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Proponent Testimony for HB 2488 on Medical School Tiered Grading

House Education Committee

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I'm pleased to be here to offer my enthusiastic support of House Bill 2488, a forward-thinking measure that mandates a letter grade system (or some alternative method of differentiating performance) at the University of Kansas School of Medicine. This bill addresses a troubling trend in medical education: the shift toward undifferentiated grading systems, such as pass/fail, in the name of "equity." By requiring differentiated grading, this legislation ensures that competence and excellence win out over troubling cultural and political trends that attempt to mute or redefine excellence.

Let us first unpack how medical schools have increasingly moved toward less differentiation among students, ostensibly to advance equity. In recent years, many institutions, including some of the nation's most prestigious, have transitioned from traditional letter grades—A through F—to binary pass/fail systems. Proponents argue that this reduces student stress, fosters collaboration over competition, and safeguards against alleged bias within medical schools.

However, this approach fundamentally misunderstands equity and sacrifices differentiation on its altar. True equity is about providing equal access and resources so that every student, regardless of background, can compete on a fair basis—not about erasing distinctions to avoid discomfort. Pass/fail grading blurs the lines between exceptional and adequate performance, treating a student who masters complex anatomy with the same marker as one who barely meets the threshold. This homogenization has real consequences. Residency directors, tasked with selecting candidates for specialized training, rely on granular evaluations to identify those best suited for high-stakes roles. Without tiered grades, they turn to subjective metrics like extracurriculars, which can inadvertently favor privilege over talent. Moreover, this trend signals a broader cultural shift in academia, where the pursuit of psychological safety overshadows the demands of professional

preparation. In medicine, where lives hang in the balance, such softening of standards is simply unacceptable.

Why, then, is differentiation so vitally important in medical education? At its core, differentiation through tiered grading—whether letters, percentiles, or honors designations—serves as a critical tool for identifying and nurturing excellence. Differentiated assessments motivate students to push beyond the minimum, fostering a culture of continuous improvement. A student earning an A in pharmacology knows they've achieved mastery, inspiring deeper study and research contributions. Conversely, a C signals areas for growth, prompting targeted interventions before deficiencies become dangers in clinical practice.

Consider the ripple effects on patient care. Differentiated grading ensures that top performers are recognized and funneled into leadership roles, research, or subspecialties where their skills can advance the field. In a pass/fail world, how do we distinguish the surgeon with impeccable technique from one who is merely competent?

Furthermore, differentiation upholds public trust. Kansans deserve doctors who have been rigorously vetted, not those who have demonstrated minimal competency by passing their Step One and Step Two exams. By mandating letter or tiered grading at KU School of Medicine, HB 2488 aligns the state's flagship medical program with this imperative.

Finally, this bill protects taxpayers' investments in higher education by demanding accountability from public institutions. Passing this bill will position Kansas as a leader in producing world-class physicians, equipped to tackle tomorrow's health challenges with skill and integrity.

In closing, I ask that you reject the false choice between compassion and competence, embracing differentiation as the path to true equity. Kansans deserve nothing less. Thank you.