

Diversity at U.S. Medical Schools and Residency Programs in a Post Affirmative Action World

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Abstract

Background:

The 2023 U.S. Supreme Court decision banning race-conscious admissions in higher education has raised concerns about its potential impact on diversity within medical education and the physician workforce. This study evaluates early trends in medical school matriculation and residency match outcomes following the ruling, with a focus on racial and ethnic representation.

Methods:

A scoping analysis was conducted using AAMC medical school matriculant data from 2023–2025 and residency applicant data from ERAS and SF Match from 2023–2025. Descriptive statistics were used to assess changes in matriculation and match rates across racial and ethnic groups and by specialty. Additionally, a nationwide survey of residents in traditionally competitive specialties was administered to characterize demographic patterns within graduate medical training.

Results:

Across U.S. MD-granting institutions, declines in matriculation rates were observed among Black, Hispanic/Latino, and Pacific Islander applicants following the affirmative action ban. Asian matriculation rates remained stable, while Native American and White applicants demonstrated increases from 2023 to 2025. ERAS data from 2023–2025 showed increases in active MD residents identifying as Hispanic/Latino, Black, and Asian, whereas SF Match data revealed stagnant ophthalmology match rates for applicants underrepresented in medicine. Survey findings indicated overrepresentation of White and Asian residents across multiple competitive specialties, while Black/African American, Hispanic/Latino and Native American/Pacific Islander respondents comprised a disproportionately small share of participants.

Conclusions:

Early evidence suggests that the Supreme Court's ruling against race-conscious admissions may already be influencing diversity within medical school matriculation, with potential downstream effects on residency training and workforce representation. Continued monitoring and the development of alternative equity-promoting strategies will be essential to sustaining diversity across the medical education pipeline.

INTRODUCTION

The June 29, 2023 ruling of the Supreme Court of the United States (SCOTUS) in *Students for Fair Admissions, Inc. v. President and Fellows of Harvard College* marked a historic restriction on the use of race-conscious admissions in higher education. While much of the public discussion has centered on undergraduate admissions, this decision has had broad implications across medical education—including potential downstream effects on residency training and workforce diversity.

Affirmative action policies have long been associated with increasing racial and ethnic representation within medical schools and, by extension, within the physician workforce^{1–3}. Even prior to the SCOTUS ruling, several states had enacted bans on affirmative action in public higher education. Evidence from those states demonstrated a measurable decline in the matriculation of underrepresented minorities in medicine (URiM) following such bans—up to a 17% reduction in first-time URiM matriculates across six affected states⁴ and a 4.8% decrease over five years in URiM enrollment at public medical schools⁵. These trends underscore the fragility of diversity gains achieved over previous decades.

Emerging data now suggest that similar declines are occurring nationally in the wake of the 2023 decision. Analyses of recent data from the Association of American Medical Colleges (AAMC) indicate a post-ruling decline in URiM matriculation rates to both MD and DO programs—11.6% among Black students and 10.8% among Hispanic students between the 2023–2024 and 2024–2025 academic years⁶. Additionally, studies have found that the steepest drops in URiM matriculation occurred in states that had not previously implemented affirmative action bans, suggesting that the ruling’s national scope has magnified inequities across the pipeline⁷.

Because residency programs depend on the diversity of medical school graduates, these shifts have important implications for graduate medical education (GME) diversity. The loss of affirmative action at the undergraduate and medical school levels threatens to reduce the number of URiM applicants entering competitive specialties and training programs, potentially reversing progress in workforce representation. Beyond admissions, structural challenges such as limited mentorship, resource disparities, and inconsistent implementation of holistic review continue to compound inequities across the training continuum^{8,9}.

This study aims to examine the early impact of the 2023 Supreme Court ruling on diversity across the medical education pipeline, with a focus on residency outcomes. Specifically, we aimed to assess changes in medical school and residency enrollment since the ruling, using AAMC and data from AAMC’s Electronic Residency Application Service (ERAS) to identify trends by race and specialty. Additionally, we sought to identify strategies to strengthen recruitment and retention of URiM students and residents through a review of national policies and best practices across organizations such as AAMC, the Association of University Professors of Ophthalmology (AUPO), and the San Francisco Match (SF Match). Finally, we will utilize residency survey data to capture institutional lessons learned and propose actionable recommendations for sustaining diversity in the post-affirmative action era.

METHODS

We utilized deidentified data with respect to medical school admissions, firstly from the 2025 Applicants and Matriculants dataset from AAMC under the Race and Ethnicity category from tables A-14.1, A-14.2 and A-14.3, respectively¹⁰. Secondly, we obtained ERAS data from the AAMC Report on Residents, specifically from 2024 and 2025 under Table B5 assessing the number of active MD residents by race/ethnicity^{11,12}. Lastly, we obtained SF Match Ophthalmology Residency Match Summary and Demographic reports from 2024 and 2025 to assess the breakdown of match rates across race and ethnicity in comparison to existing ophthalmology residency positions nationwide^{13–16}.

A 47-item Qualtrics survey was distributed nationwide to residency program coordinators across competitive specialties, including:

- Ophthalmology (n = 25)
- Urology (n = 11)
- Dermatology (n = 14)
- Plastic Surgery (n = 1)
- Neurosurgery (n = 6)
- Orthopedics (n = 30)
- ENT (n = 11)
- General Surgery (n = 1)
- Other (n = 4)

The survey captured demographic data, specialty representation, and applicant characteristics. IRB approval was obtained from the University of Rochester (IRB# 00010566). Informed consent was collected electronically.

Participants selected one or more racial/ethnic identities from standardized categories.

The complete list of survey questions is listed in **Supplemental Fig. 1**.

RESULTS

Medical School Matriculation

Across AAMC application cycles from 2023–2024 to 2024–2025, matriculation rates declined among several racial and ethnic groups applying to U.S. MD-granting medical schools. Black applicants experienced a national decrease, falling from 38.6% to 31.0% (absolute –7.6 percentage points; relative –19.6%). Hispanic and Latino applicants declined similarly from 46.5% to 38.8% (absolute –7.7 points; relative –16.5%), and Pacific Islander applicants experienced a modest decrease from 31.1% to 25.4% (absolute –5.7 points; relative –18.3%). Asian matriculants remained essentially stable, decreasing slightly from 44.6% to 44.4% (absolute –0.2 points; relative –0.44%). Native American and White

applicants were the only groups with matriculation increases, rising from 39.5% to 40.7% and 44.6% to 47.1%, respectively (absolute +1.2 and +2.5 points; relative +3.0% and +5.6%), as shown in Table 1.

Table 1. AAMC Racial Demographics of Matriculation Rates to M.D. Granting Institutions

Race	2023-24	2024-25	Absolute Change	Relative Change
Black	38.6%	31%	-7.6	-19.68911917
Hispanic/Latino	46.5%	38.8%	-7.7	-16.55913978
Pacific Islander	31.1%	25.4%	-5.7	-18.32797428
Asian	44.6%	44.4%	-0.2	0.448430493
Native American	39.5%	40.7%	1.2	3.037974684
White	44.6%	47.1%	2.5	5.605381166

ERAS Residency Representation

The distribution of active MD residents by race/ethnicity in ERAS data shows a small increase in Asian residents from 23.3% in 2023-2024 to 23.6% in 2024-2025 (absolute +0.3; relative +1.29%) and Black residents from 6.9% in 2023-2024 to 7.1% in 2024-2025 (absolute +0.2; relative +2.9%). The highest increase was seen in Hispanic/Latino residents from 8.9% in 2023-2024 to 9.3% in 2024-2025 (absolute +0.4; relative +4.49%). Native American and Pacific Islander residents demonstrated no changes, remaining stable at 0.6% and 0.2% respectively (absolute +0; relative +0% within both groups) while White residents were the only group with the biggest decrease in numbers, from 47.2% in 2023-2024 to 45.9% in 2024-2025 (absolute -1.4; relative -2.75%), as seen in Table 2.

Table 2. ERAS Racial Distribution of Active MD Residents

Race	2023-24	2024-25	Absolute Change	Relative Change
Asian	23.3%	23.6%	0.3	1.287553648
Black	6.9%	7.1%	0.2	2.898550725
Hispanic/Latino	8.9%	9.3%	0.4	4.494382022
Native American	0.6%	0.6%	0	0
Pacific Islander	0.2%	0.2%	0	0
White	47.2%	45.9%	-1.3	2.754237288

Ophthalmology Match

When accounting for SF Match data from the 2023-24 to 2024-25 application cycles, even with an increase from 520 to 525 total ophthalmology residency spots offered to meet growing patient care, the number of Black and Hispanic/Latino applicants successfully matching into programs remained near stagnant, with small decreases from 7% to 6% and 10% to 8%, respectively. White applicants saw the largest drop off in successful ophthalmology match rates with a decrease from 47% to 42% while Asian applicants saw the largest increase in match rate percentages from 29% to 34% (Table 3). Overall, URiM applicants continue to represent a small fraction of matched residents.

Table 3. SF Match Demographics from 2024 to 2025

SF Match Demographics	Native	Asian	Black or African American	Hispanic or Latino	Islander	White
2024	1%	29%	7%	10%	< 1%	47%
2025	4%	34%	6%	8%	NA	42%

Survey Findings

103 residents participated in the accompanying survey, representing a range of diverse subsurgical specialties such as ophthalmology, dermatology, neurosurgery, plastic surgery, anesthesiology, and general surgery. Of the 100 respondents who reported race, 72.2% identified as White and 22.2% as Asian, while Black/African American, Hispanic/Latino and Native American/Pacific Islander respondents were underrepresented at 2.2% 4.4% and 1.1%, respectively (Table 4). Ophthalmology, dermatology, and orthopedic surgery showed the lowest URiM representation.

Table 4: Participant Demographics and Socioeconomic Characteristics			
Variable	Category	Frequency (n)	Percentage (%)
Age (years)	20–25	6	6.66
	26–30	55	61.11
	31–35	26	28.88
	36–40	1	1.11
	≥41	2	2.22
Race	White (non-Hispanic)	65	72.22
	Black or African American	2	2.22
	Hispanic/Latino	4	4.44
	Asian	20	22.22
	Native American or Alaskan Native	NA	NA
	Native Hawaiian or Pacific Islander	1	1.11
	Other	4	4.44
	Decline to answer	4	4.44
Household Income (\$)	< 50k	15	16.85
	50-100k	39	43.82
	100-150k	13	14.60
	150-200k	14	15.73
	≥200k	5	5.61
	Decline to answer	3	3.37
Medical School Financing	Loans	64	71.11
	Grants	11	12.22
	Scholarships	32	35.55
	Parental/familial support	44	48.88
	Other	3	3.33

DISCUSSION

This study demonstrates divergent trends in diversity across the medical training pipeline following the 2023 Supreme Court affirmative action ruling. Over a three-year period beginning in 2023, matriculation declined among Black, Hispanic/Latino, and Pacific Islander applicants, while White applicants experienced the largest increase and Asian applicants remained relatively stable. These findings suggest early pipeline attrition despite sustained interest in medicine among URiM groups.

Structural and socioeconomic barriers likely underlie these trends. Black, Hispanic, and American Indian/Alaska Native applicants report lower parental education and greater financial burden, including premedical debt associated with decreased likelihood of reapplication^{17,18}. Income disparities persist, with only 6.4% of Black and 10.9% of Hispanic/Latino students represented in the highest income quintile compared with 54.0% of White students¹⁹, alongside rising application costs²⁰.

In contrast, residency data from 2023–2025 demonstrate modest increases in representation among Hispanic/Latino, Black, and Asian residents, while White representation declined. These gains may reflect targeted pipeline and mentorship initiatives. Programs such as the VISION Mentoring Program (formerly the Minority Ophthalmology Mentoring Program) and Rabb-Venable Excellence in Ophthalmology Research Program provide structured mentorship and research exposure^{21–23}. Long-standing New York pipeline models, including the Sophie Davis/CUNY School of Medicine BS/MD program (~ 70% first-generation students, MCAT not required) and the Associated Medical Schools of New York Scholars in Medicine and Science program (94% matriculation rate), demonstrate the effectiveness of longitudinal, structured interventions^{24,25}.

At the residency level, targeted institutional strategies have also shown measurable impact. For example, the Montefiore Medical Center/Albert Einstein College of Medicine Ophthalmology Residency Program implemented a structured holistic review process prioritizing URiM applicants, including dedicated application review and allocation of approximately one-third of interview positions to URiM candidates. This approach increased URiM interview rates to 20–25% compared with < 10% among non-URiM applicants and resulted in a resident cohort more reflective of the surrounding patient population²⁶. Such findings highlight how program-level interventions can meaningfully improve representation within competitive specialties. Disparities persist despite these efforts, especially as SF Match data show a slight decline in URiM match rates in ophthalmology even with minimal growth in positions. Ongoing barriers, including limited mentorship, lack of racially concordant faculty, reduced clinical exposure, and absence of home programs—continue to constrain access^{27–29}. Overall, downstream gains at the residency level are insufficient to offset upstream losses in matriculation. Sustained progress will require early, scalable interventions addressing financial barriers, mentorship, and structural inequities across the training continuum.

Taken together, these findings highlight the enduring structural inequities that shape access to medical education and training. The decline in URiM matriculation rates following the affirmative action ban raises concerns about the long-term sustainability of diversity efforts, particularly given the well-documented link between physician diversity and improved health outcomes for underserved

populations. While some increases in URiM representation were observed at the residency level, these trends may reflect the lagging effects of pre-SCOTUS admissions cycles rather than evidence of resilience in the pipeline. The persistent underrepresentation of minority groups in competitive specialties underscores the need to examine not only admissions policies but also the broader ecosystem of mentorship, early exposure, financial barriers, and institutional culture. Specialty competitiveness often amplifies inequities, as access to research opportunities, specialty-specific mentorship, and financial resources disproportionately favors applicants from more privileged backgrounds. Without targeted interventions, the SCOTUS ruling may exacerbate these disparities, ultimately affecting the diversity of the physician workforce and perpetuating inequities in patient care.

While this study contributes to the growing body of evidence documenting the consequences of policy shifts on medical education diversity, it also underscores the importance of proactive, multi-level strategies to support URiM applicants. Strengthening pathway programs, expanding mentorship networks, and implementing holistic review practices that comply with legal constraints remain essential tools for mitigating the impact of the affirmative action ban. Continued monitoring will be critical to understanding the long-term effects of this ruling and guiding responsive policy development.

LIMITATIONS

There are several limitations within this study, such as a relatively small sample size and reliance on self-reported data from residency trainees. Despite efforts to distribute the survey broadly amongst residency program coordinators across multiple residency programs, response rates were modest, which limits the generalizability of our findings. The possibility of response bias plays a role due to self-reported survey data collected anonymously via an online survey. Additionally, even though a comprehensive literature review was conducted to draw parallels with our survey findings, variation in study designs that examine participants in various stages of medical training (before, during, and after medical school) may limit our ability to synthesize data quantitatively.

CONCLUSION

This study aims to highlight both the ongoing challenges and progress in advancing racial and ethnic diversity within U.S. medical schools and residency programs following the June 2023 Supreme Court ruling on affirmative action. The increasing disparity between applicants from underrepresented in medicine (URiM) groups and other racial populations emphasizes the persistent systemic and structural barriers that impede equitable access to medical education and training. Achieving genuine parity in the physician workforce and addressing associated health disparities will require sustained, long-term efforts. These efforts include expanding mentorship programs, enhancing early clinical exposure, and implementing coordinated outreach initiatives at institutional and state levels to ensure that minority applicants are recruited, supported, and selected at rates that reflect the growing diversity of the U.S. population. Only through targeted, comprehensive strategies can meaningful progress be achieved toward a more equitable healthcare system.

RECOMMENDATIONS

To address the potential long-term implications of the Supreme Court ruling and to promote a diverse and equitable healthcare workforce, several policy priorities should be emphasized. These include strengthening and expanding pathway programs. It is essential for states and institutions to invest in comprehensive pipeline initiatives that offer early exposure to medicine, academic support, and mentorship for underrepresented in medicine (URiM) students, beginning in K–12 and continuing through college.

Furthermore, institutions should implement legally compliant holistic review processes. Admissions committees are encouraged to adopt comprehensive evaluation frameworks that consider applicants' experiences, attributes, and contributions aligned with mission-driven objectives, without relying on race-based criteria.

We also recommend increasing funding for mentorship programs and research opportunities. Competitive specialties should establish structured mentorship initiatives and provide funded research experiences to help mitigate disparities in access to specialty-specific preparation.

Enhancing data transparency and monitoring is critical. National organizations should systematically track and publicly report demographic trends related to medical school admissions, residency placements, and specialty representation to identify disparities early and inform targeted interventions.

Finally, supporting institutional culture change is vital. Medical schools and residency programs should invest in equity-focused training, bias mitigation strategies, and the development of inclusive learning environments to improve retention and success rates among URiM trainees.

Declarations

Author Contributions: All have reviewed the final version and agreed the published version of the manuscript

Conceptualization: KA, AV; **Methodology:** SI, BH, KA; , **Drafting:** SI, BH **Literature review:** KA, SI, BH, AV, **Data Acquisition** SI, BH, AV, **Analysis, Visualization and data interpretation,** AV, SI, BH, **Supervision:** KA

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Ethics approval: This study received approval from the University of Rochester Institutional Review Board (IRB# 00010566). All research activities were carried out in accordance with the institution's ethical standards and federal regulations governing human subjects research, including the guidelines

set forth in the Declaration of Helsinki. The IRB confirmed that the study complies with all criteria for protecting participant rights, privacy, and confidentiality.

Consent to participate: Informed consent was collected electronically

Consent for publication: Not applicable.

Availability of data and material: The data that support the findings of this study are available from the corresponding author, KA, upon reasonable request.

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