

## ***Standards for grading and promotion of undergraduate medical students (pre-2016-17 admission)***

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**Approval body:** MD Program Curriculum Committee

**Date of original adoption:** 10 February 2012

**Date of last review:** 12 July 2016

**Date of last amendment:** 12 July 2016

**Date of next scheduled review:** 12 July 2020

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### **Introduction**

These *Standards* serve as an adjunct to the *University of Toronto Grading Practices Policy* and describe the practices of the MD program with regard to determining student grading and promotion. They are in accordance with the Terms of Reference of the Board of Examiners, and are complemented by the MD program's *Guidelines for the Assessment of Undergraduate Medical Trainees in Academic Difficulty*.

### **Application**

The grading and promotion standards provided below apply to all students admitted to the MD program prior to the 2016-17 academic year.

### **Standards**

1. **Authority of the Board of Examiners:** All decisions related to a MD student's grading and promotion are ultimately made by the Board of Examiners, a standing committee of the Council of the Faculty of Medicine. To inform these decisions, the Board of Examiners receives recommendations from the Preclerkship and Clerkship Director and/or individual course directors.
2. **Component marks and course grades:** Component marks and course grades are normally released through the Medical Student Information System (MedSIS).
  - a. **Component marks:** Component marks are not subject to any formal approval, but rather serve as the basis for decisions about overall course standing. Component marks do not appear on transcripts or other documentation provided by the MD program to external individuals or organizations.
  - b. **Provisional (unofficial) course grades:** The MD program calculates numerical grades for each course for the purpose of identifying students whose performance is unsatisfactory and for informing the adjudication of academic awards. Course grades communicated through MedSIS or other means constitute an unofficial record; they are reserved exclusively for internal use and do appear on transcripts or other documentation provided to external individuals or organizations. Provisional course grades in MedSIS are subsequently recommended to the Board of Examiners. (See Sections 7 and 8.)
  - c. **Official course grades:** Upon approval of the Board of Examiners, course grades are loaded into the Repository of Student Information (ROSI), which is the official record and is used by the University to generate official transcripts. MD program course grades are transcribed as "Credit (CR)", "No Credit (NC)", "In Progress" (IPR) or "Incomplete" (INC).<sup>1</sup>

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<sup>1</sup> The shift from an Honours/Pass/Fail system to Credit/No Credit was introduced beginning with the 2009-10 academic year, following approval by Faculty of Medicine Faculty Council in March 2009.

3. *Standards of achievement on individual components, other than professionalism:* With the exception of professionalism, it is the responsibility of each course committee to define satisfactory completion of each component of their course. Specifically:
  - a. *Assessment tools and methods:* With the exception of professionalism evaluations, course committees are responsible for establishing the assessment tools to be used in the course, subject to periodic review by the Student Assessment and Standards Committee (SASC) and/or the UME Curriculum Evaluation Committee (UMECEC). Changes to assessment methods must be brought to the attention of the Preclerkship or Clerkship Director, in accordance with the *Guidelines and protocol for making curricular changes*.
  - b. *Definition of a “clear pass”:* For every marked component in a course, course committees are responsible for defining the numerical threshold above which a student’s performance on that component will be considered unequivocally satisfactory (a “clear pass”) and for establishing assessment tools to measure achievement of this threshold. In many courses, this threshold is 70%. Components on which a “clear pass” is achieved will be recorded as “CR” (“Credit”) in MedSIS.
  - c. *Definition of a “clear failure”:* On numerically marked (scored) components of every course in the MD program, 60% is the universal threshold below which a student’s performance is deemed unsatisfactory (a “clear failure”). Course committees are responsible for defining what constitutes performance above and below this threshold and establishing suitable assessment tools accordingly. Components on which a “clear failure” is achieved will be recorded as “NC” (“No Credit”) in MedSIS, unless extra work is assigned, in which case an interim standing of “CON” (“Conditioned”) on the component will be recorded. (See Section 7c for details.)
  - d. *Definition of “borderline performance”:* Numerical marks for individual components that fall at or above 60% and below the “clear pass” threshold established by the course are deemed borderline. Borderline components will be recorded as “CR” (“Credit”) in MedSIS, unless extra work is assigned, in which case an interim standing of “CON” (“Conditioned”) on the component will be recorded. (See Section 7c for details.)
  - e. *Definition of an “incomplete” component:* Course committees are responsible for selecting any mandatory non-marked components they deem appropriate for the course, subject to periodic review by SASC and/or the UMECEC. (These include, for example, required encounters and procedures in the core clinical clerkship courses.) An interim standing of “INC” (“Incomplete”) will be recorded in MedSIS for any such component that is not submitted or completed to the minimum standard established by the course committee. (See Section 7d for details.)
  - f. *Communication to students:* Course committees are responsible for articulating all of the elements above in a course outline provided to students no later than the first day of the course. Any changes to the assessment methods after they have been made know to students must take place in accordance with the *University of Toronto Assessment and Grading Practices Policy*.
4. *Definition and application of extra work:* Borderline performance on a component or in a course, as well as marginal failure of a component, may lead to the assignment of “extra work,” which is a short program of additional study, assignments, and/or clinical experience to ensure that the student has met the standards of the course. Course committees are responsible for establishing standards of extra work. Extra work is assigned to a student at the discretion of the course director, in consultation with the Preclerkship/Clerkship Director. If the student’s deficit is significant, a further assessment (e.g. a repeat

examination) may be required by the course director and Preclerkship/Clerkship Director as part of the extra work to confirm the student's improvement. If a program of extra work is successfully completed, the original mark achieved on the component/in the course will be allowed to stand. In the event that a program of extra work is not successfully completed, see Section 8b below.

5. *Standards of conduct in professionalism*: Satisfactory professional behaviour is a requirement to achieve credit in every course, and assessment of professionalism is included in every course.
  - a. *Standards of achievement and assessment tools*: In contrast to other components, both the standards of achievement in professionalism and the tools to assess students' professional performance are not the responsibility of course committees, but are instead established by the Professionalism Committee, subject to periodic review by the UMECEC. The standards are described in the *Guidelines for Assessment of Undergraduate Medical Trainees in Academic Difficulty*.
  - b. *Responsibilities related to students with identified weakness in professionalism*: A student who is identified as exhibiting significant weakness in this area, either through routine professionalism evaluations or through other reports of concerning conduct, may be raised before the Board of Examiners by the Preclerkship/Clerkship Director, the course director of the course during which the incident occurred, and/or the Faculty Lead for Ethics & Professionalism. Extra work remediation in professionalism are normally assigned and conducted under the supervision of the Faculty Lead for Ethics & Professionalism.
6. *Standards of achievement in a course as a whole*:
  - a. *Determination of achievement*: It is the responsibility of each course committee to define satisfactory completion of their course as a whole. Specifically:
    - i. *Relative weight of components*: Course committees are responsible for assigning the relative weight of each numerically-marked component that contributes to the calculation of the final course grade. In accordance with the University Assessment and Grading Practices Policy, no single component may be assigned a weight of more than 80% of the overall course grade.
    - ii. *Additional expectations for marked components*: A component's weight notwithstanding, course committees may establish additional expectations for marked components. For example, in a given course, there may be a requirement to achieve 60% on each written exam, in addition to an average overall grade of 60% in the course.
    - iii. *Mandatory non-marked components*: By their nature, mandatory non-marked components are required in order to complete the course.
    - iv. *Professionalism*: See Section 5 above.
  - b. *Communication to students*: Course committees are responsible for articulating all of the elements above in a course outline provided to students no later than the first day of the course. Any changes to the assessment methods after they have been made know to students must take place in accordance with the *University of Toronto Assessment and Grading Practices Policy*.
7. *Meaning of provisional course grades in MedSIS*: Provisional course grades differ in some respects from the final grades awarded by the Board of Examiners. Specifically:

- a. *CR (Credit)* is used to denote that all requirements in the course have been met. This is the grade that will be recommended to the Board of Examiners, barring the availability of new information that calls into question the student's successful performance in the course. (See Section 8.)
  - b. *NC (No Credit)* is used to denote that a student has not been successful in completing the course due to any of the reasons in Section 6a. The recommendation to the Board of Examiners will depend on the student's history of academic difficulty<sup>2</sup>, as described in Section 8 below. If formal remediation is assigned by the Board of Examiners, an interim notation of CON will then replace NC (see below).
  - c. *CON (Conditioned)* is used to denote that a student has been assigned extra work or formal remediation that is pending completion. CON is an interim, internal notation that does not appear on official documentation. The recommendation to the Board of Examiners will depend on the successful completion of the extra work or formal remediation, and on the student's history of academic difficulty<sup>2</sup> as described in Section 8 below.
  - d. *INC (Incomplete)* is used to denote that a student has not completed/submitted certain requirements of the course (marked or non-marked) *without making arrangements with the course director*. Depending on the extent of the delay, even if the student eventually completes the missing requirements, they may still be brought to the Board of Examiners for professionalism concerns in the course. INC is primarily an interim, internal notation that does not typically appear on official documentation. The recommendation to the Board of Examiners will depend on the student's history of academic difficulty<sup>2</sup> as described in Section 8 below.
  - e. *IPR (In Progress)* is used to denote that a student has not completed/submitted certain requirements in the course, *as arranged with the course director*. As an example, this may include a deferred examination or assignment due to illness. Upon completion of the requirements, the component mark(s) will be recorded in MedSIS and the (unofficial) course grade will be calculated and recorded, subject to approval by the Board of Examiners. IPR is primarily an interim, internal notation that does not typically appear on official documentation, as deferred components must generally be completed before the start of the next academic year.
  - f. *NGA (No Grade Available)* is used to denote that a mark or assessment has not been received for a student for reasons unrelated to the student himself/herself. As an example, this may include delayed submission of an evaluation form by the student's supervisor. The MD program takes such situations very seriously, and the course director is responsible for remedying the matter as quickly as possible. Upon receipt of the missing mark or assessment, the component mark will be recorded and the (unofficial) course grade will be calculated and recorded, subject to approval of the Board of Examiners. *A student will never be penalized for incomplete course results due to factors outside their control.*
8. *Principles governing recommendations to the Board of Examiners:* The Preclerkship and Clerkship director, individual course directors, and the Faculty Lead for Ethics & Professionalism will be guided by the following principles in making their recommendations to the Board of Examiners:

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<sup>2</sup> Clear failure of a component, clear failure of a course, borderline performance on a component, borderline performance in a course, and failure to perform satisfactorily on an unmarked component (including professionalism) all constitute "academic difficulty." This is a comprehensive term used to refer to all students who demonstrate weakness in some aspect of the program. It must be noted, however, that each of the situations that comprise academic difficulty is handled differently and may lead to different outcomes, as described in Section 8 and, in more detail, in the *Guidelines for Assessment of Undergraduate Medical Trainees in Academic Difficulty*.

- a. *Successful completion of a course:* A grade of “Credit (CR)” in a course will be recommended to the Board of Examiners if a student:
  - i. has achieved an overall numerical grade of 70% or higher in the course, AND
  - ii. has performed satisfactorily on any non-marked components in that course (including but not limited to professionalism and logging of clinical experiences in courses where this is relevant), AND
  - iii. has met all additional expectations for marked components that are established by the course, as described in Section 6a(ii).
- b. *Remediation:* A program of formal remediation will normally be recommended to the Board of Examiners if a student:
  - i. has not achieved a numerical grade of 60% in a course, OR
  - ii. has not performed satisfactorily on any non-marked components of the course (including but not limited to professionalism and logging of clinical experiences in courses where this is relevant) by the time of the Board’s meeting, OR
  - iii. has not achieved a satisfactory score (as established in advance) on any extra work assigned at the discretion of the course director in response to borderline performance, as described in Section 4.

For further details about remediation, please see the *Guidelines for Assessment of Undergraduate Medical Trainees in Academic Difficulty*. If a remedial program is imposed by the Board of Examiners, credit in the course will not be assigned unless and until the remedial program is successfully completed. If the remedial program is successfully completed, the student will be assigned a new grade of 60% and CR in the course, subject to the approval of the Board.

- c. *Borderline performance in a course:* Either a grade of “Credit (CR)” in a course or a program of formal remediation may be recommended to the Board of Examiners, at the discretion and in the best judgement of the Preclerkship/Clerkship Director or course director, if a student:
  - i. has achieved an overall numerical grade in the course that is greater than or equal to 60% but less than 70%, OR
  - ii. has achieved an overall numerical grade of 70% or higher BUT has not met all additional expectations for marked components established by the course as described in Section 6a(ii), by the time of the Board’s meeting.

The Preclerkship/Clerkship Director or course director should be guided in their recommendation by a consideration of all assessments of the student’s performance in the course (including any trend over time), the student’s performance on any extra work assigned, any available evidence of specific areas of weakness in skills or knowledge, and their experience regarding the relative importance of various aspects of the course.

- d. *Failure of a year and repetition of one or more courses:* Re-registration in the same level of the program and repetition of one or more courses in that level will normally be recommended to the Board of Examiners if a student has “failed the year,” meaning that he/she:

- i. has not achieved a satisfactory score (as established in advance) on a shorter program of formal remediation previously imposed by the Board of Examiners, OR
- ii. has not achieved credit on the first attempt in two or more courses in the same level of the program, as confirmed by the Board of Examiners.

At the discretion of the Preclerkship/Clerkship Director and/or course director(s), a recommendation may be made for a student to repeat all of the courses in the academic year in question or only the course(s) in which he/she experienced academic difficulty<sup>2</sup>.

- e. *Dismissal*: Dismissal from the program will normally be recommended to the Board of Examiners if a student:
    - i. has not achieved credit in one or more courses on his/her second attempt (“failed repetition”), as confirmed by the Board of Examiners, OR
    - ii. has failed a year (as defined above) on two separate occasions over the course of the program, as confirmed by the Board of Examiners.
  - f. *Promotion*: Promotion to the next level of the program will be recommended to the Board of Examiners if a student has been deemed to have successfully achieved credit in every course in Year 1, 2, or 3 of the program, as confirmed by the Board of Examiners.
  - g. *Graduation*: Graduation at the next Convocation of the MD program will be recommended to the Board of Examiners if a student has been deemed to have successfully achieved credit in every course in Year 4 of the program, including a minimum of 12 weeks of approved and assessed elective time, as confirmed by the Board of Examiners.
9. *Deviations from normal practice*: Throughout these Standards, where the word “normally” is used in relation to recommendations to the Board of Examiners. The Preclerkship and Clerkship Director, individual course directors, and the Faculty Lead for Ethics & Professionalism may choose to deviate from the recommendation that is indicated. In such a case, the person making the recommendation must provide rationale to the Board of Examiners for this deviation, and the Board of Examiners will take both the recommendation and the rationale under consideration.
10. *Appeals*: Students may appeal to the Appeals Committee, a standing committee of the Council of the Faculty of Medicine, decisions made by the Board of Examiners..