



UNETHICAL EXPECTATIONS:

HOW ACCREDITORS INJECT IDENTITY POLITICS INTO MEDICAL AND HEALTHCARE EDUCATION

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SUMMARY

Over the past decade, medical and healthcare education programs have increasingly shifted their missions toward political and social activism. Rather than focus their efforts on best preparing healthcare professionals through rigorous training and education, program administrators and faculty have instead worked to advance “diversity, equity, and inclusion” (DEI) ideology. Do No Harm has documented this phenomenon in comprehensive research projects such as “**Activism Instead of Anatomy: The Sorry State of Medical School Curricula**,” as well as through dozens of blogs on individual instances of medical school malfeasance.

Yet overlooked in this dynamic is the role accreditors play in setting the administrative, curricular, and cultural standards of these programs. As the bodies recognized by the federal government for ensuring educational quality, accreditors have enormous power over the policies medical education programs implement – and their particular ideological flavor.

This influence becomes a serious problem when abused to impose DEI requirements on medical education programs and complicates efforts to reform discriminatory and divisive DEI practices. In fact, recalcitrant medical schools in states with DEI bans **have even pointed** to accreditation standards to justify their DEI programs and offices.

To fully rid medical education of DEI, the role of accreditors must be examined and addressed. Research finds no credible link between clinician race and patient health outcomes. In fact, prioritizing race over merit will inevitably degrade the quality of the healthcare profession.

Do No Harm identified **10 accrediting bodies** for graduate medical and healthcare education programs that reference the value of “diversity” in their accreditation standards and/or impose DEI requirements on the programs they accredit. These standards range from explicit requirements to maintain DEI offices and programs to more indirect encouragement of efforts to achieve certain diversity-related outcomes.

The core premises of DEI – such as the prioritization of equitable group outcomes over individual merit and excellence – are antithetical to the ethical practice of medicine. Accreditors that impose DEI requirements are doing so to the detriment of the medical profession and patients across the country, and it is essential to hold them accountable.

OFFENDING INSTITUTIONS

THE LIAISON COMMITTEE ON MEDICAL EDUCATION (LCME)

The Liaison Committee on Medical Education (LCME) is the most prominent and influential medical education accreditor, responsible for accrediting MD-granting schools and programs.

The LCME's **standards** for the 2025-2026 year include language encouraging diversity-related initiatives. Standard 3.3., for example, requires medical schools to maintain "policies and practices" to advance diversity.

"A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students," the standards state. "These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes."

Standard 7.6, meanwhile, requires the medical curriculum to provide "opportunities for medical students to learn to recognize and appropriately address biases in themselves, in others, and in the health care delivery process."

To justify these requirements, the LCME argues that "having medical students from a variety of socioeconomic backgrounds, racial and ethnic groups, and other life experiences can: 1) enhance the quality and content of interactions and discussions for all students throughout the preclinical and clinical curricula and 2) result in the preparation of a physician workforce that is more culturally aware and competent and better prepared to improve access to healthcare and address current and future health care disparities."

Moreover, Do No Harm **obtained** communications between the LCME and University of Utah officials, in which the LCME directed University of Utah officials to do the following:

"To compensate for unsatisfactory diversity: Provide an update on the activities of the Office of Health Equity, Diversity, and Inclusion since appointment of the new associate dean in AY 2019-20 and of the new assistant dean in 2020. In the update delineate any changes in programs and/or any new programmatic initiatives related to student, faculty, and senior administrative staff recruitment and retention for each of the school's identified diversity groups."

Although these standards gesture broadly at recruiting and retention efforts to increase diversity, the LCME has argued that they are not designed to incentivize racial discrimination or the creation of specific DEI offices and programs.

In response to an inquiry from the House Education Committee, the LCME **insisted** that its accreditation standards requiring medical schools to have policies to "achieve mission-appropriate diversity outcomes"

in no way requires race-conscious recruiting or retention initiatives, and “diversity” need not refer to racial diversity.

Additionally, when asked by the House Education Committee if it requires or encourages medical schools to “teach that the American health care system is systemically racist,” the LCME replied “no.” The LCME also noted that it does not itself view the American healthcare system as racist.

However, it’s clear that despite the LCME’s defenses, medical schools are **interpreting these standards** as incentivizing DEI; it’s unclear whether these interpretations are honest or are means to blame the existence of DEI initiatives on another actor.

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION (ACPE)

The Accreditation Council for Pharmacy Education (ACPE) is responsible for the accreditation of professional degree programs in pharmacy education, as well as the accreditation of providers of continuing pharmacy education.

The ACPE’s **standards** include requirements that schools have policies to “ensure the selection of a qualified and diverse student body” and that promote a “culture of diversity, equity, inclusion and belonging.”

Additionally, the standards expect that graduates of accredited programs are “able to mitigate health disparities by considering, recognizing, and navigating cultural and structural factors (e.g., social determinants of health, diversity, equity, inclusion, and accessibility) to improve access and health outcomes.”

AMERICAN ASSOCIATION OF COLLEGES OF NURSING (AACN)

Nursing programs are accredited through the **Commission on Collegiate Nursing Education (CCNE)**, an autonomous agency affiliated with the American Association of Colleges of Nursing (AACN).

The CCNE standards themselves are fairly light on overt references to DEI concepts and materials. However, they incorporate DEI requirements by way of reference to the 2021 version of the **AACN Essentials**, which list the core competencies for professional nursing education.

These include requirements that nurses “demonstrate leadership skills to promote advocacy efforts that include principles of social justice, diversity, equity, and inclusion” and “participate in ethical decision making that includes diversity, equity, and inclusion in advanced preparedness to protect populations.”

Additionally, nurses are expected to “integrate diversity, equity, and inclusion into team practices.”

Competency 9.6 of the Essentials contains numerous DEI-related requirements under the umbrella expectation that nurses “integrate diversity, equity, and inclusion as core to one’s professional identity.

This includes demonstrating an awareness of their “unconscious biases” and integrating “core principles of social justice” into their practice.

9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.	
9.6a Demonstrate respect for diverse individual differences and diverse communities and populations	9.6d Model respect for diversity, equity, and inclusion for all team members.
9.6b Demonstrate awareness of personal and professional values and conscious and unconscious biases.	9.6e Critique one's personal and professional practices in the context of nursing's core values.
9.6c Integrate core principles of social justice and human rights into practice.	9.6f Analyze the impact of structural and cultural influences on nursing's professional identity.
	9.6g Ensure that care provided by self and others is reflective of nursing's core values.
	9.6h Structure the practice environment to facilitate care that is culturally and linguistically appropriate.
	9.6i Ensure self and others are accountable in upholding moral, legal, and humanistic principles related to health.

Moreover, the AACN's description makes it clear that the organization intends for DEI to be embedded throughout professional nursing education.

"The integration of diversity, equity, and inclusion in this Essentials document moves away from an isolated focus on these critical concepts," the AACN states. "Instead, these concepts, defined in competencies, are fully represented and deeply integrated throughout the domains and expected in learning experiences across curricula."

AMERICAN OSTEOPATHIC ASSOCIATION COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION (COCA)

Perhaps the most explicit and detailed of the accreditation standards are those by the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA). The COCA **standards** set requirements for osteopathic medical education programs that grant Doctor of Osteopathic Medicine (DO) degrees.

These standards explicitly require dedicated DEI programs and offices for colleges of osteopathic medicine (COMs) to be accredited. It should be noted, however, that COCA adds the caveat to its DEI requirements that they must comply with existing laws.

"A COM must include a commitment to advancing diversity, equity, and inclusion (DEI) in its mission, values, vision, goals, or objectives," Element 1.1 reads.

“A COM must produce and publish a current strategic plan addressing all core aspects of the COM’s mission, including the advancement of diversity, equity, and inclusion (DEI),” Element 1.2 reads.

Additionally, the standards have a section dedicated entirely to DEI requirements. A COM must “designate an individual with responsibility for oversight of diversity, equity, and inclusion (DEI) initiatives,” and “must have space available for use by students in a manner intended to support diversity, equity, and inclusion.”

The standards further require colleges to publish policies on their recruiting and retention efforts to boost diversity, and make available a breakdown of its racial demographics. DEI must be incorporated in the school’s curriculum, and the school must offer DEI training to faculty and staff.

AMERICAN DENTAL ASSOCIATION COMMISSION ON DENTAL ACCREDITATION (CODA)

Like other accreditors, the American Dental Association’s Commission on Dental Accreditation (CODA) requires dental schools to have a broad institutional commitment to diversity.

However, the **CODA standards** are more overtly at risk of encouraging racial discrimination.

In particular, the CODA standards require dental schools to have policies to “achieve appropriate levels of diversity among its students, faculty and staff; engage in ongoing systematic and focused efforts to attract and retain students, faculty and staff from diverse backgrounds; and systematically evaluate comprehensive strategies to improve the institutional climate for diversity.”

The standards further state that “[a]dmission policies and procedures must be designed to include recruitment and admission of a diverse student population.”

Considering that the CODA standards explicitly mention race as an element of diversity, it’s difficult to see how this could be accomplished in a race-neutral and nondiscriminatory manner.



AMERICAN PODIATRIC MEDICAL ASSOCIATION COUNCIL ON PODIATRIC MEDICAL ACCREDITATION (CPME)

The Council on Podiatric Medical Education (CPME) is designated by the American Podiatric Medical Association (APMA) to be the accreditor for colleges and schools in the field of podiatric medicine.

One of the goals of the CPME's **standards** is to "[e]ncourage colleges to achieve diversity, equity, inclusion, cultural humility, and interprofessional collaboration among their administration, students, faculty, and staff."

The CPME evaluates how each college has "addressed diversity, equity, and inclusion at the institution through its academic and clinical education," with examples for doing so including "training in medical racism, health inequities, and implicit bias."

The CPME also assesses schools' demographic composition to determine its "diversity," as well as whether the schools' job posting templates contain DEI statements.

Finally, the CPME assesses the policies the schools have in place for increasing "diversity" among the student body.

ACCREDITATION COUNCIL ON OPTOMETRIC EDUCATION (ACOE)

The Accreditation Council on Optometric Education (ACOE) is the accrediting body for professional optometric degree (O.D.) programs and optometric residency programs. The ACOE **standards** require that optometric education programs demonstrate "efforts to recruit a diverse faculty."

COMMISSION ON ACCREDITATION IN PHYSICAL THERAPY EDUCATION (CAPTE)

The Commission on Accreditation in Physical Therapy Education (CAPTE) is the accrediting body for physical therapy education programs and is **supported by** staff from the American Physical Therapy Association (APTA).

The CAPTE **standards** introduce the concept of "JEDI" or justice, equity, diversity, inclusivity, which, judging by the rest of the standards, appears to simply be a more expansive iteration of DEI.

The standards require programs to promote a "culture" of JEDI and "anti-racism," and require programs to state how their "mission, goals, and outcomes promote a culture of JEDI, belonging, and anti-racism" as evidence of compliance.

As further evidence of compliance, the standards require programs to collect "data" demonstrating the extent to which they promote JEDI.

The standards incorporate the JEDI concept into several other program expectations, including the curriculum expectations and various administrative expectations.

AMERICAN PSYCHOLOGICAL ASSOCIATION COMMISSION ON ACCREDITATION (APA-COA)

As the accrediting body for psychological education programs including doctoral and residency programs, the American Psychological Association Commission on Accreditation (APA-CoA) sets the **accreditation standards** for psychological education programs' aims, competencies, curriculum, and policies.

The CoA standards require programs to make broad commitments to diversity, which the CoA defines as including racial diversity, and have policies geared toward the "general recruitment/admissions and recruitment of students who are diverse."

Additionally, the student body must reflect policies designed to "attract students" from "diverse backgrounds"; in other words, it's not enough to simply have the policies – they have to be successful.

The CoA states similar expectations for the recruiting and retention of faculty, and stresses that programs should be "welcoming" for interns and residents from "underrepresented" backgrounds.

AMERICAN VETERINARY MEDICAL ASSOCIATION (AVMA) COUNCIL ON EDUCATION

The American Veterinary Medical Association (AVMA) Council on Education accredits colleges offering doctoral degrees in veterinary medicine. The AVMA **standards** require veterinary medicine programs to make several commitments to advancing diversity in recruiting and admissions.

First, the standards state the accreditation council "must recognize college and program diversity when making accreditation decisions."

Second, colleges must have and follow a diversity statement and "create and promote an institutional structure and climate that does not discriminate and seeks to enhance diversity, equity, and inclusion, consistent with applicable law."

The standards further require colleges to have admissions and recruiting practices geared toward increasing diversity and DEI more broadly, and to have policies in place to increase diversity among faculty.

CONCLUSION

These examples demonstrate how accrediting bodies abuse their roles to sculpt medical and healthcare education programs in accordance with a particular harmful ideology. Incentivizing programs to have policies aimed at increasing racial diversity among the student body or faculty will logically lead to one disturbing outcome: racial discrimination.

In practice, the high-minded and nebulous language of “diversity” and “equity” gives way to the crude, brutal practice of handicapping individuals based on their race. DEI policies have real harms affecting real people. We know first-hand; Do No Harm has helped represent individuals denied opportunities due to these innate characteristics.

Through reports such as **Racial Concordance in Medicine: The Return of Segregation**, we’ve further demonstrated that the premises ostensibly justifying race-conscious recruiting and diversity initiatives are false.

Accreditors must abandon their commitments to radical and divisive ideology, and restrict their missions to ensuring students receive the best possible medical education.





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