

Frequently Asked Questions: Race-Conscious Admissions in Medical Education

March 13, 2023

The AAMC (Association of American Medical Colleges) has developed this frequently asked questions (FAQ) resource to support medical schools in advance of and after the U.S. Supreme Court decisions in two cases seeking to end the limited consideration of race or ethnicity in college admissions ([SFFA v. Harvard](#) and [SFFA v. UNC](#)).

This FAQ will be updated as more information is made available.

More information and resources are available at aamc.org/scotusadmissions.

If you have questions or comments, please contact holisticreview@aamc.org.

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Background

What is at stake in the Harvard and UNC cases?

Students for Fair Admissions (a nonprofit committed to ending the use of race or ethnicity in admissions) brought separate suits against [Harvard University](#) and the [University of North Carolina](#) challenging each school's race-conscious admissions policies. While the underlying facts and allegations vary, both cases pose the question of whether the U.S. Supreme Court should overturn existing legal precedent permitting the limited consideration of race or ethnicity in admissions where necessary [as set forth in *Grutter v. Bollinger*, 539 US 306 (2003)] and “hold that institutions of higher education cannot use race as a factor in admissions.”

Why is this case important for medical schools, teaching hospitals, and health professionals?

Racial and ethnic diversity in medical schools and in the health professional workforce are critical components in our nation's response to health inequities and play important roles in the development of competencies for all physicians caring for all patients. The AAMC, joined by 45 health professional and educational associations, submitted an [amicus curiae brief](#) to the U.S. Supreme Court in the summer of 2022 articulating the unique impact of racial and ethnic diversity both in classrooms and clinical settings. [Read more about](#) the AAMC's decision to lead an amicus brief in this case and the evidence-based rationale for diversity as a needed health intervention.

What are health inequities?

While the United States has cutting-edge medical knowledge and technology, large segments of the population — including racial and ethnic minorities — experience disproportionately negative health outcomes. For example:

- [Black and Hispanic children with heart conditions are more likely to die](#) than their White counterparts.
- [Black men are twice as likely to die of prostate cancer](#) than White men.
- [A Black mother is more than three times as likely to die from pregnancy-related complications](#) than a White mother.
- The [risks of infection, hospitalization, and death from COVID-19 were higher](#) for Black, Hispanic or Latino, and American Indian or Alaska Native individuals than for their White counterparts.

[These disparities](#) appear in nearly every index of human health and persist [even when controlling](#) for factors such as education, lifestyle, insurance coverage, and income.

The severity of health inequities is a national health crisis and requires focused intervention. [Read more about](#) the AAMC Center for Health Justice's work in this area.

How does a diverse student body improve health outcomes?

Health care professionals with access to peer-to-peer learning among a diverse student body are more likely to have the requisite competencies for practice. Increased student body diversity has [demonstrated educational benefits](#), including improving [scientific innovation](#), [communication skills](#), [critical thinking and analysis](#), and [empathy toward others](#). These are all important skills for health professionals, not only in interacting with patients from disadvantaged backgrounds, but for caring for all patients, each of whom depends upon their physician's ability to engage in [patient-centered care](#).

In [a 2022 survey](#) of graduating medical students, the vast majority reported that they either agreed or strongly agreed that “diversity within [their] medical school enhanced [their] training and skills to work with individuals from different backgrounds” and “their knowledge or opinion was influenced or changed by becoming more aware of the perspectives of individuals from different backgrounds.”

How does a diverse workforce improve health outcomes?

Increasing the diversity of the workforce is a critical component to our national approach to addressing health inequities and to improve the health of communities across the country:

- Diverse health care teams have been shown to improve health outcomes. For example:
 - A high risk Black [infant is half as likely to die](#) when care for by a racially diverse care team.
 - A [woman is less likely to die from a heart attack](#) if the physicians are, or her physician team includes, females.
 - Women in states with higher diversity of the nursing workforce have [better maternal health outcomes in childbirth](#).
 - Black men are [more likely to obtain preventive care](#) when cared for by Black doctors.
- Medical professionals who are themselves underrepresented in medicine are [more likely to practice in underserved areas or for underserved populations](#), improving needed access to care.
- [Trust in](#) and [satisfaction with](#) health professionals is higher when patients are cared for by someone who looks like them, speaks their language, or otherwise demonstrates cultural competence.

Is the AAMC advocating diversity at the expense of merit in the medical school admissions process?

No, the most “qualified” applicants for medical school represent a combination of academic preparedness and core personal competencies. Medical educators agree that while academic competence is necessary for success in medical school, it is not the defining factor that makes good doctors; it also requires integrity, altruism, self-management, interpersonal and teamwork skills, and other qualities such as resilience, [bedside manner](#), [altruism](#), and [community engagement](#). Experience-based knowledge related to a person's race or ethnicity — their life experiences — may be directly related to the skills or abilities they can bring to the medical profession and can be as valuable and meaningful as any other applicant's experiences.

Medical schools have a long history of highly individualized admissions processes, including pre-admission interviews for *every* accepted medical school applicant in the United States. These processes are sophisticated and successful: U.S. medical school students consistently achieve [high rates of graduation](#) (96%) and [post-graduation employment](#) (93%).

Why is diversity important to biomedical research?

According to the National Institutes of Health (NIH), research shows that diverse teams working together and capitalizing on innovative ideas and distinct perspectives outperform homogenous teams. Scientists and trainees from diverse backgrounds and life experiences bring different perspectives, creativity, and individual enterprise to address complex scientific problems. A diverse scientific workforce has many benefits, including fostering scientific innovation, enhancing global competitiveness, contributing to robust learning environments, improving the quality of the research, and advancing the likelihood that underserved or health disparity populations participate in, and benefit from, health research and an enhanced public trust. The NIH has made this clear in its [Notice of NIH's Interest in Diversity](#) statement from November 2019.

Preparing for the Decisions

What are possible outcomes of the cases?

While there are many iterations of possible outcomes, here are a few high-level possibilities that higher education institutions might use for scenario planning:

1. The court affirms the lower court decisions in favor of Harvard and UNC.
2. The court reverses the lower courts and remands the UNC or Harvard case, clarifying a higher standard of review.
3. The court upholds consideration of actual racial or ethnic *identity/experience* (e.g., essay responses) but invalidates consideration of racial *classifications* (e.g., a checked box).
4. The court bans all consideration of race or ethnicity in admissions.
5. The court's opinion extends beyond admissions.

Could the outcome of the cases be different for undergraduate institutions as opposed to graduate programs like medical school?

Unless the court specifies that its decisions apply only to undergraduate admissions, to UNC's or Harvard's specific programs, or that it could apply differently depending upon the educational context, the decision will likely be understood to apply to all federally supported higher education admissions — including medical schools. If the decisions apply to a particular part of the admissions process, the impacts will vary depending upon a school's reliance on that part of the process.

Did the 2003 *Grutter* decision permitting the limited consideration of race in admissions come with a 25-year deadline?

Justice Sandra Day O'Connor wrote in the majority opinion in *Grutter v. Bollinger* in 2003: "We expect that 25 years from now, the use of racial preferences will no longer be necessary to further the interest approved today." This statement was [nonbinding dicta](#), and the now-retired O'Connor [has since clarified](#) that this statement was not intended to require a specific sunset on the consideration of race in admissions.

However, there were many questions about O'Connor's statement during oral arguments for both Harvard and UNC cases in October 2022. It is unclear whether this will serve as a factor in the court's decision.

When will the court issue its decisions?

The court heard oral arguments in the two pending cases on Oct. 31, 2022, and will issue decisions at some point during this term. While historically the court has issued decisions on cases of this nature in June (or even early July) at the end of its session, the court could issue decisions at any point during this term. You can see which days are identified for decision releases on the Supreme Court's website. The [decision release calendar](#) is updated regularly as the term progresses.

How can I get copies of the briefs, listen to the oral argument, and monitor for the decisions' release?

[SCOTUSblog](#) posts case materials and hosts a live blog each day the court releases decisions.

How would decisions banning the consideration of race or ethnicity in admissions impact the diversity of medical schools and the health professions?

[Longitudinal studies](#) into schools in states with state-level bans already in place [have consistently shown](#) significant reductions in the percentage of underrepresented students in U.S. public medical schools in the years after ban implementation. Whether those schools were able to recover to pre-ban numbers appears to depend upon the school and location, with some schools still not having the same level of diversity as prior to the ban.

In which states is the consideration of race prohibited in admissions?

The following states do not allow state-funded institutions of higher education to consider race in admissions:

California (1996), Washington (1998), Florida (1999), Michigan (2006), Nebraska (2008), Arizona (2010), New Hampshire (2012), Oklahoma (2012), and Idaho (2020).

How can my medical school or institution prepare now for different scenarios?

Here are a few steps you can take now to prepare:

1. Put together a cross-institution team with clear roles on preparation and implementation.
2. Work with your in-house legal counsel to compile an inventory of your institution's current enrollment practices that could be impacted by the decision.
3. Identify changes that may be required.
4. Review your training materials for interviewers and reviewers to identify any areas that may require updating.
5. Consider enhancing or adopting policies and practices designed to promote student body diversity but which are not at issue in the court's deliberations.
6. Develop day-of communications for different scenarios and audiences. Immediate reassurance to current students and applicants of your school's commitment to diversity may be warranted regardless of the cases' outcomes.

Are there other resources available in addition to those posted on the AAMC website?

The [Access and Diversity Collaborative](#), founded by the College Board and EducationCounsel LLC in 2004 and sponsored by many universities and organizations, including the AAMC, has posted resources that can assist medical schools in preparing for the court's decision.

How will adverse decisions by the court impact a school's ability to adopt, maintain, or strengthen diversity-related goals?

Missions or goals related to student body diversity are not being challenged in these cases. Student-body and workforce diversity in the health professions have been identified as key sources of increasing critical competencies for practice and improvement of patient health outcomes and will continue to be a focus for most health professions.

How might these decisions impact what medical schools are required to report to the Liaison Committee on Medical Education (LCME)?

Since the LCME independently conducts medical school accreditation, questions regarding potential impact should be directed to the [LCME Secretariat](#), the LCME's executive administrative arm. The AAMC webpage on race-conscious admissions links to the relevant [LCME Data Collection Instrument](#), a [consensus statement on Element 3.3](#), and a [recent article](#) by the LCME Secretariat on the role of accreditation in achieving medical school diversity.

How might the court's decisions in the Harvard/UNC cases impact consideration of membership in federally recognized American Indian or Alaska Native tribes or nations?

It is unlikely that the outcome of the Harvard or UNC cases will impact consideration of an applicant's membership in a tribe (as differentiated from their self-identification as being a Native American or Alaska Native). The U.S. Supreme Court has upheld federal preferences in hiring to members of sovereign, federally recognized tribes by distinguishing between (1) tribal membership (a political categorization) and (2) self-identification as having descended from indigenous peoples in the Americas

prior to European settlement (a racial categorization) and concluding that political preferences are afforded a lower standard of judicial review. This analysis has not been applied to higher education admissions and was not raised for consideration in the Harvard or UNC cases.

How might the court's decisions in the Harvard/UNC decisions impact Historically Black Colleges and Universities (HBCUs)?

[Leaders of HBCUs submitted an amicus brief](#) in the Harvard and UNC cases supporting efforts by these and other institutions to increase student body diversity, including through the limited consideration of race in admissions. As stated in their amicus brief, “the fact that HBCUs provide a high-quality education to many Black students is no reason to conclude that race-conscious admissions policies are no longer needed at institutions like Harvard and UNC. HBCUs are selective and cannot accept every student that will be excluded from other universities if race is no longer considered as part of a holistic admission process. [The] suggestion that HBCUs can do so is, in essence, a call for re-segregation in higher education”

What do you say about claims from Students for Fair Admissions and others that race-conscious admissions policies are discriminatory toward Asian and White students?

The lower courts, after lengthy trials and careful scrutiny of the legal parties' statistical evidence and application of current law, found no discrimination against any applicants by Harvard or UNC.

Potential Impact on Admissions Practices

If the court's decisions are issued in the middle of a school's application cycle, will they be effective immediately?

The court's opinion may or may not specify how rapidly schools must adopt new practices, and schools will need to work with their legal counsel to identify what, if any, changes are needed and when they should be made.

What strategies for increasing student body diversity are *not* being challenged in these cases?

The plaintiffs bringing these cases are asking the Supreme Court to ban the consideration of race or ethnicity as a factor in admissions, but they do not ask the court to ban all efforts to increase diversity, such as:

- Adopting holistic review practices (which can help increase diversity even when race or ethnicity are not factors).
- Considering whether an applicant was raised in a medically underserved area.
- Considering whether an applicant speaks multiple languages.
- Considering whether an applicant has a demonstrated interest or willingness to commit to practicing with medically underserved populations or studying health inequities.

- Secondary application essay questions that give applicants an opportunity to talk about their lived experiences, demonstrate character strengths, or show commitment to school-specific mission areas.
- Expanding recruitment to or building relationships with undergraduate institutions with higher levels of student body diversity.
- Considering an applicant's educational path, including enrolling in postbaccalaureate programs or repeating courses, which may demonstrate a high level of sustained interest in a health professional career.
- Investing in pathway programs in K-12 schools with histories of low pursuit of the health professions.
- Increasing efforts at interprofessional education so that students learn alongside students in other health professions.

Will adverse decisions mean that schools cannot collect data on applicant racial and ethnic demographics?

The briefs and oral arguments in these two pending cases before the court did not specifically address existing legal requirements for schools to collect data on applicant racial and ethnic demographics. Such collection is mandated to fulfil federal (and possibly local) [reporting requirements](#).

What changes might be necessary in the centralized American Medical College Application Service® (AMCAS)® to comply with adverse decisions?

The AAMC will review the court's decisions but at this time does not anticipate any necessary changes to the AMCAS® application based on the outcomes of these cases. The AMCAS program collects demographic data that schools need for reporting requirements and retrospective analysis. Depending on the outcomes, demographic data collected through the program and provided to schools may need to be shielded by school administrators from certain users during the admissions process. The AAMC continues to research and study application questions or methodologies that advance inclusivity and equity in admissions, and may, based on feedback and demand from schools, add new questions or tools in future cycles.

Would changing the Medical College Admissions Test® (MCAT®) to pass-fail help increase diversity of medical school students?

Research shows that setting an overall pass-fail score on the MCAT® exam will not increase diversity in medical schools. Every medical school tailors the use of holistic review to (1) their school's context and (2) each prospective student's full capabilities and experiences. This results in more diversity than might be achieved by a single standard that applies to every student at every institution. Context matters.

The AAMC does not mandate whether or how medical schools use the MCAT exam in their admissions processes. Every medical school sets its own criteria for selecting the students who will contribute to its mission and successfully complete rigorous medical school curriculums.

Could the decisions impact graduate medical education and residency program diversity efforts?

The outcomes of these cases before the court may have an indirect impact on graduate medical education. The Harvard and UNC cases are challenges to undergraduate admissions under Title VI of the Civil Rights Act of 1964 and the Equal Protection Clause of the 14th Amendment of the U.S. Constitution, respectively. Medical resident selection is an employment practice covered by Title VII of the Civil Rights Act (not Title VI) and under Title VII, employers cannot consider an applicant's race. This is unlikely to change based on this case. However, any decision that results in reduced diversity in undergraduate and medical school enrollment reduces the diversity of the applicant pool for residency programs and the country's future health workforce.

Potential Impact on Financial Aid and Other Institutional Policies or Programs

Could the decisions impact processes for financial aid, pathway and other recruitment programs, and other diversity, equity, and inclusion activities, such as resource groups, implicit bias training, and mentorship programs?

These cases only challenge admissions policies and practices. However, in the event of an adverse ruling, you should work with your legal counsel to assess any additional implications.

Could the decisions have an impact on efforts to increase faculty diversity?

The outcomes of these cases may have an indirect impact on efforts to increase faculty diversity. These cases challenge admissions decisions under Title VI of the Civil Rights Act of 1964 and the Equal Protection Clause of the 14th Amendment of the U.S. Constitution. The law governing employment decisions (Title VII of the Civil Rights Act of 1964) is not being reviewed in either case. However, any decision that results in reduced diversity in undergraduate and medical school enrollment reduces the diversity of the health professional workforce. Importantly, a broad decision addressing *recruitment* or real-time analysis of applicant diversity may increase the likelihood of future challenges to employee recruitment and review processes.

Additional Questions

How might the court's decisions affect the guidance that prehealth advisors give to students who are preparing for medical school?

It's too soon to predict how the court's decisions might affect prehealth advisors' approach to advising students. However, one message is to assure applicants that — whatever the outcome — medical schools seek to train the best physicians for the country, and student body diversity will continue to be an imperative in achieving this goal.