

## Reversal of Fortune

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This article is a tribute to my medical school peers. As a result of their tremendous effort last year, the University of Toronto Faculty of Medicine has adopted a new grading system. This change was initiated solely by the students, and should serve as a strong reminder of their powerful influence in shaping school policy. Remarkably, the students had to face two difficult challenges to achieve their goal: first, they had to overcome a reputation of apathy; and second, they had to overturn a university-wide decision implemented by the Governing Council.

It was during the 1997-98 academic year that these same medical students were first given a golden opportunity to change the way their grades would be reported. Without reiterating the entire debate that took place at numerous Faculty Council meetings, the Faculty of Medicine arrived at a stalemate regarding a new Honours/Pass/Fail (H/P/F) policy that was designed to replace the existing letter grading system.<sup>1</sup> In the hope of gauging student opinion, the medical students were invited to participate in a referendum; however, only 10% of the student body voted on this issue. Without a strong majority supporting the change, the Faculty Council decided to maintain the grading policy as status quo (i.e. letter grading system).

It remains unclear as to why the medical students chose not to take a more active role. One possible reason for their lack of involvement was that the newly proposed grading system would not have been applied to them. The plan was to have the grading system implemented the following year for the incoming class, while the existing letter grading system would remain for the other medical students (years 2 through 4) until graduation. Unfortunately

for the students who were in support of an H/P/F scale, many must have assumed that voting would be futile as the student voice was too weak. Others reported that the referendum should not have been conducted via e-mail because of anonymity concerns. As a student who took an active role in this issue, I believe, sadly, that apathy was the driving force preventing students from voting.

Later that year, by coincidence, the University of Toronto Governing Council appointed a Commission on Grading to investigate the grading policies of the university as a whole. This commission published a report recommending several reasons to change the reporting of students' grades.<sup>2</sup> At that time, methods of evaluation and course grading to assess academic performance varied considerably across the faculties at the University of Toronto; ten distinct grading scales were being used. To eliminate the complexity and confusion, the commission proposed one uniform university-wide transcript. This grading scale was approved quickly by the University of Toronto Governing Council and was to be made effective as of September 1, 1998. Shown in Table 1 is a comparison between the newly proposed grading policy and the existing Faculty of Medicine grading scheme that was to be replaced.

Unlike the first grade-reporting proposal from the Faculty of Medicine, this news caught the medical students' attention and was a source of outrage. This new system would have posed a "negative challenge" to medical students. Under the new policy, a student would have needed to increase his/her performance on exams from 80% to 85% to achieve an "A" grade, while "B" average students would have had to increase scores from 70% to 73%. The fact

that the new grading scale increased the number of achievable grades from four letter grades (A, B, C, F) to thirteen (A+, A, A-...etc.) would have most likely led to an equivalent increase in student competition. A mere 2-3% would now distinguish one student from the next despite a lack of evidence showing that such a narrow margin indicates a significant difference in academic performance. Nevertheless, this would most likely force medical students to spend the majority of their time and energy fervently studying for exams. Under the existing Faculty of Medicine grading system, however, marginal differences were not nearly as highlighted unless a grade fell at one of the three inflection points (i.e. 59%-60%, 69%-70% and 79%-80%). Students were therefore more motivated to explore other interests, such as research or extracurricular activities in order to enrich their medical school experience and develop qualities worthy of a successful residency candidate. The newly proposed grading system would have instead created a student body obsessed solely with marks; surely this was not the educational environment originally envisioned by the Faculty of Medicine.

**Table 1**  
**Comparison of Grading Scales**

†Existing Grading Scale (Pre 1998)	Newly Proposed Grading Scale (Proposed for Sept. 1998)
80-100% A	90-100% A+ (4.0) 85-89% A (4.0) 80-84% A- (3.7) 77-79% B+ (3.3)
70-79% B	73-76% B (3.0) 70-72% B- (2.7) 67-69% C+ (2.3)
60-69% C	63-66% C (2.0) 60-62% C- (1.7) 57-59% D+ (1.3) 53-56% D (1.0) 50-52% D- (0.7)
0-59% F	0-49% F (0.0)

*†Four grades available on existing grading scale  
(Thirteen grades available on new grading scale)  
(Grade point average (GPA) included on new grading scale)*

Students who would have been most affected by the grading change were the third year clinical clerks. It is known that the marks one receives in third year carry the most weight with respect to residency programs. In addition, clerks must adjust to the pressure of working in a hospital for the first time and performing competently while under

evaluation of a staff physician. Many students have reported that most class averages decrease during clerkship because of increasingly subjective grading practices, and the newly proposed grading system would have highlighted any slight decrease in a student's average. Thus, it seems that clerks would have faced tremendous obstacles to maintain a respectable academic standing.

The Governing Council Commission must have had Bachelor degree programs at the University of Toronto in mind when it made its recommendations for grading changes. The report made no mention of the possible impact these changes would have on other undergraduate programs, such as Medicine. To date, no other Canadian Medical school uses a grade point average in its evaluation process. The Faculty of Medicine was also not given fair opportunity to influence the decision as only three members were invited to the relevant meeting. The clearest oversight by the commission, however, was its lack of student representation. Passing this decision in the summer seemed like a deliberate attempt to avoid any potential resistance from medical students.

Aside from the aforementioned grading system, there was one other option available: an H/P/F scale. In this scheme, one would receive a grade of Honours for any mark 80% or higher, a Pass grade for any mark between 60% and 79%, and a Fail grade for any mark below 60%. The commission offered this scale as a fair alternative for a few programs that were grading students on a Pass/Fail system. It was never intended to be a choice of the remaining programs (i.e. Medicine) already using one of the ten alpha-numeric scales. The students thought, however, that the H/P/F option would be appropriate for the Faculty of Medicine because of its similarity to the old grading system with which they were content. For example, instead of reporting a grade of "A" on a transcript for a mark over 80%, one would receive an "H" grade. The only major difference was that one could no longer distinguish between "B" students and "C" students, as both of these categories would be assigned a grade of "P." The students affected by this change, however, would most likely benefit by being able to spend time on other activities and not have a slight decrease in performance change their grades. By finding this loophole in the commission's report, the medical students had become the proponents of an H/P/F grading system.

Having already discussed this issue at length the previous year, the Faculty of Medicine did not want to reexamine the issue unless it was sure to be endorsed by a strong majority of students. Before reopening discussion at Faculty Council, two strict conditions had to be met by the students in order to prove their support for the aforementioned proposal. These included organizing a referendum across all four years

of the program, while showing an acceptable participation rate and approval rate of 85% in favour. Regardless of their poor showing at the polls the year before, the medical students persevered. While the first-through third-year classes voted in a referendum during their first exam to ensure adequate participation, the fourth-year students (many of whom were doing electives abroad) voted by e-mail. The results were very successful. Not only did 92% of the student body participate in the referendum, but 93% were in favour of an H/P/F grading system. With such an overwhelming majority, it would be inconceivable for either the Faculty of Medicine or Governing Council to oppose the student generated motion. Members of both are well aware that grading is a significant portion of a student's evaluation, and students benefit the most if the marks are able to fairly represent academic performance. Nothing would be gained by a grading system that made students unhappy. As a result, both councils voted unanimously to adopt the motion.

The medical students at the University of Toronto should be proud of the unity, organization, and motivation exhibited during these few months. It is important to have a stu-

dent body with a strong interest in school policy. Never before in the history of the Faculty of Medicine has there been a student-led referendum with such convincing results. Thankfully, the student apathy that had prevented an earlier grading policy change has now dissipated. Only fond memories of a new H/P/F system, emerging out of a fortunate reversal of a Governing Council decision, remain. As the study of Medicine continues to evolve, students will constantly be faced with similar challenges. Whether the topic involves tuition increases or hospital closures, it is vital for individuals to communicate varied interests. Only then can we be sure that resultant decisions be met with unified compliance.

#### References

1. Grill A. (1998). Ambiguous policy and student apathy: A dangerous combination. *UTMJ*. 75: 210-211.
2. Foley J. (1998). Report of the commission on grading. <http://www.library.utoronto.ca/medicine/curric/epf.htm#grading>. 1: 1-12.