

# Frequently Asked Questions: What Does the Harvard and UNC Decision Mean for Medical Education?

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The AAMC (Association of American Medical Colleges) has developed this FAQ resource to support medical schools following the June 2023 decision by the U.S. Supreme Court in two cases seeking to end the limited consideration of race or ethnicity in college admissions ([Students for Fair Admissions \(SFFA\) v. Harvard](#) and [SFFA v. University of North Carolina](#)). The Supreme Court [has reversed](#) the lower courts' decisions in the Harvard and UNC cases.

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

More information and resources are available at [aamc.org/scotusadmissions](https://aamc.org/scotusadmissions).

If you have questions or comments, please contact [holisticreview@aamc.org](mailto:holisticreview@aamc.org).

For media inquiries, please contact [press@aamc.org](mailto:press@aamc.org).

**Editor's Note:** *Most of the material in this document tracks the Supreme Court's decision in the SFFA v. Harvard and SFFA v. University of North Carolina cases and may reflect judicial findings specific to those two schools. To learn more about the specific implications of the court's decision for your institution, please contact your institutional leadership, dean's office, or legal counsel.*

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## Scope of Ruling

### What was the court's core holding?

In the words of the majority opinion:

*University programs must comply with strict scrutiny, they may never use race as a stereotype or negative, and—at some point—they must end. Respondents' admissions systems – however well-intentioned and implemented in good faith – fail each of these criteria. They must therefore be invalidated under the Equal Protection Clause of the Fourteenth Amendment.*

Put another way, the *core* holding is that university admissions — at least if *designed* like Harvard's and UNC's admissions processes — may no longer permit consideration of a person's race. That is, their status as a member of a group.

### Was *Grutter v. Bollinger* explicitly overruled?

*Grutter* is the 2003 precedent that permitted the limited consideration of an applicant's race if necessary to advance the educational benefits of a diverse student body. While the majority opinion does not explicitly overrule *Grutter*, it rejects *Grutter's* core tenet of deferring to a school's educational judgment regarding the educational benefits of diversity. It further departs from *Grutter* in finding that the schools' consideration of race in relation to some applicants necessarily caused undue harm to other applicants and relied on "impermissible racial stereotypes."

### Did the court say that no school could ever rely on a diversity rationale to justify the consideration of race in admissions?

The court does not go so far as to say that no compelling interest exists to consider a person's race — it specifically identified diversity in the U.S. military as having "potentially distinct interests" — but concludes that the goals articulated by Harvard and UNC were too imprecise and immeasurable.

In addition, prior precedent allowed the limited consideration of race as a plus factor for some applicants and did not infer from aggregate numbers "undue harm" to other applicants. The majority opinion equates any distinctions among applicants based on their racial status as invidious discrimination and as resulting in unconstitutional harm to some applicants based on its conception of admissions as "zero sum."

### Does the court's holding apply only to Harvard and UNC or to all higher education admissions?

The court's opinion specifically examines the undergraduate admissions programs at Harvard and UNC — not their graduate or professional school admissions processes nor the admissions processes at any other school.

However, the majority opinion refers to "university programs" in its holding and we can see from the court's majority opinion what standards would apply to other schools' admissions processes.

### Are schools permitted to consider race in recruitment and outreach?

According to [guidance from the departments of Education and Justice](#) interpreting the court's decision, institutions may consider race in identifying prospective applicants through recruitment and outreach, "provided that their outreach and recruitment programs do not provide targeted groups of prospective

students preference in the admissions process, and provided that all students — whether part of a specifically targeted group or not — enjoy the same opportunity to apply and compete for admission.”

### **How does the court’s decision apply to financial aid and scholarships?**

The majority opinion addressed only the question of “whether a university may make admissions decisions that turn on an applicant’s race.” However, the new legal framework embedded in the decision could give rise to questions about other contexts, and the Department of Education has indicated that the legal standard of strict scrutiny would apply to decisions about scholarships and financial aid.

### **How does the court’s decision apply to pathway programs?**

According to guidance from the departments of Education and Justice, selection decisions for pathway programs should be approached in a similar fashion to college admissions, as considering race as a factor in selection for such a program will likely trigger strict scrutiny. However, “institutions may permissibly consider how race has shaped the applicant’s lived experience in selecting participants” in a pathway program. And like college admissions, schools may consider race in targeting recruitment or outreach to provide information about a pathway program to potential participants.

Schools may reserve seats or give preference in college admissions to applicants who participated in or completed a particular pathway program so long as the program itself did not consider race as a factor in selecting participants.

### **Are schools permitted to provide support services related to race or ethnicity (e.g., offices of diversity, student centers, mentors, affinity groups) to accepted applicants and matriculants?**

Yes. According to guidance from the departments of Education and Justice, an institution may provide these types of services “if these support services are available to all students.” For example, “an institution may host meetings, focus groups, assemblies, or listening sessions on race-related topics if all interested students may participate, regardless of their race.”

### **Will the court’s decision impact health professional schools or graduate programs differently than undergraduate programs?**

To the extent medical or other graduate schools have smaller applicant pools, and are more likely to use secondary applications, supplemental essays, and synchronous or asynchronous interviews for all or most admitted students, they will likely be in a better position to consider information the court still permits, such as an “applicant’s discussion of how race affected his or her life, be it through discrimination, inspiration, or otherwise” along with many other experiences and attributes — other than an individual’s race status.

### **Did the court apply a different legal standard for Harvard (private, Title VI) versus UNC (public, equal protection clause)?**

No. The majority opinion reached its decision for both schools by interpreting the equal protection clause of the 14th Amendment.

**How did the court address legacy preferences and other discretionary factors applied in the admissions process?**

The majority opinion did not discuss legacy preferences or other discretionary factors applied in the admissions process.

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

The LCME® accrediting authority independently conducts medical school accreditation. Questions regarding the potential impact on accreditation should be directed to the [LCME secretariat](#), the committee's executive administrative arm.

**How might the decision impact consideration of membership in federally recognized American Indian or Alaska Native tribes or nations?**

It is unlikely that the outcome 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.

**Could the Harvard/UNC decision impact graduate medical education and residency program diversity efforts?**

Medical resident selection is an employment practice covered by Title VII of the Civil Rights Act of 1964, which has long prohibited the consideration of an applicant's race. Thus, the Harvard/UNC decision should not impact the way in which resident physicians are currently selected.

However, should changes to higher education admission practices result in reduced diversity in undergraduate and medical school enrollment, it could reduce the diversity of the applicant pool for residency programs and the country's future health workforce.

**Will the decision affect programs' ability to recruit diverse postdocs?**

Postdoctoral scholars who are considered employees are covered by Title VII of the Civil Rights Act and thus race was already not a permissible factor for selection. Should changes to higher education admission practices result in reduced diversity in undergraduate, medical school, and graduate school enrollment, this will reduce the diversity of graduates applying for postdoctoral positions as it may with faculty and staff.

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

These cases challenge admissions decisions under Title VI of the Civil Rights Act and the equal protection clause. The law governing employment decisions (Title VII of the Civil Rights Act) was not reviewed in either case. However, should changes to higher education admission practices result in

reduced diversity in undergraduate, graduate program, and medical school enrollment, it could reduce the diversity of the applicant pool for the country's future health and research workforce, including faculty.

## Admissions Process

### **Did the court endorse the consideration of an applicant's race or ethnicity at any point in the higher education admissions process?**

The majority opinion distinguished between an applicant's race or ethnicity as status — their membership in a racial or ethnic group -- and an applicant's lived experience as it might be affected by their race or ethnicity. The court no longer permits consideration of an applicant's race or ethnicity as status. An applicant may still discuss – and a school may consider — “how race affected his or her life, be it through discrimination, inspiration, or otherwise,” and a school may still consider those experiences, so long as any beneficial consideration is tied to a specific, individualized attribute other than race (e.g., courage or determination) or a desirable goal (e.g., practicing in an underserved community).

### **What did the court say about whether the universities could have achieved their diversity goals through “race-neutral” means?**

Despite the significant focus in the lower courts and in oral arguments on the availability or exhaustion of “race-neutral” alternatives, the majority opinion did not address the necessity of Harvard's or UNC's consideration of race to achieve their diversity goals, for example, by considering whether the schools had tried workable “race-neutral” alternatives.

### **What did the court say about the use of holistic review in admissions?**

The majority opinion is a strong endorsement for individualized review, and nothing in the opinion limits consideration of an applicant's personal experiences related to race. Justice Sonia Sotomayor's dissenting opinion observed that “today's decision leaves intact holistic college admissions and recruitment efforts that seek to enroll diverse classes without using racial classifications.” The court's decision could make holistic review even more important in selecting future physicians.

### **Did the court identify any constraints on real-time tracking of aggregate applicant race/ethnicity data?**

Yes. The majority opinion associated the universities' numerical tracking using racial classifications during the admissions cycle with unconstitutional “racial balancing.” It also characterized the specific racial and ethnic categories themselves used by the universities as “imprecise” and “arbitrary.” The majority opinion requires that each “student must be treated based on his or her experiences as an individual — not on the basis of race.”

### **Will the AAMC make any changes to its American Medical College Admissions Service® (AMCAS®) based on the decision?**

First, the majority opinion does not address the collection of applicants' race/ethnicity data, which most schools need in order to fulfill local or Federal [reporting requirements](#). Medical schools using the AMCAS

application will continue to receive applicant race/ethnicity data from the AAMC, and will, in consultation with their legal counsel, handle this information as appropriate for their admissions processes.

Second, the AAMC is reviewing the AMCAS® system and will make adjustments to functionalities as appropriate, in consultation with the AMCAS Advisory Committee and the Group on Student Affairs Committee on Admissions as needed.

### **Would changing the Medical College Admission Test® (MCAT®) to pass-fail help increase the diversity of medical school classes?**

No. Research shows that setting an overall pass-fail score on the MCAT® exam will not increase diversity in medical schools. Moreover, 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 tailored approach results in more diversity than might be achieved by a single standard that applies to every student at every institution. Context matters. Importantly, schools that have admitted a higher percentage of students with MCAT scores in the [middle of the range](#) have increased student body diversity while maintaining high success among their students.

### **What practices have medical schools adopted to advance their diversity missions that were not criticized by the court in the Harvard or UNC cases?**

There are several practices currently employed by medical schools to advance their diversity missions that were not criticized or struck down by the court. The following are examples of practices that remain in place:

- Adopting or expanding 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.
- Using secondary application essay questions as a way of evaluating an applicant's character strengths, career aspirations, or commitments 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.
- Considering an applicant's family's educational attainment, including parents' and/or grandparents' level of education.

### **What practices have medical schools adopted to assess an applicant's academic potential within the context of their life circumstances, responsibilities, and access to resources and opportunities?**

The following are some examples of how schools are considering an applicant's academic potential in the context of their life circumstances (i.e., what the applicant has done with the resources and opportunities available and accessible to them):

- Considering whether the applicant worked — and how many hours/week — while also attending high school and/or college.
- Considering whether the applicant had significant care-taking responsibilities for a sibling, parent, child, or other family member.
- Focusing on applicant's grade trends, course trajectory, and performance in most recent coursework (e.g., final two years, postbaccalaureate program).
- For schools using the AMCAS platform, utilizing the Socioeconomic Disadvantaged, First-Generation College Student, and Rural and Underserved indicators to better understand the applicant's life circumstances.
- Considering other experiences an applicant shares in the Impactful Experiences question.
- Using zip code data to better understand where the applicant grew up, the quality of schools attended, and the opportunities available.
- Considering an applicant's academic performance data in context with the applicant's personal statement, Impactful Experiences essay, letters of recommendation, and experiences.
- Analyzing their own institutional student-success data to understand what academic readiness means in the context of school-provided learning and psychosocial support.
- For schools using the AMCAS service, using the [AMCAS GPA-MCAT® Report \(login required\)](#) to get a sense of mean MCAT and GPA scores for all applicants by undergraduate institution and better situate the applicant in relation to their same-institution peers.

### **What guidance should prehealth advisors provide to aspiring medical students?**

Medical schools seek to understand applicants as individuals, including their identities, communities, and experiences, and how these relate to their motivation for pursuing a career in medicine and their career goals. Schools will likely continue to prioritize mission alignment when evaluating applicants. Each individual medical school is the authoritative source on what that school is looking for in its applicants, and admissions officers tend to look for candidates with experiences, attributes, metrics, and personal statements that align with [the school's mission](#). These areas can be a great platform for applicants to provide concrete examples of how their "why" aligns with the mission of the schools to which they are applying.

An applicant may still discuss "how race affected his or her life, be it through discrimination, inspiration, or otherwise," and a medical school may still consider those experiences, so long as any beneficial consideration is tied to a specific, individualized attribute other than race (e.g., courage or determination) or a desirable goal (e.g., practicing in an underserved community).

Whether an applicant is applying for the 2024 application cycle or in the future, they should be encouraged to take the time to reflect on their personal journey and motivations for pursuing medicine to help them present a compelling case for why they are a strong candidate for admission.



## Importance of Diversity

### **Will the AAMC continue to advocate for legislation that increases diversity in medical and graduate school admissions and in the health care workforce?**

Yes. The AAMC will continue to advocate through all available federal channels to advance workforce diversity, equity, and inclusion, including through legislation and other policies. These continued efforts align with the AAMC's mission to [“lead and serve academic medicine to improve the health of people everywhere.”](#) Diversity, equity, and inclusion [have been and remain critical to health and health care.](#)

### **Are medical schools still permitted to prioritize diversity and its educational benefits as part of their academic mission?**

Yes. The AAMC strongly supports schools in their continuing efforts, under the new legal framework, to foster student body diversity, equity, and inclusion. While the majority opinion held that Harvard's and UNC's consideration of applicants' racial or ethnic classifications in admissions could not be justified by their stated goals related to the educational benefits of diversity, the majority opinion acknowledged that the goals themselves were “plainly worthy” and stated: “Universities may define their missions as they see fit.” In other words, continued pursuit of these goals is permissible, but not through the means of considering an applicant's race status.

### **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 for 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 health care workforce improve health outcomes?**

Increasing the diversity of the health care workforce is a critical component to our national approach to addressing health care inequities and improving 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 cared for by a racially diverse care team.
  - A [woman is less likely to die from a heart attack](#) if the physicians are female or her physician team includes female team members.
  - 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.



- In counties with Black primary care physicians (PCP), Black individuals experience [higher life expectancy and lower mortality rates](#) than counties without Black PCPs, even if they aren't cared for by those physicians.
- 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.

### How does the AAMC define health inequities and why were they important in this case?

The AAMC views health inequities as the “differences in health between groups that are avoidable, systematic, and unjust that stem from differences in social advantage.” More broadly, social science tells us [that 15%-20%](#) of a person's or a community's [health is related to medical care](#). Addressing health care inequities — of which health care workforce diversity is one crucial strategy to do so — contributes to the broader set of solutions that exist largely outside of a hospital's walls.

While the United States has cutting-edge medical knowledge and technology, large segments of the population — including members of historically minoritized racial and ethnic groups — 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 inequities](#) 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.

### 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. The AAMC, [through its strategic plan](#), recognizes that an optimal research environment that drives impactful biomedical discovery is supportive, diverse, equitable, and inclusive.

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.

**Is the AAMC advocating for 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. Holistic review considers both academic and nonacademic factors. This does not decrease quality or substitute diversity for merit. Rather, it grounds merit in the mission and goals of the school, the likelihood of success at the school, and the needs of the community and workforce.

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 qualities and skills such as integrity, self-management, interpersonal and teamwork skills, 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.

Medical schools have a long history of highly individualized admissions processes, including pre-admission interviews for almost 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%).

## Legal Information

**How can I get copies of the briefs, listen to the oral argument, and read the court's decision?**

The [decision is available](#) online. [SCOTUSblog](#) is an excellent repository of additional case materials.

**In which states is the consideration of race prohibited in public higher education admissions as a matter of state law?**

As determined before and separate from the 2023 Supreme Court decision, 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).