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October 13, 2025

The Honorable Linda McMahon
Secretary
U.S. Department of Education
400 Maryland Avenue SW, 5th Floor
Washington, DC 20202

RE: Public comments on proposed Admissions and Consumer Transparency Supplement (ACTS) to Integrated Postsecondary Education Data System (IPEDS) 2024–25 through 2026–27; Docket ID: ED-2025-SCC-0382.

Dear Secretary McMahon:

The Association of American Medical Colleges (AAMC)[i] appreciates the opportunity to provide comments in response to the Department of Education's proposed revision to Integrated Postsecondary Education Data System (IPEDS), which includes the addition of the "Admissions and Consumer Transparency Supplement" (ACTS). While we support efforts to improve transparency and accessibility in higher education, we urge the Department to reconsider several foundational assumptions and significant consequences of this proposed data collection initiative based on the following points:

1. Academic Metrics Alone Do Not Reflect Readiness to Practice Medicine
2. Incomplete Metrics Invite Misuse and Misinterpretation of Data
3. The Administrative Burden of Excessive Data Reporting Disrupts Mission-Critical Work
4. Institutions Must Be Given Flexibility to Expand Opportunities in Medical Education
5. Recommended Key Insights and Recommendations on Data Collection

Academic Metrics Alone Do Not Reflect Readiness to Practice Medicine

The ACTS proposal relies on a narrow definition of "merit," and operates under assumptions that merit is best represented by test scores and GPAs. While these metrics reflect *some* aspects of academic preparation, research shows they are not neutral or comprehensive indicators of a student's potential.[ii] The scores and academic averages do not communicate the full picture or the full potential for success. Existing academic indicators such as GPAs and test scores also reflect unequal access to educational and social opportunities and therefore may fail to reflect an applicant's potential.

In medical education, this limited view is especially problematic. Disaggregating data by test scores and GPA quintiles reinforces an incomplete picture of student readiness and overlooks

qualities essential to becoming a physician, such as professionalism, volunteer and work experience, and alignment with a school's mission.

Medical school admissions and medical residency selection aim to identify students who are academically and professionally prepared to advance medical research, address local and national workforce needs, serve communities with diverse healthcare needs, and provide high-quality, compassionate care. The ACTS framework risks undermining that goal by prioritizing metrics that are incomplete predictors of long-term success and do not reflect the full range of attributes needed in the physician workforce. Key characteristics such as leadership, empathy, and interpersonal skills are typically assessed through personal statements and interviews and are accounted for in admissions and selection decisions as predictors of success. The proposal appears to assume that the Department can rely on test score and GPA quintiles to support inferences about an institution's compliance with the Supreme Court's new legal framework established in the 2023 SFFA decision. For medical schools and medical residency programs, that is an incorrect assumption, as there are a host of other attributes and experiences that are considered.

Incomplete Metrics Invite Misuse and Misinterpretation of Data

The data required under this directive do not meaningfully reflect medical school admissions and medical residency selection policies or practices. Even the Department acknowledges that data alone cannot determine whether discrimination has occurred. Yet the ACTS structure encourages misuse by inviting conclusions based on incomplete metrics that may require further context.

Data collection will also be challenging due to significant variation in grading systems and curricular structures across medical schools, complicating both within-school aggregation and cross-school comparisons. Differences in grade reporting methods and pre-clerkship durations mean the requested data is unlikely to provide a complete or comparable picture of student outcomes.

Without clear guidance, institutions committed to mission-driven admissions risk reputational harm, unfounded allegations, and increased scrutiny.

Medical schools and residency programs use evidence-based admissions and selection processes that consider academic performance, experiences, and alignment with institutional mission. These approaches identify students best prepared to advance research, address physician workforce needs, and provide high-quality patient care. Medical schools and residency programs should not be penalized for this approach. Disproportionate focus on a small number of variables to draw inferences about compliance with civil rights laws also appears to be inconsistent with the concerns noted in Executive Order 14281, "Restoring Equality of Opportunity and Meritocracy." That executive order criticizes disparate-impact liability, "which holds that a near insurmountable presumption of unlawful discrimination exists where there are any differences in outcomes in certain circumstances among different races, sexes, or similar groups, even if there

is no facially discriminatory policy or practice or discriminatory intent involved, and even if everyone has an equal opportunity to succeed."

Administrative Burden of Excessive Data Reporting Disrupt Mission-Critical Work

Collecting and disaggregating six years of race-sex data across multiple variables presents a significant administrative burden on admissions staff. The retrospective data request for 2020–2026 which spans both "pre-SFFA v. Harvard" academic years and cycles since the Supreme Court decision is especially concerning, as retrieving historical admissions data is often unfeasible and would divert resources without clear benefit to policy or student outcomes.

The Presidential Memorandum, "Ensuring Transparency in Higher Education Admissions," associated with the proposed Information Collection Request would require an unrealistic 120-day compliance timeline. Institutions would have only 17 weeks to prepare and respond to thousands of new reporting fields, increasing the risk of errors and privacy concerns.

Rather than promoting transparency, the volume and complexity of this data collection and the tight timeline threaten to shift focus away from education and physician workforce development toward overly burdensome regulatory compliance activities.

Institutions Must Be Given Flexibility to Expand Opportunities in Medical Education

The framing of the ACTS component minimizes the educational value of preparing future physicians to care for multi-faceted communities with unique health needs. It also overlooks decades of bipartisan federal support for equal opportunity in education and disregards the well-documented benefits of learning in environments that include a variety of backgrounds and perspectives. Institutions should not be penalized or subjected to undue scrutiny for identifying promising applicants whose potential is not fully reflected in academic metrics or for prioritizing applicants who make a commitment to serve in a particular community or state after graduation. While collecting and disaggregating data is important, it must be done thoughtfully, with the goal of identifying barriers and informing solutions.

Key Insights and Recommendations on Data Collection

To improve the proposed data collection framework, we offer the following recommendations:

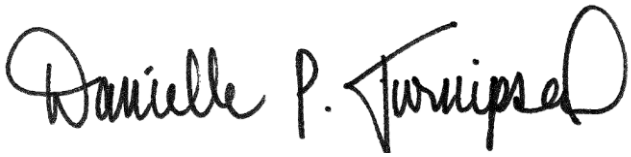
1. **Reconsider the premise** that test scores and grades define merit; include social understanding, contextual, and mission-based indicators in future transparency efforts.
2. **Clarify how data will be used and safeguarded**, especially in civil rights enforcement contexts, to avoid chilling practices to improve medical school access.
3. **Scale back the retrospective data collection** to reduce administrative burden and mitigate the risk of misuse.
4. **Engage institutional leaders and students** in co-creating meaningful transparency tools that support compliance with federal laws and increase opportunities for all students.

The administration's goal of ensuring fairness in higher education admissions is commendable. Let's work in earnest and collaboratively to determine how to best achieve that goal. The proposed ACTS component risks reinforcing inequality, overburdening institutions, and reducing flexibility for institutions to identify the future physicians best able to meet our workforce needs.

A better path forward would avoid a singular focus on academic metrics given that medical school faculty and medical school residency program directors are in the best position to assess an individual applicant's preparedness, potential, and suitability for medical practice. The AAMC and the academic medicine community welcome continued collaboration with the Department to develop meaningful transparency tools and expand access to high-quality medical education for all students.

The AAMC appreciates your consideration of our comments. Should you have any questions, please contact me (dturnipseed@aamc.org) or my colleague Devan O'Toole (dotoole@aamc.org).

Sincerely,



Danielle P. Turnipseed, JD, MHSA, MPP
Chief Public Policy Officer

Cc: David J. Skorton, MD, AAMC President and CEO
Alison J. Whelan, MD, AAMC Chief Academic Officer

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[i] The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, clinical care, biomedical research, and community collaborations. Its members are all 160 U.S. medical schools accredited by the Liaison Committee on Medical Education; 13 Canadian medical schools accredited by the Committee on Accreditation of Canadian Medical Schools; nearly 500 academic health systems and teaching hospitals, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools, academic health systems and teaching hospitals, and the millions of individuals across academic medicine, including more than 210,000 full-time faculty members, 99,000 medical students, 162,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Through the Alliance of Academic Health Centers International, AAMC membership reaches more than 60 international academic health centers throughout five regional offices across the globe. Learn more at aamc.org.

[ii] Ballejos, Marlene P. PhD, MPA; Cestone, Christina PhD; Copeland, H. Liesel PhD; Dunleavy, Dana M. PhD; Geiger, Thomas MA; Patel, Dimple MS. Predicting Medical Student Performance With a Situational Judgment Test in Admissions. Academic Medicine 99(2): p 175-182, February 2024. | DOI: 10.1097/ACM.0000000000005516