowledge. Once the students passed, they would leave the programme to re-enter the first-year mainstream at the start of the new academic year. The subject I taught is not easy, it is a complicated science-based discipline and even in the mainstream, we have students telling it is difficult for them to grasp or get involved in the subject. During my postgraduate education qualification, I have researched the subject to find out why students find the subject problematic. It is not only here that students find the subject difficult, but this is also a worldwide issue. The subject has a lot of jargon and a lot of complex (*molecular and cellular*) pathways; students normally are not motivated well enough to learn. I do not blame the students; educators also should take responsibility, because when the content is conveyed in a complicated way, it can be a scary thing. Given this background, when I started teaching, I considered how to adapt my teaching to simplify the subject, that was my first task…and the second thing was, my specialisation was in my PhD, in the sciences. I, therefore, have a solid background in the subject because I come from a life sciences background. I prefer interactive sessions to enhance the understanding of the students, therefore I included group work and online activities.

In this programme, there was a set teaching schedule which helped when it came to the assessment as I could slot in with the existing organisation. Initially, when I started, I did not have many teaching slots, then later I felt the need for additional teaching sessions which the conveners allocated to me. I was given the freedom to design my assessment. No one gave me a set thing; you must have this and that, no-one told me that, I just went with the flow. I used a prescribed textbook to set the questions based on my interpretation. When I joined, no-one was prescriptive to me, I could decide what is important to assess; I am grateful for that. I was given a weighting, in the paper of like, the 150 marks, maybe 20 marks would be for my section, say 20 marks. I had the power in whichever way I wanted to set the questions. Sometimes, the students perceived me as a mean person in terms of how my marks were divided into half marks. I keep telling the students, in the subject you need to use the right terminology

to score marks. None of the other colleagues or co-conveners or conveners challenged me on that. I used multiple-choice questions, for example, similar to school, fill in the blank spaces, match the following, choose the best option and then I had short answer questions, ranging from two marks to three marks, tabulate the differences, then draw a flow diagram on this. I incorporated all those with the intention that the students must know the right terminology. I found it unhelpful to start with application-oriented, complex questions because the subject is very new to them and we need to start with laying the foundation.

Coming from a life sciences background, I used my earlier experience to inform the current assessments because that is how I was evaluated at high school. We used to have a nice balance of short answers, the MCQ kind and at our university before any professional degree, the norm is that you must sit especially for medical and engineering admissions, for a three-hour paper, where everything is multiple choice. Being tested in this way means that you must know your content thoroughly before the examination. You cannot simply choose a,b,c or d. Some students do it, but it is such a waste of time, you know. I have also used my prior experiences to do things differently. I found that the teacher was not clear with their expectations regarding the answers to the questions. For example, there was no clear memorandum or a rubric that we could access. I found that quite challenging. For me, assessment should always be a fair process and make the educators' expectations explicit to the learners beforehand. I think this is quite crucial to avoid subjectivity. In my teaching practice, I strive to make the memorandum explicit with a detailed breakdown of marks so that the students could see where they went wrong and could improve upon for future assessments.

6.2.1 Identification of ultimate concerns

Frank was articulate as we conversed speaking enthusiastically about his subject as he explained his teaching. He was also mindful of the opportunities that the academic environment offered, making mention of this as he talked about teaching and assessment. Since completing his disciplinary doctoral degree in a branch of medical and biological sciences, Frank spent his time at the university occupying various positions such as co-convener, lecturer, demonstrator, and facilitator within the undergraduate medical programme. Achieving a higher qualification in his discipline provided Frank with expert disciplinary knowledge and capacitated him with know-how. Walker and Yoon (2017) signal social, economic, or cultural resources and dispositions amassed during doctoral studies that play a role in the development of the academic identity and eventually in assuming an academic position. The doctoral degree became a cultural resource that empowered Frank to take on academic responsibility with the different roles, opening doors as he became more involved in teaching in the medical programme. The possession of the degree could signal a personal commitment and investment to the values and ideals

of the discipline, reinforcing the significance of understanding the subject at an advanced level to be able to teach the subject in question.

A substantial part of his career before the permanent appointment was spent at the present institution. During this time, Frank extended his understanding of pedagogy enrolling in formal and informal professional development opportunities. Developing his educational knowledge enhanced Frank's repertoire of skills and signalled his emerging corporate agency. He enthusiastically took advantage of opportunities to advance professionally developing his personal identity as an academic. Archer (1996, p. 269) asserts that primary agents want to access the resources available to corporate agents to improve their status and work towards gaining it. In his teaching, Frank used classroom and online strategies to actively engage students in the learning process. Here, Frank shows his emerging academic identity which is formed as he devotes himself to the things that he cares about most. Early career academics like Frank may find the higher education environment supportive but still hold onto their disciplinary identity as they transitions into the academic position as will be shown later (Smith & Boyd, 2012).

> *I really appreciate the opportunities I have had at the University, the conference that I have gone to as a student, the mentoring, and the support, I am very grateful for that.*

Frank's experience as a postgraduate student and ensuing knowledge of the discipline helped to locate his ultimate concerns that originate from the practical order demonstrated in the desire to hold students' interest (Archer, 1996, p. 211). But as much as Frank wants to pursue his ultimate concerns as a teacher, there were challenges. This is a course that students previously failed, which may result in their feeling demotivated, seeing the failure as an indictment of their inabilities. Frank persists in working to develop students' knowledge through collaborative activities in class and online, as well as expanding the teaching sessions and content development. The assumption that the complexity, not only the failure, of the subject, may demotivate students, moved Frank to inspire students' passion for the subject and through that, to capture their interest.

> *…given my theoretical experience and also given the context, so now I'm thinking of innovative ways of how well I can adapt my teaching methods…*

Frank uses his intellectual freedom to select knowledge, text, and topics to teach. In the moment of reflexivity, as Frank recalls his teaching, I note the difficulty to adopt student-centred learning. Teachers may hold various ideas about learning that influences the strategies they engage within the classroom. Teachers who lean towards a teacher orientation often use teaching strategies where students acquire the concepts of the disciplines (Trigwell & Prosser, 1997; Trigwell et al., 1999). Frank places importance

on facilitating an understanding of the subject to serve as a foundation upon which future knowledge can be developed, aligning with the teacher-centric approach (Edens & Shields, 2015). Reflecting on his assessment practice, for him, students must demonstrate an understanding of the core concepts of the subject using the correct terminology. This conservative understanding may account for the hybrid forms, that include traditional and aspects of innovation, in his assessment.

> *For me, the preparation as I told you earlier, the bricks, the foundation comes with having a very good grasp in fundamental subject (changed) and that means the lecturer or educator, whoever is doing it, instead of using…throwing these students into the deep end, they must start facilitating…*

As a committed lecturer, Frank needs to take actions that must advance his vested interests through taking strategic action based on discretionary judgment (Archer, 1995, p. 203). Frank was enthusiastic about the discipline, showing diligence when testing knowledge associated with the subject. Guided by the existing teaching schedule and framework of assessment, he used his judgement to determine which cognitive knowledge and practical skills to assess and the specific methods to use. He drew on methods of assessment that he experienced himself and believed to be worthwhile as ways of testing knowledge and skill. Using one's own experience in teaching and assessment or observing role models and then following their ways, is not unusual. This may be more prevalent when people do not have any formal or informal qualification which provides engagement with pedagogical principles (McLeod et al., 2004). However, Frank has the benefit of formal and informal educational experience which he selectively uses to inform what he does. Interestingly, the learned educational knowledge is as important as his own experiences of assessment in shaping his assessment practice. The experience of being assessed, and the subsequent success as a student has, afforded trustworthiness in the methods used.

> *the conveners will always ask if there's anyone wanting a revision slot, then I will grab that opportunity and say yes, I want one hour …. my lecture happened two months ago, now before they're writing an assessment, I don't know - how must they remember?*

Although Frank is in a temporary position, by this time he identifies and pursues informal support structures with colleagues around him. Teachers like Frank who transition into scholarly and research positions benefit from meeting others like themselves, who can serve as role models to help navigate the challenging environment of academia (O'Sullivan et al., 2009).

> *…Dr X and I worked very closely with her from the time, all the time I've been involved with the [course],… I mean, she's a great mentor, very empathic…*

Archer (1995) asserts that prior structural and cultural mechanisms may obstruct or facilitate agents' present actions. Frank's prior cultural resources informed his ideas about assessment. Although his own assessment experience occurred at a different time and originated within a different qualification, the experience served as a useful reference point for future practice. The learned knowledge of assessment became integrated with his prior experience; together these served as conceptual and practical anchor points for Frank's current assessment. In the process of assimilation, the individual will find ways to accommodate the new knowledge with that which is known. The accommodation of new knowledge rather than transformation may obstruct rather than facilitate taking on board alternative ways of understanding knowledge (Chi, 2005).

It is not uncommon for assessors to use variable judgment when grading tasks, which could affect the outcome for students (Bloxham et al., 2015). Therefore, transparency and feedback may provide evidence of the objectivity of the mark to the students and the institution. The focus on selective elements within the evidence-based domain overlooks how a student's work reflects the learning of the desired knowledge and skills. Positivism, because of the insistence on objective knowledge, a detached researcher, and one conception of knowledge that is certain and universal, underpins much of the assessment literature is less amenable to offer students the opportunity to critically engage with knowledge construction.

> *After the examination, the feedback is basically put up what was in the paper, the written paper, and then have the answers in red, showing this is what, and then the students would have the scripts and they'd look at the scripts and see where they really lost the marks and why and then I explain, but this question I expect you guys to…because it's an action word.*

As much as Frank is attempting to position his assessment as student-centred, the value of his expertise as a knowledge provider and assessment developer features prominently in the adaptations made to the assessments. He based much of his assessment practice on his own experience while integrating aspects of evidence-based practice into what he was doing. In this situation, maintaining assessment as measuring knowledge, continues to feature prominently (Boud & Falchikov, 2007, pp. 16-17). When students are not allowed to evaluate their progress, understand the assessment criteria, or work collaboratively on assessments to broaden their understanding of the overall assessment requirements, they are less likely to become active participants in the assessment of their learning. Under these circumstances, a transformed student body may remain objects to whom things are done, maintaining the focus on measuring and classifying the student's knowledge. Being an active participant in deciding what is to be learned, how it is to be learned, and how to judge whether they have learned it or not, are the skills students need not only for academia but also in their work lives (Boud & Falchikov, 2007,

p. 18). However, where traditional notions of assessment are left unexamined, they may persist, allowing the reproduction of hegemonic practices in the absence of critical reflection. The enculturation into higher education may promote thinking of and enacting assessment as designed and performed by the teacher (Boud, 1990; Rosch & Reich, 1996; Trede et al., 2012).

6.2.2 Personal emergent properties

As an early career academic and scientist, Frank was a primary agent; he did not have the power by virtue of the *ad hoc* position to make substantial changes. He took actions that were within his sphere of control, such as decisions in developing subject content and using different forms of questions in the assessment. Frank meticulously negotiates the existing structural mechanism, in the form of the timetable, and cultural mechanism, for example, the ideas about assessment that he encounters. Primary agents like Frank have no say in the structural and cultural modelling of society or an institution (Archer, 1995). Nevertheless, their uncoordinated and unstrategic actions tend to result in morphostasis. The results of their aggregate effects can reconstitute or transform the environment that they experience, and this can be considered agency. They are thus not intrinsically passive, but are "denied an effective say since use of the non-decision-making keeps their concerns off the agenda" (Archer, 2000, pp. 259-260).

In this situation, Frank is adapting his teaching and, in the process, evolving his emergent agential powers reshaping the resources to transform himself (Archer, 2000). His personal emergent powers of adaptation and creativity were evident in his teaching as there were opportunities within his control that allowed this to happen. Drawing on prior experience in other courses as a facilitator, Frank used his personal powers and properties to promote collaborative group work, implement active learning strategies and provide feedback in his teaching.

> *…there will be additional group work, sometimes I would post things online for the student to complete….*

Frank thoughtfully employs his agential powers to develop the teaching content and learning methods (Archer, 2000). In their day-to-day practice, teachers often need to exercise professional judgement when deciding on the type of curriculum that is implemented and evaluated (Marsh, 2009).

> *I wasn't given the whole content….in the second semester, I had to think from scratch, what other things the students would really need to know before they go into the mainstream.*

In assessment, Frank selectively calls on past experiences to support his current action as a question developer and an examiner. Emirbayer and Mische (1998, p. 971) call this action the iterational element of agency, referring to selective patterns of thoughts and actions infused in practical activity. This offers

stability, sustain identities, interactions and institutions over time. When primary agency is exercised in this way, the existing structural and cultural conditions can be maintained, offering little disturbance to the status quo as primary agents are unable to articulate their views and, in the process, interrogate and challenge the *status quo* to create structural disruption (Archer, 1995, p. 262). This helps to consolidate the power of corporate agents allowing the continuance of practices unabatedly aided by primary agents who cannot declare their views (Archer, 1995, p. 261). Frank, far from embodying passivity, recognises the advantages of alternative forms of assessment having gained material and ideational resources to inform his assessment practice. His current assessment practice, which serves to maintain the *status quo*, may represent a suspension of his agential powers in favour of corporate agents' interests until he organises his corporate agency with like-minded academics. The expression of alternative forms of assessment shows that Frank's current inaction does not exclude the potential of future agential actions indicative of corporate agency (Archer, 1995, p. 260).

> *I would have really appreciated the opportunity to have of…assessing them in terms of the group work or a project ….because that would have really given me a first-hand experience of how the students are engaging with the discipline, because I felt there was still kind of missed opportunities.*

6.2.3 Pursuing the project

As Frank's narrative unfolds, it shows how he works towards realising his assessment project, while in teaching, he chooses to engage students meaningfully, holding their interest with assessment focussing on the understanding of knowledge (Archer, 2000, p. 231). In assessment, Frank's role includes that of a question developer, creating different forms of multiple-choice and practical questions. As an emerging academic, Frank reflexively considers how best to mediate the structural and cultural mechanisms that constrain his assessment project in the domain of the Real, eventually focussing his personal emergent powers and properties on adapting the existing assessment by expanding the types of questions.

6.2.3.1 Constraints

Frank's constraints emerge from both the structural and cultural configurations. For him, the timetable posed a structural mechanism that constrained his assessment project. In effect, this limited what he was able to do, enabling conditions that would support subjective experiences of assessment and selective best practices. The lack of bargaining power required to bring about substantial change hampered any significant structural change towards inclusive assessment practices (Archer, 1995, p. 300; Boud & Falchikov, 2007, pp. 72-128). Archer posits that agents with low access to all resources are in the weakest position and state to bargain for change. As a part-time lecturer, with disciplinary

expertise, the structural resources that corporate agents are endowed with by their position was not immediately available to Frank (Archer, 2003, p. 93).

6.2.3.1.1 Assessment Scheduling

Timetable

As a novice academic and primary agent, effecting a substantial shift in the assessment schedule beyond modifying the MCQs and the practical examination questions proved challenging. The timetable lays out the programme of the course and any changes would require negotiation with all the disciplines within the course to accommodate such a request. As Frank was reflecting on his existing practice, an inconsistency comes up that displays the accommodating nature of the planned programme by assigning teaching space for revision and feedback juxtaposed with the demands of unplanned change. Unplanned activities require additional investment in time within the timetable and attention over and above the existing demands of teaching. While the planned teaching schedule created an enabling environment for teaching aligned practices, it also exerts an emerging structural constraint on Frank's assessment practice. Frank accommodated this by working within the designated schedule that posed a structural constraint. Here, the situational logic of necessary complementarities facilitates protection because everyone has something to lose by changing the existing schedule, the course and the lecturer (Archer, 1995, p. 220). The course convenor will need to create additional time and space in the timetable and the lecturer will have to invest in the process to explore other forms of assessment that may have unanticipated outcomes. The academic organisation of the course may endorse a static assessment process rather than a flexible system that is responsive to changing academic needs (Fanghanel & Trowler, 2008). The challenge emerging through the rigidity of the course timetabling that condition the environment for Frank is not his alone, but has consequences for the immediate stakeholders, the students. In this context, it is less likely that assessment can be optimised to assess learning that focuses on what the student does creatively. Since the time-based nature requires that the curriculum be delivered within a specific period, this may sustain the inflexibility. The benefit of such an educational organisation ensures that teaching, learning and assessment planning can be done in advance and delivered within a specific period. The inflexibility of a time-based programme may disadvantage students who progress differently in their learning compared to the demands of a linear time-based learning programme. For teachers such as Frank, it is a challenge to consider alternative ways of assessment when structure dictates pedagogy. Significant changes at the level of practice are less likely under such circumstances especially when institutional processes demand rigid planning unless more innovative ways are found to facilitate flexibility without comprising the student assessment experience.

During the time I couldn't do it because of the time constraint, we have a very tight timetable, even for me to give lectures or having a follow up, revision session, or having an extra session; it was really impossible because remember this is an integrated paper and you have so many disciplines…

6.2.3.1.2 Employment status

A full-time appointment has benefits of dedicated time towards teaching and learning, assessment and other responsibilities endowed in the academic position. An individual on contract employment can only do what is possible during the time at their disposal (Brendan, 2020). In the end, the agents' position affects their vested interests and the action they will take (Archer, 1995, p. 203). In situations where the vested interests of agents are compromised this affects their ability to act purposefully (Archer, 1995, p. 300).

…when I started, I tried out these different ways, but also, I never really communicated with conveners in terms of maybe they want to assess things differently and everything, … so ja (yes)…

Distilling what is important takes time, which is often not afforded when one is appointed in a part-time position, since temporary employment divides the work time and roles across different environments, each with their demands where the individual may occupy distinct roles. In Frank's situation as an *ad hoc* lecturer, it was possible to make decisions about content and assessment whereas, in the role outside of the course, he acted as facilitator and there he was a participant in another lecturer's assessment processes. He would thus face challenges to continuously reinvent himself within these different spaces with different requirements.

…given the tightness of the timetable and that is what restricted me in adapting...

6.2.3.2 Enablements

The organisation of the course, leveraging the power of the subject, having an informal CoP and induction, influenced Frank's assessment practice positively. In effect, this created a system where conformity with the existing practices was rewarded.

6.2.3.2.1 Academic freedom

Taking on an academic position, albeit *ad hoc*, presented an opportunity for Frank through the situational logic of contingent compatibilities. The position that he assumed and the knowledge that he gained enabled him to advocate for the advancement of the subject (Archer, 1995, p. 226). Supported by primary agents who manage to organise themselves as corporate agents, the students, he was able to draw on them as social actors to request additional teaching space. In this way, Frank's intentions

synergised with the interests of the students as social actors. He raises a critical issue of how much time is devoted to specific subjects, what criteria outline subject importance and time in an integrated course, as well as what may be considered enough in-course time per subject for students to grasp knowledge. The minimal teaching sessions Frank had may indicate less importance of the subject and influence the need to generate substantive assessment compared to assessing a substantial body of knowledge. The newness of the content meant that he needed time to develop the necessary content, develop an understanding of how the knowledge is useful for the profession, to consider how best to deliver and assess the knowledge.

> *I wasn't given the whole content….in the second semester, I had to think from scratch, what other things the students would really need to know before they go into the mainstream.*

Instead of accepting the *status quo*, Frank, using his personal emergent powers of adaptation, seeing the opportunity to broaden students' knowledge to help prepare them for their re-entry into mainstream.

> *…they gave me something like two lectures per term or something, then I thought this is not enough for a subject, 45 minutes to an hour lecture, my subject; I felt that it's never going to happen, even when I started the first year, if I think back…in the second year, I had to really convince the convener, the group convener, to give me more slots and they felt the need, because it also came from the students.*

Ideally, an outcomes-based course such as the one that Frank follows have broad outcomes that guide the development of the assessment. When learning outcomes are absent, the explicit link to the overall outcomes of the course could make alignment between teaching and learning and the assessment at a subject level and the articulation with the broader course difficult (Biggs, 2003). A strict focus on learning outcomes however may risk treating education as a product (Pinar, 2003, p. 126). If used to guide learning the outcomes-based model provides measurable descriptions of the knowledge, skills, attitudes, and behaviour, a student should achieve on completion of a course and which they will be assessed upon. However, outcomes as a pedagogical tool may not always be helpful resulting in fragmented and disintegration of knowledge and practices. For teachers, learning outcomes or objectives may not be the starting point of their planning as demonstrated by Frank. Here, he experientially attempts to develop the outcomes through the learning process students engage with (McKimm, 2007).

> *No, not really, not as outcomes, it was more…I call it pre-task, pre-learning task, so before I introduced them into the concepts, by giving the lecture…*

6.2.3.2.2 Community of practice

As Frank pursues his project, the situational logic of concomitant complementarities offers clarification, confirmation, and vindication because there is logical consistency between the ideas that he held and that of the others within the CoP. Here the CoP may reinforce the correctness of ideas, discouraging alteration over time and promoting a well-articulated set of ideas that is helpful towards reproduction. The CoP in this context creates common practices and ideas shared by its members. The CoP offered Frank as an inexperienced lecturer an avenue to become a member through the process of legitimate peripheral participation. Frank's early introduction served as a brief but important starting point that has the potential to uphold the current cultural and structural conditions.

> *I still remember handing over from the previous person who was doing it, it was a very nice handover saying, look here, this is what the students are going to be clinicians, we want them to be able to apply one day, so start from the foundation, please use this prospectus textbook that is the only thing, which was told to me, and then I just went with it...*

The CoPs provided the freedom to make academic decisions as needed but it also imposed limitations on what is possible. The recognition as a knowledgeable person to teach the area, understanding the knowledge domain and the complexity of the subject reinforced what Frank was doing. He also found support through a senior staff member who would be a sounding board to discuss issues or concerns. At this point, Frank's vested interest is starting to synergise with other members within the CoP (Archer, 1995, p. 205).

6.2.3.2.3 Quality assurance of assessment

The institutional process of external moderation strengthened Frank's practice. Here the ideas, theories, and beliefs emerging from external examining synergise with those of the agent producing the situational logic of concomitant compatibility presented him with ideational unification (Archer, 1995, p. 230). External examiners assure the institutions and external stakeholders that assessment regulations and procedures are followed. They review course documents, observe performance examinations, examination scripts, assignment, and tests as well as meet with staff. External examiners thus play an essential role in evaluating the quality of what is done at the level of practice. The response from the external examiner serves as an important consideration as it confirmed Frank's thinking that he was testing students' knowledge appropriately. In some instances, external examiners are from the same disciplinary field, but this may not always be so. External examiners may lack the knowledge of assessment as well as the educational literacy to critique a practice although they may be familiar with the knowledge (Medland, 2019).

in my three years, fortunately…I have never received any kind of critique or comment or tweaking a question at all because I spend a lot of time in setting these questions, what exactly I want to ask and the breakdown of my memo is explicit…

As an emerging academic the external moderation process confirmed Frank's assessment practice was fair, valid, and dependable. It would serve to strengthen his determination in how he was steering the assessment of the subject.

6.2.4 Realisation of the project

As shown in this discussion, Frank worked around the constraints emanating from the timetable and subsequent limitations imposed by the *ad hoc* appointment, exercising his emergent personal powers and properties and drawing on the enabling mechanisms. He found the freedom provided by the academic environment, a supportive CoP and quality assurance enabling mechanisms. Although mechanisms have powers of constraint and enablement, they only exert a causal influence on the projects that agents consider. Agents PEPs of reflexivity are the source of action becoming active through the internal conversation that guides the mediatory process conveyed through discernment, deliberation and dedication. Archer states that although structural and cultural mechanisms condition the environment for agents, they are mediated by the emergent personal powers of agency that either result in the transformation or elaboration of practices.

Frank's expectations were well aligned with the medical programme ideals of developing medical doctors.

…but most of them are going to practise and become specialists one day, but for them to understand the human body and the intricacies of the human immune system, we need to start from what is that element for them.

Exercising his agency, Frank adapted the assessments reflecting his understanding of the assessment process. Frank must discern whether to invest in his ultimate concerns emerging from the natural, practical or discursive order of Reality. He considers current, past, and future and decides what he is most drawn to invest himself in. In Archer's terms, this is '*a sifting process*'.

Using my prior knowledge and my lived experiences where I have benefitted from - that is my kind of rationale of why I decided to assess the way I do.

As Frank deliberates whether to work against the challenges within the current context, he needs to decide what is most important to continue with. Through internal deliberation, agents question and seek answers as they assess the viability of their project. Frank must examine whether his investment in assessment is more worthy compared to other ultimate concerns in developing his academic identity.

Here Frank will need to weigh up the cost of pursuing his project against other costs and see what benefit may emerge from it. He will need to accommodate, for example, the decision to work within the existing timetable instead of exploring alternative assessment methods that may require more time and negotiating with colleagues. These deliberations are not once-off; they are continuously open to revision and only seen through the commitment of the agent.

Frank dedicated himself to assessment that moves away from an exclusive traditional form of assessment. By requesting additional teaching sessions and using opportunities outside of the scheduled teaching sessions that were available, such as the assessment revision sessions, he could dedicate time for feedback post-administration of assessment. He was able to elaborate his assessment practice but was unable to alter the assessment substantially. Frank's practice sits hesitantly with contemporary assessment while maintaining the emphasis on the teacher competing with the demands of student-centred assessment practice.

6.2.5 Reflective comments

Frank found the values, ideas, and knowledge that he gained as a student valuable to reproduce possibly due to his success as a student. Educational assessment is not a unique experience but is part of a collective of different assessment experiences that we as members of society share (Rowntree, 1987). If left unexamined, each of these lived experiences may at times become opportune points of reference for future actions (Entwistle et al., 2000), especially when the experiences are empowered by situations where restricted opportunities to develop assessment discourse exist. A situation where there is limited ongoing professional development creates fertile ground for beliefs and ideas which are poorly aligned with student-centred learning and assessment to be sustained.

Being a lecturer presented an opportunity to implement his interpretation of the pedagogy of assessment. Helped by formal and informal educational activities, Frank could change the methods of the assessments (Yvonne Steinert et al., 2007). Engagement with the different professional development opportunities contributed to him exercising his agency. The educational activities most likely offered knowledge about evidence-based practices of assessment such as revision sessions and feedback (Brown et al., 2013). Together with the freedom to use his discretion to develop the teaching material, assessment questions and methods, this culminated in the existing project of assessment. Through these actions, Frank develops his academic identity, making difficult choices trying to do the right thing adhering to best practices but also to be efficient and effective in his work (Calvert et al., 2011).

6.3 Arthur's Narrative

I accepted the position of senior lecturer in the pre-clinical years a decade before the start of the new medical curriculum in 1998/9. When I joined the department, my ideas and practices around assessment were aligned with what my department was doing at that time. It was the traditional curriculum, so there were written and practical examinations. We used to call them hit and runs or something, and bells would ring to signal the change of stations in the practical. It went on forever; this was the way I was trained, and it is the way the department was run when I came.

The course that I teach in years two and three was established during the time of the new medical curriculum. The current assessment practices in the medical programme all came in then. That was the time when the curriculum review team discussed what was going to happen with the curriculum in respect of the teaching and learning, as well as the assessment. At that time, I began saying MCQs and extended matching items (EMIs). I did not know then what an EMI was, and we discussed making a five-minute integrated Objective Structured Practical Examination (OSPE) station. In 2000, new ideas came, and the curriculum was a shared project with others in the Faculty. The curriculum review task team introduced a design team approach for the preclinical year where all the conveners of the courses would meet once a week. I would submit questions for scrutiny to the design team. The group gathers once a week and sometimes the attendance is good and sometimes it is poor. It depends on the time of year and other pressures, and some of the members of the design team are clinicians and those working in the laboratory have other pressing issues. However, it means the design team must reconvene. The design team will go through the questions for the short answer question paper or papers. Those are the only sections where there is a collaborative approach. When it comes to me setting questions from the work I teach, usually I will reflect on what I told the class and what my PowerPoint slides tell and what work was covered. For the integrated summative assessment, I have been working for years with young clinicians where we look at an integrated approach. I have two versions that run now, so I use them every second year so at least we have a bit of a gap. I think some of the cases should be changed from time to time just for examination security reasons, but we do not have the resources right now to do that. I cannot find a clinician to help, and I am looking for a general practitioner, someone who has oversight across all the different disciplines that we teach. I could sit with someone from the pre-clinical specialities but then their focus would be on those specific questions and not the public health aspects or the treatment and management and so on, so it is a tricky one.

Over the years, I have learned through teaching and administrating the assessment, what works and what does not work in assessment. I have kept doing what works and tried to fix things that were not working or dropped them altogether. I developed the specific assessment that I use, and it was self-

taught. My Masters was especially useful with the rubrics for the special study module (SSM). It has helped me hugely because we designed different rubrics according to the type of SSM and we had broad categories because it is not one size fits all for the SSM.

What influences my assessment practice? I think that my current assessment methodology is shaped by my interactions with the students as a facilitator. I can see what they know and where the gaps are and encourage them to fill those gaps. I think that as a lecturer and as an assessor in our courses, being a facilitator is the best way to deliver a quality product. For me, that is the biggest shaper of my delivery and assessment of the curriculum. Through this interaction, I have become more transparent about what I am going to examine and what the structure of the examination will be. In the past, for example, I would have said to the students, we are going to cover xxx, type xxx one and two and probably that is it, whereas now I say to them, we are going to cover xxx which includes the xxx. I had a parent write a letter of complaint about one of the assessments to the Deputy Dean saying this material was assessed and the students were not told it was going to come up. I think I have become far more detailed and transparent with the students when I put up that notice about assessment.

6.3.1 Identification of ultimate concerns

Arthur as a scientist and corporate agent, now a senior member in the Faculty, not only dedicated himself to achieving his doctorate before entering health sciences but advanced himself as a teacher pursuing a Masters degree in higher education when taking on the academic role. Individuals in health sciences may enter academia having developed their professional identity from prior learning (Trede et al., 2012). Arthur's professional identity transformed through the years as he gained experiences in academia from the leadership roles he took on in the medical programme and the Faculty. He chose to invest in his academic identity as a teacher, becoming a facilitator to consolidate his social identity. Archer (1995) locates social actors as individuals that can invest enough of themselves in a role to identify with it. As a social actor, Arthur's ultimate concern emerges from the practical order as he keenly searches for opportunities to collaborate with others, at the same time focussing his assessment on the integration of knowledge and skills. Alongside registering his ultimate concerns, Arthur faced challenges from colleagues and students. The lack of awareness of staff about the extensive curriculum review of 1998/9, the emphasis on disciplinary expertise, students wanting detailed assessment information and the lack of transfer of knowledge by students, were present. This limited the full realisation of Arthur's exemplar form of assessment described later. As time passed and with the changing profile of students, Arthur becomes attentive about how he advances the integration of knowledge and skills to ensure transparency within his assessment.

Arthur's knowledge of assessment early on was enhanced through participation in the educational programme rather than gaining knowledge of assessment through structured learning opportunities (Sparks & Loucks-Horsley, 1989). The curriculum restructuring that started in 1998/9 after the democratic transition was a crucial time in shaping Arthur's assessment practice. Learning about assessment was interwoven with the development of the new curriculum. As discussions about the new curriculum unfolded, various international educational experts were called upon to contribute towards the curriculum restructuring. During this time, there was engagement with different ideas about assessment, which included discussion on how best to assess with the transition to a problem-based learning approach. The change from a predominant lecture to a problem-based learning pedagogy created an opportunity to consider assessment differently from how Arthur was taught and assessed as a scientist. For Arthur, the curriculum restructuring offered a gateway to change existing practices and the PBL approach created an opportunity for alternative ways of thinking about the role of the students in the learning process and the assessment.

During the period of the curriculum restructuring, consultations with various role players expanded the opportunity for interaction with colleagues from across the medical field. The professional CoP spaces and ensuing interactions that usually occur during curriculum restructuring would have helped Arthur as a non-medically qualified individual to acquire an understanding of the medical field. These interactions created an appreciation of the professional context within which the undergraduate students will ultimately apply the knowledge gained from the basic sciences. Arthur laments the lack of integration with subsequent transfer of knowledge and skills in the current situation. Transfer of knowledge or skill is demonstrated when the student can display what was learned at a later stage (Perkins & Salomon, 1992). It is likely that when assessment closely approximates the knowledge and skills learned as well as the context, low road transfer occurs. Arthur sought 'far transfer' which, according to Perkins and Salomon (1992, p. 4), is "transfer between contexts that, on appearance, seem remote and alien to one another". Ideally, the development of transfer is facilitated when the student is afforded enough practice of the different opportunities to gain experience with the concept. Teachers may assume that teaching for transfer of knowledge or skills occur as an innate part of the teaching process, unaware that it could be explicitly taught within and across the different courses (Kulasegaram & McConnell, 2016).

> *At the moment what happens is I get a complaint if I ask topic A because they say we studied topic AB of the subject not topic A and then I say but what about the transfer of knowledge and no, you asked us a question about topic A. So, I think we should be showing students how to transfer knowledge….*

As an experienced and deeply engaged teacher working in a research-intensive environment, Arthur enthusiastically contributed to PBL (McCune, 2019). Teaching was an educational space where Arthur could observe students make meaning of the knowledge. His investment in teaching is shown through the depth of the explanations in the course and practical handbooks, as well as his self-developed assessment that assesses the application of knowledge. His enthusiasm for teaching was evident as we spoke, showing a preference for interacting with students because it provided the opportunity to facilitate the integration of concepts from basic sciences into clinical cases.

> *Helping them* [students] *understand the clinical application of the things that we teach them in the basic sciences, keeping in touch with the best practice in education...*

While being acutely aware of the difficulties in the environment, Arthur searches for opportunities to exercise his personal emergent powers of collaboration. As a social actor, he found himself in a course with different subjects which in the past were taught, staffed, and controlled by individual departments or divisions independent from each other. This is contrary to the current course model based on the idea of horizontal integration combining different subjects in one course (Hays, 2013). Beyond the pragmatic approach offered by horizontal integration of a combined pass or fail decision, it also creates an opportunity to teach and assess knowledge integration across and within the different subjects taught in a course. It provided Arthur with an opening to extend the idea of integration. He keenly works towards his assessment project, expressing his ideas to others and making sure that the project materialises. In his actions, he shows allegiance to the ideas and actions of corporate agents within the medical curriculum exercising corporate agency (Archer, 1995, p. 258). With the help of a clinical colleague, Arthur developed the clinical case scenarios and questions for his integrated assessment. As he continued the use of the self-developed integrated assessment, the students' grades confirmed the usefulness of the assessment method as a constructive way to assess learning. The development of an integrated form of assessment that addresses not only the course learning outcomes but those of the programme, requires careful planning (Brauer & Ferguson, 2015; Yaqinuddin et al., 2016). It needs collaborative effort by all. If not, integration may remain at the level of the individual subject. Arthur's example shows that he could only assess the knowledge within his own defined area of specialisation and was unable to draw in the other disciplines within the course.

> *The integrated assessment we run as if it were a PBL case and the students love it and it is the highest marks that they get, because it reflects the PBL process.*

Arthur was not deterred by the lack of internal course integration but found opportunities that supported collaboration outside of the course. Collaborating with like-minded individuals on a project was something that inspired Arthur and strengthened his role as a social actor. The one-time integrated

OSCEs was an appropriate activity and highlighted for him the diverse ways in which collaboration could materialise and the integration of knowledge and skills achieved. In the end, the OSCEs were discontinued due to resourcing demands.

> *I also must say I enjoyed the multi-disciplinary assessments that we had in year 4 and 6, where there were the stations, 10 or 15 minutes and there was a basic scientist sitting with a clinician …and I would ask questions on the basic sciences and the clinician would ask about the more applied stuff and the clinical setting.*

6.3.2 Personal emergent properties

In conversation with Arthur, I observed his confidence, willingness to communicate about his assessment practice and to share his experiences in the course, as well as the history of the curriculum restructuring. This resonated in part with his PEPs as he brings his willingness to collaborate, resourcefulness, and know-how of science and the medical curriculum to engage in his project of assessment. Being empowered by the structural and cultural resources that he gathered over a period in the Faculty, reinforced the changes to which Arthur dedicated himself. His approach to assessment reveals tacit rather than explicit consciousness of the opportunities that student-centred teaching and learning offer, with the awareness that learning should not focus on assessing knowledge and skills in isolation, but that students should be able to apply their knowledge and skills within different contexts.

While Arthur exercises his agency within the current situation, he identifies areas of change that could be made in the future. Here his commentary on current and potential concerns 'works through *reproaches* and *challenges* ' (Archer, 2000, p. 234).

> *I personally would replace the MCQ EMI because as I said there, it's a little biopsy of knowledge and it's kind of hit and miss, you know, you either studied that paragraph or you didn't, because there were 5000 other paragraphs to study, and if we happened to zoom in on that one paragraph, it's not a reflection of what you know, whereas I think the integrated assessment which is these little cases that unroll, a lot more clinical reasoning, a lot more broad kind of understanding of how things work…*

The articulation of prospective endeavours shows a thoughtful agent who is not only aware of the people who deliver the educational project within the preclinical years, but also the effect particular assessment methods have on students. Methods of assessments that are taken on board without due consideration of the implications for staff time or where the resources do not match the requirements of the assessment task, may eventually contribute towards alternative practices which inadequately supports student learning.

Because I don't think that our staff, based on their level of expertise and the work that they're doing, need to be sitting reading hundreds of pages of answers that students have written. The clinicians are pushing…there's pushback.

6.3.3 Pursuing the project

While Arthur's project of assessment was informed to a large extent by the curriculum renewal process in the medical programme, the continuous re-enactment meant confrontation with constraints and enablement's at regular intervals. Arthur took on assessment responsibilities of question developer, quality assurance, development of SAQs, adapting MCQs and EMIs, setting the OSPE questions, as well as updating and improving the self-developed integrated assessment. He actively pursued processes that supported and would advance his assessment project.

6.3.3.1 Constraints

6.3.3.1.1 Hegemony of the disciplines

Arthur is confronted with the cultural configuration of competitive contradictions. Here the situational logic forces agents to make choices by highlighting differences and forcing alignment with alternative ideas and practices which aim to undermine the differences. Arthur finds himself situated between the ideals of the new medical curriculum *versus* the individuals within the disciplines who may believe that their knowledge and expertise are equal if not more important (Archer, 1995, pp. 240-241). These ideas became established in part by the conventional structure of the medical programme where standalone basic science courses were taught in the earlier years and clinical exposure in the latter years (Irby et al., 2010). The programme brought together disciplines from the pure hard sciences such as mathematics and physical sciences, and those from the medical field, creating multi-disciplinary connections. Specialists originating from these disciplines provide pertinent subject expertise. Arthur as the teacher explains the challenge to reach a compromise on the knowledge, skills, values, and attitudes relevant and valued by the profession and subject disciplines (Harden, 2018; Kember et al., 2008). Here the necessity to preserve control of who teaches at all costs becomes important even in a medical programme where the emphasis firstly is on graduating general medical practitioners, and secondly, on providing foundational knowledge for specialisation.

For the students, the input of recognised experts with years of research in the field ensures that they are taught pertinent and up to date knowledge. The implications for ownership of the teaching and assessment can result in interprofessional rivalry or demands to control the area of expertise. The day-to-day challenges may belie the complexity of developing integrated assessment which is often overlooked and under-explored. The tacit tensions may contribute towards the lacklustre approach to

alternative forms of assessments which may be construed as weakening the knowledge of specialised subjects (Brauer & Ferguson, 2015).

Horizontal integration has the benefit of combining various subjects into one academic course creating a site for multidisciplinary teaching and learning. It may be unavoidable that sometimes individuals teach the same learning material from different disciplinary perspectives. Although duplication is not necessarily negative, Arthur's account alludes to the consequences of repetition of teaching on the learning experience of students within the same course.

> *Sometimes two people will teach from different disciplines but will teach the same material. So let's just say theoretically subject F can talk about imaging the brain and CT scans and let's say somebody from subject H will teach about CT scans and then if we say describe x, y and z on a CT scan of the brain without the heading; students won't know if it is subject H or subject F asking the question and the students will argue that sometimes the approach has been different and the information has been different, and so we then say at the top a subject F CT scan of the brain and then they know exactly that was M who taught it and therefore this is the material she covered.*

An unforeseen outcome in this situation is that instead of gaining knowledge, students are learning to adapt their responses according to the individual who is asking the question, thereby learning to distinguish between the formal academic curriculum and deducing the covert tasks to pass in the specific learning setting. It is suggested that the hidden curriculum rather than the formal curriculum influences the adaptation of the students and faculty to the institution's values and beliefs. The hidden curriculum ensures that students learn the behaviour that is acceptable within the CoPs and the institution (Snyder, 1970).

It was possible in the earlier years of the new curriculum to work together across the different disciplines within and across certain courses. The design team as an extension of a CoP was limited in what could be attained. At least one of the disciplines indicated that the meetings were not serving their needs and stopped attending.

> *In the olden days, course 1 and course 2 were quite well linked and aligned but now aspects of course 1 have kind of gone to alone and they are doing their own thing.*

At times, the design team meetings would be poorly attended. At other times, the unhappiness with the curriculum gets the best of those attending, with strong critique ensuing. As a result, the design team focussed on the process of delivering the designed syllabus. Reverting to the operationalisation

issues, they thus consolidated the technical nature of the curriculum. This leaves little time for intellectual interrogation about the educational impact.

> *The course convener kind of determines what the weighting will be between the different methods. It is set before the time using last year's spreadsheet and last year, we used the previous year's spreadsheet.*

6.3.3.1.2 Missed opportunity of integrated assessment.

When agents confront the situational logic of constraining contradictions, it requires them to take corrective action to address the contradiction and reinterpret the parts involved. In the attempt to work within the designated course, Arthur has to 'sink' the differences and merge contradictory elements (Archer, 1995, p. 233). For instance, when the new curriculum was established, the integrated course was developed, which required that the assessment also be considered in an integrated manner. An integrated form of assessment is more than having one examination paper where all the course material is assessed (Brauer & Ferguson, 2015). The assessment could ideally combine different subjects within the written or practical questions. The outcomes of the courses or the programme guide the assessment rather than individual subjects or courses. But as the years passed with the change of people, a shift occurred, and the unity of those teaching weakened and was replaced with the emphasis on the discipline. Although case scenarios are created as overarching themes upon which the assessment questions are developed, for Arthur this was not enough. He remarks that the questions are still only assessing the specific knowledge relevant to the individual disciplines. The choice of assessment methods may further enhance testing specific domains of knowledge in isolation from others. Exploring other ways of assessment may offer more benefits for learning than the traditional methods, but is often unutilised (Broadbent et al., 2018).

> *So I can see why they [disciplines] want to be in the SAQ and the EMI, MCQ and the OSPEs because there they can ask [disciplinary] detail.*

When Arthur designed his method of assessment method, he could call on the support of a clinical colleague in designing the questions. The responsibility of maintaining the clinical case scenarios and questions fell on Arthur as a scientist as soon as the clinician left the university. The development of examination questions perhaps should be an ongoing process to ensure that examinations remain credible when used in an unseen format. But developing an assessment is time-consuming, not only in the design aspect of a specific method but also in generating the continuous assessment resources. The expertise needed to develop and maintain the quality of assessments may not always be available.

I can't find a clinician to help and I am looking for a general practitioner, someone who has oversight across all the different disciplines that we teach.

By creating a homegrown assessment instrument, Arthur addressed constructs of learning expectations within his subject. As this is not an established way of assessment it is dependent on him to persuade colleagues in and outside of the course about the worth of the instrument. The prominent level of expertise of those who are teaching within the course challenges the development of a fully integrated assessment. It requires working across disciplinary boundaries rather than focussing solely on developing a designated area of expertise. An integrated assessment is influenced by the programme outcomes but can assess learning at a modular level or address the learning outcomes within a year of study. The focus when developing an integrated assessment is to assess critical thinking and problem solving by pulling together core outcomes from across the programme (Luckett & Sutherland, 2000). In Arthur's context, the perseverance of disciplines working on their own makes integration difficult. An integrated course that develops assessment as individual nodes of knowledge, provides disciplines with the opportunity to retain their authority over the knowledge and skills while giving the impression of integration.

Now I think folk have tended to just present their kind of disciplines approach, that is my take on it because we're using specialists for teaching or assessments so they would be specialised in their discipline and that would be their approach…

An integrated examination reduces the number of assessments that the student needs to sit for in an examination period through a comprehensive assessment, but it can become a technical exercise for the teacher that develops it. Over the years, the limited integration visible in the assessment and the sustained function as isolated disciplines raised significant discomfort for Arthur. Thus, the interaction within the course continued in much the same way as before the curriculum restructuring. The internal working of the current course differed from the ideas proposed at a much earlier and different time, which did very little to address Arthur's challenge of lack of transfer and integration.

The SAQ, we have a case scenario but then we will have a page that says subject A and another one that says subject B…. the idea is that it is integrated and the questions we are asking are in the old silos from the old curriculum.

All this added further disquiet to Arthur. The subtle resistance to the new curriculum played a big part in how the course developed and maintained its ideas, knowledge and beliefs going forward. The resistance has helped each discipline to own its sphere of knowledge and specialisation. The

operationalisation of subjects that become 'courses within a singular course' was enabled by the history of the departments as specialised fields of study

> *…again sticking the neck out, we have all but given up on having design team meetings that discuss the curriculum or assessment methodology because people don't come or everyone, is unhappy at everybody and there is general disagreement because not everybody approves of this curriculum…*

Striving for collaboration

In this account, Arthur unpacks the complexities of the curriculum, moving from a traditional, siloed model of medical education to an integrated approach in the curriculum that foregrounds collaboration. The traditional curriculum, due to the separation of the pre-clinical from the clinical years spatially as well as organisationally, resulted in subjects being taught by individual disciplines (McKimm & Barrow, 2009).

> *Now, we have to collaborate and talk and try and integrate and it becomes complicated. There are so many disciplines involved, fifteen or sixteen or whatever it is. Some people prefer the traditional approach where you deliver the material, and the students study it and then you assess it.*

The issues raised by Arthur resonate with research conducted by Albanese and Michell (1993) years earlier. The review of PBL and other research showed that students and staff enjoyed the method, and that students perform better on clinical examinations and faculty evaluations (Tavakol et al., 2009). The reflections raised by Arthur indicate that the issues associated with PBL such as students' knowledge of the basic sciences compared to traditionally trained medical graduates, as found by Albanese and Mitchell (1993), have remained unresolved, at least for some. The dormancy creates space for pockets of passive resistance to excel as the teaching approach neither advances their disciplinary ideas of learning or the disciplinary aspirations.

> *Now, we have the students being part of the whole teaching and learning process and PBL and people would say in the previous curriculum they spent a whole year studying my discipline, and then we have an exam in my discipline at the end of third year and it is not happening anymore.*

As a student-centred approach, it is expected that the needs of the student would be paramount rather than the professional and disciplinary focus. The competing demands of the discipline contrasted with the requirements of the PBL approach may create less than ideal conditions to support assessment limiting the potential for professional collaboration.

6.3.3.2 Enablements

6.3.3.2.1 Design team

During the new curriculum, the concept of a design team was implemented and became part of the course organisation. As a design team, a group of teachers can design and re-design curriculum material together, forming a CoP (Becuwe et al., 2016; Binkhorst et al., 2015). With this collaboration, Arthur and other academics found a dedicated space where ideas, which are important to its members, are discussed and may even be realised. As not all members may have the skills to design and re-design, the design team creates a professional development opportunity for just-in-time or on-demand interventions.

> *We like the person to be there to agree to changes, or to see what the difficulties are, because I think that is the way we learn and get the feedback.*

The design team served as a place to collaborate and engage with others about similar interests where teachers interact with each other regularly about the curriculum and assists to advance the quality of education which was available to Arthur. The situational logic of concomitant complementarities comes into play. Here the configuration results in systematisation, the formation of a dense, tightly articulated set of ideas. The situational logic results in shared ideas and practices forming 'islands of order' that promote reproduction (Archer, 1995, p. 234). Arthur's statement acknowledges the advantage of the community, but at the same time also casts doubt about the worth of the CoP for him personally.

> *When it comes to the setting of assessments, I do try and collaborate with people and I tend to try and work with them and they get me to check their stations and we agree to (do) certain things.*

6.3.3.2.2 An insider perspective

The curriculum restructuring promoted the configuration of contingent compatibilities which is a situational logic of opportunity (Archer, 1995, p. 226). It provided an opening for the medical curriculum to redevelop and gave Arthur resources that he could draw upon as a social actor to help realise his assessment project. Arthur was actively involved in the curriculum reform process that started in 1998/9.

> *I know what is in that* [curriculum] *document because I helped develop…*

Whether starting from scratch or modifying an existing curriculum, it is an intricate process comprising different phases. It includes developing the curriculum development team; determining and agreeing on the educational or professional context in which the programme is to be developed and delivered; performing a needs assessment and analysis of students and professional body requirements; designing

the outcomes, content, assessment and learning methods taking account of required resources; implementing and refining, and reviewing and revising. The range of people who are involved in the curriculum planning process interact with one another through discussion, debate and sharing of ideas. It is not too far-fetched to assume that individuals directly and continuously involved in the process, like Arthur, will develop a deeper and more meaningful understanding of the curriculum and the discipline (Marsh, 2009). The bonds that are forged during the process of developing a curriculum may be extensive, setting up formal and informal networks that may endure over time. Arthur's part in developing the new curriculum endowed him with vast knowledge about the programme.

Being in a senior position in the programme and the Faculty, and holding disciplinary expertise with an education qualification including knowledge of the curriculum, provided Arthur with significant resources to bring into his assessment project (Archer, 1995, p. 300). Archer states that agents with high access to resources are in a better bargaining position and responsible for the majority of changes.

6.3.4 Realisation of the project

As shown, Arthur was invested to develop his project as an integrated form of assessment. He encountered challenges of disciplinary hegemony, resistance to integration and collaborative practices. Although he faced these challenges, the enablements as a member of the design team and being the insider with core knowledge about the curriculum, endowed Arthur with powers that facilitated his project of assessment.

In the process of ongoing discernment, Arthur considers the worthiness of the present initiatives, past imperatives advocated at the time of the curriculum renewal and what can be done in the future (Archer, 2003, p. 233). The historical context compels Arthur to critically reflect in his deliberations on the interactions within the course. In the early curriculum review, he needed to confront his own experiences and that within the department he entered. Now he questioned how anyone could teach without participating in the facilitatory processes embedded within the PBL process. The incoherence which Arthur observed, is suggestive that the role of the teacher is preserved with teaching being considered as an information delivery method which brings into question the level of transformation within the MB ChB curriculum (Entwistle et al., 2000). The structure of the course that follows a hybrid PBL approach accompanied by lectures unlike pure PBL, may contribute to teacher and student-centred learning occurring within the same course. Although a modified PBL is not unusual, it could contribute to confusing signals that are sent to teachers and students. In the exemplar PBL, students are required to take ownership of their learning, define the learning goals, and work in teams and individually to achieve the outcomes (McKimm, 2007). Facilitation shifts the role of the teacher to a mediator of knowledge (Harden et al., 1999). This is enhanced by the integrated nature of the 'problem' formulated

as a clinical scenario. As Arthur deliberates whether it is worthwhile to invest himself in the idea of collaboration, he eventually steers in a different direction to the routines operating in the course. Archer (2003) maintains that in the process of deliberation, agents' question, re-question and answer as they modify their responses. In the end, Arthur dedicates and invested in cultivating alliances with others that support integration and transfer of knowledge. Bringing his emergent powers and properties to bear on his project of assessment.

> *I have been working for many, many years with clinicians and young clinicians where we look at an integrated approach.*

To realise his project, Arthur drew from a variety of resources, offered through position, role, education, and cultural mechanisms visible in the ideas informed by problem-based learning, managing to transform his assessment practice. His unwavering stance demonstrates how corporate agents can invest in their interests and mobilise resources to make their projects real as the integrated assessment is administered as a summative examination.

6.3.5 Reflective comments

Arthur has been in the Faculty for years and as a member of the team that developed the medical curriculum developed extensive knowledge of the pre-clinical and clinical curriculum. This extended to both explicit and tacit knowledge of the curriculum. For Arthur, it is unnecessary to refer to any documentation of sorts to keep his assessments on track. The most important aspect is what students are taught which then should be assessed in the earlier years, including the PBL process. Being involved in the new curriculum from its inception proved to be a powerful enabler for Arthur. It allowed him to perform what was envisaged. He used the collaboration with disciplinary experts in the earlier years to develop the integrated assessment. Knowing the intricacies of the curriculum enables a level of understanding that few have. The vast amount of information gives power to the holder enabling them to selectively use it to their advantage.

6.4 Luke's Narrative

I started working in the clinical department nine years ago, first as a medical officer; I subsequently completed my postgraduate education and stayed on as a consultant. It was during this time that I became involved in the 4th year of undergraduate teaching. Everyone needed to belong to at least one division and committee each in our department. I was motivated to join the undergraduate teaching committee as it was less threatening. The undergraduate teaching committee at that time was chaired by a consultant with close to 30 years-experience in teaching in addition to the convener. Historically, it was one of those things that were running well at the time and it did not need a lot of work to do. In the beginning, I shadowed the convener and then I used to give lectures. Then after, I think about two, three years, I joined as co-convener for about two years and then later took over as convener for the 4th year course. When I became involved in convening the biggest learning curve was understanding the university's space because that is not explained in a manual anywhere. The departmental things are easy because you are doing them day to day, but to navigate the university space is a lot more challenging, for example, how to organize transport, who to speak to about the learning management system, who to you know to speak to if an incidence with a student happens, safety-wise, all those things…I do not know. I mean I still do not; I do not think there is a manual for convening, to be honest, people just pick it up on the job. So that was a big part of getting to know the academic work, but the convener and chair of the undergraduate teaching committee offered direction with the academic aspects.

Looking back on my academic journey, I see myself as being a good all-rounder and I am willing to work hard. I know that not everyone is going to find everything easy and that some people do need reinforcements of things. I performed much better in postgraduate studies than in undergraduate, probably because of the passion and interest in the area. In my undergraduate experience, I recall there was a lot of oral examinations and I remember there being a clinical examination, especially in medicine. The clinical examination in medicine caused everyone to be highly anxious. I remember missing an enlarged liver for one of my assessments and getting it completely wrong and still managing to pass somehow. It just made me question that kind of assessment. It was not clear what is enough to pass and what is not enough to pass. The oral examinations were particularly difficult because I remember the person who is top of the class would be crying, and then you go in and you come out and it is not so bad, so why were they crying, so the oral, that and the clinical examinations. The experiences stayed with me and as an educator, I am mindful to use more assessments than just one kind of assessment. Then again, being on the other side as the educator, having to assess students, I see why people would want to gravitate to those kinds of assessments. They just seem easier to do, so now I am thinking maybe we should be doing them, but we do not do them. I also remember during my postgraduate

education, there would be informal tutorials and clinical supervision of interns and medical students. I was not told I must teach, no. The various clinical units would have different teaching expectations during registrar training. Some would say 'in my unit, I expect you to give a tutorial to the students'. In other units, you would only give tutorials to students if the consultant were not there. Then in some, you would not have to teach at all, it varied quite a bit.

The influences on my assessment were how I was taught, and this is how we will keep doing it. I took over from someone who had been doing it for ten years and he was also the person who taught me. I think a lot of it was just to continue doing what was already done. Much of it continues in the same manner currently. It may be because assessment is difficult and especially being able to judge a good fourth year. I mean it is easy to see a bad fourth year, but it is hard to see a good fourth year and I think that is the difficulty. There is a lot of theory on assessment, but the problem is how to do those things. For example, it is difficult to run a clinical skills assessment five times a year for forty students. There is a lot of knowledge of assessment, but not a lot of people to implement the practicalities of assessment.

During community service, I remember a consultant that I got to work with. He became a mentor that helped me. In my teaching that is what I try to do, mentor rather than teach, kind of building relationships with people. When I was in community service, we had a new rotation from students who came from Mthatha to rotate in xxx in Grahamstown, which is like four, five hundred kilometres. They would stay there for a month and I got interested in teaching then. I remember we used to have regular tutorials and what always struck me was how poorly they did when they were assessed in English, compared to how good they will be when we were speaking in isiXhosa. It stood out for me and it was not only the language; it was also about who was doing the assessment. The undergraduate students did well when it was me but the moment it was someone else who they perceived as being senior, the anxiety would take over. The was a problem as their assessment were largely orals. I suspect that performing oral examination was the easiest to do for the examiners. All my experiences subtly informed what I am doing in the sense that I understand the importance of more than one assessment method. I also understand the non-academic practice that affects student academic performance in some way. I realised that other things are affecting the performance of the students. It made me more sensitive to non-academic education. My practice I think it helped in the sense that I wanted to be involved in the formal structures at the university in the sense that I wanted to be involved with the convening.

6.4.1 Identification of ultimate concerns

Luke is a clinician-education and specialist who has been in the clinical department and the Faculty for several years, first as a postgraduate student and currently as a specialist and joint appointee. During

this time, he accumulated significant cultural and structural resources aligned with the profession. The position as joint staff appointee afforded the right of entry into the role as course convenor which placed additional academic responsibility on Luke. The position also placed Luke in a compromised position most of the day in clinical service and the accompanying demands of teaching. In managing the academic aspects of the course, Luke continues to make use of existing assessment practices adding online MCQs and formative feedback on case studies, departing marginally from his predecessor's ways of assessment. Becoming a medical doctor ensures that the education formalised by the nature of the medical degree as pre-clinical and clinical draws on staff that are clinicians and educators. It encompasses more than knowledge, values, and skills, but through the tacit curriculum for many where it is not explicated in the undergraduate curriculum, an emergent academic identity as well (O'Sullivan et al., 2009). As a medical doctor, Luke had developed a professional identity aligned with his role as a practitioner consolidated by his postgraduate studies: thinking and doing as a practitioner, which occupies most of his days outside of academic socialisation, which makes the shift to becoming an academic more difficult (Seymour, 2006).

Luke raised several issues, not only as a clinician-educator but as a specialist, that were of interest to him: the challenges of student numbers, the need to protect the patient's privacy and the age-old debate of research and teaching. In his experience as course convenor, Luke came to recognise that understanding the theory of assessment and being able to implement the recommended best practice and evidence-based practices, are not the same. A set of skills are needed to be able to achieve the requisite level of teaching, but this is not readily available and may be valued less within the current hierarchy of the institution. Here he articulates the disjunction between "action and urge do not correspond" (Archer, 2000, p. 211).

> *But it is also tricky because I always find it you know when, when everyone does a little bit of everything, that thing is undervalued, whereas when one or two individuals do the same thing people put value to at and I am saying this in a sense that…*

Reflecting on his assessment practice within the course evoked feelings about several issues. Luke's ultimate concern centres on wanting to ensure that the current assessment addresses the learning outcomes adequately and reflect the learning experiences of the students. In the 4th year course, students are interacting with their patients, assessing, and clerking under supervision, following up on patients as appropriate and attending ward rounds. The clinical exposure combined with formal teaching sessions form the basis of the educational experiences in the course in contrast to the predominant clinical exposure, the assessments include online MCQs/EMIs, a written paper, and clinical reasoning through the written portfolio case report. The ward assessment is the only instrument

looking at the knowledge and skills as displayed in clinical interactions, and participation in ward activities. The assessments include a range of ways to accommodate diverse students and thus assessed student learning. The ward assessment is weighted less than the other methods of assessment and through this, signals less importance. The opportunities that the clinical environment offers are not being taken advantage of fully. The methods of assessment represent the learning experiences in the classroom where students have limited or no clinical interaction with patients (Van Der Vleuten, 1996). The absence of a notable relationship between assessment, teaching and learning, as well as the learning outcomes, indicate difficulty to implement the concept of constructive alignment (Biggs, 2012). In isolation, constructive alignment may be understood but problematic to implement in academic courses where the assessment system is influenced by the past actions of others. Under circumstances such as these, the educational concept may remain an elusive idea. The variety of assessment tasks that are accommodative to a diverse group of students are not a substitute for aligning the core educational functions, teaching and learning, assessment with the learning outcomes. The result may be that the students, whoever they are, will be at a disadvantage because the assessments are primarily focussing on testing knowledge rather than developing their clinical skills alongside knowledge development.

> *The assessment doesn't capture the core learning outcome of what we want so we say to people at the end of fourth year they should be able to interview a patient and come up with a differential diagnosis and the aim of this year is on assessment and not necessarily knowledge, but we still assess knowledge as a clinical skill.*

Beyond the immediate 4th year course, Luke displays awareness of a key aspect of the current curriculum, that of the spiral curriculum. Ideally, knowledge, skills and behaviour from the one year will be conceptually and practically further developed within the course in the following year in a spiral curriculum (Harden, 1999; McKimm, 2007). However, without thoughtful engagement with the concept which considers how it may work in practice, those teaching may be unable to find a balance between how much knowledge and how much skills should be tested. At the same time, if possible, assessment should be aligned to the learning setting while adhering to the ideals of a spiral curriculum. In this course, the articulation within the same discipline across different years, the expansion of greater depth of knowledge and utilising assessment methods that are appropriate for the clinical setting is debatable. Unless the assessment is conceived as an opportunity to evaluate authentic and contextually relevant learning, a reversal to what is familiar, and probable may occur. Ultimately, an assessment that reflects how well the students learned the knowledge and skills gained in the course may not be an accurate reflection of the abilities of the student or account for the nuances of the environment within which the learning occurred.

> *My sense that third year is the initial exposure and it is where they gain the academic, where they read around the illnesses and then in fourth year it is actually clinical engagement, where they can actually pick up the signs and symptoms and be able to identify the syndrome…s and then in the final year, it is more about what to do about the syndromes. So, we are not picking up whether they can identify the clinical syndromes. We are still assessing the factual things…*

Having governance structures that support accountable, transparent, effective, efficient, and well-resourced administration of the academic course, was highlighted as a critical issue (Gonzalo et al., 2017). While Luke has the support of other colleagues in doing the academic work required, the overall organisation of the course is his responsibility. As a course convener, Luke has the freedom and independence to be the assessment designer, internal moderator, examiner, and teacher within his course. This comes at a cost of having to work with limited resources where his colleagues are also joint staff appointees. The restricted interaction between teaching staff of the different courses means that there is negligible support for a coherent programmatic approach across the different academic years. The perceived lack of educational oversight from the university may be fuelling conditions where academic courses operate in a silo with absolute independence, even within the same discipline. It compounds challenges of limited human resources which are left unchecked and ways of understanding assessment that may contribute to practices that do little to support all students. While the administration of curricula across the different years gives independence and ownership to those teaching within the courses and by default the head of the department, it promotes disjointed organisation. Students from diverse social and educational backgrounds may be most disadvantaged (Scott, 2008), especially when they do not have structural and cultural resources, such as family and friends, to provide insight into the inner workings of the medical field.

> *My colleague looks after the final years and the semester six, third years and runs that block. I know very little of what happens and very little of the assessment, and I think similarly in fourth year, I run the fourth-year program and I don't think those people actually understand what happens in fourth year and because of that, there is no university oversight.*

Although Luke's ultimate concern originates from the practical order, this results in the subordinate of ultimate concerns emerging from the natural and social order of reality. Luke in his actions, dedicated himself towards an efficient assessment process delivering on the expectations of being a course convenor. He displays conscientiousness in the assessment procedure, type of assessment, mark allocations and rubrics, the format of the assessment and pass/fail criteria, clearly explained in the course documentation provided to students. Endorsing the use of multiple forms of assessment is one way that Luke work towards addressing his ultimate concerns as an academic doctor.

As Black male, race does not feature explicitly, but it is raised within the narrative recalling the struggles of younger doctors' years earlier. This sensitised Luke to the student's dilemma and may have contributed to his willingness to take on the role of the course convener. This position he anticipated would enable him to voice an opinion about students at the various educational spaces such as meetings and faculty examination board discussions where he has a presence.

> *Voice my opinions better when it mattered most and hopefully influenced other people's opinions…*

While Luke is committed to the role of course convener. 30% of his time is taken up by this role and the larger percentage of time is devoted to a range of clinical activities. The necessary time and space to commit to education are not always available. The available resources do not always support a high level of education of students who will deliver services to communities. In this context, Luke must weigh up competing vested interests, one that is educational with his clinical service. The issues that Luke raised are about the poorly aligned learning outcomes, the inability to operationalise the ideals of a spiral curriculum and poor educational oversight of the course by the account holder, the university are fundamental issues that hindered his assessment practice. They highlight the difficulties of making the theory of assessment real within the clinical learning setting, over and above having to adhere to best practices of assessment.

6.4.2 Personal emergent properties

As a specialist, course convenor and clinician educator in a joint appointee position, Luke encounters an incoherent space that offers modest opportunity to align his assessment practice to established best and evidence-based practices. This requires conscientious deliberation of the costs and benefits of the established practices which have proven themselves to be enduring. The historic practices hold significant value by their tenacity to withstand the test of time and thus gain acceptability. Going against hegemonic practices would hold significant costs unless it is aligned with the ideals of other corporate agents. Corporate agents distinguish themselves in being able to articulate their projects and organise to achieve them. They can also maintain an uneasy compromise waiting for opportunities to emerge which helps their ultimate concerns (Archer, 1995, p. 224).

When reflecting on how assessment is performed in the course, Luke carefully expresses his thoughts indicating the collaborative character underpinning the assessment actions. This is described through the changes of the last five years that includes division of labour amongst those that are in joint appointees' positions. The organisation of the assessment processes shows attention to detail with subtle changes to the way that assessment is considered. This is shown by asking students to contribute towards assessment questions and giving feedback on their case reports. Although this is a minor part

of the entire assessment process, it shows an awareness of students as co-participants in assessment. The engagement in collective action shows how Luke attempts to transform the position of course convener using corporate agency, in this way creating a position that he could acquire, accept, and personify as a social actor (Archer, 1995).

> *The MCQ I have done and then I have asked for inputs and I have given to different people to give their inputs. The written questions, the person who gives a lecture will set the question and then have a roster around who is setting the questions so it will be different questions, but it will be set by the lecturer from that department.*

In exercising agency, Luke closely aligns some practices with formative assessment considering the workload on the specialist, collaboration in developing written paper, grade student assignments and providing feedback on the clinical case reports. Lecturers whose time is primarily dedicated to patient care and its associated services may not engage equally with the assessment that is usually physically distanced versus teaching which can be done at the patient's bedside or in proximity to the clinical setting. The demand for teaching may appear more acceptable than assessment because teaching can be merged with patient care accomplished in the clinical environment, near or in proximity to the work environment. Unlike teaching, the assessment will take one away from the clinical service for some time or will be conducted during time away from patient care such as grading the case reports or ward assessment. Procedures around assessments open themselves up for scrutiny if they compete with competing vested interests. In the end, the assessment may be conceived and operationalised for practical expediency.

6.4.3 Pursuing the project

In realising his project of assessment, Luke was acutely aware of the constraints and enablements in his context and worked within the existing system to establish his assessment practice. In the domain of the Real, he is confronted by structural forces that affect his assessment practice which acutely limits what he can achieve. In this process, he navigates carefully, conscious of the issues in his context.

6.4.3.1 Constraints

6.4.3.1.1 Teaching and learning

Role of the clinician-educator

The role of the clinician and that of a clinician-educator is deeply embedded in the joint appointee position Luke took on. As a clinician-educator, Luke assumes convening together with teaching and the associated assessment duties. The authority of assuming the convenorship extends the joint appointee position and that of clinician-educator to include managing the teaching and assessment schedule,

interacting with students and their concerns as well supporting the delivery of the curriculum. Considering the properties invested in the role of convener and clinician educator, Luke is aware of the challenging combination of duties that has now become part of the character of the joint appointee position.

> *You actually need someone to be able to sit and rethink what we do every now and again, but we don't have that capacity and then service and province thing; I don't think that will ever be resolved. So that thirty percent academic and seventy percent clinical, I don't think that will ever be resolved.*

As a clinician-educator, the challenges of finding time to facilitate the growth and development as well as the assessment of learning, care for patients, role model the appropriate attitude and behaviour, and administrative responsibilities, are constant trials. While the traditional medical doctor embodied the totality of the teaching role this has evolved to include clinicians who occasionally teach but function primarily as direct care providers in the non-teaching setting, clinician-scientists whose primary career commitments are to clinical investigation, professional educators who teach and perform educational research but participate minimally in clinical care. In recent years, the medical doctor is someone who makes a commitment to educating future medical doctors first and embeds patient care within the role (Geraci, Babbott, et al., 2010; Geraci, Kovach, et al., 2010). They would teach all aspects of the development of the medical doctor to a broad range of students and use best practice as well as evidence teaching and assessment strategies to achieve the best outcomes. In Luke's context, the clinician-educator role remained relatively sedentary, focussing predominantly on patient care while functioning in disciplines that have developed into highly specialised fields. The primary function as direct care health care providers with occasional teaching is sustained, which offers less time and effort to achieve excellence in the broad array of educational skills. The intricacies of clinical service and teaching may be underestimated as each holds a significant domain of knowledge needed for proficient enactment. Conversely, being able to deliver these distinctive spheres of knowledge endows the owner as special and having special characteristics. It is an important position which in academia may offer accolades of a distinguished academic career pathway (Branch, 1997). In Luke's position, the service and teaching are formalised by the designated percentage of time allocated to each role. The reinforcement of time restrictions, teaching located within specific medical speciality and opportunity of the established career pathway that research offers in academia, ensures that the position of the clinician-educator is upheld, expanded upon with added responsibility, although challenges exist. This leaves little time for drawing on the expanding knowledge of assessment to support student learning.

Clinician educators within and allied to tertiary institutions, such as Luke, mostly emerge from specialised fields of medicine where their expertise is valued and acknowledged. These individuals have chosen to dedicate years of their lives towards developing knowledge and expertise within a specific medical speciality. The scholarly interests of the clinical department developed to cultivate the specialisation and that of teaching directed at generalists demanded by the current curriculum may be ill-matched. Luke's unease signals a schism between the professional identity and the aspirations of education.

> *it is strange that medicine, I think everything has been broken up into small pieces, so I think everyone is a sub specialist and we have all these sub specialists in the department, but the role of education is still kind of like - teach. So, the person who is a teacher must carry everything and I think that is the difficulty.*

Ill-aligned exposure to patients

During clinical exposure, students learn by applying the knowledge they have gained during the earlier years and in the ongoing cycle of education. Students' interview, examine, diagnose and treat patients, but this requires careful consideration that patients are not seen and treated as objects upon which the educational activities are done. Seeing the patient as a co-participant of the learning journey involves careful deliberation. The need to pay attention to the learning outcomes centred around the patient which accentuates patient-centred care becomes important (Wong & Holmboe, 2016). The South African history of injustices during the period of apartheid makes this a critical issue to acknowledge. While Luke did not explicitly articulate the historical importance of patient rights and humanity, it is evident in how he expresses the complexity between assessment and the patient's ability to consent. Luke shows his awareness that the medical condition may impact the patient's understanding of the educational processes that they are asked to take part in. Here Luke shows how his ultimate concerns, commitment and position are linked.

> *…our patients, patients are ill, and they are involuntary patients…*

The value of learning in the clinical environment for the student may be compromised when the educational opportunities offered within the clinical environment infringe on patients' rights. The learning setting may require unusual ways of working that respects the patient's rights, their humanity and addresses educational outcomes.

> *So that is why videos will be good, but then the problem with things like videos is their applicability to our context, that you know to get a video of someone speaking in an accent and to do it, so that is the other issue that I am worried about, so local content.*

Alignment of professional role with undergraduate clinical education

There has been a significant shift in the curriculum of the clinical course which reflects the burden of disease. The clinical exposure is located across tertiary and secondary level hospitals, as well as other health care facilities within the provincial health care settings. At the tertiary level with Luke's and secondary health care facilities, students see patients with more severe diagnoses. The extreme clinical cases do not offer the appropriate exposure student may see as a generalist, resulting in a misalignment between undergraduate clinical exposure and the medical conditions that students may see as a generalist. However, should the student want to specialise in the field, the exposure may be appropriate as the health care settings are used as education spaces for postgraduate students specialising in the area as well.

> *So for us, for example, our training happens at different* [changed] *hospitals such as this which don't represent the burden of illness for xxx* [changed] *health so our students are exposed to seeing extreme* [changed] *illness but when they actually start practising they see common xxx* [changed].

Research and teaching

The multifaceted position as a joint appointee involves multitasking between two different spheres of labour: clinical service on the one side, with teaching on the other side. Teaching as a joint appointee includes academic responsibilities of research, social responsiveness, leadership, and administration occurring alongside each other. Research and teaching are core parts of the academic activity. They are for all intentions considered to inform each other, research informs teaching and teaching informs research and may work complementary to each other. Teaching and research do not always function harmoniously, as the roles may conflict with each having different expectations and obligations. The tension that is experienced between research and teaching is not unique. Years earlier, Fox (1992), in a social sciences study, found that where publication productivity was high, individuals were not strongly invested in either research or teaching. Teaching, especially in undergraduate years, may be considered less influential.

While changes are taking place within the department, the remnants of a research culture endure. An expanding body of knowledge about how best to assess and teach in the clinical environment is available, but must coexist under the ideology as two parts of one task (Parsons & Platt, 1968).

During the student protests, students were outspoken about the quality of teaching with concerns raised about embedded unfairness within the assessment system (Luckett, 2016). For the Health Sciences Faculty, it raised issues about the legitimacy of the assessment, where the grades that students

receive may be influenced by examiners rather than a reflection of the students' knowledge or skills developed in the course. The demand to deliver teaching which is directed at the student *versus* research that advances one's career can result in conflict between the two roles. It was the student voice that emerged as the catalyst to draw attention to the teaching role, something which internally seemed to be silent. Tolerating circumstances may not be the ultimate sacrifice of the silent academe, but rather an opportunity whereby the degradation of a perceived faulty system can emerge. The dilemma is not entirely an altruistic sacrifice for those in the joint appointee position and those in academia. They are employed to teach students and engage in scholarly activities but are more likely to be rewarded for performing the work of research (Gruppen et al., 2017; Irby et al., 2010). These tensions can be normalised within the context of higher education and accepted as the culture of academia. It enables a situation where there is minimal disturbance to the work of the collectivities within the clinical department who now can invest in the corporate activity of research. The drive of the universities to promote themselves as a research-intensive environment may contribute towards the longstanding dilemma between the role of the teacher and being a researcher (Boyer, 1990). Universities want to capitalise on the research status of their staff, attract experts and students alike, draw funding opportunities and use the power these may offer. For institutions, leveraging the power of research may offer much better investment of their policies and processes such as teaching may not be the most important basis of improving national and international prestige (TIMESLIVE, 2021). Therefore, circumstances, however contentious, may continue as they benefit the corporate agents who have the power to shape institutional culture, unless primary agents, in the past demonstrated by the student protest, have enough numbers to become corporate agents themselves to destabilise the power of other corporate agents (Case, 2015).

> *I think because during the [student protest] some people were complaining about teaching. I think it is the undergraduate students who have had a voice at the university and not the postgraduate students and it is a priority for them and that is where it is coming from.*

Luke has his discomfort with the idea of research shows vulnerability emerging from the natural order. His internal conversation highlights the attempt to confront these different tensions. An ambivalence appears between the personal and emerging social identity. Our personal identity develops from what we care about and commit ourselves to, but it needs renewal and continuous revision. Social identity requires the investment of oneself in a role to 'feel at home with what they have become' (Archer, 1995, p. 256). Luke's inner conversation highlights the discomfort with the envisaged role of becoming a researcher.

I have got this irrational fear of research and I know I could do it and I know I can do it, but it is still, you know…it is still in my mind…it is for those top, top achievers but I know it is probably not, it is just that it is a system…

For those under academic conditions of service, the harmonising effect or conflict may be between research and teaching, whereas for those in joint appointments, one may expect the conflict to emerge between research and patient care. Curiously, in my observation of Luke's assessment practice, the tension remained between research and teaching. The shift in medical education discourse supports the role of clinician educators to engage with teaching in a scholarly manner and developing as researchers (Gruppen, 2007; Ramani, 2006). The expectation is that this knowledge would enhance teaching and learning but unless equal weighting is given to educational and clinical research, it remains a contentious issue. The scholarship may help to elevate the importance of the role of the clinician-educator at the expense of pedagogy.

6.4.3.1.2 Educational committee

Educational committees can function as an extension of a CoP providing individuals with a space to raise and discuss issues about the core function of their work. For Luke, the undergraduate departmental education committee was a formal structure that invited him to engage critically with assessment issues. Both the internal and external departmental processes created limited space for probing the practices, which could question the value of assessment and the ideas being tested.

So, we have an undergrad committee where we will bring up problems. It is not an in-depth review, so it is more, us if we have any difficulties there. The actual marks themselves and so they are not reviewed, so there is no one who is saying we have looked at the MCQ that was set.

If the discussion merely focuses on pass or failure, it leaves little time to have a meaningful discussion about who fails and why they fail. Corporate agents distinguish themselves in contributing towards institutional decision making acting strategically to maintain or change the existing structural and or cultural conditions (Archer, 1995, p. 191) that serves their vested interests. Here the discussion signals a missed opportunity to interrogate assumptions about what is considered good enough to count as competence after a period of teaching. The missed opportunity may be intentional to create space for other commitments better aligned with corporate agents vested interests.

6.4.3.2 Enablement

6.4.3.2.1 Approach to assessment

Pragmatic Assessment

Taking account of the feasibility of assessment plays a crucial function when designing assessment systems especially in learning settings where resources are constrained. Luke's assessment system has found favour with both students and staff. Assessment can become labour-intensive when the methods of assessment do not take account of the staff-student ratios, where the grading is intensive and does not give sufficiently speedy results for either formative purposes or planning for future intervention and progression. But convenient methods of assessing students may not do justice to the learning that is required in a clinical discipline.

> *Students like the fact that it is tight, and it is not a big load and I also think because we don't have clinicals and orals it is better because it doesn't involve as many people, so we are able to keep the numbers of people assessing down.*

About 40 students rotate through the various hospitals and health centres spread across different placements in the provincial health care settings. They are taught and assessed at some institutions by highly specialised disciplinary experts. Throughout, Luke is intensely aware of the human resources required to deliver a different kind of assessment which with the current form and shape of the department is not possible. The increase in student numbers is highlighted as an impending constraint.

> *The looming problem is numbers...I think the kind of assessments, we do a lot of written paper assessments still and the numbers are getting more, still the same people and people are starting to say we used to mark twenty scripts and now we are marking forty scripts so what is happening here, so that we need to start thinking about that when we are doing assessments.*

Increasing student numbers are a reality locally and globally. When this is not accompanied by the resources required to deliver the assessment, the educational value may be diminished (Schuwirth & Van Der Vleuten, 2004).

6.4.4 Realisation of the Practice

In this discussion, encountering the structural and cultural mechanisms brings forth an impasse between remaining true to inherited practices or choosing to advance a more contemporary approach. Here Luke may be subordinating his ultimate concern for one that has a better prospect of coming to fruition.

I have known for a long time that I would love to run an OSCE but the difficulty to running an OSCE is to run [it] five times a year for forty students is impossible.

In deliberation, Luke must consider his choices carefully. If he were to pursue alternative forms of assessment, it comes at a cost of having to dedicate himself towards this activity in an already under-resourced space.

In dedicating himself to his project, Luke takes assessment on board, despite it being challenging to balance between history and enacting best practices. The detail in the assessment documentation that explains the types, timing of the assessment, weightings, and multiple forms of assessment show awareness of the formulaic nature of assessment. The system of assessment inherited in the clinical department played an important part in how Luke organised the assessment process. He asserted himself with the development of collaborative question development and feedback on the clinical case studies. Even with the lack of induction and having to make his way around the university structures, Luke eventually gets to understand the university structures for someone who is physically removed from the university setting spending all his time in the clinical setting delivering patient care.

6.4.5 Reflective comments

Having mastered the disciplinary discourse, Luke reflexively critiques the educational processes, drawing on the knowledge that he has gained while performing the role of the teacher, examiner, assessment designer and ultimately, course convenor. Through his actions, he defines his project of assessment exercising his personal emerging powers and properties invested in him by his dual role, one as academic and the other as a specialist. As Luke's ultimate concern, which is to better align the learning outcomes with the assessment, is constrained, he has to innovatively circumvent the constraining powers upon his concern. In mediating the constraints and enablements presented, his agency is activated as he inserts formative assessment, student-generated assessment and provides feedback on the clinical case studies. He is faced with the dilemma that although one gains the disciplinary discourse to enable critique, this does not necessarily bring about change that challenges the ideas that underpin assessment practices within the discipline. The cost of challenging the prevailing culture may not be to the advantage of agents if this is accompanied by a loss of their vested interest.

6.5 Tim's Narrative

I accepted the appointment of consultant in the clinical division after the completion of my postgraduate, nine years ago. This was after I returned to SA after completing my residency training abroad. As a junior consultant, I was expected as everyone else in the division to contribute to teaching. At that time, I slotted into the structure that existed for medical student training and fulfilled the tasks required as tutor and examiner of medical students.

Given that I had no background in teaching, this was a daunting experience. As I have an interest in academia and teaching medical students, I figured out how to teach as I went along. I found the solution was to build a rapport with students and to make them feel comfortable in asking for help and advice. This was an effective way to engage students in the learning process. I feel it is important that an atmosphere is created to allow students to be honest about their limited knowledge and experience to enable us to assist them through from zero understanding of a sub-speciality, to a useful understanding from a new doctor's point of view.

With regard to assessment in the clinical division, the specifics of the overall function of assessment were vague. I got information from the course convener at the earlier stage that the Faculty of Health Sciences wants us to assess more broadly rather than assessing students by one method. I am not entirely sure what influences assessment as it appears that assessment is something that needs to take place, maybe it is to assess the student's competency to practise or to have the core competencies that meet the objectives of the course. I presume for the person assessing the history of how students have been assessed previously in the department, what has gone on before, what assessment methods people felt had worked, what assessment methods people found laborious, or maybe ineffective, plays a role in assessment in the division. However, *'I don't know, I have to say I didn't initially get a lot of input from the Faculty'* on assessing students. In a way, at the back of my mind, I remembered how I have been taught and assessed when I was a medical student in a specific clinical area. I completed my undergraduate studies at an institution where it was particularly academic. Everything was very formalised and traditional. We were taught using didactic lectures, course, and clinical work. The rules about assessment specifically were set. There was little negotiation about assessment, and we had to overcome the academic hurdles to progress. This gave me boundaries and a clear idea of what was expected and what needed to be achieved to progress. We had multiple formats of assessment across the six years. I was quite comfortable with all these activities in the academic environment. I think that is the way to view things and to view progressing or achieving academic education. I understood that there must be boundaries that need to be adhered to and especially in something scientific [*as medicine*]. My experience of assessment as a student, I think, was good. I cannot recall a bad incident around the assessment. I thought it was fair, valid and a good mix of evaluating your knowledge, such

as the core information with examination and assessing your practical abilities in clinical examination, even in my postgraduate studies. During postgraduate studies, I would be expected to lecture as part of the departmental teaching requirement and to present at regional and national conferences.

Through the years, I took part in the assessment and teaching of medical students and at the beginning of 2019, I started as convener of the clinical course in 5th year. Convening for me means an opportunity to support the university: *'we have a responsibility to support the university in the chief aspects of teaching and training as well as research and part of our working week should include those two areas, alongside the other clinical services'*.

6.5.1 Identification of ultimate concerns

As a clinician-educator and specialist, Tim occupies a joint appointee position that encompasses two distinct positions, the first as a clinical service provider and the second as a teacher of medical undergraduate students, with supervision of postgraduate students as well. Since his appointment, Tim has been involved with students and developing his knowledge of education informally. His assessment knowledge was consolidated in part by his medical school experience. There he learnt experientially, the rules and regulations of assessment and of the academic dedication that is required to succeed. Consequently, in developing his assessment practice, Tim drew upon the cultural resources accumulated during undergraduate and postgraduate medical education, as well as informal learning opportunities within the discipline. Laiho et al. (2020, p. 4) state that to form an identity, "a person must identify with the values, cultures, and practices that he or she regards as significant, important, and rewarding to himself or herself". Tim registers his ultimate concerns through working to support students to become safe and competent doctors demonstrating his professional identity. The identity supports methods to assess students accurately reflecting the professional nature of the medical discipline. For Tim, the knowledge and skills evaluated should be relevant to the future discipline which helps to illustrate the link between the knowledge or the skill to current or future practice (Kember et al., 2008). The disciplinary field drives Tim towards authentic assessment that relates to the work of a clinician demonstrating his professional identity alongside his emerging academic identity.

> *Okay, so I think when I arrived, I stand under correction, but I think that medical students had a multiple choice, OSCEs exam and then they had to hand in a portfolio of clinical cases and that was how they were assessed….and I thought that was okay, but I think if you're a clinical speciality, then you need to have a clinical assessment and have a patient to examine or an aspect of the patient to examine in order to demonstrate your competency. And if part of your objectives is to use the [equipment], then you've got to demonstrate that competency, you can't do it by doing multiple choice questions….*

Tim navigates between the role as a clinician and the dedication to improve and enable better alignment between the assessment and the clinical exposure. As a social actor, he continues to invest himself towards a social identity of an academic. As a role incumbent, he also faces contestations emerging from students challenging the course examination rules and regulations and the insistence of the Faculty on multiple assessments. These challenges are not insurmountable obstacles but are experiences that Tim considers reflexively and works around to accomplish his ultimate concerns.

In his determination to enhance the alignment between assessment and the real-life practice of the profession, Tim spent time revising the OSCEs and the MCQs. Specifically, he focussed on reformatting the MCQs, including patients in the OSCEs; he eventually reverted to simulation OSCEs. Given his need to induce authenticity into the OSCEs as a performance-based assessment, it was not surprising that he put more effort towards this. The underlying need to connect students with patients in the OSCEs may be linked to the idea that students should become safe and competent doctors (Headrick et al., 2013).

> *We expect them to be comfortable and competent compared to the* [other] *doctors and the health care givers.*

To realise his ultimate concerns, Tim must manage the procedural and ideological issues related to assessment. The OSCEs was subsequently modified when the inclusion of patients was found to be less than ideal.

> *There were some complaints from students because obviously, you use different patients for different students, although I tried to get as many patients… So then in an attempt to make it more objective, we went back to an OSCEs type examination…*

Recognising the difficulties with the OSCEs, Tim reflects on the process showing an understanding of the reasons why students raised concern with the method and make a judgement on the worth of the project.

> *No, I understood the rationale behind going back to an OSCEs format because it's not…I mean a clinic exam is not 100% objective and it's also logistically difficult to find patients that don't need to go for a scan or whose cell phone needs answering…*

With the exclusion of patients, Tim perseveres demonstrating his emergent personal properties and, in the process, investing himself in reviewing, rewriting or generating new questions for the assessments. Over time, he adjusted the assessments to align with his ultimate concerns but more importantly, took actions aligned with his ultimate concerns that were in his sphere of control and are features of assessment construction that can be individualised. In committing himself, Tim directed his time and energy towards his ultimate concerns. Through MCQs formatting revisions, the inclusion of patients

and reverting to simulation in the OSCEs, his labour demonstrated in the documentation points towards an awareness of elements within the constructs of validity, reliability, feasibility and fairness of the assessments as basic tenets of conducting an assessment (Norcini et al., 2011). But he also reflexively responds to challenges within his context working around these where possible(Norcini et al., 2018).

6.5.2 Personal emergent properties

Tim exercises his emergent personal powers of adaptability and perseverance as he engages with the project of assessment. He initiated assessment changes to better align the evaluation method with authentic and evidence-based practices using the OSCEs, improving the quality of the MCQs, and increasing the OSCEs questions. He did this while faced with the challenge that the course assessment should remain diverse, and the lack of standardisation in the OSCEs affected the changes that were done. Tim was committed and persevered for several years showing adaptability in how he continued to rework and refine existing methods of assessment. The challenge to the performance assessment (OSCEs) was significant, as the resistance of the students reverted the assessment to a simulation form with models, images and paper case scenarios. In undertaking the action, the academic course signals that students are key drivers of change, a point that is important when taking steps to decolonise the curriculum (Ozolins et al., 2008). However, students themselves are enabled by institutional practices, which at face value are problematic but continue without interference by anyone. In this instance, students raised the issue of assessment validity and reliability without appreciation for the subject nature of assessment even in highly standardised examination situations. Both students and staff may benefit from a thorough understanding of performance-based assessment in professional programmes.

6.5.3 Pursuing the project

On joining the department, Tim entered an existing assessment system that required him to contribute towards the established assessment practices. With time, Tim could offer suggestions and be able to advocate for changes in the assessment by including patients as part of the OSCEs and attending to the quality of the MCQs. In pursuing his assessment project, he managed the MCQs, a portfolio consisting of written patient cases, called an in-course assessment and an OSCEs. While the MCQs are used to assess knowledge, the OSCEs focus on skills appropriate for the clinical setting and the portfolio is a collection that provides an overview of the student's understanding and reasoning developed within the two-week rotation. As (OSCE)question developer Tim negotiated with constraints occurring within the Faculty of Health Sciences, the student protests highlighted the lack of standardisation offered by the OSCEs, and the feedback signalled that the quality of the multiple-choice questions may be problematic. Tim spends time addressing the quality of the MCQs used to assess cognitive knowledge that did not adhere to current standards of question construction, drawing on information obtained from the College of Medicine workshops. Technical flaws such as structure, grammar and so forth, can

affect the quality of the question and the overall test results, making it difficult to differentiate between high and low scoring students. These issues indicate that Tim is cognisant of the implications of typical flaws that occur that separates an excellent quality MCQ from a poor one, showing an appreciation of the formulaic requirements of the method of assessment (Karthikeyan et al., 2020).

Tim was able to call upon and use the powers and properties derived from the position as senior lecturer and specialist to affect the educational revisions. As he pursues his assessment project, he cautiously negotiates between the divisional interpretation of what is expected from the assessment by the Faculty and his aspirations for the authenticity of the assessment.

6.5.3.1 Constraint

6.5.3.1.1 Absence of professional development in clinical teaching and assessment

The conspicuous absence of an introduction into teaching and learning for Tim becomes visible through the lack of questioning about the ideas, purposes, and conventions of summative assessment as the end of course events.

> *Its [assessment] always been fundamental to the block and has been…it takes different forms, but essentially, it's a pre-requisite and it's something which is done without fail at the end of each block…*

Induction serves as an opportunity to familiarise new academics with their role, but also the mission and vision of the institution. It is a multidimensional responsibility with many partners that facilitate the transition into academia (Martinez, 2008). Moreover, induction serves as an opportunity to communicate expectations about teaching and learning to facilitate the advance towards an academic identity. Individuals unfamiliar with academia who are geographically and ideologically distinct from the centralised academic culture common in health sciences, may find it difficult to access the resources which are vital to their work. At the time of Tim's appointment and even as course convenor, there was no tangible support that he recalled other than departmentally structured guidance with input from the medical programme situated at the Faculty of Health Sciences.

Tim was confronted with the situational logic of compromise emerging from necessary incompatibilities. Necessary incompatibilities exist in a context where institutions are internally and necessarily related. Although the situational logic offers potential for change, it is fraught with difficulties for both parties. The difficulties result in the situational logic of compromise as the 'promotion of vested interests have to be a cautious balancing act, a weighting of gains against losses, where to accrue bonuses is also to invite or incur penalties' (Archer, 1995, p. 224). The Faculty of Health Sciences and the clinical divisions come together to deliver the clinical education in the medical

programme, each directing their vested interests as defined by their role and position. The clinical staff are primarily clinical service agents with limited time dedicated to teaching. While the university provides an induction programme through the New Academic Practitioner's Programme (NAPP) and Faculty offers short courses and workshops on teaching and learning through the Faculty-based Education Development Unit, they do not direct that staff must attend. The Health Sciences clinical departments and divisions situated within designated hospitals are recognised training and learning placements that are given the mandate to teach and assess students (Becker et al., 1992; University of Cape Town, 2018). Rather than dictating day to day running of the clinical departments which combine service and teaching, the activity of teaching and assessment is left as a departmental responsibility. The Faculty of Health Sciences through the programme convener performs an oversight role as the academic accountable holder. The responsibility for content, teaching, and learning of a course is devolved to the Head of Department (HOD), with close lines of authority between the course convener and the HOD. The undergraduate medical programme convener sets up the timetable and the curriculum, which includes the broad teaching, learning and assessment schedule. The decentralisation of duties, although necessary, allows taking on ways of doing that is not aligned to the mission of the university, the university teaching and learning or the assessment policy.

As an outsider entering the academic space, Tim had no undergraduate experience to draw upon at the institution. This coalesced with the lack of say in Faculty processes and representation on committees which compelled Tim to become self-reliant. Avoidable incidences addressed through using standardised patients and limiting the number of 'real patients' to be examined by the students could not sufficiently be deliberated before commencement to find alternative ways of achieving the same goal. Being dependent on the division for academic support while having transitioned from clinician-educator role to convener with no educational preparation or foundation offered, contributed to the replication of existing issues that is evident in the literature (Boulet et al., 2003; Zimmermann & Kadmon, 2020).

> *I had earlier suggested change and they said no, we need to keep several methods of assessment for the students.*

Unknown to Tim, the limited information forthcoming from the university is a result of the clinical division being responsible for the running of teaching and assessment. The consequence of such an educational model is that the obligation rests with the division *(and by default the authority is invested in the head of the division or department)* to interpret and inform what can be done and what cannot be done for new staff members. In most instances, the decentralised approach that supports

professional and academic autonomy places the responsibility and their understanding onto willing individuals who are primarily clinical experts to carry over educational practices for new staff.

> *Given that I had no background in teaching, this was a daunting experience. As I have an interest in academia and teaching medical students, I figured out how to teach as I went along.*

6.5.3.2 Enablements

6.5.3.2.1 Departmental culture

The clinical division, as the accountable holder of educational knowledge and the academic course in this context, also speak on behalf of the academic institution and inform practices aligned to education. The clinical environment provides an ideal space where practices are formed and consequently shape professional practices, as individuals interact with each other over a range of issues. It creates authority for practices in both clinical and education settings to be re-lived and to become part of the daily discourse of individuals within communities, correctly or incorrectly. In doing the work of assessment, Tim could rely on the head of the department as a knowledgeable other to support his decisions and serve as a sounding board for concerns that may emerge from students.

> *On Friday mornings, I would examine the students and I would mark their papers and mark their portfolios and then I usually hand in portfolios together with the feedback to the professor…and I will discuss any particular issues and discuss any students who might not have performed well.*

The meeting spaces allowed the opportunity for discussions about undergraduate and postgraduate issues. They mainly focussed on technical aspects of assessment, providing fertile grounds for the teaching and assessment to remain at a procedural level.

> *Well, usually, there's always changes that are being instituted with medical student teaching and also because it…staff changes within the department, certain people have to assume tutor roles on certain days and certain people have to provide backups when tutors aren't around, and so I think managing the student tutor timetable is always an issue, we have to allocate consultants.*

Tim, by his specialist qualification, had access to the additional resources where he gained knowledge about assessment due to his postgraduate supervision.

> *They [College of Medicine] schedule workshops regularly which are incredibly useful, about blueprinting, about assessment tools, about how to write MCQ's, all that sort of thing, it's incredibly useful, ja [yes].*

The position as course convenor offered Tim dedicated time for teaching. Whereas before this appointment it would have required more rearranging of his schedule, now at least he was able to set aside dedicated time for teaching.

> *I think having ring-fenced time [as convener now], to have designated time for teaching, where I know that, THAT is what I'm doing, there'll be no distractions. That's very supportive because I'm not distracted by any clinical activities or anything else and I can give them 100% involvement.*

6.5.3.2.2 Autonomy

The academic freedom that academics enjoy and are entitled to, intertwined with disciplinary knowledge and skills, setting up an interesting situation that endows the agent with vast opportunities. This involves the freedom to exercise decision making in teaching and learning practices without too much scrutiny and questioning. The situational logic of concomitant compatibility ensures that it serves to protect existing ideas and values around assessment, giving opportunity for those that exceed, to be acknowledged as special (Archer, 1995, p. 236). Tim drew from his resources to do the work of assessment and perform the necessary tasks: how assessment works, what needed to be done and how assessment needs to be done is acquired on the job. In some ways, assessment relies on using own judgement of what is needed. The lack of formal orientation and assessment responsibilities means there is dependence on self-empowering and self-responsibility. Well-meaning educational practices require material and ideational resources which are not readily available due to the design of the programme (McInnis, 2000).

> *I think if you're a clinical speciality, then you need to have a clinical assessment and have a patient to examine or an aspect of the patient to examine in order to demonstrate your competency, and if part of your objectives is to use an xxx, then you've got to demonstrate that competency.*

6.5.4 Realisation of the project

As a social actor, Tim encounters structural and cultural mechanisms to realise his project of assessment. As an expert in the field, Tim was able to draw on his undergraduate and postgraduate experiences to find his way around the assessment processes. The clinical nature of the work was a powerful driver which interacted with the emergent powers and properties of him driving a specific form of assessment that reflects the core work of the profession. Mediated by the internal conversations of discernment, deliberation, and eventual dedication gives shape to Tim's assessment project (Archer, 2000, p. 231). The internal conversation asserts itself informing the investment of oneself in the process, while discernment is driven by what we care about and judge to be worthwhile

to pursue. Tim carefully pays attention to the contextual effects and negotiate between his concern questioning the investment of dedication in the project: '*Deliberation is a matter of question and answer, of re-questioning and following-up, of amended questions and modified responses.'* These allow for the decision to be made about how costly pursuing the project may be (Archer, 2000, p. 236). The environment within which the competencies will be activated provides the underpinning for the assessment. Yet the standardisation which is embedded within performance assessments is ill-suited to reflect the authenticity of this space. The interpersonal nature of the clinical environment means that external 'noise' such as false impressions, sexism, ageism, racism, rumours, personal and professional grudges, and misinterpretations may insert themselves into the assessment and prevent fair and impartial assessment decisions by the examiner. An understanding of the affordances and limitations of the clinical environment as an important learning setting is needed. Having the knowledge of workplace base learning could be accompanied by the recognition that the learning setting is an unpredictable environment for standardised summative assessment. Standardisation embedded within performance assessment allows for students to be assessed under rigorous and uniform examination conditions and attempts to mediate these and other limitations inherent to methods of assessment.

As Tim tries to navigate the limitations of the authenticity of the assessment, he is forced to engage with the subjective issues that affect the assessment. Through deliberating, which was an external intervention by the student protest, he was led to an adjustment of clinical assessment that he aspired to use. Instead of giving up on his ultimate concerns, Tim dedicated himself to the improvement of the assessments. He decides rather than 'doing without' to do with less (Archer, 2000, p. 239). Through this adjustment, achieving internal solidarity, being able to prioritise, he accommodates the alternative ways of enacting the assessment and settles for a lesser than ideal version of his ultimate concern. The self-reflexively can identify with the concerns (Archer, 2000, p. 240). What is developed now is different from what was conceived initially and acted upon; now the time and effort are taken up by the committed concerns. In effect, transvaluation has occurred through changing the feelings about the emotional commentary initially conceived (Archer, 2000, p. 242). He has invested in his ultimate concern and developed his personal identity. Through this process of transforming himself into the social actor, he can invest enough of himself in the role to give effect to it. The interaction of his ultimate concerns and commitment worked towards realising authentic assessment practice and contributed towards the realisation of the project.

6.5.5 Reflective comments

In the narrative, I have described how Tim firstly as a junior then senior specialist, enters an established structural and cultural system of the medical programme. Possessing significant years of teaching and assessing medical students, Tim's assessment practice as a senior lecturer and specialist consultant

reflects the historic and traditional heritage of assessment knowledge and skill. His assessment discourses developed in part by selectively drawing on his undergraduate academic experiences more than his postgraduate studies, his knowledge of the sub-speciality, acquiring assessment experience within the clinical division and learning while doing. Combined, these experiences are subtle contributors that shaped his understanding of assessment. Participation in the educational task of performing assessment became a method to acquire knowledge about it. Engaging in this form of teaching and assessment can be accomplished irrespective of whether the task is done correctly or not. Learning on the job is not an unusual arrangement in health sciences education for people working within clinical departments where the responsibility is on patient care and research (DeVita, 2007). As a corporate agent, Tim uses the emergent cultural powers and properties developed from university educational experiences and as a lecturer within academia to help him to pursue the project of assessment as an examiner and question developer.

6.6 Jenny's Narrative

I completed my undergraduate education at the institution and started working here seven years ago. Before that, I worked in the public health care system at a tertiary hospital, and specialised clinic, and later joined a research project where I tutored students informally. My entry into medical education was accidental rather than planned. It was when the research project came to an end that I took on a position to convene a 5thyear course. This happened after my current head of department received positive feedback about my teaching from the students. When I started, it was my first formal exposure to medical education. After a year, I stepped into the shoes of my predecessor as the overall convener for the clinical years four to six and educational specialist as he retired. In addition to the convening and teaching, I represent the course on various committees including the undergraduate assessment committee.

My predecessor saw that I was very keen on education and suggested the MPhil, which I registered for soon after my appointment. In the first year of the Masters, we were sensitised to assessment but the real exposure to assessment as a discipline was in my assessment module in the second year. Before that, I would say that I had never questioned how I had been assessed before. One is aware of obvious flaws in the system for example past papers that we used with the MCQs and cramming all the knowledge before the examination. However, it never occurred to me to question whether the person who is assessing me or when I was assessed, is equipped educationally to do so. I never questioned my examiners' knowledge and skills about assessment since they are there and assessing. Once I was required to engaged with the literature on assessment and doing the assignments, I became more immersed in the subject. I could see the way I had been assessed before at school and university was largely flawed. Importantly, I could see that what we were currently doing also needed to be improved. One of the biggest issues we had was with our xxx year course, where the examining consultants felt that students could pass a question, yet still be a dangerous practitioner. The way the question was structured allowed the students to pass, so that was one of our biggest challenges. I think we have drastically improved that examination. We have made quite radical changes in our assessment and as I gained more knowledge and expertise, I have become more confident and assertive in what I know.

I have done a lot of work in making sure that we are asking questions at a primary care level that are relevant to what the students are going to face. All the questions are new because, as much as I learned a lot from my predecessor, there was a lot of new development since he left and as I became more familiar with that. We changed the portfolio structures quite a lot, developed a mark sheet so that the students can see exactly what is expected of them, and the examiners got the descriptors. It feels like

there is a definite power shift; the students have got more power and more say. I think that has been beneficial because it is dragging people out of the dark edges and sensitising you to things that you really could not be aware of. Some examiners are quite afraid to be oral examiners and I worry that people are; not that I have seen it in our department, but some would be more reluctant to fail students because they fear what could come from that, that is a feeling I have. I have not seen it happen, but I have seen the reluctance of examiners to become involved, because of fear.

The student protests in 2016 forced us to scrutinise our assessment. During that time, we had to defend almost every aspect of how we were assessing. The rotations had to be shortened, plans had to be made accordingly and the academic programme had to be changed. I would say at the time, since I have been here, the student protests were probably the most profound impact on assessment for me. The students kept coming to say they wanted concessions in their logbooks. We made changes but we came to a point where we felt that diluting this any further is going to be unacceptable. We felt very unsupported by senior management when the students wanted us to essentially pass them without assessment and without duly perform requirements. So that kind of lack of support of the convenors in assessment and duly performed decisions is very destructive, because it is not as though we have not thought about this hard. We do not have the time to over assess, and we do not have the numbers of patients to give students millions of xxx and xxx examinations and whatever, so it was awful. That kind of external pressure…fortunately, our department managed with the help of our HOD to say this is it, we are not compromising anymore beyond this point. We did make changes; it is not as if we just said no. Interestingly enough, the students found that our clinical block was the fairest and the best assessed, so it was terrifying and scary to be scrutinised like that. The protest helped me crystallise the fact that we needed to be more transparent about our assessments. Even before the protests, I was committed to improving our assessments and spent time responding to and looking at student complaints to see if they were valid or what we could change about them.

If I could do things differently, summatively, we do not have enough workplace base assessment. It would be awesome if I had millions and lots of people for us to do like something like mini CEX's, of all patient encounters because I think that is a really good learning tool for students and I would also very much like to have more creative projects. It would be so amazing if you could have, as part of an assessment, like, draw the experience that you just had or write a newspaper article style thing on that case that you saw or just something…or write a poem. There is so much that we are missing out on these incredible, creative students and opportunities.

6.6.1 Identification of ultimate concerns

While Jenny as a medical doctor entered academia unexpectedly, by the time of the interview she had a well-developed professional identity shaped by her earlier work as a medical doctor. Jenny's early interaction with students not only signalled her interest in teaching but the experience developed her academic identity. It is not uncommon for health sciences educators to assume a teaching role and then enter academia. Informal teaching is considered an inherent part of the professionalisation of a medical doctor. Jenny distinguished herself in the informal opportunity, showing her dedication to impart the knowledge of the discipline to students. Her commitment is rewarded as this helps secure an academic position that was important in shaping her identity as a social actor. In Archerian terms, actors are 'role incumbent's having powers and properties not reduced to the role. Once she enters academia, she devotes herself to the position by pursuing an education qualification demonstrating her ultimate concerns to develop her academic identity. The postgraduate degree empowered Jenny with knowledge about assessment; more importantly, the qualification offered alignment with other corporate agents within academia. Jenny now has access to the scarce resource of a postgraduate degree in the field of health sciences education in addition to her medical qualification. Using her knowledge of medicine, Jenny acts with the intent to improve the education of the course. As she engaged in learning about assessment it raises doubts and issues that made her question the assumptions about her own academic experience and the practices in the course for which she is responsible. Learning is about engaging with new knowledge in a meaningful manner. The knowledge of assessment drives Jenny to work towards improving her practice. Her own experience as a student in the medical faculty, failure and success of the journey contributed towards her student-centred approach.

> *Now that I look back at how we were assessed at medical school, it was actually…it seems ridiculous…I do question sometimes whether all the assessment were really testing me? Am I actually good as they seemed to think with the marks that I got, because the system of assessment was so flawed?*

The dedication and wanting to support the student play a significant role in the assessment practices that Jenny engages with informed by her journey.

> *I have to say that I was not always successful. I have failed and that actually helps me to sit with students who have failed.*

In identifying with her role as a social actor Jenny values transparency and alignment with best practices that prepare students for their professional role to be competent, safe primary care doctors. Jenny grows seeing herself as an advocate for student issues, someone who students can speak to and confide

in. At the same time, she works to ensure that the assessment practices within the course are credible to inspire confidence in the assessment system. The awareness that students are conscious of the flaws in the assessment system, inspire her to keenly engage towards changing the assessment within her course. Here Jenny shows her intentions as she discerns what is important enough to dedicate herself to.

> *Students can come and look at their scripts, I tell them (students) exactly what is expected of them in the exam, exactly how it's laid out, exactly….like every last detail, and I think that helps a lot.*

In the role of educational expert, she also faces challenges that occurred during the student protests, questioning of assessment processes and changes to the course requirements. These are critical issues, although later, they directly affected the way assessment was conducted at the time of turmoil in the South African higher education system. It challenged the autonomy and authority of lecturers placing them in a compromised position, on the one side, to be responsive and accommodating to students on the other, and to uphold the academic integrity of the courses. But it also elevated issues in the system that were left to fester for some time. The increasing number of students and lack of adequate patients shows a system under pressure that comes to the fore when more demands are made that cannot be accommodated for several reasons. These issues have become normalised as a constraint for those within the system until it is questioned by others outside of the system, the student.

In her commitment, Jenny dedicates herself to the actions that would support the development of her project. The diligence in the course material shared with students shows a critical engagement with the assessment as a discourse. In the course material, she explains the teaching and assessment methods, rubrics, weightings, key content and constructs. Jenny understands that assessment fulfils an important function to ensure that students are competent. For her, improving the quality of the assessment that is suitable to the clinical experience of the students while upholding the rigour of the assessment, is essential. As her knowledge and confidence grew, Jenny continued to dedicate herself to improving student-centred assessment observed through the determination that the assessments should relate to the burden of disease, which students will be exposed to as medical doctors.

> *We have made the questions much more real world applicable and a lot more practical, so you know, here's a prescription chart of someone who is xxx and xxx, what are your instructions going to be to the sister, like practical things that they are going to have to be doing.*

Although the demands by the students during the protest resulted in significant personal emotional instability, Jenny is determined to invest in her role and work towards improving the assessment practices in the course as best, she can.

> *I can freely tell you that I had a complete breakdown in the middle of the following year; I had to take two weeks off because I was completely and utterly broken by the constant harassment. I felt constantly under threat and constantly harassed, and a lot of other people felt that way as well.*

The student protest features significantly in Jenny's narrative detailing how the turmoil at that time challenged her self-worth. But she endures, determined even against all costs of personal well-being, to immerse herself. She dedicates herself to ensuring that the educational aspects of her course must aspire to the highest standards (Calvert et al., 2011). Here she submerges her self-worth situated within the discursive order to improve the educational aspects of the course where concern emerges from the practical order (Archer, 1995).

> *Specifically, assessment, to treat every case of fraud the same way, to assess every student as objectively as possible, to make sure that your teaching content has got something for everybody so that everybody feels represented, everybody feels they have a home here, to build an inclusive, enabling environment, …it's what I'm trying to do.*

6.6.2 Personal emergent properties

In bringing her PEPs to bear on her project of assessment, Jenny demonstrates her knowledgeability by advancing assessment that evaluated students' knowledge accurately, fairly and in a transparent manner. Ensuring that her assessment practices align with expected good practice and sharing the detail about the requirements with the students is important to Jenny. Being attentive to student issues features prominently in her assessment practice, although the methods are largely driven by the teacher. The teacher structured assessment is unsurprising given the nature of the course design where students are only within the clinical area for a limited time and may be one of the challenges a decolonised assessment system may face. Alternative forms of clinical assessment may be construed as time and labour intensive in design for both the lecturer and in the execution for the student. The formal curriculum could be designed in such a manner that it is amenable to alternative ways of assessment as promised by the competence-based education model (Gruppen et al., 2018).

Jenny exercises her PEPs as she engages with the complexities of assessment. Such as attempts to foster inclusivity while adhering to the best practices of assessment. Through using a variety of assessment methods that includes a multidisciplinary portfolio, formative assessment, in year three and the clinical

years a portfolio of clinical cases, MCQs and OSCEs/OSPEs, the diversity in methods shows accommodation to different learning abilities and alignment with the context, as well as the profession. But Jenny is also attempting to be responsive and adaptable to challenges that occurred during the student protests when they were asked to adjust the number of clinical portfolio cases while considering the limitations imposed by evidence-based practice. She recognises the potential of assessment that is inclusive rather than exclusive. However, her aspirations are trapped within the evidence-based domain utilising methods of assessment that are chosen by the teacher and not appealing to the creativity she observes amongst her students.

> *It would be so amazing if you could have, as part of an assessment, like draw the experience that you just had or write a newspaper article style thing on that case that you saw...*

Jenny is also firm in her stance to take account of the implications of education on the profession, wanting students to be knowledgeable without endangering their patients. By using the knowledge of assessment at her disposal as well as understanding the seriousness of the issues raised, Jenny adapts the assessment showing her responsiveness to the discomfort expressed by her colleagues.

> *The consultants kept complaining, that a student would kill a patient in real life. We worked very hard on that and we decided to weight the questions. If it is a really important content that the student needs to know, we are attributing more marks to that, than just whatever.*

6.6.3 Pursuing the project

Jenny pursues her project of assessment enthusiastically as revealed by the interplay of the structural and cultural mechanisms at the level of the Real. As the educational expert and course convener, in the end, Jenny dedicates herself to developing an assessment that adheres to assessment standards aligned with evidence-based practices (Norcini et al., 2011). She is responsible for a course that serves all the clinical years. In the existing curriculum, years four and five have the traditional clinical rotation compared to year six, which is a modular system. The methods of assessment throughout these three clinical years remain similar, with minor changes observed in the format of the OSCEs assessment. In pursuing her assessment project, Jenny is the expert, designer, examiner, moderator, and quality assurer.

6.6.3.1 Constraints

6.6.3.1.1 Assessment as work

Disjunct between clinical service and teaching

As the expert in her course, Jenny is faced with the realities of assessment and demands of clinical service. She realises that the passion and dedication of those always invested in teaching are slowly

being drained. Whereas they were passionate and dedicated, the effects of the student protest challenged their perceptions about their commitment to the educational process. Here Jenny faces the situational logic of necessary incompatibilities. Although the two systems are necessarily related there are activities, such as the demands of the assessment that, due to the increasing number of students and the student protest, put stress on the relationship. Although the contradictions raise an opportunity for change, it is also a threatening experience to those around it. The situational logic of compromises then arises out of the circumstances that ensue. The system is extremely fragile, exacerbated by the student protest that escalated issues long present which has been normalised.

> *I am starting to feel a sense of resentment at the extra burden that assessment is putting on people. My biggest strength-limiting step is not money; it is being demoralised, and overworked staff members. I think that the resentment is two-fold: firstly, the clinical service delivery is just relentless and off the charts. Secondly, I think the student protest did a lot of damage,*

In situations where the clinician-educator works in clinical service for the larger part of their day, that places its physical, emotional, knowledge and skill demands on individuals, it is not surprising that those with dual lines of responsibilities may become resentful of the academic demands, seeing it as added on work (Dubale et al., 2019). The demands of clinical service are commonly normalised but can compromise the emotional and physical well-being of health care professionals especially in the context where the health care system is struggling and fragile due to political and socio-economic strains (McLean & Gibbs, 2009). For those working in the clinical years, the smallest assessment change may require additional effort that is in short supply due to their work environment. Assessment can be a demanding educational process requiring knowledge of the assessment method and technical expertise to conduct it. In learning settings that by design rely on clinical expertise, the difficulties for all those involved, including the students, are exacerbated especially when the health care professional has no prior knowledge of assessment.

> *We know there are people who are quite hawkish examiners and in an ideal world should not be on the roster, but we just don't have the luxury of doing that. We have so many students to assess and so few staff that everyone just has to examine. It is just an unfortunate truth.*

6.6.3.1.2 Tension between research and teaching

Although the student protest features heavily, the tension between clinical service and research is prominent. The benefits of devoting oneself to research and accompanying accolades emerging from there alongside assessment demands, may not be well matched. It may also be that those dedicating themselves to teaching perceive their dedication as genuine and the challenges provided during the student protest may not be well received. Understanding the students' experiences of one's teaching

as different to one's perceptions and dedication, is not easy. This level of engagement requires critical interrogation of taken-for-granted ideas of one's teaching and assessment, which may be difficult for individuals who emerged from an authoritarian teacher-led curriculum common in traditional medical education. But it also raises the question of the historical medical curriculum that has not kept abreast with the changes in resources and curriculum design. These tensions demonstrated through research value over teaching may be more evident when the demands between clinical service and teaching are equally high. Hospitals in the Province, like others around the country, must care for patients who cannot afford medical aid, with the result that a large percentage of patients make use of public health facilities. This means that increased patient numbers, increased students numbers, and changes in types of disease without accompanying human and material resources, places an added load on medical doctors (Kumar et al., 2011).

> *The clinical teachers they feel completely under-valued and I supposed under-respected because research is sexy and that is where all the money comes from, so it is a thankless job. You teach your heart out on ward rounds, it takes you much longer, you interrupt your clinic to come and give a tutorial or a lecture or whatever.*

The demands of clinical service and teaching bring the situational logic of necessary incompatibilities to the fore. Jenny articulates the unstable relationship that emerges as a result of the situational logic where the act of teaching becomes difficult due to the nature of the work environment of clinicians. It is accepted as necessary that teaching and research will happen and each one will have something to gain from the nebulous situation. Although a compromise may be found to maintain the vested interests of both parties, it is a demanding situation that requires continuous engagement. Substantial changes to assessment, for example, peer or self-assessment, formative assessment, or authentic activities, may not be pursued under such circumstances although it may be in the interests of students learning.

6.6.3.1.3 Lack of support from leadership

The work of academics is for many their area of autonomy to make decisions in collaboration with other academics that understand their area of expertise. However, the student protest brought external influences to the fore, that included students as well as academics who were not directly involved in the academic project. Their power to influence what is being taught and assessed means that the ownership and authority of the course are taken away from those who have vested interests in the course. The university, and by default the lecturers, may have become accustomed to function in a relatively uniform environment, but the student protests made the environment turbulent and unpredictable. This affected the work of those at the cold face of teaching and assessment as it did to

the leadership. The lack of ability to adapt and be responsive to fluidity in the environment makes it exceedingly difficult. The unfamiliar environment that lecturers had to deal with was not something that they were accustomed to. The demands on lecturers may have been seen as an attack on their freedom and authority which is counter to the academic autonomy for decision making related to their work.

> *We felt very unsupported by senior management, that the students were allowed to repeatedly almost harass us to essentially pass them without assessment and without duly perform requirements.*

As the student protests brought many issues into the open, Jenny experienced a lack of support to maintain the rigour of assessment in what may be perceived as an already compromised academic system, at a time when the protest resulted in changes to the academic schedule, content, and clinical exposure.

> *What I am going to say next is going to be controversial, but it is how we feel, and we often feel bullied by the institution or by the faculty into making exceptions or decisions that are actually detrimental to the university and the degree and potentially to patients as well…*

The long-term consequences of inaction by leadership at the time of challenges may have effects that cannot be predicted. Although student protest raised legitimate issues, the consequences for the student are not necessarily insignificant. It may be in this instance that the assessment methods are altered to respond to the change required by the student without due consideration of the effect it will have on staff, patients as receivers of health care, and the long-term assessment process. The assessment issues that came into view impacted an already fragile assessment system. Universities are not isolated against the outside world and reflect societal turbulence. They become unpredictable requiring different forms of collegiality that engages change as important while being open to communication and collaboration with different stakeholders (Newton, 2002).

> *We would say that as convenors that was it and that we were going to be backed up and draw a line in the sand. However, then the students would go another route via, for example, occupy Faculty of Health Sciences and get people who are not part of the convenor team involved. Then the issue would be sent back to us to say but you cannot do this or that and cannot do this.*

6.6.3.2 Enablement

6.6.3.2.1 Position as the educational expert

Jenny is enthusiastic about medicine, worked hard and excelled at medical school, as well as in her postgraduate degrees. She continues with the same outlook as the educational expert. She is confident in her abilities and articulates her educational expertise, having the support of the HOD.

> *As a student during medical school, I chose to work hard this continued from school and through medical school. I ended up with Cum Laude for the two degrees that I pursued because I love the material and found it really fascinating.*

The confidence that the head of the department has in her strengthens her position and gives Jenny considerable power to affect changes in the assessment. The various forms of support that she reaches out to, whether it comes from the convener team, or the assessment expertise in the Faculty, provides her with additional resources to draw on as a convener and educational expert. Furthermore, having a presence in committees gives her access to raise issues that may not have been possible for individuals outside of the system.

> *I am given essentially carte blanche to change things; however, I see fit so my HOD doesn't micro-manage me, [the HOD] trusts me with this system and I have been able to make all the changes that I saw fit.*

The authority of the position invests social powers and properties in Jenny, and she is recognised by her peers as an expert. She can act decisively to make the required changes in assessment with the necessary support accessible to her.

> *I think we are very good at assessing at the appropriate level and the students have fed back on that as well because I have started asking the sixth-year students*

The knowledge that Jenny gained from the postgraduate degree enabled her to critically engage with the ideas of assessment, not only as she was taught and assessed, but also within the course that she is responsible for. At the cultural level, the situational logic of concomitant complementarities came into play. Gaining knowledge of assessment during her Masters studies made Jenny a knowledgeable other in her discipline. She brought experts on assessment in and as the expert herself, ran workshops to get staff to start rethinking how they are assessing. She has managed to gain the respect of other colleagues in the department and even with challenging staff members persists, she continues.

It genuinely is becoming unfeasible the assessments that we have so we are going to have to make some changes but before we make the changes, I want everybody to understand what the impact of those changes could be!

6.6.4 Realisation of the project

In this section, I illustrate how Jenny exercises her emergent personal powers and properties when encountering the structural and cultural mechanisms.

We run more courses than any other department, we are also under-staffed…I think our consultants do far more teaching and assessment than they are required to do.

To realise her project of assessment, Jenny needed to discern what was most important to dedicate herself towards. She needs to consider the clinical load, teaching as well as assessment workload for the staff, while aspiring to prepare students for the context where they will practise as doctors. Simultaneously, assessment needs to adhere to transparency, validity, and reliability. As the educational leader, Jenny took deliberate actions to dedicate herself to educational aspects, facilitating academic development workshops and developing an assessment system. Her dedication shows in her extensive work towards adapting and refining what is done, working extensively to improve the reliability of the assessment through developing rubrics and improving the quality of the multiple-choice questions to ensure that it represents the content and the clinical area sufficiently. She invests time and effort into processes that would improve the quality of the assessment operative within the course. Although these are teacher-driven, the awareness of the students and their needs and challenges are integrated as Jenny improves her assessment.

We've emphasised much more patient management rather than history taking and examination… because that's what we're preparing them for. We've made them much more real-world applicable and a lot more practical …

6.6.5 Reflective comments

When becoming a teacher in health sciences, it is not uncommon to have those with disciplinary knowledge appointed as educators. This emphasis on disciplinary expertise is important to ensure that those teaching students understand the scope of the discipline. Jenny has transcended this space and transformed herself into a social actor taking on the position of medical educationalist and expert. In this context, she advances assessment with its roots firmly in the empirical. The power that is invested in the position, possibly unintentionally, accommodates the narrow lens of the quantitative paradigm, focussing on the assessment of learning that is quantitative. It will make the transition to the proposed competency-based education model challenging, as it advocates for qualitative assessment and a close

link between formative and summative assessments. In Jenny's future space, she has the ideas of alternative forms of assessment but the constraints of resources that will be required, means that it only stays at the level of the 'dream'. Even in the imaginative space the constraining mechanisms permeate and condition Jenny's assessment practice.

> *I am so obsessed with our resource constrains, we can only do this, so I have not had time to dream about what could be. In our specific department. We run five courses, we run more courses than any other department; we are also under-staffed, I think our consultants do far more teaching and assessment than they are required to do, I actually think our staff are quite amazing.*

6.7 Lee-Ann's Narrative

My first experience with medical education was during my registrar training. I was quite interested in how the undergraduate students were being assessed as being competent. I have seen students on the ward, and it reminded me about my time as an undergraduate student when Prof B started questioning, not only us as students, but the registrar. I wondered why he was questioning the registrar because, for me, the registrar should know everything and if the registrar knew, she knew things. I thought '*oh, so registrars also get tested*'. I then became interested in the education aspect. Prof. L, at that stage ran the year-end examination in the division, [and] they were year-end, not block examinations. When we were in our phase two registrar training, the kind of third and fourth year of training, we were expected to be involved in teaching, although it is not as formalised as it is now. They would just like approach you, '*Oh you know, there's this group of students, do you think you can teach them this and that and ja* [yes] *no, that's fine*'. On my wards, I took the students under my wing and then one year - I think it was at the end of year three - Prof L said he needed to run the end of year examinations, [and] could I assist in terms of setting up the logistics and getting the patients. As a senior registrar, I became the designated person to run the examinations with Prof L and other consultants at the end of the year. Even at this stage, I could express my opinion such as '*this is unfair*…' etc. As I gained experience, I could give that input and in the last two years, about '96/97, we ran the examination like that. There were so few of us and that when you showed an interest, people were as keen to hold on to you because it was somebody that helped share the load.

On returned to the institution in 2011, I assumed an academic position and I had to coordinate the teaching and learning. I subsequently completed the clinician education course, which is where, for the first time in 2011/2012, I got exposure to the true underpinnings of the academic side of medical education. One thing that further piqued my interest in assessment, is a person. I can remember the day, it was the 4th of August 2011, at a department meeting, where, across the faculty, for the MBChB, we were looking at curriculum revision. They had done curriculum revision since 2008/9 on what we call the pre-clinical years, years one to three, and it was now time to implement the changes for the clinical years, from years 4 to 6. The core curriculum revision task team (CCRT) was being established, and the team was going around between July to September, to all departments, to explain this concept to the clinical departments and to get representatives onto this team. It was the presentation of one team member, which struck me, and I remembered thinking '*Wow*! *If I could be a mini one of those, then I would have achieved something*'. From there, the formalising in those courses and then basically through myself, driving myself to do, because during the clinician education course, I got to know the works of the Hardens and van der Vleutens: that is where my interest in medical education started.

When I joined our department, there was a set way of assessing for that year, certainly; we were still doing year-end examination. In 2012, by going through the clinician education course, I then started thinking '*Oh okay, but hang on, what are we doing here,'* say, for example, in the MCQs examination; we say this is the core knowledge, but how come x % of our MCQs is not related to core knowledge and most of it is asking questions on this... The concept of blueprinting was not used to a great extent. Then I started looking at the assessment we were doing, I think that was late 2012, early 2013. I was also the deputy chair of various committees in the division. It was through that, that I could speak and say to people that we need to start looking at these types of changes in assessment. Despite a few challenges along the way, part of which was that we were running a year-end examination. I thought it was unfair that a student who was doing something from January, was being tested on it in November. That timeline was discordant, and we needed to change that.

For me, a student must have the knowledge and skills to be a competent health practitioner within our current South African health system. How do I best ascertain that the student has attained those competencies? That to me is what influences how I think of assessment throughout. Within the department it certainly is so: there is a fourth, fifth- and sixth-year level; for example, at fourth-year level what do I expect a student should come out with regarding knowledge and how do I ensure that the student knows that and how do I assess that? Being in a leadership position is about considering that assessment is not only relevant within a specific department but also at the level of the Faculty, which may be different. Does our curriculum still fit, is it appropriate, and does it support the health system, and the white paper, the national health insurance? We need to produce doctors fit for SA. I think, to a considerable extent, the MB ChB, is not always fitting for our South African context…and maybe that is just because of the nature of the institution. It is an easy fitting international degree.

I recall as a graduate of this university my first days as an intern. I remember after a first few days observing the registrars from other universities, I thought, why did I not go to the other university? Because even though I knew, for example, about putting in a central line, I still felt very uncertain about it, whereas the Stellenbosch student was just like '*Oh no, no, we need a CVP, oh no sure, just get me the tray*' and I was like '*Huuhhh?'*, you know! To me, there was always like that, particularly students from other universities, appearing within our province, that they have more know-how about what to do in clinical practice. Whereas we have the know-how and the theories, but they do, you know, and that was kind of common, and to an extent remains. That is the criticism of the university students, that they know everything, but when it comes to the doing, not so much you know.

What helps my assessment is knowing about assessment. I do not even know if you need to fully understand concepts like validity and bias, but you must know that there are things that can bias, you

know, innate biases. The other thing that helps is to have a team with who you can bounce things off. The things that hinder presently for me are the kind of resources, both human as well as physical, financial resources. Then should we not have something like an exit licensing type of examination thing and what should that comprise? How about multi-disciplinary, what about inter-professional learning and inter-professional assessment? So that to me is a gap or something that we are not doing. I do not know why - what is hindering me? There are not too many of us picking it up, raising our voices loudly enough about this, but ja (yes), that to me is always a concern.

6.7.1 Identification of ultimate concerns

Lee-Ann, as a medical specialist and senior academic, developed a strong personal identity fostered during her medical education journey. The development of professional identity and the socialisation that accompanied the process were instrumental in supporting Lee-Ann to take on the values, ideas and actions not only as a physician, but as a nascent medical educator (Cruess et al., 2016), aligning with Archer's sense of the emerging role incumbent as a social actor. The interest in medical education sparked during undergraduate studies continued in postgraduate studies where Lee-Ann contributed to the evaluation of undergraduate medical students. Here she used her personal emergent properties as an insider to suggest changes aimed at ensuring that the assessment accurately evaluates the students' competencies. When Lee-Ann had the opportunity to join the institution, she quickly moved through the academic levels, progressively taking on more responsibilities, first within the department and later within the programme, in the process of transforming herself and taking on the social identity of her leadership role. Using her PEPs, Lee-Ann participates in diverse roles as lecturer, tutor, clinician educator, examiner, and assessment expert, from designer to quality assurer. As a specialist, Lee-Ann is familiar with the clinical environment that students will enter. She purposefully chose assessment practices to assist the transition of the student to that of a medical doctor suited for the South African health care system. At this point, she diverges from her academic experiences that preference global knowledge and skills. The structural emergent property embedded within the leadership role empowers Lee-Ann to initiate changes using the knowledge gained through informal education course as well as experience of the medical programme. In distinguishing her ultimate concerns, Lee-Ann dedicates herself to assessment that is responsive, adaptive, and contextually relevant.

> *How relevant is what the student needs to know to be a competent health practitioner within our current South African health system and how do I best ascertain that the student has attained those competencies.*

In taking on the social identity of an academic, Lee-Ann enthusiastically engages in multiple roles using the knowledge that she has gained to realise her ultimate concern. She is conscious that the

competencies taught and assessed could be an integral part of the student's academic journey. This awareness is akin to ensuring a golden thread that ensures the competencies match the year level within and across the different academic years. More than that, it ensures alignment between the different years and across different courses, and in this way, works to make the programme credible by achieving the goals set.

> *Being in a leadership position it is not only relevant within a specific department but also at the level of the Faculty, which may be different. For example, are we expecting of a 3rd year student to have this and this and these competencies…?*

In working on her ultimate concerns emerging from the practical order observed as developing competent health care professions, Lee-Ann introduced substantial changes while being acutely aware of the learning setting, the student and the demands on the clinical staff. She is mindful of the educational practices that do not support learning, exercising a delicate balancing act of working on her ultimate concern and the challenges within the environment. Lee-Ann adapts the assessment, for example, by expanding the existing rubric which provides more detail. She goes further than the core criteria to give specific input that maps the growth of the student versus the scoring only, using her emergent personal powers. Here she is moving closer to the formative assessment of the competency-based educational framework which not only measures the competencies but also aligns it with the academic growth and development of the student (ten Cate et al., 2018).

> *Some people used to literally do a thumb suck, it's what I was like… 'Oh, who was that student again, oh show me a photo, oh they were okay, I'll give them 68%...'*

Lee-Ann does not explicate the populous view of the tension between academia and service but signals a consciousness as she carefully crafts her assessment project, working on it step by step, or as she says, through *'developmental milestones'.* Here Lee-Ann shows care and thoughtfulness towards her colleagues who dedicate themselves to teaching. She recognises that they receive less recognition because the work does not translate into research. At the same time, she works slowly on changing the way her clinical colleagues conduct the assessment.

> *A big part of this institution's problem is that we depend upon people and those who have the goodwill to become conveners, they know…they are at heart, researchers, lecturers and clinicians, they know…they're like I was when I started, you know…you don't know anything, you don't even know there's a journal called Medical Education, so and they're just doing it by virtue of doing it and they do a darn good job for people that are not actually trained in this by and large and we don't as an institution, recognise them, but we're quick to recognise research…*

In adapting assessment methods for the clinical setting, Lee-Ann's actions are not one-sided but aligned to her vision, working to make assessment relevant to the context of the future medical doctor. Her documentation shows comprehensive teaching and assessment processes. The detail of the teaching is extensive detail of the topics, teaching and clinical timetable, and assessment system.

> *We've introduced in their portfolios that they write up 6 cases for us, and a student must have one case that has a multidisciplinary team approach that they refer to.*

6.7.2 Personal emergent properties

Lee-Ann brings her conscientiousness, activism, teamwork, disciplinary knowledge, and assessment know-how to bear on her project of assessment. Being invested in something that holds her interests, there are remarkably similar characteristics that she ascribes to herself as she reflects on her medical school days.

> *So for me, I had always been a very diligent pupil who used to do my homework, study, get things done.*

She is invested in improving her knowledge of assessment taking part in activities that will help address her project of assessment. Participating in informal education courses assisted in attaining the goal of improving assessment that prepares a student with knowledge as well as skill but hardly alludes to the diverse student body. The prominence of an assessment that is aligned across different years and within the entire programme shows that Lee-Ann is knowledgeable about horizontal and vertical integration (Harden, 1999). Lee-Ann works to ensure that her assessment project is aligned with the change to CBE and the South African context. Corporate agents can bring their resources to bear on their projects to transform and inform institutional decision making.

> *We've introduced that a student must have one case that has a multidisciplinary team approach that they refer to within the case, so that we can assess that they actually have an understanding of that…and every case must look at a primary health care principle that is assessed, and interrogated…*

Working with colleagues was important for Lee-Ann, as this offered opportunity for collaboration with other corporate agents and assisted Lee-Ann to adjust the way assessment is performed. Archer states that "Corporate Agents act together and interact with other Agents ...do so strategically" which cannot be explained as working on their self-interests (Archer, 1995, p. 260). Working in a team not only provided a way to share the load of teaching and assessment but also presented an opportunity to gain experience from others and draw on their strengths showing the value of team members' contributions. In this way, indicating the presence of an informal CoP where people who share a

concern or a passion, learn how to do the shared activity better as they interact regularly (Cruess et al., 2018; Van der Zwet et al., 2011).

> *They(students) do MCQs and EMIs type online, so I set that paper up - by and large, myself and K, we kind of…set it up and K moderates you know, [using a] blueprint according to what we teach them within the course.*

Lee-Ann brings her know-how of assessment to bear on her project, displaying the cultural resources she accumulated over time, by drawing on the ideas, knowledge and theories of assessment gained from informal courses and experience during medical education, as well as the professional education that developed the knowledge and skills to practice, to take on the professional identity and to think, act and feel like a medical doctor. This gives Lee-Ann bargaining power to effect the desired change and to direct her colleagues when needed (Archer, 1995, p. 297). Archer maintains that "agents with high access to all resources will be in the best bargaining position" (Archer, 1995, p. 300).

> *We've had a recent situation where in a course, the assessment was on a Friday from 12 to 1:30, it was over the time which is set aside as not being an examination time within the university, so it particularly affected our Muslim students. The department said but that's the only time in the entire week when we can get together because we run an OSCE of xx or something stations … then to find out oh actually amongst those, two of them are rest stations, so you can run it differently,*

The leadership position that Lee-Ann assumes offers negotiating strengths informed by an understanding of the assessment method, the discipline, and the need to consider the student, thus empowers her to question, review and inform change.

6.7.3 Pursuing the project

In pursuing her assessment project that emerges from the interplay of the structural and cultural mechanisms in the domain of the Real, Lee-Ann draws on her experiences as a student, knowledge of the discipline and informal knowledge of assessment. She has an extensive footprint in teaching and assessing in different academic courses across several years, pre-clinical and clinical years as well as having a presence in various undergraduate committees to represent the course on different departmental committees. Here she has the prospect of transforming the diverse learning spaces for the student and her colleague's contingent on the constraints and enablements.

6.7.3.1 Constraints

6.7.3.1.1 Financial resourcing

For Lee-Ann, financial constraints have a direct impact on what she can do in her practice imposing a structural constraint in the form of the situational logic of necessary incompatibilities. Here the situational logic of compromise requires that her vested interests will need to be adjusted (Archer, 1995, p. 224). The lack of financial resources to enhance the assessment experience of students and thus their learning experience unsettles Lee-Ann. The current assessments across the different years are written, MCQs, portfolio cases with an oral examination, ward assessments, and OSCEs. What Lee-Ann proposes aims to enhance the authenticity of the assessments that are currently conducted across the years. Moreover, it will change the way assessment is considered and enacted.

> *There is no money to get X-Ray machines and the video xxx and you know all of those things which are at the moment in the rest of the world. I am talking about America, Australia, Europe, more so than the rest of Africa, although there are places like in the United Arab Emirates, even some places like Zimbabwe now, Namibia, they are starting to get this high technology.*

6.7.3.1.2 University policies

Archer states that situational logic of necessary incompatibilities within the structural domain set up constraints (Archer, 1995, p. 222). When two or more institutions are necessarily and internally related to one another, but internal relations may threaten the relationship, a state of 'contradiction' ensues, resulting in both parties seeking to balance and maintain their vested interests. However, the challenges and difficulties of both parties may lead them to decide that it is best to maintain the *status quo,* which results in a compromised situation (Archer, 1995, p. 224). While the Faculty of Health Sciences is independent it operates under the auspices of the human resource regulations of the larger university and must abide by it, it risks transgressing the rules and regulations and the relationship between the two entities. Within the current university regulations, unless retirees have scarce skills, it is impossible to employ them. This decision must also be considered in the context that the current retirees may more likely be from the White minority given the history of apartheid in SA and continue their privilege through continued employment and the status aligned with it.

> *In terms of the human resources, there is also this thing that we cannot use post retirees, you know, and retirees are actually the people who have the time available and the people that are still within their 60/70s...*

The emergent structural property sets up a constraint that Lee-Ann is unable to mediate through using her PEPs. This is dependent on the institution to resolve that may have a vested interest which prevents

them from succumbing to pressure to change the appointment of retirees even when the healthcare and medical curriculum are known to lack sufficient human resources.

6.7.3.2 Enablements

6.7.3.2.1 Ideas and theories of assessment

For Lee-Ann, the ideas of assessment opened a space to not only learn what is available, but also signalled what are acceptable and the unacceptable practices in assessment. Learning about assessment provided a situational logic of contingent complementarities (Archer, 1995, p. 243). Archer says that they are the loosest of the four cultural situational logics in this domain the situational logic sets up "opportunity for cultural free play". This presented Lee-Ann with the opportunity to gain knowledge and experience about assessment and to put it into practice. This situational logic creates an opportunity "for novel combinations and applications involving conceptual integration, theoretical reduction or doctrinal extension, all of which have ideational synthesis as their common denominator." (Archer, 1995, p. 244). Here Lee-Ann showed the willingness to not only learn about assessment but also implement best practices.

> *I think what helps my assessment is knowing about assessment, knowing about the kind of Miller's pyramid, just the basic kind of things that there is something that is a Miller's pyramid. That there is something about certain tools test certain things…*

6.7.3.2.2 Collaboration with others

Having a team, to perform the work and offer a critique of assessment, provided Lee-Ann with much needed expertise and assistance to do the work that is required.

> *It helps having a team with people, at least three, four persons who you can bounce things off and that, especially if like we are setting things over three different years or four different years.*

While collaboration offers support, it also ensures that the situational logic of concomitant complementarities of protection results in similar ideas and practices (Archer, 1995, pp. 234-237). It may result in a situation that through cultural density and protection allows less innovation as alternative ways, ideas and knowledge is not aligned with the commitments of the group.

6.7.3.2.3 Educational leader

By the power invested in the leadership position that Lee-Ann holds within the course and the Faculty, she has the authority to inform change at the course and programme level. In her position across the programme, as a medical specialist and academic, she can direct and guide others who look up to her in the leadership position. The situational logics of competitive contradictions force Lee-Ann to confront the ideas of rules and regulations 'traditionalism, habitualism and conventionalism by exposing their

practitioners to the existence of alternatives'. Here she is attempting to engage her colleagues through the situational logic of competitive contradictions making them aware of different possibilities to what they have become accustomed to (Archer, 1995, p. 239).

> *We have got these examination policies manual and we have got progression rules written into our thing and I think it is important for people to realise that what applied even five years ago, may not necessarily apply now and that these things need to be looked at every year or at least every two years.*

6.7.4 Realisation of the project

With her ultimate concerns emerging from the practical order as performative achievement, Lee-Ann works on investing herself in her position. She has wide-ranging teaching and assessment roles that include departmental and faculty leadership positions. The position and roles empowered Lee-Ann to exercise her personal emergent powers and properties that she brings to bear in pursuing her project of assessment. She exercises her personal emergent powers and properties to adapt and align the course requirements with the university regulations, bringing her cultural resources to bear on her project of assessment.

In all her roles, Lee-Ann pays close attention where she needs to invest herself. In making the decisions where to place her effort, she discerns what is important by evaluating the negatives and the positives of the changes that she must make.

Lee-Ann, in her deliberations, considers various options. In the end, she chooses to dedicate herself to enhancing assessment and slowly but surely inserts changes to align for example with the competency-based education model. For example, the rubric serves as a guide for clinicians on the expectations of the assessment and to give students an objective assessment of their observed work.

> *The practical / clinical skills exit OSCE there I've been involved over the years… instrumental I would say, in terms of ensuring that their Rubrics from each departments follows certain things in terms of assessment and the areas in which they're assessed and the training tools the students are you know, clear cut and standardisation amongst examiners…*

In dedicating herself to adaptive, responsive and contextually relevant assessment she realises that 'things' cannot remain unchallenged.

> *I think there are not too many of us picking it up, raising our voices loudly enough about this, but ja (yes), that to me is always a concern. That we think our rules are cast in stone and never shall change but they must change, given certain things ja (yes).*

6.7.5 Reflective comments

While Lee-Ann was dedicated as a social actor and pursued her assessment project, she also faced constraints. The changes used as examples demonstrate that Lee-Ann is aware of the need to review, adapt and change. The shifts are carefully done without imposing but rather facilitating alternative ways of doing carefully having followed a similar career trajectory as her colleagues. Being a medical doctor herself, she is aware of the nature of the hierarchal nature of medicine that may resist forceful attempts to change as she tries to steer towards a CBE model, that holds the promise of better-prepared health care professionals. Lee-Ann shows an awareness of underlying tensions of workload between those employed as clinicians and the academic institution, which can catapult changes off its chosen path. Working within the different years beyond her leadership role means that she is at the cold face of clinical service and education. Here she becomes an insider in the clinical environment rather than an outsider, which strengthens her position and authority to raise and respond to issues of academic concern. Although the power to effect change is possible to accommodate a diverse student body, it is arranged as modest steps so as not to cause too much disruption to the alliance between those in academia and clinical service.

6.8 Chapter synthesis

In this chapter, I have presented and analysed six lecturers' as individual cases, focussing on their assessment practice. I have explored the structural and cultural mechanisms that enable and constrain the emerging assessment practice of the lecturers situated within the undergraduate medical programme. I started by looking to see how lecturers' own assessment experiences and transition to academia shaped their assessment practice. This revealed that the current departmental context played a role in how lecturers enacted their assessment but for most, their prior university experiences of assessment during their disciplinary studies were more profound. Early on, lecturers refined their assessment knoweldge and skills through discipline specific under and postgraduate education, that when assuming the academic position expanded to formal and informal assessment courses including through the execution of their academic and clinical duties.

After each narrative, the morphogenetic framework and analytical dualism were used as analytical and explanatory tools to provide further insight into lecturers' assessment practice. This section began with unpacking lecturers' ultimate concerns, agential powers and properties, how they realised their assessment project taking into account the enabling and constraining mechanisms within their context. Here I observed that the first order emotions that define the individuals' ultimate concerns showing our commitments and personal identity emerged mainly from the practical order as performative achievement. Lecturers' ultimate concerns ranged from wanting to hold students' interest in the

subject, adhering to the prescripts of assessment and to develop safe and competent medical doctors (Archer, 2000, p. 199) (see each case ultimate concerns in this chapter). In articulating their ultimate concerns, the trade-offs and compromises are noticeably as they commit themselves to a particular way of enacting assessment. This process is therefore not fixed, effortless or unquestioning leaving room for transformation. Unsurprisingly, in keep with Archer (2000, p. 199) position lecturers' assessment practice synergised with the historical, cultural and social environment as captured in their narratives. This was evident as corporate agents emerged with well-defined professional identities, whether as medical doctors or scientists, enhanced by the positions and roles they occupied within the Faculty.

In the next section that explored the personal emergent properties lecturers' emergent agential powers and properties such as creativity, collaboration, knowledgeability, adaptability, resourcefulness, perseverance, conscientiousness, enthusiasm, teamwork, and disciplinary knowledge were brought to the fore as they talked about their assessment projects (see each case section personal emergent properties). These dispositions provide fertile grounds to draw upon to develop assessor knowledge and skills that align with student centred inclusive assessment practices.

In the final section of each case, using the illustrative assessment project, I explored how lecturers worked towards and ultimately realised it as best they can, as Archer (1995) posits that individuals can get their ultimate concerns wrong because as people, we are imperfect. Here I observed the constraining SEPs on lecturers assessment practice as the position of clinician-educator and academic, temporary, or *ad hoc* position, the lack of formal induction for those taking on assessment responsibilities, limited leadership support at the time of crisis, appropriate patients and clinical exposure, time dedicated to and work of assessment, administrative policies related to assessment, course rules and regulations and insufficient human resources to administer assessment. The constraining CEPs were less and located as the disjunction between the high regard given to researchers *versus* lack of recognition of teachers.

The enabling CEPs showed that the shared values and knowledge specifically originating from the professional field, having a formal or informal CoP, taking a practical approach to assessment, departmental discourse about assessment, the support from peers and senior members of staff, and autonomy to make academic decisions were important mechanisms to support lecturers' assessment practice. The enabling SEPs included position of authority such as being known as an educational leader and expert as well as participation in committees. When there was better alignment with departmental culture and leadership support lecturers were able to exercise their judgment to enact their assessment yet could still not realise their envisaged projects.

The collective case study of the six cases presented here helped me to better understand the enabling and constraining mechanisms influencing the assessment practice of lecturers working under different employment conditions and learning contexts. Two lecturers were joint appointees, three employed under academic conditions of service and one a temporary appointment. They assessed students that drew upon the learning exposure of students in the clinical environment (years 4, 5 and 6) that included tertiary, regional or district hospitals across the Province and in the pre-clinical years which used classroom-based teaching (year 1 and 2). This chapter revealed that the constraints and enablements were situated at distinct locations, the individual level, classroom and clinical, departmental and institutional as well as higher education and the medical curriculum. This will be discussed in more detail in the next chapter.

CHAPTER SEVEN: CROSS-CASE ANALYSIS OF THE NARRATIVES AT T4 OF THE MORPHOGENETIC CYCLE

7.1 Introduction

In this chapter, I discuss how the interplay between structure, culture, and agency shaped the emerging assessment practice of lecturers in the undergraduate medical programme and whether this led to elaboration or reproduction of practices. I looked for similarities and differences emerging from the theoretical constructs between the cases, and whether a relationship exists between them. In Chapter Five, I clarified the structural and cultural mechanisms emerging from the international, national, institutional, and departmental levels that provide the conditioning for lecturers' assessment practices. This was followed by Chapter Six where lecturers' PEPs interacting with the SEPs and CEPs were unpacked.

My findings, discussed further in this chapter, must be read together with Chapters Five and Six as all three represent the morphogenetic/stasis framework. The findings indicate that the constraints that influenced lecturers' assessment practice in the medical programme included the position of clinician-educator, temporary or *ad-hoc* position, dilemmas of the less valued teacher, the absence of formal induction for those taking on assessment responsibilities, the perceived lack of leadership support, unsuitable patients, time and work of assessment, the teaching schedule, and administrative and regulatory policies. All of the influences arise from the structural domain. The enabling mechanisms emerged from the cultural and the structural domains. In the cultural domain, the influences were observed as the shared values and knowledge about assessment, taking a practical approach to assessment, and the departmental discourse about assessment. In the structural domain, the support from peers and senior members of staff, the autonomy to make academic decisions, participation in committees and the position of educational expert, assisted lecturers. Unpacking lecturers' ultimate concerns and their agential powers and properties helped me to better understand how they realised their assessment project, taking into account the enabling and constraining mechanisms.

In the next section, informed by these findings, I explore how across the individual cases the six lecturers' agential powers mediate the enablements and constraints emerging within different spaces and the consequences of these actions:

- at the personal level;
- at the micro-level of the classroom and in the clinical setting;
- interaction at the level of the macro-level, department and institution, and

- interaction with the nationally level of higher education, medical curriculum.

7.1.1 Personal level

In this study, the experience of assessment provided ideas and knowledge that was valuable to transpose into student learning. Being permanently employed, holding a position of authority and disciplinary knowledge, offered right of entry into the role as teacher and assessor. All were enabling structural mechanisms for lecturers at a personal level. The position of clinician-educator or academic, temporary, or ad-hoc position, research and teaching, the lack of formal induction for those taking on assessment responsibilities, are constraints affecting lecturers' assessment practice. As can be seen, these arise again from the structural domain.

Lecturers in this study took on the role of the assessor in the undergraduate medical programme, following the traditional model of academic entry of holding disciplinary expertise by an undergraduate or postgraduate degree. They were a racially diverse group representative of the changing profile of the South African society, being White and Black (African, Indian and Coloured), including both male and female lecturers. Archer states that as agents we are born into a sociocultural system and acquire its properties sharing the privilege or lack thereof involuntaristically. These become the constraints or enablements for different courses of action which agents may take. (Archer, 1995, p. 277). While race and privilege are intertwined, in the South African context it was intriguing to note that the participants did not explicitly bring race and privilege to the fore. What was noticeable was how the White participants would recall their academic performances as strong, whereas two of the Black participants reported that they had to work consistently and diligently. They may be mindful of their perceived privilege obtained in the position that took hard work to achieve the status that they have, without calling upon race as the reason for their achievement.

> Lee-Ann, 2nd interview, May 2019: *I think [I] just kept at it and kept working at it and that possibly helped me to not have struggles and because as I said through my schooling years, I had a set-up that worked for me when I studied, then I worked, and I studied.*

The subtlety in expressing their academic competence signals for me that hidden mechanisms may contribute to how much or little someone invests in a specific role. Black participants advanced to specialise in their respective medical fields and senior positions through their diligence and challenging education, not preference by ethnicity, which was prevalent during apartheid (Digby, 2005; University of Cape Town, 2003). In developing assessment expertise, it may well be valuable for staff development and the institution to draw on the agential properties and powers of lecturers in their role as assessors. Appealing to the ability of lecturers to exercise agency, critically interrogate their practice and linking it

to a desired outcome such as support for all students, may inspire transformation (Archer, 1995; Mathieson, 2011; Roxå & Mårtensson, 2017).

When I interviewed them, all the participants had spent five or more years at the institution. On entering academia, those holding medical degrees and lecturers from the science field had established professional identities. These identities endowed them with emergent properties, such as the disciplinary qualification for those in the medical field, and for the scientists, their postgraduate qualification as instrumental in taking on teaching. It is common for individuals in the health sciences to pursue learning about education when taking on the position where knowledge and skill are needed to complete the task. It reinforces learning while doing to be able to do the work depending on one's own initiative to pursue the knowledge and skills required (Rodriguez-Paz et al., 2009). This tendency may equally result in taking on board, ways of doing that are not aligned with educational practices of a diverse group of students. Frank, as a primary agent, looked for ways to develop himself educationally. He enrolled in an education degree and pursued informal teaching and learning courses before his appointment, while taking part in other roles in the faculty. Jenny, Arthur, Lee-Ann, and Luke pursued formal qualification or informal courses when assuming the role of assessor, whereas Tim was reliant on his undergraduate and postgraduate experiences that provided the foundations for his knowledge of assessment (Hatem et al., 2006). The tradition of the teacher as someone who has the professional knowledge to be able to teach the future health care professional on entry into academia for most of the participants, was upheld. It outweighed the preparation as assessor.

The enactment of assessment could be strengthened when individuals critically interrogate the diversity of assessment ideas, approaches and practices to inform the decision of why, what, how and when to assess student learning (Bandaranayake, 2008; Boud & Falchikov, 2007; Boursicot & Roberts, 2005; Burch & Seggie, 2008; Cook et al., 2016; Medland, 2016; Silbert & Lake, 2012). Nevertheless, some lecturers, such as Tim and others, took on the assessor role with ease, indicating that there is very little difference between the lecturers' assessment journey as a student and that of becoming the assessor, thus confirming the assumption that achieving professional expertise endows teaching and assessment responsibility. The ideas of assessment emerging from under- and postgraduate experiences were considered valuable; for instance, Tim and Frank learned that their own experiences were important to enact assessment. When Tim wanted to bring in alternative ways of assessment, the limited knowledge about performance-based assessment resulted in the replication of well-known difficulties. The tendency to rely on volunteerism in transmitting the university's intention of multiple forms of assessment, even in a two-week course, as explained in Tim's narrative (see Chapter Six) illustrates the reproduction of familiar dilemmas in assessment (Kogan et al., 2015). Ultimately, spending time in an undergraduate and postgraduate programme provided rich experiences to draw

from, reflect on and take on board, and served as a useful archive of knowledge that became important drivers for the ideas, ways and understanding of assessment. This finding is similar to a study carried out by Matthews and Dobbins (2021), of educators who engaged in reviewing teaching and learning assessment activities themselves learn through the act of doing the assessment. As part of the research, educators received training unlike some of the participants in the current study. Whether the self-learned practices are sufficient to address the aspirations of assessment as innovative, adaptive, and responsive, is questionable, especially given the diversity of students. Luke, Jenny, and Lee-Ann diverged from their undergraduate experiences which may have been perceived as subjective finding the objective evidence-based approaches to assessment relevant, as observed in the methods they employed (Ben-David, 2000; Biggs, 2003). The ideas, theories of assessment, and methods used across the earlier and clinical years indicate a homogenous body of work emerging from the cultural system showing less ideational pluralism resulting in morphostasis (Archer, 1996).

Perhaps institutions need to explore different ways of engaging their lecturers in educational activities beyond self-sought staff development or drawing solely on their creativity (Mathieson, 2011). If not, then the ideas, values, beliefs, theories, and knowledge about assessment emerging from the cultural system shared between colleagues, however well-intentioned, may have consequences for student learning. Lecturers in academic positions had colleagues who could assist, and they participated in committees, which was not always possible for jointly appointed staff, as clinician and clinician educator or an *ad hoc* appointee such as Frank. While Jenny had support from her mentor on entry into academia that guided the initial transition, other lecturers, especially those in joint appointee positions as clinician and clinician educator, were left to fend for themselves. The structural mechanism offered by the academic position can thus enable or constrain. Being in an academic, joint appointee or *ad hoc* position played a role in what was possible in developing one's personal identity. But lecturers such as Frank, Tim, and Luke, became self-sustainable by establishing networks with colleagues who may have a varied knowledge of the educational process to serve as role models and to transfer the ideas of assessment.

Lecturers in the study held prominent positions with substantial assessment responsibilities such as creating, organising, adapting course assessment and acting as examiners. Those in senior and permanent positions such as Jenny, Tim, Arthur, Luke, and Lee-Ann, were more likely to invest in their roles, unlike Frank as a primary agent in a temporary position. The temporary position functioned as a constraining mechanism that prevented Frank's assessment activities. Arthur, for example, as a social actor, could transform his assessment practice using the resources that he developed over a period in the Faculty to give effect to his ideal assessment. While lecturers improved their practices, it was directed at the procedural and methodological level, possibly because of the understanding that getting the methods right will improve the assessment outcome. This demonstrates a lack of awareness that

assessors have diverse ways of understanding, for example, performance-based assessment, which affects their marking and feedback to students. Those with many years of experience versus novices may observe assessment tasks differently, and in addition to methodological issues, different ways of improving assessor decision-making needed to complement existing practices (Govaerts et al., 2011).

> Lee-Ann, 1st interview, March 2019: *…so for each thing (criteria) we've put down at least three things that you must consider in order to give the student a mark for that thing and then professionalism, which is such a big thing, we've like looked at things specifically, attendance, their attitude, communication, teamwork and advocacy…so we've made a point on each of that for each of the categories and then we've also said you can score a student between 52 to 58, if they meet those things,…*

In the study, while lecturers were able to invest and feel that it is a position they can occupy as an assessor, their practices remained conventional evidence-based teacher-led. Beyond including formative feedback, student choice, self, or peer assessment, multidisciplinary or interdisciplinary assessment, for example, were absent. Jenny, Lee-Ann, and Arthur took on the role of social actor investing in their academic position, while Tim and Luke were dedicated to their professional role as clinician-educators (Hattingh & Dison, 2019; McCune, 2019). Tim and Luke's identity, knowledge, ideas, theories, and practices were strongly aligned with their first disciplinary field. In this context, no or limited opportunities were explicitly created to address the academic identity of lecturers as assessors and for those in the clinical environment. Development of personal identity and eventual social actor as an assessor requires an investment in the process to become. The multiple roles of clinician-educators and lecturers who are acting as course convenors, teachers, and assessors, align with the definition of clinician-educators by Kumar et al. (2011). They (2011, p. 498) (2011, p.498) considered "Clinician educators: doctors employed by health service providers, are primarily engaged in clinical practice, regularly teach, and have some or little involvement in research" Kumar et al. (2011, p. 498). Sherbino et al. (2014) suggest that clinician educators apply theory to education practice, engage in education scholarship, and serve as consultants to other health professionals on education issues. Friedman et al. (2019) similarly argue for clinician–educators who possess the necessary competencies to develop new content and, in the process, engage in innovative pedagogies. For those with clinician educator roles, given the emphasis on the first disciplinary field and participating a greater part of their day as clinicians, pedagogical expertise as described above will remain an ambitious project (Geraci, Babbott, et al., 2010; Geraci, Kovach, et al., 2010; Heflin et al., 2009). The lecturers in the clinical environment and academic positions, in this study, struggle to engage with student-centred assessment practices. If indeed the shift is towards a CBME, lecturers will need to be prepared differently for this

way of assessment. Mast et al. (2018) highlight the importance of developing assessors that are competency-based assessment capable and able to assess students that way. The passion for educating students becomes an enabling mechanism (Kumar et al., 2011; Steinert & Macdonald, 2015), a specially those who have invested in the role as evident in the narratives of lecturers, and where the driver is patient care.

> Jenny,1st interview, March 2019: *We just want them to be competent, safe primary care doctors. We want them to know how to deal with emergencies. We want them to know when to refer.*

Lecturers' interest can be cultivated to ensure that they are attuned to the demands of the assessment. In their conceptual model, Li et al. (2021) note that emergency medical care combines the teacher, patient protector, and assessor as a way to start thinking about faculty development for clinician-educators. For them, the assessor mainly functions as an examiner but not someone who takes part in a range of assessment activities, unlike in my study. This highlights that strategic contextually appropriate staff development theories and activities are needed that speak to the lived experiences of those entrusted to assess students (Leibowitz et al., 2015; Quinn, 2003).

> Tim, 1st interview, February 2019: *As I have an interest in academia and teaching medical students, I figured out how to teach as I went along. So, it's a question of building rapport and making them feel comfortable in asking for advice and being honest about their limited knowledge and experience and just helping them through, helping them from zero understanding of a sub-speciality, to a useful understanding from a new doctor's point of view, ja [yes]. That's always very rewarding, I think.*

In this study, having completed their undergraduate and in some instances, their undergraduate and post-graduate degrees at the institution, lecturers had the knowledge of not only the discipline, but they also knew the system as a student. Although they understood and possessed this knowledge, they struggled to go past the idea of teacher-led assessment, many constrained by the contextual mechanisms of human resource limitations. While an individual may know the disciplinary discourse, this should ideally enable critique but may not necessarily be enough to change the assessment system in a course or programme (Daszko & Sheinberg, 2005). The changes may remain at a personal level with fine-tuning of what is current and contextual. Gaining access to the resources of other corporate agents meant that ensuing corporate agents have vested interests in maintaining the positions to which they have access. As shown in this study, lecturers chose to exercise their agency in a particular way that elaborated evidence-based practices being teacher-directed (Archer, 2000).

7.1.2 Classroom and clinical setting

The structural mechanisms which constrained lecturers' assessment practice in the classroom and clinical setting included their multiple roles; time and work of assessment; a practical approach to assessment by weighing up the resources versus what needs to be assessed; the design of the assessment system demonstrated by the teaching schedule and emphasis on the end of course assessment; administrative policies and course rules and regulations. The prior developed ideas and experiences of assessment enabled reliance that particular methods of assessment are the only options. The ideas that emerged enabled the assessment process where the methods are created, produced, administered by the teacher. Using their agential emergent powers and properties, lecturers negotiated the constraints drawing on the enabling mechanisms to develop their assessment practice.

Alongside multiple assessment activities, these lecturers are teachers, researchers, and clinicians, which may impact investment in the role of an assessor, which surprisingly was not elevated as significant. While all these roles are significant and complement each other, they may impact the investment into specific roles. Bray and Nettleton (2007) advocated for the awareness of roles where students and educators are working close to each other. The design of performative assessment in the clinical settings at the time of curriculum renewal is an area that needs attention and may have been overlooked, given the concerns raised by students during the protests. Lecturers may pay attention to other activities, for example, teaching, which leaves little time to engage with what, why and how regarding assessment. Specifically, the summative assessment is relegated at the end of a period of teaching in the study (Meeuwissen et al., 2019; Van Wyk & Van Zyl, 2020).

Even in light of the constraints, lecturers encountered in the study of student numbers, time and scheduling limitations, human and financial resourcing, they inventively mediated the structural mechanisms exercising their emergent personal properties and powers to realise their assessment project (see Chapter Six). The commentaries by lecturers as they explained what they do and why they do it became important drivers for understanding their emergent powers and properties, using Archer's reflexivity of discernment, deliberation and dedication locating their ultimate concerns and dispositions. Here I observed the identified agential mechanisms of creativity, collaboration, knowledgeability, and adaptability at play. Luke realised that it was unethical to include patients in the assessment and therefore, having a performance assessment that included patients, was not appropriate. He included MCQs, portfolios of clinical cases and ward assessments that generated questions for the assessment as well as formative feedback on selected clinical cases. Arthur developed an applied assessment because the integration of knowledge was important for him. Jenny's course assessments integrated burden of disease content adjusting the weighting of questions within the multiple-choice examination, developing rubrics for the portfolio and criteria for the OSCEs/ OSPEs and

also investing to renew and assist the clinician-educators in their role. Lee-Ann included MCQs/EMIs, OSCEs, clinical logbooks and increasing complexity of the rubrics, portfolios of clinical cases as well as a formative multidisciplinary portfolio task working towards a CBME. Frank included MCQ type questions and OSPEs; Tim focussed on MCQs, OSCEs and a portfolio of clinical cases. The preference for end-of-teaching cycle assessment, by its assessment weighting, is dominant throughout both the clinical and pre-clinical years. I observed this as the inflexibility of the experienced assessment system that resonates with the concept of the experienced curriculum which refers to what happens in the classroom (Marsh, 2009). For example, the ward assessment, sometimes called in-course assessment in the clinical years, is the most commonly evaluated element of professionalism. It was always weighted below 50% and, in a few instances, attempts were made to insert assessment during teaching rather than at the end of a teaching period. The summative assessment conundrum as the end of a course cycle and how it impacts learning may well need to be reconsidered to see whether what has been achieved in learning Is indeed what was intended. Students experience summative assessment differently, as explained in Cilliers et al. (2010), who found that student learning was influenced by evaluating the impact of assessment, appraising their learning response, their perceptions of agency, and contextual factors. When designing an assessment system, which some lecturers attempted to do in this study, they need to be cognizant that students modify their learning behaviour to align with the assessment requirements without engaging much with what is required, even when lecturers design assessment to influence learning.

Institutions and the lecturers have the autonomy to decide on what they teach, how they teach and assess while adhering to the SAQA level descriptors, the medical curriculum and the HPCSA requirements. This enables them to explore diverse methods and designs of assessment and collaborate within and across departments. Across all the courses, the assessment methods were unsurprisingly similar. This can easily be attributed to being in the same programme that allows the lecturers to develop their methodological expertise. It is also advantageous for the students as they become accustomed to set ways of assessment. However, it shows the difficulty of implementing assessment in the clinical and the pre-clinical years. Knowledge and skills could systematically become more complex. I did not interrogate the assessments such as the MCQs for cognitive levels, a limitation that affects my interpretation here. The methods themselves signal difficulty in selecting ways of assessment that require assessor judgment. For the lecturers in the study, the only difference in the clinical years was the inclusion of the portfolio of clinical cases, with or without oral examination and ward competence assessments. Other than that, the assessments were similar to the preclinical years synergising with findings in a large scale study by Panadero et al. (2019), where minimal changes were found between earlier and more advanced years of study. Lecturers who took ownership of the

assessment system in the course or as an examiner found it difficult to make changes in their practice, revealing a recognised theory and practice gap (Bligh, 2001; Chahine et al., 2015). The research by Bager-Elsborg (2018) illuminates a reason, that of disciplinary discourse, which creates frames of meaning in which the understanding of change is embedded. The author suggests that under such conditions it is necessary to challenge perceived ideas of what change encompasses. Lecturers' experience, challenges of assessment, having to deal with the day-to-day operational issues of student numbers and finding enough examiners, made it difficult to take on board alternative student-centric ways of assessment. Student-centred assessment requires a different way of operationalising assessment in a system that has been developed to be teacher-led and now is elaborated. As indicated in Luke's narrative, the difficulty is to assess appropriately within the clinical context and the compromise that he had to make.

> Luke,1st interview, March 2019: *The assessment doesn't capture the core learning outcome of what we want so we say to people at the end of fourth year they should be able to interview a patient and come up with a differential diagnosis and the aim of this year is on assessment and not necessarily knowledge, but we still assess knowledge as a clinical skill.*

The lack of resources emerging from the structural domain impacts the ability to be adaptive and responsive and may curtail a change in practice. For example, where it is impossible to be selective about who assesses students due to the lack of human resources, as for some lecturers, it becomes a mechanism that obstructs assessment practice (Archer, 1995). Jenny explains the difficulty of a potential investment in assessment for learning opportunities that explore different competencies.

> Jenny, 2nd interview, April 2019: *We don't have a sufficient workplace base assessment, so it would be awesome if I had millions and lots of people for us to do like something like [a] mini CEX of all patient encounters.*

When the educational systems depend on the temporary staff and the goodwill of specialised individuals who are not employed by the university full time, though financially rewarded, it can challenge the ideals of transforming assessment as learning that is inclusive, student-centred, and responsive. For example, being in a temporary position of ad hoc, compensated for the hours of work means that there is no or limited work security, yet the role requires an investment into the identity of the teacher to deliver the assessment. Equally so, being in a joint appointment position can either frustrate or enable lecturers' project depending on how much clinician educators are willing to invest in the role. It may be an unachievable idea to ask these individuals for commitment to engage in thorough assessment reform beyond superficial changes.

Lecturers drew on methods familiar to them as students, having learned about assessment in formal degrees, informal courses with a self-developed assessment. They were able to alter assessments that were within their spheres of control; for example, Jenny and Lee-Ann included formative feedback, making use of an assessment observer in the performance assessments and student evaluations after the performance examinations as measures to deal with concerns about bias and stereotyping. In this way, they attempted to include students in the assessment process, while still adhering to the rigour of evidence-based assessment. Some changes were initiated in response to the student protest that included removing the oral examination because of concerns raised by students about examiner biases and the unstructured questions with poor marking guidelines. This shows the difficulty in justifying ways of assessment, where examiners need to make judgments that were perceived by students as subjective. The demand for objective assessment, from students and lecturers, perhaps, is one of the dormant constraining mechanisms why assessment is practised the way it is signalling a lack of understanding about how assessment is conceived. Students and lecturers need to explore ways that increase student responsibility in the assessment process. Assessment methods that were less questionable and raised less resistance from students during the protest, such as electronic MCQs/EMIs, portfolios of cases without an oral examination, and OSCEs with no actual patients or OSPEs, remained. Academic freedom is pivotal in deciding what is assessed, how it is assessed and why assess were questioned by students at that time. Students challenge the idea of lecturers making decisions about assessment without considering them (Nhlapo et al., 2020). The student protests, as an opportunity to rethink assessment, resulted in a reworking of the assessment to appease the students when lecturers were under pressure to respond to the students' demands. The consequence of such a decision is that it may have become part of the expectations by students, although, at least for some lecturers, it was not intended as a permanent change.

> Lee-Ann, 1st interview, March 2019: *What bothers me about that is that some of those things were put in place for say for 16/17 until 2018 and then for reviewal and they've never been reviewed and now students certainly accept that as the norm.*

Students may learn to adjust their responses according to a particular course requirement as they learn which patterns of behaviour are acceptable within the institution adapting to the hidden curriculum (Gaufberg et al., 2010; Gofton & Regehr, 2006; Ho et al., 2008; Snyder, 1970). If the assessment is to be used as an opportunity to inform what students have learned, it perhaps should be accompanied by judicious use of both summative and formative assessment (Broadbent et al., 2018). For example, it may require that questions with explanatory responses are posed, which offers an opportunity for feedback. In resource-constrained environments, this may not be possible as it requires examiners to grade student responses. What may be operationalised, for example, as in this study, is the use of

technology to assist the administration of the prior-developed questions as a one-best-answer or extended matching question, which do not require grading post-test construction. It is less likely that assessment will be used to show students where the gaps are in their knowledge and highlight misconceptions that need intervention as the student progresses. Instead, students may become dependent on strategies that do not challenge them.

7.1.3 Departmental level

In this study, at the departmental level, the time-based nature of the curriculum and subsequent human resources required for the assessment were structural constraints to lecturers' assessment practice. The culture of assessment that was functioning within departments whether academic or clinical, provided a rich source of ideas, knowledge, and theories to draw from creating an enabling environment. The clinical department created a space to share ideas and thus provided support to lecturers; for example, for Luke, the department provided colleagues who rarely refused to participate in teaching and assessment. However, the Departmental Education Committee that should engage with academic concerns, question, evaluate, and direct them where necessary, as a structure with the emergent powers and properties, chose to function as a practical advice body (Archer, 1995). If collectivities share the same ideas and knowledge-base and there is no or limited critical engagement or challenge with ideas, they will serve to endorse the current situation. Where departments provide limited space for challenging ideas and practices it can restrain engagement with alternative ways of doing. In contrast, although Jenny found some colleagues in her department challenging at times, the support by the Head of the Department who invested authority in her decisions, helped her grow as a social actor. For Frank, in an *ad hoc* position connected to the 1st year medical programme rather than a department, informal support by colleagues provided a collegial environment but not the power to leverage his position to advance his assessment project.

The medical programme follows a time-bound curriculum with specific entry and exit points with all academic activities to be completed within a specific time, including the assessments. This contributes to the pressure on lecturers especially those in the clinical years who are already stretched, to complete the academic requirements of the course. The traditional Apartheid curriculum and resourcing may have been more lenient towards assessment using a version of the apprenticeship model and subject-specific courses, at least for White universities (McKimm, 2007). Student cohorts were smaller and less heterogenous racially and in learning abilities.

> Jenny,1st interview, March 2019: *Because we have to examine five courses and we have a limited staff, we can't be choosy about who goes on the roster. We know there are people who are quite hawkish examiners and in an ideal world should not be on the roster, but we just don't*

have the luxury of doing that. We have so many students to assess and so few staff that everyone just has to examine. It is just an unfortunate truth.

After the review of the medical curriculum, it was expected that courses follow a spiral curriculum, aligning the academic standards with the quality assurance process of HEQSF, learning outcomes and notional hours. However, as mentioned in Chapter One, the earlier transformation of the health care system reduced the human resources at the tertiary level where some clinical rotations are still being performed (Benatar, 1997). As a spiral curriculum, the content was thus meant to progressively increase in depth and difficulty from year to year. Lecturers, such as Arthur in the pre-clinical years' experience demonstrated, the complexity of developing integrated forms of assessment that ultimately developed into, for example, one examination written paper, but limited integration at the question level. Similarly, all the lecturers in the clinical years administered course-specific assessments, even with human resource constraints. The assessments encompassed evaluation of knowledge, skill and behaviour. For example, Tim's assessment included three different methods administered every two weeks. While some lecturers managed to create integrated forms of assessment, this was not done consistently across the years and was evident in the earlier years of the clinical programme, year four. It shows the complexity of the theory-practice gap in assessment where there is sufficient knowledge to adapt the existing system but not enough to develop alternative forms of assessment.

Lecturers encountered different structural and cultural mechanisms that either facilitated or constrained their practice (Luckett, 2012). For Frank, the situational logic of necessary complementarities required him to work within the designated teaching schedule limited the attempt at alternative ways of assessment (Archer, 1995, p. 220). Arthur was confronted with the situational logic of constraining contradictions which resulted in the development of self-designed assessment without imposing it on anyone else. The knowledge that Jenny gained from the postgraduate degree enabled her to critically engage with the ideas of assessment, not only as she was taught and assessed, but also within the course that she was responsible for. At the cultural level, the situational logic of concomitant complementarities came into play. Gaining knowledge of assessment made Jenny a knowledgeable other in her discipline.

The model of the curriculum with Faculty-based courses and a dispersed clinical model dependent on clinicians or clinician-educators to deliver assessment and teaching has a complex organisational arrangement. If the assessment designed is not coherently structured from one course to the next, or horizontally and vertically aligned, it depends on individuals far removed from the ideals of the programme espoused in the curriculum documentation, to enact. The fragmented responsibility devolved to the head of departments who are in clinical settings and who occupy academic and clinical

roles may not consider alternative forms such as cross-disciplinary assessment collaborations as important.

7.1.4 National level

Lecturers in this programme encountered systemic level structural and cultural situational logics which influenced their assessment practices differently. Here, the incompatibilities and complementarities condition the practical situations for agents and link the Real with the emergent properties at the systemic level (see Section 3.3.6 Chapter Four for explanation of situational logics). Lecturers experienced incompatibilities as an obstruction to their activities frustrating their day-to-day situations, whereas the complementarities, which were enabling mechanisms, contribute to achieving some tasks without difficulties.

At the systemic level, the White Paper 3 of 1997 provided structural enablement. As lecturers engaged in assessment, they worked on testing students' knowledge accurately, adhering to best practices. Alongside, they were faced for example by the constraint arising from human resource limitations such as the inability to employ retirees who may contribute to lessening the load for those who have clinical responsibilities. In addition, the funding model has direct implications for the institution at large, which prevents the adequate resourcing, human and infrastructure, of increased student numbers. The demands of clinical service and teaching bring the complexity of this relationship to the fore. Jenny articulates the unstable relationship that emerges where the act of teaching becomes difficult due to the nature of the work environment of clinicians. It is accepted as necessary that teaching and research will happen and each one will have something to gain from the situation, however difficult. Jenny experiences this as the demands on assessment increases due to the number of academic courses offered, the increasing number of students, insufficient human resources and the student protests. This requires compromises that prevent changes to assessment that may incur more discontent from the overburdened clinician-educators. In contrast, Lee-Ann believed that the financial constraints have a direct impact on her ability to innovate, imposing a structural constraint. Her vested interests will need to be adjusted, requiring her to work within the limitations imposed by the financial impediment (Archer, 1995, p. 224).

> Lee-Ann, 1st interview, March 2019:*… so for me the kind of resources, both human as well as physical, financial resources, are a hindrance.*

At the level of culture competitive contradictions was brough to the fore; for example, Arthur decided to pursue his method of assessment but remained within the integrated course, abandoning his idea of an integrated course assessment resulting in the unification of ideas operative within the course (Archer, 1995, p. 233). However, the situational logics of concomitant complementarities helped Lee-

Ann to exercise her powers of reflexivity to confront the ideas of academic rules and regulations and expose her colleagues to different possibilities from those to which they have become accustomed (Archer, 1995, p. 239). As Frank pursued his project, the ideas that he held and that of others reinforced the acceptability of a set of ideas that were helpful towards reproduction.

7.1.5 Elaboration of assessment practice

This chapter set out to explore how the structural and cultural mechanisms interacted with lecturers' emerging powers and properties on a personal level, in the classroom, and clinical spaces as well as at the departmental and national levels. Changes in lecturers' position, role, and education status resulted in structural morphogenesis. Similarly, lecturers' agential powers and properties transformed in accordance with morphogenesis as discussed in Sections 7.1.1 and 7.1.2 (personal, classroom and clinical levels). Conversely, the ideas, theories and knowledge of assessment observed as an end product of teaching situated within an outcomes time-bound curriculum; reliance on evidence-based practices as a preferential source of knowledge; assessment created, produced, and administered by the teacher together with the personal constraints discussed in Section 7.1.1 contributed to cultural morphostasis. Kneen et al. (2021) found that change within the control of the individual was more easily achieved compared to systemic change comparable to the finding in this study. This is in keeping with my position in the introduction that some methods and practices of assessment can easily be changed, for example MCQs/SAQ development, adaptation, review, or change and often reused because they function at the personal and classroom/clinical setting. To change assessment practice on a large scale within a programme, including assessment discourse, requires a sufficient number of corporate agents to drive the type of transformation that is championed.

While structural and cultural mechanisms, specifically the Higher Education Act 101 of 1997 and White Paper 3 (see Chapter Four and Chapter Eight Section 8.5), were powerful enablers to advance the broader transformation of the broader higher education system, they also created significant constraints on the lecturers' assessment practices. In this context, they enabled the elaboration at a methodological level of traditional assessments yet created, produced, and administered by the lecturer. The current practices offer a homogenous assessment that inadequately addresses the variability in the learning context, learning demands of an increasing and racially transformed student body that ontologically may continue to see themselves as outsiders. To interrogate the outcomes emanating from a policy level requires further exploration, which is beyond the scope of the current study.

7.2 Chapter synthesis

In this study and in the introduction of this chapter, I reasoned that the influences on assessment practices are multifactorial, emanating from the structural and cultural domains. I have shown that while lecturers were differentially constrained and enabled, some similarities were observed between the cases, specifically for those in joint appointed positions and academics assessing in the clinical years. I illustrated across the cases how lecturers' use their agential powers to mediate the structural and cultural enablements and constraints at different levels. In this process, I determined that lecturers' assessment practices in this study were strategically transformed as observed through the elaboration at the methodological level, but remained teacher led which has implication for the transformation of assessment. In the next chapter, I present a summary of the findings, the study's contribution to the body of knowledge and recommendations to answer the research question.

CHAPTER EIGHT: CONCLUSIONS

8.1 Introduction

In concluding the study, the next sections present a summary of the key findings, the study's contribution to the body of knowledge and recommendations to answer the research question: How does the interplay of the structural, cultural and agential mechanisms condition the emerging assessment practice of lecturers in the undergraduate medical programme? To answer this question in the thesis, I studied the structural and cultural mechanisms that condition lecturers' assessment practice in Chapter Five. I then proceeded to explore if and how the structural and cultural mechanisms condition the emerging assessment practice of lecturers in Chapter Six. Lastly, I probed how the interplay between structure, culture, and agency transformed and/or elaborated lecturers' assessment practice across the cases in Chapter Seven. At the end of this chapter, I reflect on the theory and present the limitations and my thoughts for future research.

8.2 Summary of key findings

8.2.1 Key finding 1: Structural and cultural dissonance supporting the methodological elaboration of assessment

In this study, all but one lecturer occupied a leadership position, and all had substantial assessment responsibilities, as they spend considerable time at the university deeply involved in teaching in the classroom and clinical settings. However, the discourse of assessment as appraising what was taught prevailed. Insufficient human and financial resourcing, scarcity of staff development focussing on assessment, the design of assessment, combined with traditional ideas and knowledge of assessment contribute to the elaboration of assessment at a methodological level. Lecturers were thus able to expand their assessments, as presented in Chapter Six. When methodological pragmatism drives assessment, as observed in these cases, the potential exists that it will impede students' responsiveness to the challenges society faces. The consequence of these practices is that students gain access to knowledge. However, insufficient acknowledgement is given to the opportunities that the growing body of assessment knowledge offers to engage students critically. For example, issues that underlie inequality and inequity in health care such as race, class struggle, and gender bias, to name a few, are evident in health care (Benatar et al., 2018; Whiteside, 2014). The inequalities in SA are to a large extent supported by the history of apartheid that privileged a few based on race. This predisposes poorer communities who are mostly Black South Africans, captured under the term of previous disadvantage and/or marginalised, and who continue to suffer from the multiple burdens inflicted by disease, poverty and possible discrimination (Peters et al., 2008). All people are vulnerable when seeking health care; some may be more so, given the aforementioned statement, which opens the opportunity for

them to be ill-treated because they may be different by race or disability, as asserted by Bourke et al. (2006); Neal and Allgar (2005); Peters et al. (2008) and McColl et al. (2010). It cannot be underestimated how important it is for health professionals to engage with these aspects in assessment (Frenk et al., 2010).

8.2.2 Key finding 2: Interplay of structural constraints and agency facilitate teacher-led assessment practices

In this study, the exercise of lecturers' agential powers and properties, upheld assessment as created, produced, and administered by the teacher. This is illustrated in Chapter Six and Seven, and is enabled by structural constraints (see Chapter Seven Section 7.1). The experienced and accomplished lecturers across the clinical and pre-clinical years showed a preference for selected evidence-based practices. However well-intentioned, such practices lessen opportunities to engage and bring student and other voices and engagement into the assessment process. Furthermore, given the diversity of students in higher education, I assert that unless they are considered an integral part of the assessment process, it restricts the exploration of equitable, non-discriminatory and optimal health care, and the chance to draw on their perspective and experiences, whether as future health care professionals or individuals (Health Professions Council of South Africa, 2008b). Therefore, I argue that at the personal level, assessors require ideas, knowledge and skill that will capacitate them to practice assessment, knowing a wider discourse of assessment and to manage unanticipated challenges within their context.

8.3 Implications of the theory

To answer the research question, I drew on social realism's assertion that social change is influenced by the agents' ability to mediate the constraints and enablements within their context. It enabled me to see the assessment practices of lecturers in an enlightening way, resisting the urge to reduce the events and experiences to mere descriptions of assessment. It helped me to preserve the perspective of individual's reality by not losing sight of the processes at play within their environment. I used a qualitative, case study research approach, gathered interview data, assessment and other relevant documentation, as discussed in Chapter Four, from participants over a nine-month period, to better understand the assessment practices of the six lecturers situated within one medical programme. During the research, I used the morphogenetic/stasis framework and analytical dualism as analytical tools, together with critical discourse analysis, to analyse the data (see Chapter Three on the Theoretical framework, and Newman, 2020). Through engaging with the theory and through the analysis, I have come to develop an appreciation for the influence of policies, position, profession, role of course convener and assessor, medical programme and discourse on the practices of lecturers. I have learnt that disciplinary expertise and ideas about assessment, are deeply embedded within the fabric of the

six lecturers' practice of assessment, whether originating from the science or medical fields, even with informal and formal education knowledge. I have come to realise that my prior understanding of what is needed to improve the assessment practices of lecturers may have been seen as an imposition of practices and thus may not have achieved the desired aim, although well - intentioned. Through the study, I have come to realise that the induction of new staff and revitalisation of experienced staff to enhance ongoing assessment transformation, are essential.

8.4 What this study adds to the body of knowledge

In undertaking this research, I have sought to join the existing debates and discussions about the influences of lecturers' assessment practices. The study provides exploratory detail about the influences on lecturers' summative assessment practice, that can be viewed as a limitation and as an opening for further exploration. As a limitation, it does not provide all the answers accurately measured and accounted for; rather, the study is informed by a social realism position that humans are fallible, and knowledge is socially constructed. Thus, the claims I make here were learned at a moment in time, within a specific context. As an opening for further exploration, the study adds to existing knowledge that expands on the influences from a South African health sciences education system perspective, illuminating the ways in which structure and culture manifest, relative to agency in assessment (see Chapters Six and Seven). In exploring lecturers' assessment practice in this study, I align with Mamdani (2019), that emphasis on the need to theorise our realities in Africa is crucial, while balancing global and local knowledge. I argue that for transformation to occur beyond the individual level, there must be national and institutional alignment with the assessment context, which must acknowledge the active and dormant systemic mechanisms that condition but do not determine lecturers' agency.

In this study, lecturers were differentially constrained, both culturally and structurally, to transform their assessment practices. They exercised their agential powers and properties to elaborate the ideas and theories to develop teacher-led best assessment practices. The consequences of these practices are that while students are gaining access to knowledge, the question should be asked as to whether this is sufficient, given the broadening possibilities of assessment knowledge and the variability in learning demands of a growing and racially transformed student body. When designing staff and academic professional development opportunities, the need to be attuned to the contextual mechanisms within the structural and cultural systems that have the potential to condition lecturers as assessors, are essential. The discussion in Chapter Six and Seven signals that engaging uncritically with practices and ideas may contribute to the ill preparedness of lecturers for the challenges that emanate from assessment, observed during the student protest and the current COVID-19 pandemic and mentioned in the introduction. For lecturers, racial transformation, which is an imperative in South

Africa, must be accompanied by a broadening of the ideas that underpin their assessment practices. If not, the challenges within the context will impact how much or how little they can do.

The practices lecturers will engage with influence the learning and preparedness of students for future practice, which is undetermined fittingly demonstrated by the evolution of the COVID-19 pandemic. This cannot happen without changes at the level of policy, such as a rethink about the graduate competencies of the medical curriculum that currently envisages graduating a generalist with knowledge for specialisation. In keeping with critical realism that underpins social realism, the aim was to highlight processes that may prevent equitable and just assessment practices. If institutions want to meaningfully contribute towards the transformation of society, especially where education is a means to improve the livelihood of the most disadvantage members in society, they may need to consider assessment differently. Institutions of higher learning may need to consider how they create positions and roles; endorse ideas, theories, and knowledge; aspire to provide space, and how to support lecturers. Institutional leaders need to rethink the professional preparation, renewal, and continual support of lecturers as assessors who make decisions that indicate that medical doctors have the desired competencies to provide health care to members of society.

8.5 Recommendations

8.5.1 Recommendation for the transformation of assessment

I reason that under circumstances, as operative in the study, assessment literacy and theoretical knowledge that engages critically with the reliance solely on scientifically verified competencies as capable of logical interpretation, is required. In addition, improved infrastructure and information systems are needed to enable internal and external educational and societal scrutiny (Carless, 2009). Further, the human resources to innovate, adapt, administer as well as evaluate assessments, are essential to make a difference in the lived assessment experiences of lecturers. As part of this process, it is important to disrupt the central conflationary tendencies , where ‘the parts’ and ‘the people’ are considered equally important, that is, where it is operative in unifying the roles of the health care professionals, assessors and teachers as one (Archer, 1995). At the institution, this requires a rethink about the suitability of the lecturer and clinician-educator roles for the educational transformation imperatives at the level of the empirical.

As important as it is to learn about the disease and the management thereof, visible through the attention to the local burden of disease in the study, it is likewise important to develop graduates who can contribute towards a just and equitable society. Assessment must address issues visible in society and experienced by the members of society such as race, class struggle, gender bias, discrimination, to name a few (Betancourt, 2006; Lane et al., 2008). Exposing students to these aspects in assessment is

challenging. Nonetheless, it reveals the ability to provide health care to all as a precursor to ensure that patients received the best possible health care, especially in disadvantaged and marginalised communities.

8.5.2 Recommendation for staff development and institutional leaders

To prepare lecturers for ideals espoused in the South African higher education, policy development cannot be a generic exercise (Department of Higher Education and Training, 1997, 2014). What may help is to offer different models for different levels of staff who assess students, those who are new, experienced and those dedicated to the role of a clinician, highlighting how to transform practice (O'Sullivan & Irby, 2011). The induction for staff when they take on an educational leadership role, for instance, being responsible for an academic course, should not be discretionary. Especially where programmes are dependent on the variability of people who examine students and where concerns about discrimination, stereotyping and racism are present. Staff development models and theories ought to be accompanied by the student perspective and experiences that extend past emergencies and confrontation (Blitz et al., 2019). Moreover, the voices of lecturers whether in full or temporary appointment, curriculum developers and programme leaders, are vital, and all may benefit from knowledge that enables them to engage critically with the pedagogical demands of a transformed assessment system.

It is essential that staff developers and institutional leaders work with lecturers to reimagine their practice of assessment, as the transition towards student-centred inclusive assessment does not happen automatically even for experienced lecturers (Ottenhoff-de Jonge et al., 2021). It may help to illustrate how lecturers can use their agency resourcefully to engage students critically with issues that confront South Africans entering the health care sector (Office of the Health Ombuds, 2016). Institutions can do well to capitalise on the agency of lecturers to support assessment innovation and creativity. At the same time, it may be useful to draw on the passion and dedication of sharing knowledge to make it easier for teachers to rethink their practice (Leibowitz et al., 2012).

Although the inclusion of patients is not advocated in standardised assessments, patients play a pivotal role by changing the abstract and sometimes decontextualised concepts and skills into tangible actions when students interact with patients. The variability of patients medical condition as recognised by participants in the study, and issues such as lack of observation in the workplace of students combine with poor feedback are historical contestations assessors struggle with (Watling et al., 2016). However SA, with its transformational agenda and historical imperatives, needs to find ways of including the patient voice in the assessment system. Members of society from previously marginalised communities make use of public health care services where students are educated (Lehohla, 2013; Maphumulo &

Bhengu, 2019). They can be included as part of the assessment design team, or as an evaluator of the health care services provided by students. Patients lived experiences of health care have much more to offer an assessment system. They should not only be considered as appropriate or inappropriate for performance-based student assessment or as case studies.

The formal inclusion of teaching knowledge and skills, integrating agency into the undergraduate curriculum for medical students, cannot be underestimated in SA (Roxå & Mårtensson, 2017). It will serve two purposes, making the education process transparent for students, which is important in SA given its history. It will also provide students with the foundational knowledge to inform and problematise their future educational practice. Of course, doing so requires a rethink of the purpose of the medical curriculum and the knowledge it purports to endow its students with.

8.6 Reflections on the Realist Social Theory

In the process of engaging realist social theory, I drew on assessment discourse and knowledge that is student-centric and acknowledges the diversity of the students as meaningful in the learning process. Practising assessment thus becomes authentic, engages students in the process, designs assessment strategically for learning, skilfully decides on methods to assess students and innovates, uses technology intentionally, and creates collaboration. Through lecturers' reflexive deliberations, I was able to see how they exercise their agency. During the research process, I gained a better understanding of the elaboration of educational practices and the investment of self in the decisions that were made (Clegg, 2005). The theory serves as a powerful anchor to clarify and explain these aspects of how assessment works. It was possible to see how agents confront problems in their context with the interests or projects that they pursue. The concept of agency that brings about change through mediation, provides powerful conceptual and analytical tools. However, it may overemphasise agency as a change of structural and cultural systems within education, where it is difficult to separate the individual and context.

8.7 Limitations of the study

The findings presented here (noted in Section 4.7) relate to the small sample situated within one programme and institution in South Africa, following a six-year medical programme. Certainly, the findings must be interpreted in this context and may not be applicable where the context and national imperatives are vastly different to what has been discussed in the introduction. I hope, however, that other researchers (as discussed in Section 4. 8) functioning within multi-disciplinary curricula, resource-challenged environments, societal challenges of inequality and engaging with different forms of knowledge development, may find the research useful to further explore the theory-practice gap of assessment by means of a larger study. Again, the nature of this research is not for generalisation and

is centred on the lecturer's assessment practice described by them which can be different to their enactment of it. It is but one small part for me of the task of grappling with improving assessment practice.

8.8 Directions for future research

It is concerning that at this stage of knowledge development, students are still used as the first port of call for inexperienced assessors. There is an urgent need to move away from the tendency to see students as the right of entry into academia and to learn by doing as part of the assessment in an ever-changing world. Rethinking the historical tradition will require exploring alternative ways of assisting lecturers in their assessment role.

Becoming the assessor is an area that needs further exploration. In the short term, staff development initiatives must distinguish between the educational needs of experienced staff versus novices entering academia and how best both should be supported (Behari-Leak, K. personal communication, 2021). What such a programme would look like, is the work of future research. But alongside this, both student and staff need to broaden their understanding of assessment. It will help to stimulate questioning and critique while offering an opportunity to create different ways of assessment.

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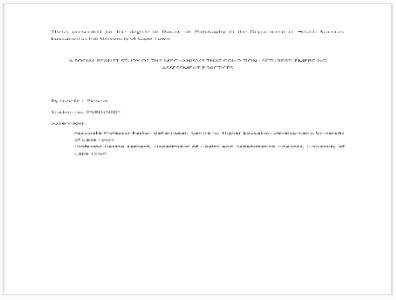

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LIST OF APPENDICES

Appendix A

Guiding interview questions

1. What do you think are the most important influences on assessment within a) your department and b) the institution c) the health system?
2. What do you think support your assessment practice?
3. What do you think hinders your assessment practice?
4. Is the undergraduate assessment talked about in your discipline and the department?
5. What is your personal view of the undergraduate assessment you are involved with?
6. What expectations do you have of the students in your course?
7. How do you assess your course?

Appendix B

Reflective question

Reflect on key incidences and moments that influenced your assessment practice. Use moments in your personal (this can be from childhood to university) and professional (training to be a medical doctor or specialist) life to depict what, how and which factors affected your thinking about assessment.

Appendix C

PARTICIPANT INFORMATION AND INFORMED CONSENT FORM

Participant information

Study: A social realist case study of the mechanisms that condition lecturers' emerging assessment practices

Investigator:

- **Primary**: Lunelle Pienaar

Supervisors: Dr Kasturi Behari-Leak and Prof Harsha Kathard

Dear Study Participant

You are invited to take part in a study for research. We are conducting a study to develop an understanding of the factors that influence lecturers' assessment practices such as in the selection of knowledge and the skill which are assessed. Data obtained from this current study will be submitted as part of obtaining a doctoral degree and publication.

As part of the research, we wish to interview lecturers within years 1-6 of the medical programme who are willing to participate. The interview will consist of a one-hour interview followed by about 45 minutes completion of life history and obtaining assessment data which includes course learning outcomes and assessment information shared with students.

Note that you are under no obligation to become involved. Even if you agree to be in the study, you are still free to withdraw at any time without any disadvantage to yourself.

Purpose of the study:

The purpose of this research is to provide an in-depth study of the opinions, processes and actions that influence lecturers' assessment practice. Using this knowledge, we hope to inform faculty development initiatives whose aim is to support educators in the fulfilment of their changing role, that is to facilitate students' ability to utilise analytical thinking, skilful judgement and practice. Educators in health sciences are made up of lecturers and clinician-educators that prepare students to work in a society that recognises and respect differences of race, class, privilege, gender, religious and spiritual beliefs as well as medical knowledge and skills. However, as early as 2010 Frenk et al., argued that traditional curricula have resulted in ill-prepared health professionals that are unable to address the 21st century needs of communities. They argue that health sciences education should develop graduates that can contribute towards a just and equitable society and be responsive to the local health challenges.

Educators enable students to develop the knowledge and skills required to address the evolving health care needs of their communities. They inform the curriculum as the official documentation that includes the goals of teaching and learning, the instructional methods and materials as well as the assessment. The curriculum shows the envisaged aspirations of society as well as the curriculum that is ultimately implemented. A curriculum also demonstrates what was learned by the student through the assessment system. Assessment is purported to support the learning experience of students, if this is so, understanding the institutional context, educator and the local needs must be considered.

Selection of participants:

As part of the research, we wish to interview lecturers within the six-year medical programme who are willing to participate. You have been selected to participate in this study as you are responsible for the assessment in the medical programme.

Description of the study:

Over a three to six-month period time will be scheduled to conduct in-depth individual interviews with educators. This will consist of a one-hour interview with each educator. During the interview questions regarding the school, professional training will be asked and recorded. Part of the interview will ask you to document events and moments which affected your assessment practice whether personal or professional in your own words using a self-identified timeline. You will be asked to show assessment documentation such as the learning outcomes, student grades and tools used to assess students during the interview. Once the interviews are transcribed, they will be shared with you to confirm the correctness of the interview data and thereafter coded and checked for consistency.

Risks and Benefits:

You will not directly benefit from the study, but the results of the study could enhance assessment practice and support personal professional development by bringing in an expert on assessment to address issues raised within this research. You will receive no financial compensation for taking part in the study. However, the benefit for you would be able to reflect on your assessment practice as a lecturer. It is recognised that you may through reflecting on your practice experience potential anxiety or emotional discomfort it is anticipated that this would be minimal. Minimal risk is expected to be no greater than would be encountered in your daily work life or during the routine performance of the assessment itself.

Confidentiality:

- All data will be kept in a safe space in the principal investigator's office.

- Any identifying items that will be altered to protect your identity, will be replaced by codes in the analysis of the data.
- Your identity will not be disclosed in the write-up of the study.

Other important ethical considerations:

This study was approved by the Human Research Ethics Committee of UCT (HREC Ref: 651/2018). This means that the research is ethical and that it is safe for any person to take part in the study. The study will be performed following the principles of the Declaration of Helsinki (2013) and the laws of SA. Participation in this study is by your own free choice. You have the right to withdraw from the study at any time without stating a reason.

Contact Information

If you have any complaints regarding the ethics of this study or questions about your rights, please do not hesitate to call the chairperson of the UCT Human Research Ethics Committee, Professor Marc Blockman on 021 406 6496.

For any other questions regarding this study, please contact:

Lunelle Pienaar Tel 021406 6827 Email: lunelle.pienaar@uct.ac.za

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Declaration by investigator:

I declare that I did not force the participant to take part in this study and that I will do no harm to the participant. I will ensure that their personal information is kept confidential and that their privacy will be protected.

Lunelle L Pienaar

Investigator name (print)

……

Investigator signature

……

Date

Appendix D

Recruitment email

Dear Study Participant

My name is Lunelle Pienaar, and I am a student in the Department of Health Sciences Education at the University of Cape Town. I am inviting you to take part in a research study that aims to develop an understanding of the factors that influence educators' assessment responsibilities such as the selection of knowledge and the skills which are assessed. Data obtained from this current study will be submitted as part of obtaining a doctoral degree and for publication.

As part of the research, I wish to interview lecturers within the medical programme. The interview will consist of two one-hour interviews followed by completion of life history and obtaining assessment data which includes course learning outcomes and assessment information shared with students. You are receiving this information as you are responsible for the assessment in your course.

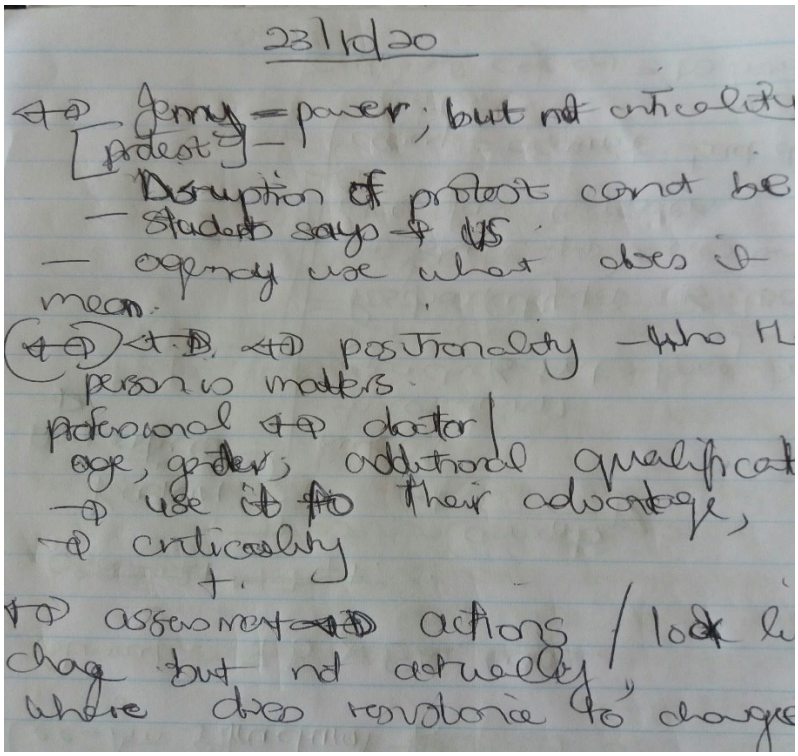
By receiving this information, you are under no obligation to become involved. Even if you agree to be in the study, you are still free to withdraw at any time without any disadvantage to yourself. If you would like to participate or have any questions about the study, please email or contact me at lunelle.pienaar@uct.ac.za.

Thank you

Lunelle L Pienaar

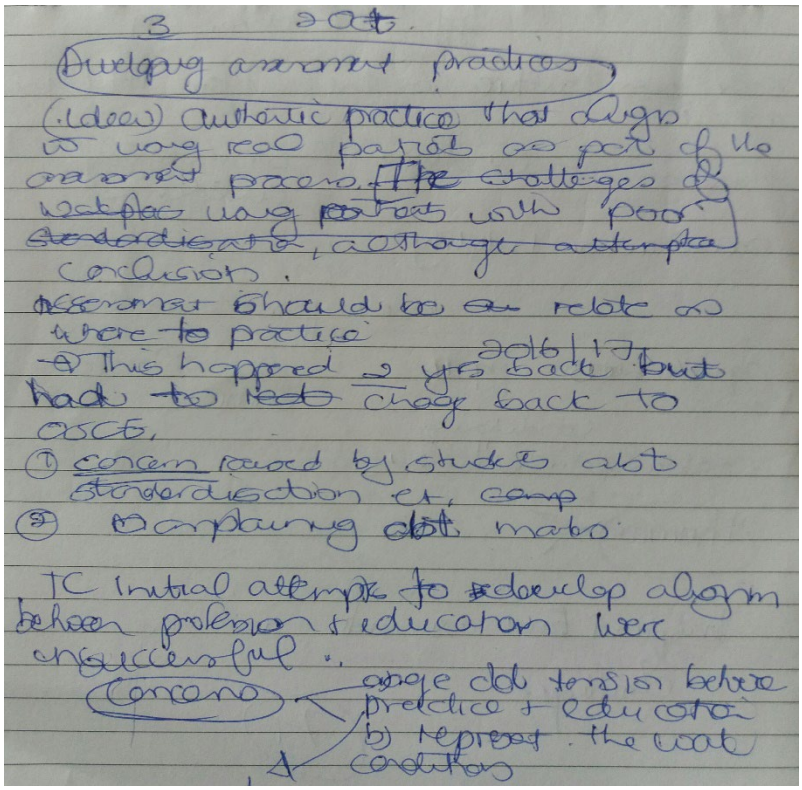
Appendix E

Reflective diary extract



23/10/20

Jenny = power; but not articulate
[protest] –
Disruption of protest cannot be
– students says + US
– agency use what does it
mean.
positionality – who
person is makers
professional + doctor
age, gender, additional qualification
– use it to their advantage,
– critically
+
assessment + actions / look
change but nd actually
where does resistance to change



3
Developing assessment practices
(Idea) authentic practice that aligns
to using real patients as part of the
assessment process. The challenges of
using patients with poor
standardisation, although attempted
conclusion.
Assessment should be as relate as
where to practice
– This happened 2 yrs back 2016/17 but
had to change back to
OSCE.
① concern raised by students abt
standardisation et, comp
② capturing abt marks

IC Initial attempts to develop alignment
between profession + education were
unsuccessful.
Concerns – change did tension between
practice + education
b) represent the real
conduction

Appendix F

Example 1 of Lecturer interview transcript and coding

Document	Quotation Content	Example of Codes(constraints)	Example of Codes(enablems
Arthur11march19	my idea in the olden days was we would have a station where subject A and B would collaborate and create an OSPE, normal and abnormal where subject C and D would collaborate but that hasn't happened so now we have a subject A station and a subject D station and a subject C station and I worry whether that is integrated, that for me is not integrated. It is just like a silo thing again. Although, we are covering cases, PBL cases where there was kind of integration. I just see a little bit of a mismatch.	barrier lack integration project of assessment &organisation of programme?	formed (historic) CoP
Arthur11march19	I think it is the nature of the short answer questions. We will have a case scenario, let's just say related to xxx and then we will ask the students to describe xxx formation in an xxx and we will ask them to describe, can you explain why there would be certain sensory and motor losses at a certain level and then you bringing the subject A in for example and then subject B may talk about some of the anomalies on the xxx and so it is integrated in the sense that it is around xxx but the actual questions are very specific to that discipline and I think I have been able to move away from that because I have been using a clinician for the intergrated assessment but for the SAQ and the OSPE and the EMI, MCQ, you would need a generalist to be overseeing that process or posing the questions or even marking and we don't really have colleagues that are able to do that, that kind of generalist approach. I think in the past there were people who could and an example was DB from subject D had an excellent oversight over many disciplines but now I think folk have tended to just present their kind of disciplines approach, that is my take on it because we using specialists for teaching or assessments so they would be specialised in their discipline and that would be their approach and also I don't mean it in a negative way but academics are very territorial. So discipline A does not want me to begin teaching their stuff in my lectures and so what I would normally do is I would say, let's say we doing xxx so what crosses the xxx easily and what doesn't cross the xxx easily and I talk about the xxx that a baby is born with. I	barrier domain knowledge unique to each discipline lack integration specialisations and territorialism ...-why the disciplines are not keen on sharing and integrating with each other?	
Arthur11march19_2	Because we are dealing with specialists I think again, people who are specialising in their field and also I have heard the comment that because the specialists are keeping up to date with information about their topics, it may be that if I begin teaching it, I may be a couple of years behind and I may not be able to keep up to date and I may be teaching a slightly older view of a particular topic and then I see danger there because the students are going to receive two different kind of sets of input and so I think there are a couple of reasons.	barrier domain knowledge unique to each discipline project of assessment specialisations.	
Arthur11march19_2	I think it is the structure of the faculty. You know we have all these departments and divisions and they all participate in undergraduate teaching and so when it comes to teaching, if xxx has been drawn by lumber puncture and has to go to xxx in our little case scenario, what happens in xxx is then going to be dealt with by a specialist lecturing the class and setting the question in the assessment so it is the way the faculty is structured.	barrier domain knowledge unique to each discipline organisation of Faculty organisation of programme project of assessment specialisations structure. (difference between teach in this integrated way but there is a major disconnect between this (PBL) and the structure of the programme and faculty?)	
Arthur11march19	There have been calls to revisit that document and update it and more than a decade later but you know other things happen and 2015, sixteen, seventeen, Bongani last year and other things have happened and we just haven't been able to do it.	barrier time unexpected emergencies	
Arthur11march19	For me there is a danger that I may be so focused on delivering content, that I forget to develop the application and the transferring and all of that because there is a huge amount of content that we have to deliver to this curriculum. Core knowledge is a huge amount.	barrier cognitive skill development content load	
Arthur11march19	Can I also say and I am sticking my head out here but I would suggest that some of our new colleagues we are teaching on the curriculum haven't read that document because it is from 2007. I know what is in that document because I helped develop it but you know twelve years down the line, I don't think people are accessing that document and I think they are teaching what they think is appropriate for this particular topic.	Communication between staff Sharing of curriculum knowledge	knowledge about curriculum, involvement in curriculum
Arthur11march19	In the olden days we used to but in the modern times we don't and we have separate design team meetings and the reason course A stopped coming to our meetings is they said the level of detail is way beyond what they could contribute to because remember most of our design team meetings now are about getting the assessments ready for the students and again sticking the neck out, we have all but given up on having design team meetings that discuss the curriculum or assessment methodology because people don't come or everyone just unhappy at everybody and there is general disagreement because not everybody approves of this curriculum...	challenges CoP participation enablements & organisation of programme	

Example 2 of Lecturer interview transcript and coding

timestamp	Quotation Name	Document	Quotation Content	Example of Codes (c	Example of Codes (e
22:6	I say you also constrained by factors such as student numbers or insti…	Jenny 2-5-2019	I say you also constrained by factors such as student numbers or institution rules or those kind of environmental issues so you can't necessarily always do the kind of assessment that you want to do so you do have to work within what you have. So yes, the faculty does influence. You know you have colleagues who do things in different ways and we have quite a number of colleagues here who have got health professions qualifications so you know when you meet up or at exam boards or at conferences or whatever, you exchange ideas often. So the fact that assessment is in the dialogue of the faculty is helpful.	constraints -student numbers	supportive CoP, sharing ideas of assessment colleagues,
22:10	So increasing student numbers, the astonishing clinical load, particul…	Jenny 2-5-2019	So increasing student numbers, the astonishing clinical load, particularly on our department because we run five courses so we have the most courses of all the departments and we have to assess all those courses so we are having discussions at the moment on how to decrease that assessment burden because people are generally not coping so that is a big problem is burn out. What I am going to say next is going to be controversial but it is how we feel and we often feel bullied by the institution or by the faculty into making exceptions or decisions that are actually detrimental to the university and the degree and potentially to patients as well. Our feeling is that the deanery is in trouble and they often try and force us as convenors to make decisions that are not sound and not in any way contributing to a degree that we can be proud of and that is extremely worrying and I think everybody is traumatised and I think everybody gives into students automatically without even having really scrutinised what the issue is and how whatever decision is made is going to impact on the degree going forward or on other students and so that for me is quite alarming, that we being forced to make exceptions, that is very disheartening and also with no consultation or discussion.	student numbers, governance, compromises, influencers on assessment	
23:1	So that, I think people are genuinely afraid of students and possibili…	Jenny 2-5-2019	So that, I think people are genuinely afraid of students and possibility of what could happen and so just giving in and I find this just alarming. This makes me want to find another job because if this is how our process is going to be undermined then what is the point of assessing. So these kinds of things make us all feel very disheartened and very undermined and losing sight of the fact that there is a person on the other side of this doctor to be so that is the most recent example and there have been others that have made it extremely difficult but fortunately, as I say I have the support of my HOD.	contraints influencer on assessment support structurers	
23:7	we have to examine five courses and we have a very limited number of s…	Jenny2-5-2019	we have to examine five courses and we have a very limited number of staff, we can't be choosey about who goes on the roster. We know there are people who are quite hawkish examiners and in an ideal world should not be on the roster but we just don't have the luxury of doing that. We have so many students to assess and so few staff that everyone just has to examine. It is just an unfortunate truth.	constraints, workload, human resources,	
22:4	I am given essentially carte blanche to change things however I see fi…	Jenny 2-5-2019	I am given essentially carte blanche to change things however I see fit so my HOD doesn't micro manage me, she trusts me with this system and I have been able to make all the changes that I saw fit, obviously with some push backs sometimes from the consultants. So that is particularly important, that you need the big person to be behind you and your methods and what you are doing. If you don't have that kind of support it is going to be extremely difficult to get everybody on board and you not going to have support if you get challenged by students so I think I am just very lucky in that way.		academic freedom, seniority support-structure/ position,
22:8	so supportive factors first. So I have a very good convenor team withi…	Jenny2-5-2019	so supportive factors first. So I have a very good convenor team within the department but at large and across the faculty, the convenor teams are really dedicated and strong and we support each other		colleagues supportive

Appendix G

Assessment Documentation

Participant	Type of document e.g.,	Assessment detail extracted
Arthur	Examination questions, Student course and practical handbooks	Method of assessment
		Global Weightings
		Assessment content
		Learning Outcomes and objectives
Frank	Examination questions	Weightings
		Assessment content
Luke	Examination questions, student handbook	Method of assessment
		Weightings
		Assessment content
		Rubrics
		Learning Outcomes and objectives
		Purpose of the assessment: formative/ summative
		In course or end of course
		Feedback
Tim	Examination questions, student handbook	Method of assessment
		Weightings
		Assessment content
		Rubrics
		Learning Outcomes and objectives
		Purpose of the assessment: formative/ summative
		In course or end of course
Jenny	Student handbook	Method of assessment
	rubrics for OSPE/OSCE, case report	Global Weightings
		Assessment content
		Rubrics

		Learning Outcomes and objectives
		Purpose of the assessment: formative/ summative
		In course or end of course
		Feedback
Lee-Ann	Examination questions, student handbook	Method of assessment
		Global Weightings
		Assessment content
		Rubrics
		Learning Outcomes and objectives
		Purpose of the assessment: formative/ summative
		In course or end of course
		Feedback

Appendix H

National and institutional documentation reviewed

Documentation and or web sources	Reference resource site
Undergraduate Handbook	H. S. F. University of Cape Town (2018)
UCT Assessment Policy	Website https://www.uct.ac.za/sites/default/files/image_tool/images/328/about/policies/Policy_Assessment_2015.pdf
Health Professional Council of South Africa; information about the organisation, ethics and ethical guidelines for health care professionals	(Health Professions Council of South Africa, 2008b, 2015b; HPCSA, 2008)
South African Qualifications Authority assessment	South African Qualifications Authority (2014)
Curriculum documentation	Institutional internal website
Higher Education Act 101 of 1997; White Paper 3	Department of Higher Education and Training (1997); Office of the President of South Africa (1997)
Enquiry into the Circumstances Surrounding Professor Bongani Mayosi's Tenure: Crucible for Senior Black Academic Staff	(Assessment issues raised by students)
Medical curriculum act	Department of Health (2009)