Why medical schools may need to pivot on admissions approach

NOV 2, 2022

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The U.S. Supreme Court on Monday heard oral arguments on two cases that could prevent medical schools from positively considering race and ethnicity when deciding which applicants to admit.

The question is whether the high court will mandate a “race-blind” process for admissions to medical schools and other institutions of higher learning, Elizabeth Valencia, MD, enterprise associate dean of diversity, equity and inclusion at the Mayo Clinic Alix School of Medicine, said during a webinar co-sponsored by the AMA Academic Physicians Section, Medical Student Section and Minority Affairs Section.

For this reason, medical schools should be looking at alternative strategies to foster diversity, said Dr. Valencia. She is a breast cancer imaging and intervention specialist and attorney who joined co-presenter Joaquin Baca, MSPH, of the AMA, where he is director of equity, diversity and belonging for medical education. In a webinar held prior to this week’s oral arguments, they discussed potential implications of the cases before the high court.

Find out why the high court shouldn’t impede efforts to diversify medical schools.

What’s at stake for medical schools

The high court heard oral arguments this week on the cases of Students for Fair Admissions Inc. v. President and Fellows of Harvard College and Students for Fair Admissions Inc. v. University of North Carolina et al.

Both cases address whether the Supreme Court should overrule Grutter v. Bollinger, a 2003 case that allows higher-education institutions to use race as a factor in admissions.
An adverse ruling from the Supreme Court has several implications, said Baca.

Medical schools could lose the ability to use race and ethnicity as a component of holistic review because such use would be unconstitutional. Holistic, individualized review is an important tool that medical schools use to create a diverse student body in their admissions process.

“Many schools may have to reimagine how to build a diverse profession,” he said.

The AMA and more than 40 other organizations joined an Association of American Medical Colleges-led amicus brief (PDF) that urged the Supreme Court to “take no action that would disrupt the admissions processes the nation’s health-professional schools have carefully crafted in reliance on this court’s longstanding precedents.”

The amicus brief notes “an overwhelming body of scientific research compiled over decades” showing that “diversity literally saves lives.”

The competitiveness of U.S. firms in the global marketplace may also decline, particularly in the science, technology, engineering and mathematics fields, Baca said in the webinar.

“As an example, IBM and other industries have filed amicus briefs expressing that this will hurt them,” he said.

Dr. Valencia noted that medicine already suffers from a deficit of Black and Hispanic physicians, in addition to physician deficits in Native Americans and Alaska Natives, Native Hawaiians and Pacific Islanders, Southeast Asians, LGBTQ+ people, and people with disabilities.

She highlighted a JAMA study published earlier this year. The study determined that “it would take 92 years of a sustained doubling of the number of matriculating Hispanic medical students in 2015 to correct the deficit of Hispanic physicians from 2015. Meanwhile, it would take 66 years of a sustained doubling of Black medical students to correct the deficit of Black physicians from 2015.”

Learn what the AMA is doing to promote greater diversity in the physician workforce and find out how a diverse workforce can help overcome the physician shortage.

**Opportunities to diversify**

Some institutions in states such as California have considered ways to accomplish diversity without considering race or ethnicity, said Dr. Valencia. Some focus on socioeconomic status or look at ZIP codes or other factors to identify a student’s resources. Because of historic housing racial segregation, admitting the top students from every school in a geographic area instead of based on the reputation


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of the applicant’s school increases diversity and improves graduation rates and earnings without harming other students. None of these factors is a proxy for race, however.

Medical schools should look for new opportunities to invest in and diversify their applicant pools, said Baca. One possibility is reaching students from historically excluded racial and ethnic groups earlier—building a direct pathway from elementary and high school that takes them through university and directly into medical school.

Schools should be looking at their own processes to identify barriers. The Medical College Admission Test for example, “is not a predictor of success in medical school or what specialty you'll go into,” said Dr. Valencia, emphasizing past privilege instead of future potential. Biases may also exist in the interview process, preventing diversity.

They should also be strengthening partnerships with AMA and other organizations, “to cast a wide safety net to ensure that diversity is still happening and a priority in medicine,” she said.

Learn more about the groundbreaking series of CME courses on health equity from the AMA that is an outgrowth of the AMA’s strategic plan to embed racial justice and advance health equity.