



ACGME efforts to support DEI education and resident diversity s/p the SCOTUS decision on race-conscious admissions

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Accreditation Council for Graduate Medical Education

Adjunct Professor of Anesthesiology

Rush Medical College

ACGME Foundational Principles

- Ground the need for diversity in the mission of achieving improvement in health of individuals and population health. As such, elimination of health disparities of marginalized communities is a true north for advancing change
- Workforce diversity has multiple benefits that can be used to benefit the elimination of health and healthcare disparities
 - Disproportionate tendency for racially concordant patient-physician relationships
 - Improved patient-physician outcomes with concordant relationships
 - Improved patient outcomes through physician advocacy
 - Enhanced research agenda with diverse physicians in academic medicine
 - Increased mentoring for minoritized trainees and students in the learning environment
 - Enhanced capacity to demonstrate compassionate care for all to dominant culture colleagues and to provide physician advocacy for minoritized patients and communities



Race-conscious admissions

*Students for Fair Admissions, Inc. v.
President and Fellows of Harvard
College; Students for Fair Admissions,
Inc. v. University of North Carolina*

Nos. 20-1199 and 21-707
Supreme Court of the United States
Argued October 31, 2022



Berkeley University student Calvin Yang, center flanked by Edward Blum at Press Club in Washington, Thursday, June 29, 2023. (AP Photo/Jose Luis Magana)

Syllabus

NOTE: Where it is feasible, a syllabus (headnote) will be released, as is being done in connection with this case, at the time the opinion is issued. The syllabus constitutes no part of the opinion of the Court but has been prepared by the Reporter of Decisions for the convenience of the reader. See *United States v. Detroit Timber & Lumber Co.*, 200 U. S. 321, 337.

SUPREME COURT OF THE UNITED STATES

Syllabus

STUDENTS FOR FAIR ADMISSIONS, INC. *v.*
PRESIDENT AND FELLOWS OF HARVARD COLLEGE

CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR
THE FIRST CIRCUIT

No. 20–1199. Argued October 31, 2022—Decided June 29, 2023*

Harvard College and the University of North Carolina (UNC) are two of the oldest institutions of higher learning in the United States. Every year, tens of thousands of students apply to each school; many fewer are admitted. Both Harvard and UNC employ a highly selective admissions process to make their decisions. Admission to each school can depend on a student’s grades, recommendation letters, or extracurricular involvement. It can also depend on their race. The question presented is whether the admissions systems used by Harvard College and UNC are lawful under the Equal Protection Clause of the Fourteenth Amendment.

At Harvard, each application for admission is initially screened by a “first reader,” who assigns a numerical score in each of six categories: academic, extracurricular, athletic, school support, personal, and overall. For the “overall” category—a composite of the five other ratings—a first reader can and does consider the applicant’s race. Harvard’s admissions subcommittees then review all applications from a particular geographic area. These regional subcommittees make recommendations to the full admissions committee, and they take an applicant’s race into account. When the 40-member full admissions committee begins its deliberations, it discusses the relative breakdown of applicants by race. The goal of the process, according to Harvard’s director of admissions, is ensuring there is no “dramatic drop-off” in minority admissions from the prior class. An applicant receiving a majority of

* Together with No. 21–707, *Students for Fair Admissions, Inc. v. University of North Carolina et al.*, on certiorari before judgment to the United States Court of Appeals for the Fourth Circuit.



“Do No Harm” Act S.B. 410 Missouri

Forbids teaching of DEI ideologies and requirement of such for employment and education in healthcare. This includes measurement of health equity.

Defines "Academic standards" as grade point average, standardized test scores, or other metrics

All schools of medicine shall require the MCAT as one of the requirements for admission.

Requires that institutions shall not reduce the academic standards for the admission of new students into, or the advancement of current students within, healthcare-related academic programs.

FIRST REGULAR SESSION
SENATE BILL NO. 410

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR KOENIG.

1596S.021

KRISTINA MARTIN, Secretary

AN ACT

To amend chapter 191, RSMo, by adding thereto one new section relating to diversity-equity-inclusion requirements.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Chapter 191, RSMo, is amended by adding thereto
2 one new section, to be known as section 191.1450, to read as
3 follows:
191.1450. 1. This section shall be known and may be
2 cited as the "Do No Harm Act".
3 2. As used in this section, the following terms mean:
4 (1) "Academic standards", the grade point average,
5 standardized test score, or other metric used to gauge a
6 student's achievements for the purposes of admissions into,
7 advancement in, or graduation from an institution of higher
8 education;
9 (2) "Department", the department of health and senior
10 services;
11 (3) "Diversity-Equity-Inclusion" or "DEI", education
12 or training requirements or programs that instruct people on
13 the subjects of antiracism, implicit bias, health equity,
14 social determinants of health, and any other instructions
15 related to the relevance of race, gender, religion,
16 ethnicity, sexual preference, and national origin relating
17 to access to care or treatment by health care providers;



DEI Legislation Tracker

Explore where college diversity, equity, and inclusion efforts are under attack.

By Chronicle Staff

The Chronicle is tracking legislation that would prohibit colleges from having diversity, equity, and inclusion offices or staff; ban mandatory diversity training; prohibit institutions from using diversity statements in hiring and promotion; or prohibit colleges from using race, sex, color, ethnicity, or national origin in admissions or employment. All four proscriptions were identified in model state legislation proposed this year by the Goldwater and Manhattan Institutes.

Updated July 14, 2023.

We are tracking 40 bills in 22 states. So far,

40

have been introduced.

7

have final legislative approval.

7

have become law.

29

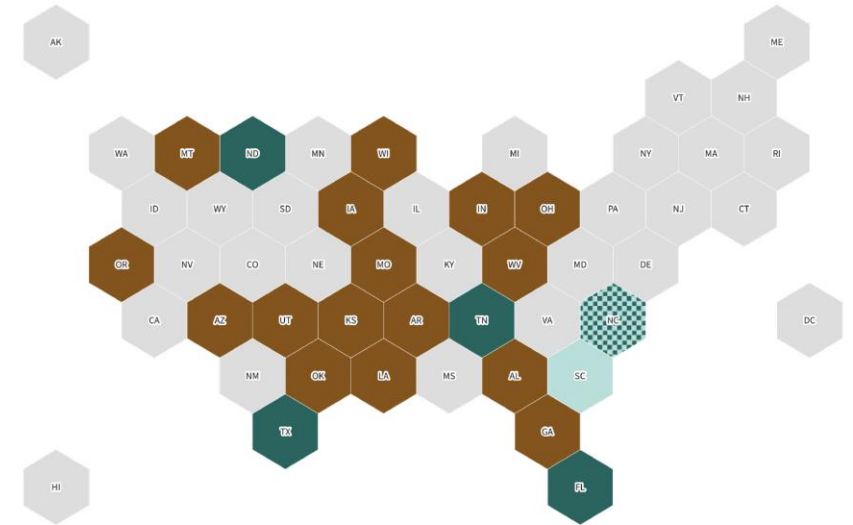
have been tabled, failed to pass, or vetoed.



https://www.chronicle.com/article/here-are-the-states-where-lawmakers-are-seeking-to-ban-colleges-dei-efforts?cid=gen_sign_in

Where Anti-DEI Legislation Has Been Proposed

A pattern indicates active bills in different statuses.
No bill | Introduced | Final legislative approval | Signed into law | Tabled, failed to pass, or vetoed

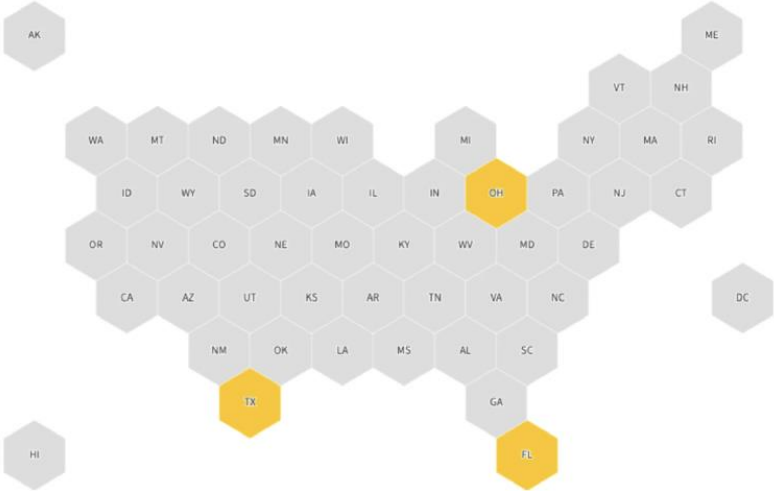


A Flourish map

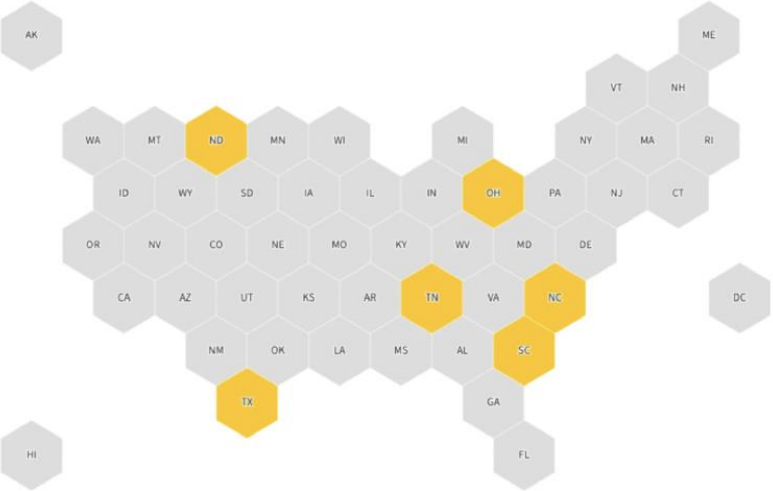


What Would the Legislation Restrict?

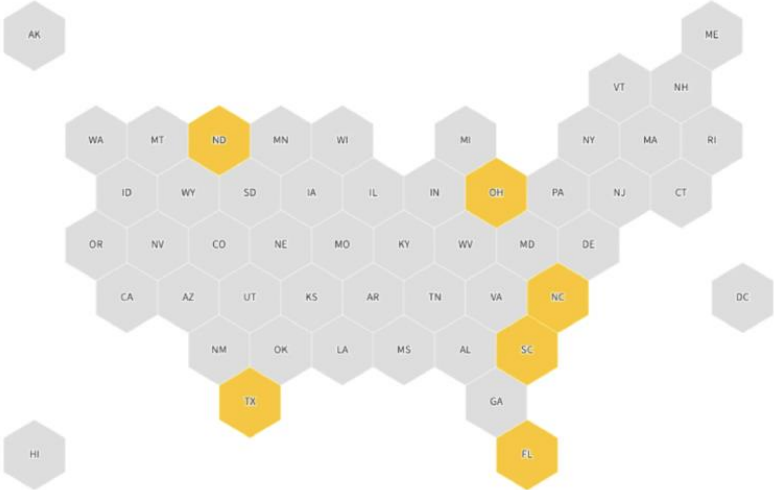
DEI Offices and Staff



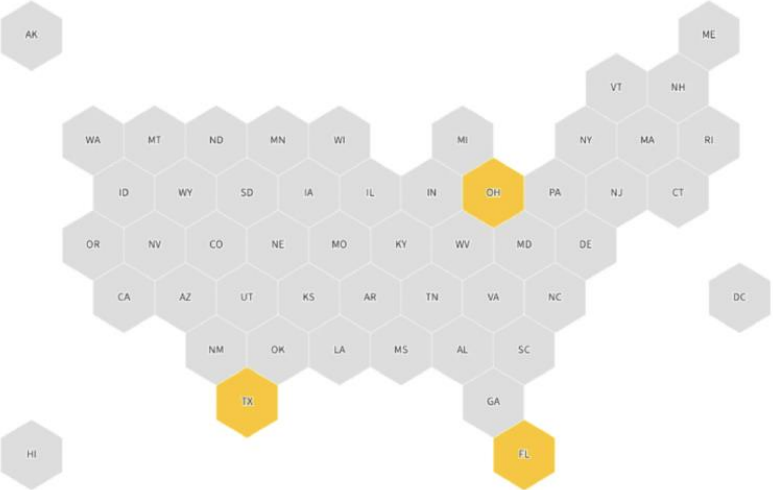
Mandatory DEI Training



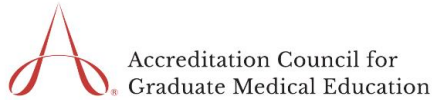
Diversity Statements



Identity-Based Preferences for Hiring and Admissions



Preparation for the SCOTUS decision



- Programs and Institutions ▾
- Specialties ▾
- Residents and Fellows ▾
- Milestones ▾
- Improvement and Initiatives ▾
- Education and Resources

ACGME HOME > NEWSROOM >

LETTER TO THE GME COMMUNITY FROM THOMAS J. NASCA, MD, MACP, PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ACGME: WHY WORKFORCE DIVERSITY MATTERS TO HEALTH CARE AND GRADUATE MEDICAL EDUCATION

Letter to the GME Community from Thomas J. Nasca, MD, MACP, President and Chief Executive Officer of the ACGME: Why Workforce Diversity Matters to Health Care and Graduate Medical Education

News | 13 June 2023



Dear Colleagues in the Graduate Medical Education Community,

The United States Supreme Court is soon to issue decisions in actions brought by Students for Fair Admissions, Inc. against Harvard College and the University of North Carolina. Although these cases address consideration of race in undergraduate admissions (covered under Title VI of the Civil Rights Act of

1964), the decision may have implications for undergraduate medical education and possibly for accreditation of graduate medical education (GME). When these decisions are issued and after review and consideration of them, the ACGME will release a statement addressing

KEY TOPICS

Annual Educational Conference

COVID-19

Diversity, Equity, and Inclusion

Residents and Fellows

Well-Being

[View All Topics](#)

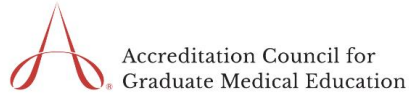


CONTACT



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ACGME follow up of the SCOTUS decision



Q Enter your search



Programs and Institutions ▾

Specialties ▾

Residents and Fellows ▾

Milestones ▾

Improvement and Initiatives ▾

Education and Resources

ACGME HOME > NEWSROOM > FOLLOW-UP TO DR. NASCA'S JUNE 13 LETTER TO THE COMMUNITY AFTER SUPREME COURT DECISION REGARDING COLLEGE ADMISSIONS AND RACE

Follow-Up to Dr. Nasca's June 13 Letter to the Community after Supreme Court Decision Regarding College Admissions and Race

News | 12 July 2023

Share This



This is a follow-up to the June 13 Letter to the Community addressing the accreditation implications of the Students for Fair Admissions, Inc v. President and Fellows of Harvard College Supreme Court case.

Dear Members of the Graduate Medical Education Community,

On June 29, 2023, the United States Supreme Court issued its decisions in

Students for Fair Admissions, Inc. v. President and Fellows of Harvard College, addressing the consideration of race-based affirmative action in university admissions. Since that decision and the passage of certain state laws that limit diversity, equity, and inclusion activities, the ACGME has received inquiries relating to the accreditation standards that require engaging “in practices that focus on mission-driven,

KEY TOPICS

Annual Educational Conference

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Diversity, Equity, and Inclusion

Residents and Fellows

Well-Being

View All Topics

CONTACT



Susan Holub

Vice President



Follow-up

- ACGME reaffirms its commitment to its requirements to focus on diversity through a mission-driven, ongoing, systematic effort of recruitment and retention of a diverse and inclusive workforce of residents, fellows, faculty members, senior administrative GME staff members and other relevant members of its academic community
- The rationale for this is to hold true to ACGME's mission to improve health and population health. Elimination of racial and ethnic health disparities is central to improving health of society
- ACGME requirements do not require race-based affirmative action to achieve diversity and the decision does not require programs to change their current selection practices.



Common Program Requirement I.C.

I.C. The Program, in partnership with its Sponsoring Institution, **must** engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community. (Core)



I.C. misconceptions

- There is no curricular content mandate from ACGME to teach principles of DEI and antiracism, but it is a good idea to address these elements because it can improve inclusion, belongingness, and retention
- The review committees are measuring substantial compliance through monitoring the number of new residents you bring into your program year over year
- Retention doesn't matter if your recruitment efforts are robust
- Mere compliance with EEOC requirements, ignoring diversity because of colorblindness philosophies, or inaction due to conservative interpretations of laws are not consistent with substantial compliance



Follow-up

The SCOTUS ruling was narrowly constructed to only address Title VI provisions of the Civil Rights Act of 1964 which concerns admission to education and professional education programs. It eliminates the consideration of race as a criterion for admission, whether used positively or negatively. It does not address employment decisions which are covered under Title VII provisions and currently forbid racial discrimination.

Resident selection is a process of employment and hiring. The NRMP does not permit a direct application-admission decision as it is currently constructed.

There is no ban on the use of race to develop the applicant pool for hiring.



The current SCOTUS decision only impacts Title VI

Section 601 of title six of the Civil Rights Act of 1964 (42 U.S.C. §2000d) states no person in the United states shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Focus is on educational institutions' admissions processes



Title VII is not subject to any change based on the most recent SCOTUS decision (29 June 2023)

Title VII of the Civil Rights Act of 1964 – 42 USC§2000e-2(a)

(a) Employer practices

It shall be an unlawful employment practice for an employer -

(1) to fail or refuse to hire or to discharge any individual, or otherwise to discriminate against any individual with respect to his compensation, terms, conditions, or privileges of employment, because of such individual's race, color, religion, sex, or national origin; or

(2) to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee, because of such individual's race, color, religion, sex, or national origin.

Focus is on corporate employer processes



US EEOC on SCOTUS and Title VII

Private employment falls under Title VII and is enforced by the U.S. Equal Employment Opportunity Commission (EEOC), currently led by Charlotte A. Burrows, who has emphasized that the SCOTUS decision has no bearing on its work.



Charlotte A. Burrows, JD
Chair of the Equal
Employment Opportunity
Commission

“It [The SCOTUS decision] does not address employer efforts to foster diverse and inclusive workforces or to engage the talents of all qualified workers, regardless of their background. It remains lawful for employers to implement diversity, equity, inclusion, and accessibility programs that seek to ensure workers of all backgrounds are afforded equal opportunity in the workplace.”

<https://www.eeoc.gov/newsroom/statement-eeoc-chair-charlotte-burrows-supreme-court-ruling-college-affirmative-action>



Follow-up

The SCOTUS ruling was narrowly constructed to only address Title VI provisions of the Civil Rights Act of 1964 which concerns admission to education and professional education programs. It eliminates the consideration of race as a criterion for admission, whether used positively or negatively. It does not address employment decisions which are covered under Title VII provisions and currently forbid racial discrimination.

Resident selection is a process of employment and hiring. The NRMP and SF Match do not permit a direct application-admission decision as currently constructed.

There is no ban on the use of race to develop the applicant pool for hiring.



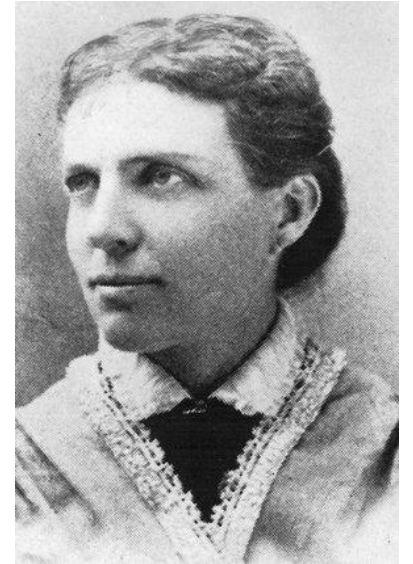
Annenberg Inclusion Initiative

The Inclusion Rider, created by the USC Annenberg Inclusion Initiative, the law firm of Cohen Milstein, and Pearl Street Films, is a provision included in the contract of an actor, director, or writer requiring inclusion of women and other underrepresented groups at the interview and casting stages, and demands “affirmative efforts” to hire those individuals

Akin to the “Rooney Rule” of 2002 for head coach hiring in the National Football League

Mansfield rule of 2017 stipulates that each stage of your hiring process be composed of at least 30% qualified candidates of color before proceeding

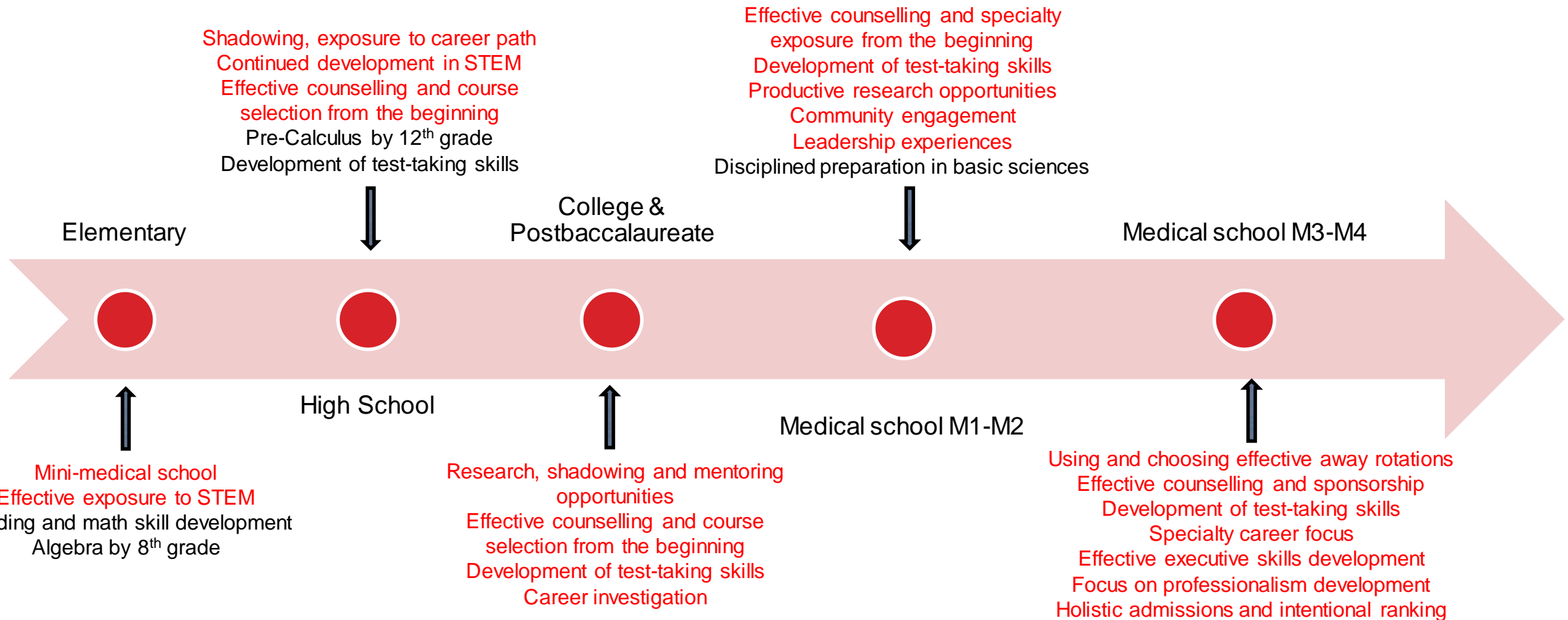
Focus is to enrich the diversity of the recruitment pool prior to decision-making within the hiring process whereby race and other explicitly focused targets can be used as a means to create a more diverse pool



Arabella Mansfield
Admitted to the Iowa
Bar 1869



Production of clinicians is a long-term process with multiple points of intervention



“We don’t control the entry of students into medicine, so there’s nothing we can do to advance diversity”

ACGME Common Program Requirement II.A.4.a).(2)

The program director must design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program^(Core)

Background and Intent: The mission of institutions participating in graduate medical education is to improve the health of the public. Each community has health needs that vary based upon location and demographics. Programs must understand the structural and social determinants of health of the populations they serve and incorporate them in the design and implementation of the program curriculum, with the ultimate goal of addressing these needs and eliminating health disparities.



ACGME Common Program Requirement IV.B.1.f).

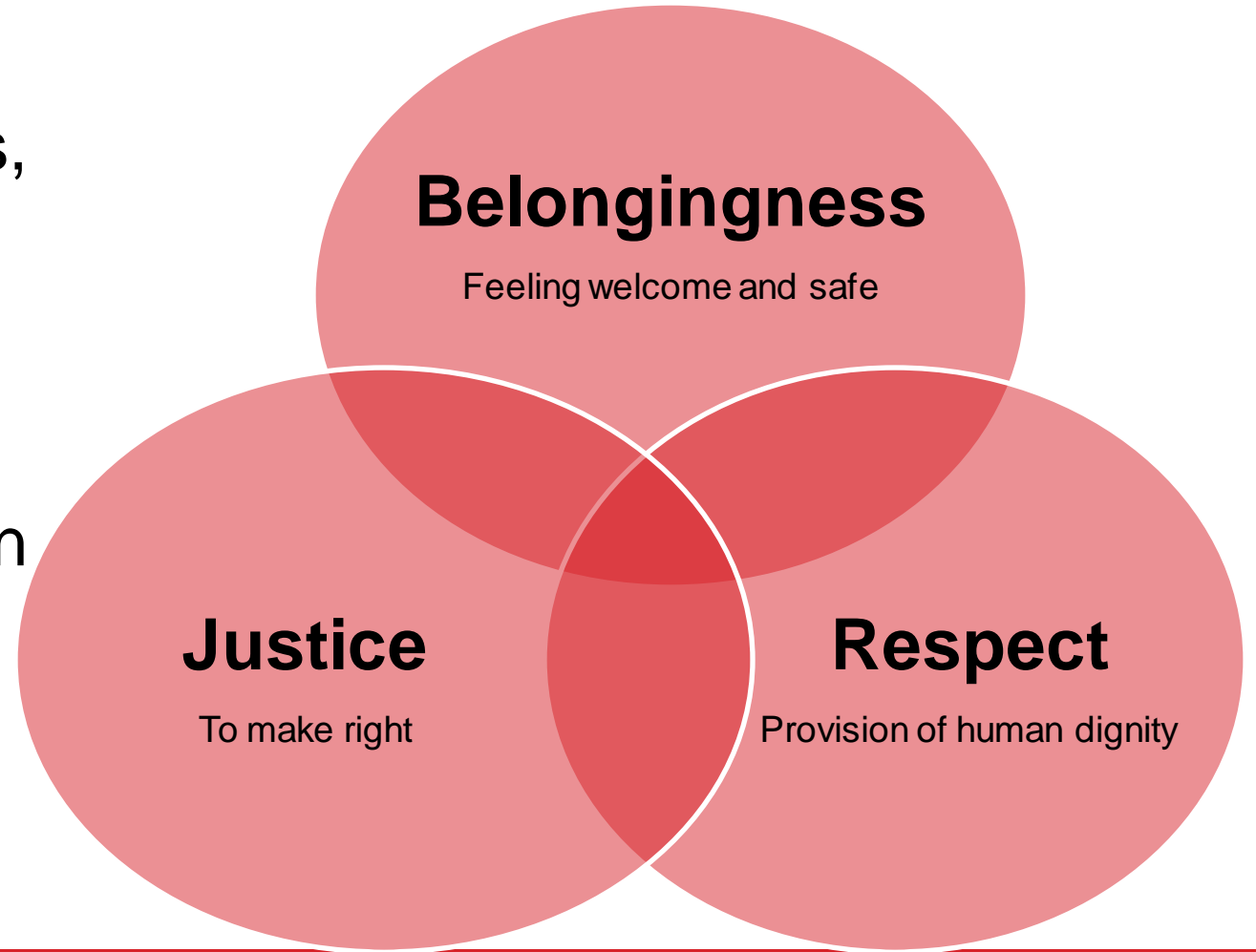
Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care^(Core)

Background and Intent: Medical practice occurs in the context of an increasingly complex clinical care environment where optimal patient care requires attention to compliance with external and internal administrative and regulatory requirements



Common Program Requirement VI.B.5.

VI.B.5. Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff. (Core)



ACGME annual program update questions

Describe how the program will achieve/ensure diversity in resident/fellow recruitment, selection, and retention.

Describe in detail what efforts your specific program is doing to advance diversity, equity, and inclusion for residents/fellows. Evidence-based strategies and program success stories are strongly encouraged. Examples should only include efforts the affiliated medical school or the Sponsoring Institution is doing if it is done in partnership with your program, which is encouraged. Do not copy and paste diversity and inclusion policies and statements. This is an opportunity to describe the practices instituted in your program to result in a diverse recruitment and retention strategy and to create an inclusive clinical learning environment.

Include any numerical data that supports the success of these efforts.



ACGME DEI update

- ACGME Equity Matter 2.0 is being launched and there is a webinar Wed, 11/15 at 2 pm CT
- Revamp of the Barbara Ross Lee, DO Award for DEI
- Foundations of DEIA textbook
- Specialty by specialty data analysis on the state of diversity and related research and data improvement
- Continuing improvement of complaints and concerns process and planning of a summit on how to eliminate mistreatment in the CLE
- Planning a summit to discuss how medical education to improve care of disabled individuals can be implemented
- Launch of the Equity Matters Resource Collection
- Maintaining a robust educational program with external presentations and implementing new programs at the Annual Educational Conference



ACGME Office of Diversity, Equity, and Inclusion

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Thank you

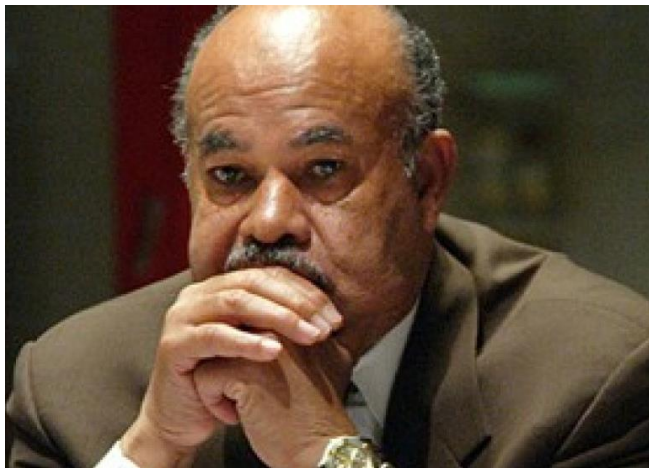


Ward Connerly

Sacramento businessman and former University of California Regent (Appointed in 1993).

Anti-affirmation activist and organizer with a devotion to the idea of utter colorblindness.

In 1997, Connerly **founded the American Civil Rights Institute**, which advocated for ballot measures to prohibit sex-based and race-based preferences modeled on Proposition 209 in Washington, Michigan, Colorado, Nebraska, Arizona, and Oklahoma.



"There was a time when affirmative action had a value. There was discrimination in all sectors of California and we needed some sort of shock treatment. The time has come to take off the training wheels."

On July 20, **1995**, the UC Board of Regents voted to 15-10 to eliminate race-based and gender-based preferences in hiring and contracting and 14-10 to race-based and gender-based preferences in university admissions issuing a **Special Policy 1 (SP1) and SP2**

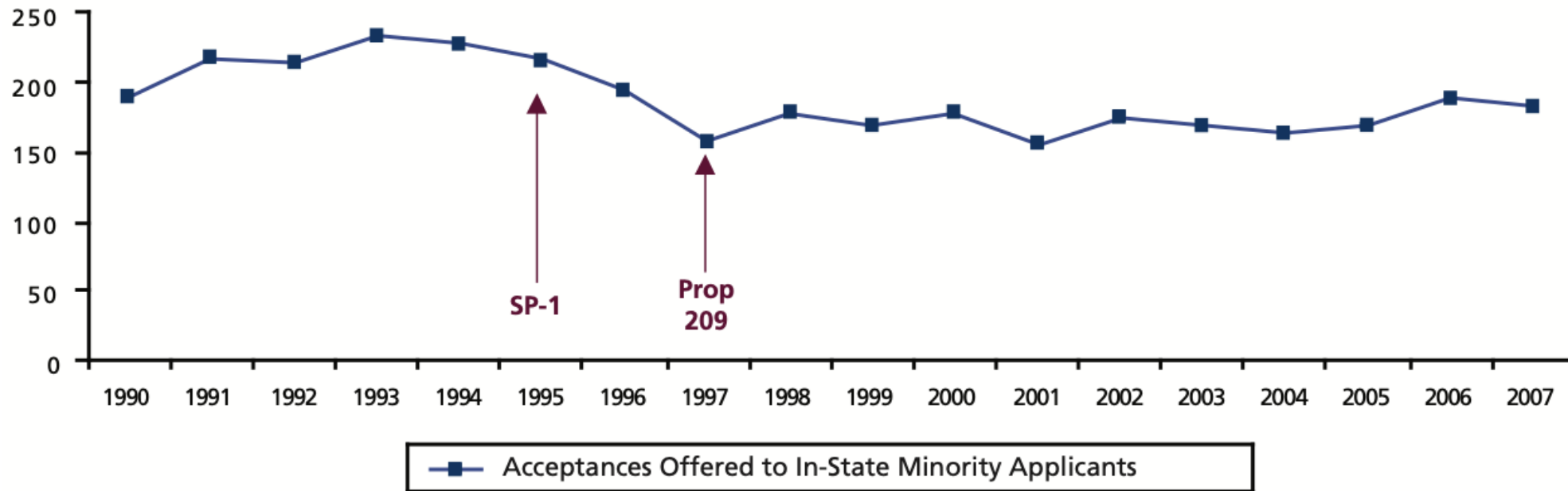
Ballot initiative authored by Glynn Custard and Thomas Wood, that would become Proposition 209 was filed less than a month afterwards; they asked Connerly to chair the campaign to support the ballot initiative.

California Proposition 209 passed in **1996** with 54.6% of the vote and an 81% drop in the number of admission offers to African Americans from Berkeley's Boalt Hall law school obtained in 1997



Post prop 209 consequences

Figure 1: Number of Acceptances Offered to Minority California Residents by California Medical Schools, 1990-2007*














* For this report, applicants identifying themselves as Hispanic/Latino, Black/African American, American Indian/Alaska Native, or Native Hawaiian/Other Pacific Islander are considered to be "minority" residents.

Steinecke, A. and Terrell, C., 2008. After affirmative action: Diversity at California medical schools. *AAMC Analysis in Brief*, 8(6), pp.1-2.



Ward Connerly ballot measures

Ballot measure support and opposition for Ward Connerly			
Ballot measure	Year	Position	Status
California Proposition 16: Repeal Proposition 209 Amendment	2020	Opposed ^[8]	Defeated 
Washington Referendum 88: Vote to Amend Affirmative Action Measure	2019	Opposed ^[9]	Defeated 
Oklahoma State Question 759: Affirmative Action Amendment	2012	Supported ^[10]	Approved 
Arizona Proposition 107: Affirmative Action Amendment	2010	Supported ^[11]	Approved 
California Proposition 8: Same-Sex Marriage Ban Initiative	2008	Opposed ^[12]	Approved 
Colorado Initiative 46: Affirmative Action Amendment	2008	Supported ^[13]	Defeated 
Nebraska Measure 424: Affirmative Action Initiative	2008	Supported ^[14]	Approved 
Michigan Proposal 2: Affirmative Action Initiative	2006	Supported ^[15]	Approved 
California Proposition 54: Prohibit State Classification Based on Race in Education, Employment, and Contracting Initiative	2003	Supported ^[16]	Defeated 
Washington Initiative 200: Affirmative Action Initiative	1998	Supported ^[17]	Approved 
California Proposition 209: Affirmative Action Initiative	1996	Supported ^[18]	Approved 

https://ballotpedia.org/Ward_Connerly



Chilling effect of prop 209

While there has been some recovery of losses in Latinx and Black/African American matriculants that occurred immediately after Proposition 209 was enacted, progress has been limited

Because the Latinx population of California grew tremendously during these 30 years, from 26 percent (1990) to 39 percent (2019) of the population, the number of Latinx medical students has fallen further behind the numbers needed to provide ethnically concordant care.

Black/African American matriculation increased primarily in the UC medical schools. In California's private medical schools, the proportion of Black/African American students matriculating fell over the 30-year period, from 6 percent (1990) to 5 percent (2019).

Pfeffinger, A., Fernández, A., Tapia, M., Rios-Fetchko, F. and Coffman, J., 2020. Recovery with limited progress: Impact of California proposition 209 on racial/ethnic diversity of California medical school matriculants, 1990 to 2019. *San Francisco: University of California, San Francisco, Healthforce Center.*

Recovery with Limited Progress: Impact of California Proposition 209 on Racial/Ethnic Diversity of California Medical School Matriculants, 1990 to 2019

by Alana Pfeffinger, MPH^a, Alicia Fernández, MD^a, Manuel Tapia, MD, MPH^a, Francine Rios-Fetchko, BA^a and Janet Coffman, MPP, PhD^b

^aUCSF Latinx Center of Excellence

^bHealthforce Center at UCSF

December 2020

Abstract / Overview

Passage of California Proposition 209 in 1996 prohibited the consideration of race, sex, color, ethnicity, or national origin in public education, employment and contracting. This brief extends previous studies of the impact of Proposition 209 on the racial/ethnic diversity of California medical students by providing a thirty-year longitudinal assessment (1990 – 2019) of its effects. Our analyses reveal that while there has been some recovery of losses in Latinx and Black/African American matriculants that occurred immediately after Proposition 209 was enacted, progress has been limited. We conclude with several recommendations from the California Future Health Workforce Commission for key investments to increase racial/ethnic diversity in California medical schools.

The mission of Healthforce Center is to equip health care organizations with the workforce knowledge and leadership skills to effect positive change. To learn more go to healthforce.ucsf.edu. The mission of the Latinx Center of Excellence is to improve the health and healthcare of California through the development of diverse physician leaders and through research, education and advocacy. To learn more go to latinx.ucsf.edu.

Healthforce Center at UCSF 490 Illinois Street, Floor 11, San Francisco, CA 94143
UCSF LCOE 1001 Potrero Avenue, Building 10, Room 1320B, San Francisco, CA 94110



Efforts to increase diversity in California

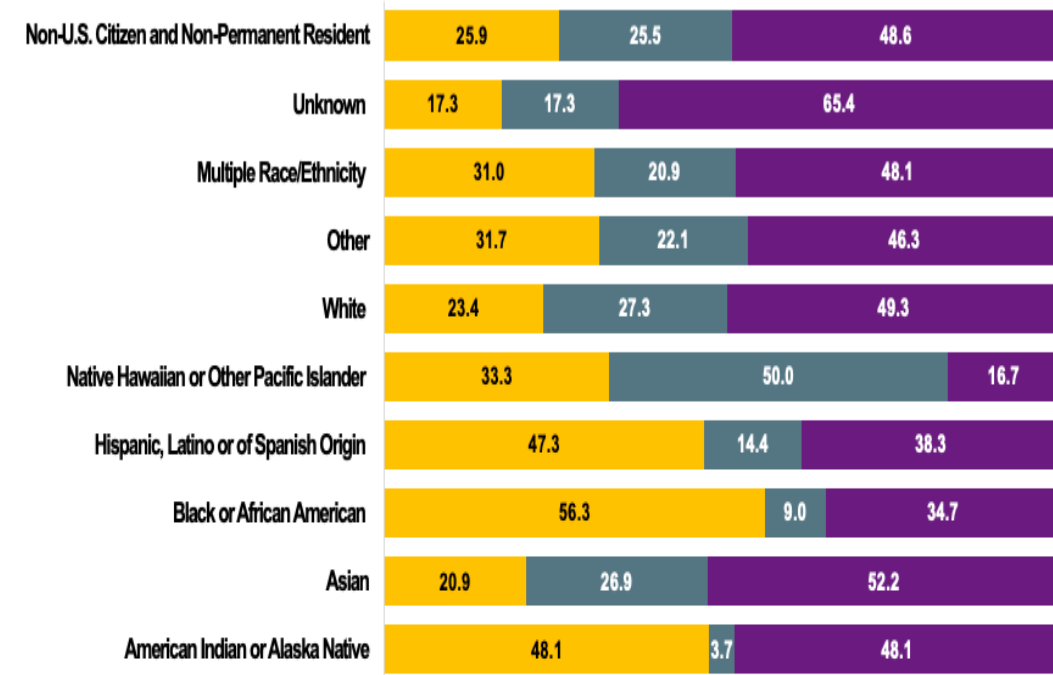
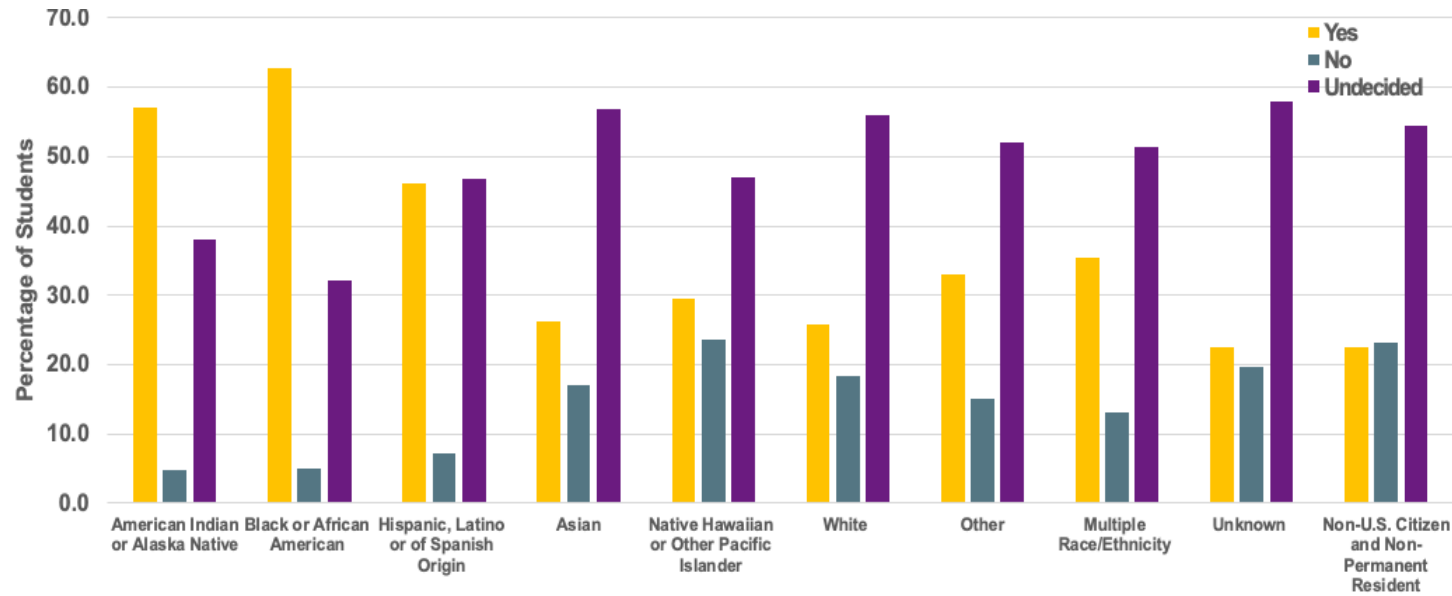
- AAMC Project 3000 by 2000
- MMEP, SMEP, SMDEP, SHPEP
- The six PRIME programs, with the first begun in 2004, are innovative medical school programs focused on increasing the number of physicians committed to caring for the underserved populations of California. The programs provide dedicated education and additional training to students to prepare them to meet the needs of medically underserved populations. It expanded the number of first-year seats at the five UC medical schools, it provides supplemental admissions criteria and targeted student recruitment, and the majority (64%) of PRIME students are from UIM racial/ethnic groups.
- The programs provide dedicated education and additional training to students to prepare them to meet the needs of medically underserved populations. The programs have expanded the number of first-year seats at the five UC medical schools that existed prior to the enactment of Proposition 209 (UC Davis, UCI, UCLA, UCSD, and UCSF). Each of the six programs (including UC Merced San Joaquin Valley PRIME) has supplemental admissions criteria.
- Implementing holistic review, a framework for incorporating a wide range of factors into admissions decisions aside from those of the dominant cultural normative factors.



Can you predict who is more likely to serve underserved and marginalized communities?

AAMC Matriculating Student Questionnaire

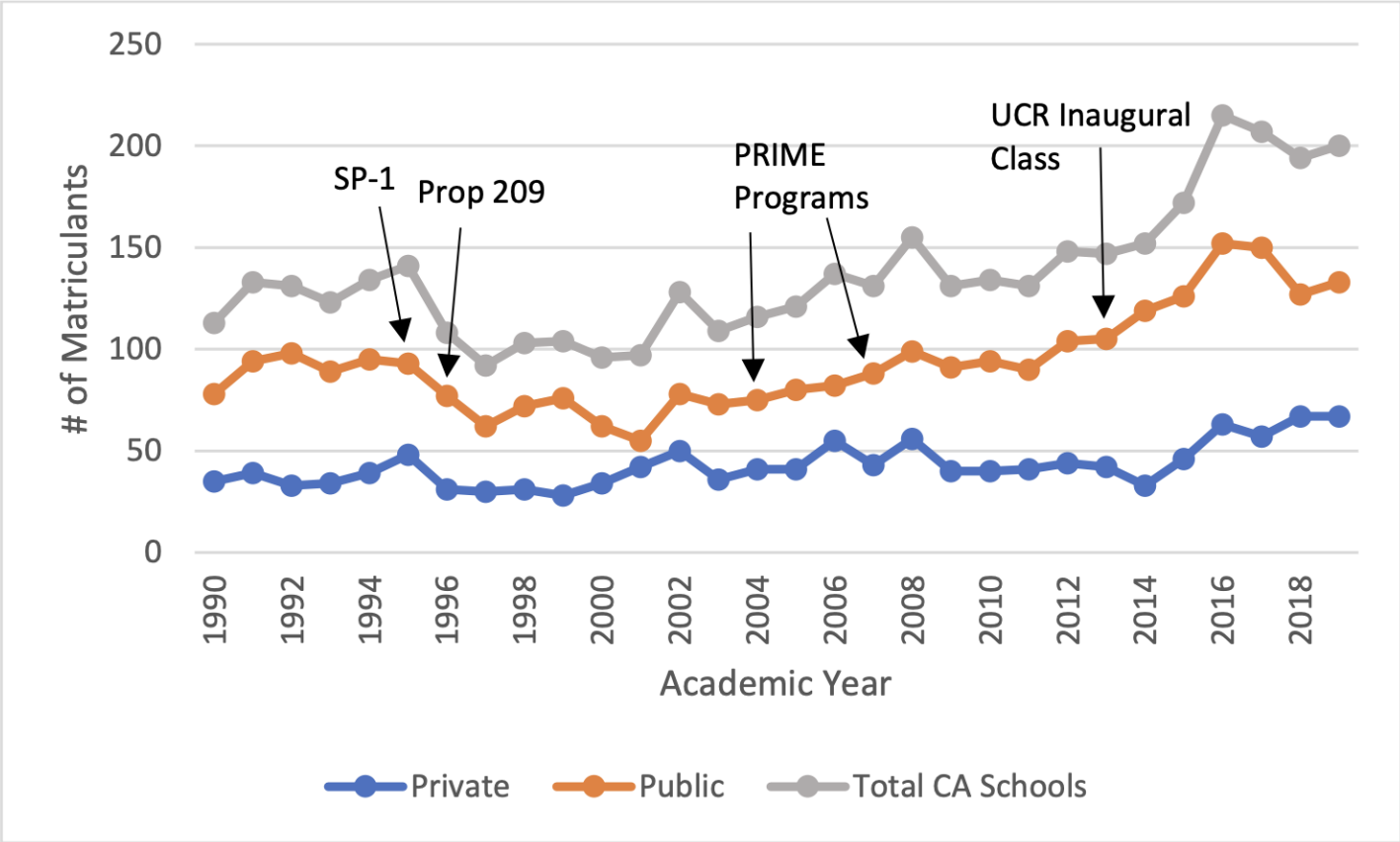
AAMC Graduating Student Questionnaire



AAMC: Data Warehouse, MSQ_R, GQ_R, and IND_IDENT_R tables as of December 30, 2020. MSQ_R last updated 1/9/2020. GQ_R last updated 8/26/2020. IND_IDENT_R last updated 12/3/2020.



Figure 4. Number of Latinx Matriculants to Public and Private California Medical Schools from 1990 – 2019

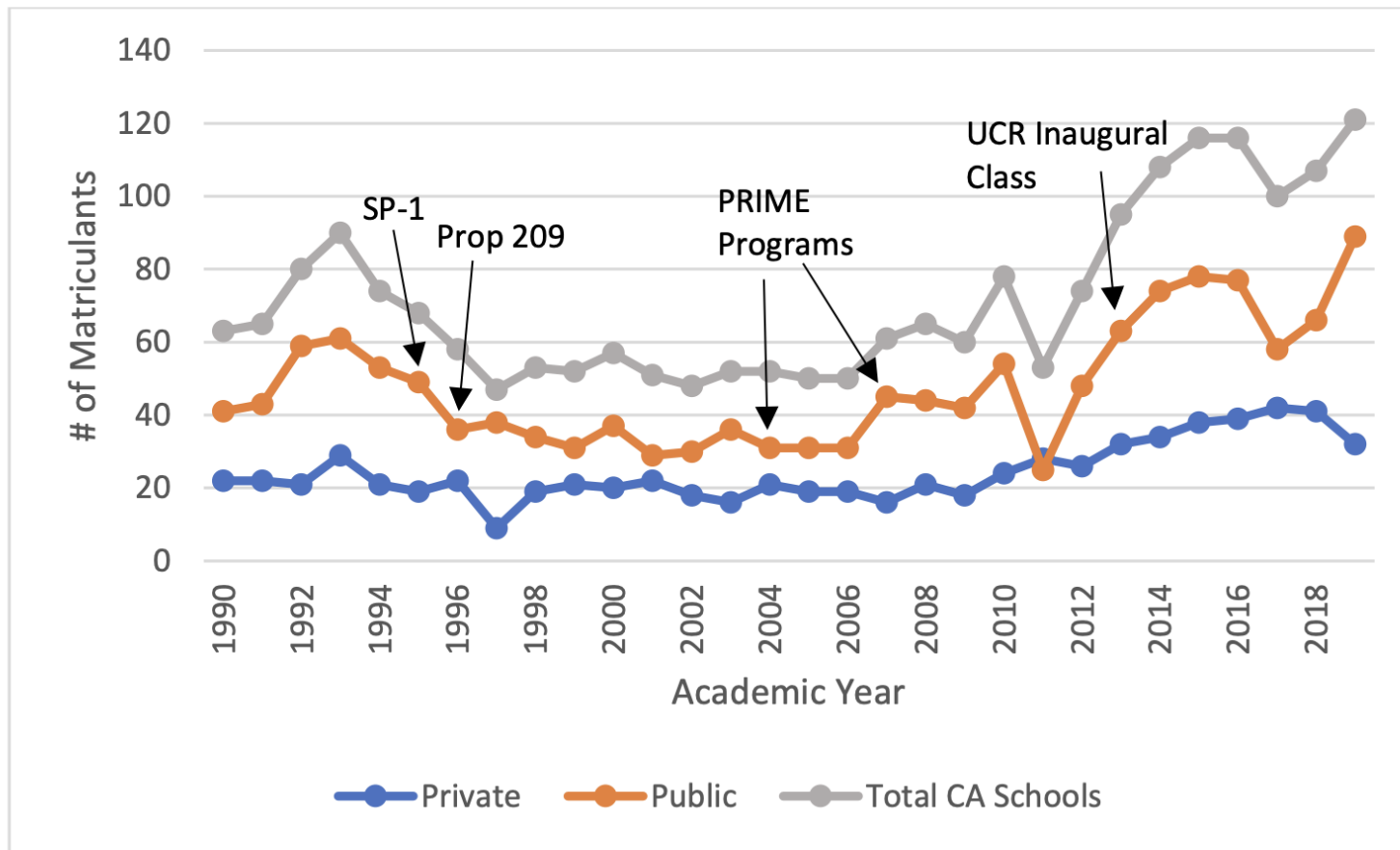


Source: Association of American Medical Colleges Applicant Matriculant Data File, authors’ tabulation.



Pfeffinger, A., Fernández, A., Tapia, M., Rios-Fetchko, F. and Coffman, J., 2020. Recovery with Limited Progress: Impact of California Proposition 209 on Racial/Ethnic Diversity of California Medical School Matriculants, 1990 to 2019. *San Francisco: University of California, San Francisco, Healthforce Center.*

Figure 6. Number of Black/African American Matriculants to Public and Private California Medical Schools from 1990 – 2019



Source: Association of American Medical Colleges Applicant Matriculant Data File, authors’ tabulation.



Pfeffinger, A., Fernández, A., Tapia, M., Rios-Fetchko, F. and Coffman, J., 2020. Recovery with Limited Progress: Impact of California Proposition 209 on Racial/Ethnic Diversity of California Medical School Matriculants, 1990 to 2019. *San Francisco: University of California, San Francisco, Healthforce Center.*

Table A-9: Matriculants to U.S. MD-Granting Medical Schools by Race, Selected Combinations of Race/Ethnicity and Gender, 2019-2020 through 2022-2023



The table below displays the self-identified racial and ethnic characteristics of women and men matriculants to U.S. medical schools from 2019-2020 through 2022-2023. In each row, a comma (,) is used to separate the race/ethnicity response options that matriculants selected; however, "Multiple Race/Ethnicity Not Listed Above" and "Unknown Race/Ethnicity" do not describe selectable response options. Please email datarequest@aamc.org if you need further assistance or have additional inquiries.

Matriculants Selected Combinations of Race/Ethnicity	2019-2020			2020-2021			2021-2022			2022-2023		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
American Indian or Alaska Native Only	22	22	44	15	21	36	18	22	40	14	23	37
American Indian or Alaska Native, Black or African American	5	9	14	2	7	9	4	9	13	3	10	13
American Indian or Alaska Native, White	44	58	102	46	66	112	46	65	111	52	49	101
Asian Only	2,206	2,481	4,687	2,152	2,641	4,793	2,257	2,894	5,151	2,411	3,186	5,597
Asian, Black or African American	15	20	35	24	20	44	26	31	57	17	32	49
Asian, White	218	280	498	197	280	477	212	325	537	244	370	614
Black or African American Only	619	1,007	1,626	665	1,102	1,767	813	1,311	2,124	671	1,184	1,855
Black or African American, White	34	55	89	54	59	113	61	80	141	58	83	141
Hispanic, Latino, or of Spanish Origin Only	721	691	1,412	770	754	1,524	728	846	1,574	684	760	1,444
Hispanic, Latino, or of Spanish Origin, Black or African American	41	39	80	39	59	98	53	80	133	64	76	140
Hispanic, Latino, or of Spanish Origin, White	371	396	767	381	440	821	401	494	895	417	499	916
Native Hawaiian or Other Pacific Islander Only	7	6	13	9	5	14	9	4	13	10	12	22
White Only	5,002	5,179	10,181	4,744	5,179	9,923	4,384	5,189	9,573	4,371	5,224	9,595
White, Other	135	95	230	124	103	227	121	121	242	125	118	243
Other	175	204	379	247	222	469	234	245	479	255	240	495
Multiple Race/Ethnicity Not Listed Above	163	200	363	185	222	407	189	256	445	236	243	479
Unknown Race/Ethnicity	504	567	1,071	490	597	1,087	342	449	791	294	343	637
Non-U.S. Citizen and Non-Permanent Resident	120	152	272	127	149	276	159	169	328	136	178	314
Total Matriculants	10,402	11,461	21,863	10,271	11,926	22,197	10,057	12,590	22,647	10,062	12,630	22,692

Note: The "Non-U.S. Citizen and Non-Permanent Resident" category may include students with unknown citizenship. Matriculants who declined to report gender are not reflected.

Each academic year includes applicants and matriculants that applied to enter medical school in the fall of the given year. For example, academic year 2022-2023 represents the applicants and matriculants that applied to enter medical school during the 2022 application cycle.

