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The status of the new AAMC definition of "underrepresented in medicine" following the Supreme Court's decision in *Grutter*.

Issue.

The U.S. Supreme Court decided the University of Michigan affirmative-action admissions cases, *Gratz* and *Grutter*, in the same week that the AAMC Executive Council ratified the new AAMC definition of "underrepresented in medicine." Because of this timing, neither the Executive Council nor the AAMC committee that developed the new definition had the opportunity to consider the implications of the Court's decision for the new definition. This statement is intended to advise schools on the use of the new definition in the context of the *Gratz* and *Grutter* decisions.

Background.

In June 2003, the AAMC Executive Council adopted the following:

"Underrepresented in medicine' means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population."

This action was taken on the recommendation of a high-level committee following several years of discussion and deliberation. The focus of the committee's work was the continued viability of AAMC's then-current definition of "underrepresented minority" (or "URM") as including only African-Americans, Mexican-Americans, Native Americans, and mainland Puerto Ricans. The re-examination of this definition resulted from: (1) the efforts of persons from racial and ethnic groups not included in the URM definition who sought access to the benefits thought to be available to those categorized as URMs (for example, special recruitment programs) and (2) efforts to make AAMC data congruent with recent changes in data collection practices as described in the federal government's Office of Management and Budget Directive 15.

"URM" has been a key concept in AAMC goal-setting and tracking and also has played a role in establishing eligibility for certain AAMC programs and those of some member institutions and affiliated organizations. Since 1969, the AAMC had articulated a goal of "population parity" for including various racial and ethnic groups in the profession of medicine. Efforts to achieve that goal include the decade-long campaign "Project 3000 by 2000," which sought to reach a level of 3,000 URM students entering medical school by the year 2000.

While the Court rejected the process used by the University of Michigan's College of Arts and Sciences to include race and ethnicity factors in a score on which it based admissions (*Gratz*), it approved the approach adopted by the Law School (*Grutter*). Thus, it is now explicitly permissible--within certain constraints--to take race into account to achieve the educational benefits that flow from a diverse student body.

One of the constraints on a permissible admissions program set out by the Court is the prohibition of "racial balancing" as a purpose. The following passage in Justice Sandra Day O'Connor's opinion of the Court was cited repeatedly by the dissenters:

The Law School's interest is not simply "to assure within its student body some specified percentage of a particular group merely because of its race or ethnic origin."(quoting from *Bakke*) That would amount to racial balancing, which is patently unconstitutional.

Consequently, because striving for "population parity" is tantamount to seeking a goal of "racial balancing," both the AAMC and its member medical schools must avoid this formulation as the animating force of our efforts. Instead, institutional language and thinking about the purpose of affirmative action must focus on the educational benefits of diversity. Using this concept, and consistent with the Court recognizing the military and business communities' need for a diverse workforce and leadership cadre, the AAMC views the educational benefits of diversity as including its contributions to improving both the cultural competence of the physicians our schools educate and improving access to care for underserved populations.

Status of the "Underrepresented in Medicine" Definition.

The revised AAMC definition accomplished three important objectives:

1. A shift in focus from a fixed aggregation of four racial and ethnic groups to a continually evolving underlying reality. The new definition accommodates including and removing underrepresented groups on the basis of changing demographics of society and the profession.
2. A shift in focus from a national perspective to regional or local perspective on underrepresentation.
3. Stimulating data collection and reporting on the broad range of racial and ethnic self-descriptions.

Conclusion.

The AAMC definition revised in 2003 should assist medical schools in understanding and responding to their local circumstances. However, in its reference to "underrepresentation," the new definition may be viewed as encouraging "racial balancing," which is expressly prohibited. For this reason, it can no longer serve the intended purpose fashioned for it pre-*Grutter*, namely, as the driver of institutional admissions policies.

Rather, medical schools should base their admissions policies on an explicit articulation of legitimate aspirations: to achieve the educational benefits of a diverse student body, including enhancing the cultural competency of all the physicians it educates and improving access to care for underserved populations.

Adopted by the AAMC Executive Committee, March 19, 2004