



# ARE MEDICAL AND HEALTHCARE EDUCATION ACCREDITORS ABANDONING DEI?

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## SUMMARY

In March 2025, Do No Harm released a **report** examining how medical and healthcare education accreditors, through accreditation requirements, coerce medical and healthcare education programs to implement diversity, equity, and inclusion (DEI) initiatives.

Given that failing to comply with accreditation standards may pose existential risks to such programs, accreditors wield tremendous power over programs' policies and operations. This makes the insertion of DEI into accreditation expectations all the more concerning.

Requirements identified in Do No Harm's report ranged from mandates that programs implement DEI trainings to requirements that programs implement policies altering the racial composition of the student body. The latter of these standards strongly incentivized medical and healthcare education programs to racially discriminate to achieve these diversity targets.

However, in just a few short months following our report, the accreditation landscape surrounding medical and healthcare education has changed – dramatically.

President Donald Trump **issued** an executive order in April instructing federal agencies to “investigate and take appropriate action to terminate unlawful discrimination by American medical schools or graduate medical education entities” as well as “unlawful ‘diversity, equity, and inclusion’ requirements.”

The order mentions by name the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education.

Most significantly, the accreditors themselves have begun to pare back their discriminatory mandates.

Of the 10 accrediting bodies identified in Do No Harm's report, seven (along with the Accreditation Council for Graduate Medical Education) have either eliminated diversity requirements, proposed eliminating diversity requirements, or pledged to not enforce these requirements.

**Accreditors who have made at least some changes to their accreditation standards to remove or reduce DEI requirements include:**

- The Liaison Committee on Medical Education
- The Accreditation Council for Graduate Medical Education
- The Accreditation Council for Pharmacy Education
- The American Osteopathic Association's Commission on Osteopathic College Accreditation

- The Council on Podiatric Medical Education
- The Commission on Accreditation in Physical Therapy Education
- The American Psychological Association's Commission on Accreditation
- The American Veterinary Medical Association Council on Education.

**Accreditors who do not appear to have made changes to diversity requirements include:**

- The Commission on Collegiate Nursing Education
- The American Dental Association's Commission on Dental Accreditation
- The Accreditation Council on Optometric Education.

This report examines the steps medical and healthcare education accreditors have taken to alter their DEI requirements in the wake of President Trump's executive order.

## INSTITUTIONS THAT HAVE MODIFIED OR SUSPENDED DEI REQUIREMENTS

### THE LIAISON COMMITTEE ON MEDICAL EDUCATION (LCME)

The Liaison Committee on Medical Education (LCME), responsible for accrediting MD-granting schools and programs, previously maintained two **standards** directly related to diversity.

Element 3.3 required 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. 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.

Element 7.6, meanwhile, requires medical school curricula 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." As part of this requirement, medical curricula must include content on "the diverse manner in which people perceive health and illness" and "the basic principles of culturally and structurally competent health care."

In May, the LCME **voted** to eliminate Element 3.3, attributing its decision to state legislation targeting DEI.

As a result, the updated standards for the 2025-2026 year and 2026-2027 year no longer include Element 3.3.

However, Element 7.6 remains in the updated standards.

## THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME)

The Accreditation Council for Graduate Medical Education (ACGME), the accrediting body for medical residency programs, previously required residency programs and their sponsoring institutions – such as medical schools – to have in place recruiting and retention policies that increase diversity.

The ACGME's **Common Program Requirement 1.7** mandated that accredited residency programs and their sponsoring institutions must “engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative GME staff members, and other relevant members of its academic community.”

In May, the ACGME's leadership decided to **suspend enforcement** of these requirements, similarly citing state laws as reason for doing so.

“The ACGME has heard significant concerns from multiple constituents in several states and from federal Sponsoring Institutions about their ability to comply with some of the ACGME requirements addressing diversity in light of state or federal laws,” Debra F. Weinstein, MD, President and Chief Executive Officer of the ACGME, and George E. Thibault, MD, Chair of the ACGME Board of Directors, said in a statement.

The ACGME's **updated accreditation standards**, issued July 1, state that enforcement of Requirement 1.7 is suspended. Likewise, **Institutional Requirement III.B.8**, which required sponsoring institutions to “engage in practices that focus on ongoing, mission-driven, systematic recruitment and retention of a diverse and inclusive workforce,” has also been suspended.

However, the DEI requirement nevertheless remains within the ACGME's **accreditation standards**. Additionally, Requirement 4.9.e, which mandates that residents “demonstrate competence in incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care,” also remains.

## THE 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 **accreditation standards** as of March included 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.”

On June 12, the ACPE issued a **revised edition** of its standards that removed these requirements.

Additionally, the ACPE altered language that previously required programs to train students to be “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.”

The updated language requires students to be “able to mitigate health disparities by considering, recognizing, and navigating cultural and structural factors to improve access and health outcomes.”

The revised standards no longer mention “diversity, equity, and inclusion,” and use the term “diverse” to refer to viewpoints and cultural perspectives.

### THE AMERICAN OSTEOPATHIC ASSOCIATION’S COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION (COCA)

The American Osteopathic Association’s Commission on Osteopathic College Accreditation (COCA), which sets requirements for osteopathic medical education programs that grant Doctor of Osteopathic Medicine (DO) degrees, previously required colleges of osteopathic medicine (COMs) to maintain dedicated DEI programs and offices.

“A COM must include a commitment to advancing diversity, equity, and inclusion (DEI) in its mission, values, vision, goals, or objectives,” Pre-Accreditation Element 1.1 previously stated.

“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),” Pre-Accreditation Element 1.2 previously stated.

Additionally, the standards required COMs to “designate an individual with responsibility for oversight of diversity, equity, and inclusion (DEI) initiatives,” and “have space available for use by students in a manner intended to support diversity, equity, and inclusion.”

The standards further required colleges to publish policies on their recruiting and retention efforts to boost diversity, and make available a breakdown of its racial demographics.

However, according to COCA’s **revised requirements** issued in April, COCA will no longer enforce its DEI requirements. All of the requirements previously identified by Do No Harm have been marked with a gray highlight.

“Gray highlighted text represents requirements related to diversity, equity, and inclusion that are currently suspended,” the standards state. “These requirements will not be reviewed in accreditation reviews, reports, or applications.”



## THE COUNCIL ON PODIATRIC MEDICAL EDUCATION (CPME)

The Council on Podiatric Medical Education (CPME) accredits programs in the field of podiatric medicine.

The CPME's **standards** previously included several DEI-related requirements, including a requirement to "[e]ncourage colleges to achieve diversity, equity, inclusion, cultural humility, and interprofessional collaboration among their administration, students, faculty, and staff."

Additionally, the CPME would evaluate how each college had "addressed diversity, equity, and inclusion at the institution through its academic and clinical education," and assess schools' demographic composition to determine their "diversity."

The CPME would also evaluate policies for increasing "diversity" among the student body.

However, at some indeterminate point, the CPME also suspended its DEI requirements, marking them with gray highlights.

"Gray highlighted text represents requirements related to diversity, equity, and inclusion that are currently suspended," the standards state. "These requirements will not be reviewed in accreditation reviews, reports, or applications."

## THE COMMISSION ON ACCREDITATION IN PHYSICAL THERAPY EDUCATION (CAPTE)

The Commission on Accreditation in Physical Therapy Education (CAPTE), which accredits physical therapy education programs, previously **required** programs to promote a culture of "JEDI" or "justice, equity, diversity, [and] inclusivity," as well as "anti-racism."

Programs were forced to state how their "mission, goals, and outcomes promote a culture of JEDI, belonging, and anti-racism" as evidence of compliance. Additionally, the standards required programs to collect "data" demonstrating the extent to which they promote JEDI.

According to a revised edition of the standards issued on June 23, CAPTE's diversity requirements are now crossed out.

It's reasonable to assume that these standards will either no longer be enforced or are no longer part of CAPTE's accreditation standards.

## THE AMERICAN PSYCHOLOGICAL ASSOCIATION'S COMMISSION ON ACCREDITATION (APA-COA)

The American Psychological Association's Commission on Accreditation (APA-CoA), which sets the accreditation standards for psychological education programs, **previously required** programs to have policies geared toward the "general recruitment/admissions and recruitment of students who are diverse."

The APA-CoA likewise required programs' student bodies to reflect policies designed to "attract students" from "diverse backgrounds," and that programs should be "welcoming" for interns and residents from "underrepresented" backgrounds.

However, according to a **memo** dated March 21, the APA-CoA will no longer enforce its DEI requirements aimed at increasing diversity.

"Recent executive and legislative actions have implications for accredited master's, doctoral, doctoral internship, and postdoctoral residency programs, as well as programs seeking accreditation and those under accreditation review," the memo reads, citing President Trump's January **executive order** targeting DEI.

"In response, the APA Commission on Accreditation (CoA) voted on March 13, 2025, to immediately and temporarily suspend evaluation of programs for compliance with several specific accreditation standards," the memo continues. "The suspended standards are those related to faculty and student program actions in the areas of diversity in recruitment, admission/selection, and/or retention efforts."

## THE AMERICAN VETERINARY MEDICAL ASSOCIATION (AVMA) COUNCIL ON EDUCATION

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

The standards state the accreditation council "must recognize college and program diversity when making accreditation decisions," and that 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 AVMA issued a **proposal** in May to remove the diversity requirements from its standards; however, the **current standards** promoted on the AVMA's website still contain DEI requirements. It's not clear if the AVMA will revise its standards to remove DEI requirements.



# INSTITUTIONS THAT HAVE YET TO REMOVE DEI REQUIREMENTS

## THE COMMISSION ON COLLEGIATE NURSING EDUCATION (CCNE)

The Commission on Collegiate Nursing Education (CCNE), an autonomous agency affiliated with the American Association of Colleges of Nursing (AACN), accredits nursing education programs.

The CCNE **standards** 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 awareness of their “unconscious biases” and integrating “core principles of social justice” into their practice.

These DEI requirements appear to still be in effect: the AACN still **maintains** the 2021 version of its Essentials on its website.

Similarly, the most **recent version** of the CCNE accreditation standards is unchanged from the version recorded in Do No Harm’s March report.

## THE AMERICAN DENTAL ASSOCIATION’S COMMISSION ON DENTAL ACCREDITATION (CODA)

The American Dental Association’s Commission on Dental Accreditation (CODA), which accredits dental education programs, **requires** dental schools to have broad institutional commitments to diversity.

For instance, 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.”

These requirements appear to still be in place; CODA’s **website** still maintains a version of its **accreditation standards** that contains the aforementioned diversity requirements.

## THE ACCREDITATION COUNCIL ON OPTOMETRIC EDUCATION (ACOE)

The Accreditation Council on Optometric Education (ACOE) is the accrediting body for professional optometric degree programs and optometric residency programs.

The ACOE **standards** require that optometric education programs “demonstrate that diversity and the concepts of equity and inclusion are reflected throughout the academic and clinical program.”

These diversity requirements appear to remain in effect; the most recent version of the ACOE standards retains these requirements.

Moreover, the ACOE issued a **memo** on March 7 stating that its diversity requirements do not encourage programs to grant preferential treatment to different racial groups, and that the ACOE would not alter its standards.



## CONCLUSION

Overall, these findings demonstrate that medical and healthcare education accreditors are recognizing that DEI mandates are no longer tolerable. It is completely inappropriate and unethical for accreditors to inject identity politics into medical education.

Additionally, these findings are evidence that laws and policies aimed at curbing DEI in accreditation are having a significant effect. From President Trump's executive order to state laws cracking down on DEI, these policies appear to be disincentivizing accreditors from maintaining their discriminatory accreditation requirements.

Several accreditors even explicitly credited executive and/or legislative actions with influencing their decision to suspend or remove DEI accreditation requirements.

These developments are certainly encouraging, but it is nevertheless concerning that several accreditors remain committed to imposing DEI ideology onto medical and healthcare education programs.

Moreover, removing DEI accreditation standards is necessary but not sufficient to reorient medical and healthcare education around principles of merit, fairness, and excellence.

To fully reform medical education, schools themselves must abandon radical ideological pursuits and discontinue discriminatory, divisive practices.



**Do No Harm**