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# *Medical Schools Are Wrong to Think Diversity and Merit Are in Conflict*

This perpetuates the stereotype that students from backgrounds that are underrepresented in medicine are of lesser quality or unable to compete.

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A growing number of medical schools have announced that they will no longer share data with U.S. News & World Report. These schools claim that the magazine’s annual rankings hinder their ability to increase diversity. New York’s Icahn School of Medicine at Mount Sinai asserted that the rankings undermine its “commitment to anti-racism, and outreach to diverse communities.”

Such claims aren’t supported by evidence. The ranking methodology, as currently constructed, includes consideration of students’ Medical College Admission Test scores and undergraduate grade-point averages, as well as other criteria. But medical schools have always been free to admit anyone they choose, regardless of their rankings. It’s true that diversity isn’t a criterion in the U.S. News methodology, but why should that stop schools

from recruiting minority applicants or establishing a campus culture that encourages and values diversity? There is nothing in a thoughtful admissions process that explicitly prevents medical schools from assembling a student body based on anything other than academic performance, holistic reviews and interviews of candidates.

Additionally, U.S. News makes its decisions independent of the Liaison Committee on Medical Education standards on diversity and inclusion, which are part of the accreditation requirements for all medical schools. These schools have always had the opportunity to demonstrate a strategic approach with respect to diversity in their accreditations.

What these schools are really saying is that meritocracy can't coexist with diversity. This is a presumptuous—and dangerous—perpetuation of the negative stereotype that students from backgrounds that are underrepresented in medicine are of lesser quality or unable to compete. Diversity is no reason to opt out of a competitive process, especially as some of those medical schools actually encourage their alumni to vote in the U.S. News “Best Hospitals” ranking.

The U.S. News rankings have long been the benchmark for medical schools, but they have also influenced schools' performance, specifically in carrying out academic missions of education, clinical care and research. For that reason, schools can and should have a robust debate about the rankings' methodology and inputs, particularly when it comes to subjective peer assessments that are anything but objective since deans have limited knowledge about the quality of other programs. Schools should push for a system that evaluates all the relevant information about academic excellence in medical education. Use of standardized, transparent and objective performance data would allow for greater market efficiency and offer a clear benefit to applicants.

Schools opting out of the U.S. News ranking have stepped away from the debate about how to deliver excellent healthcare, education and research. Those citing diversity concerns as their reason for abandoning the field also risk undermining any genuine diversity, equity and inclusion commitment. Even if these schools didn't intend to imply that diversity and excellence are mutually exclusive, that's what they're doing. It's not an implication we can accept.

Let's focus instead on the necessary and meaningful work required to remove real barriers to diversity in our medical schools, ensuring all students receive exposure to healthcare specialties, access to mentors and support for the cost of their educations. Let's be honest about how we can use a competitive landscape to work harder—without eclipsing the

progress that has only begun. Let's ensure that the increasingly diverse communities we serve see themselves reflected in the physicians who will soon care for them.

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