



Raising the bar

Addressing professionalism at the medical student level

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Our professional identity provides the foundation upon which medical professionals deliver care; it defines how we interact with our colleagues, our patients, and the wider community at large. I vividly recall, during my orientation week in my first year of medical school, being welcomed to the fold by our Dean – and with this came the same expectations for professionalism and conduct as practising doctors.

However, as I reflect on my last four years, there has been a sliding discrepancy between theory and practice of the professional standards of medical students – a shift that cannot be ignored, as poor behaviours and attitudes could translate to poor patient outcomes if not addressed at the grassroots level.

This does not stem from one source and will not be solved by a single intervention. Instead, it requires the consideration of change at multiple levels: the university, the health service, and the collective body of medical students.

Professionalism starts long before entering the ranks of medical school. In turn, universities have a vital role in defining the qualities of the future generations of doctors. Too often, the focus remains on academic rigour; from high ATAR or GAMSAT scores, to increasingly competitive GPAs in the postgraduate sphere.

While these measures evaluate intellectual ability, they provide a paucity of insight into the integrity, motivation, resilience and empathy of the individual; these are the core attributes that underpin the modern doctor. The onus is on universities to implement a greater degree of values-based criteria, with frequent reassessment to ensure these align with contemporary expectations of medical conduct to meet the needs of the community.

As students exit the classroom and enter the wards, behaviours that are at odds with set expectations are

easily overlooked. It is in this setting that poor habits and behaviours are consolidated and often go unaddressed. However, professionalism cannot be taught solely in a lecture theatre, and it can be modelled and corrected in real time in the clinical realm.

Amidst the ebb and flow of the ward rounds or theatre list, junior doctors and trainees play a key role in addressing poor behaviour and conduct early. This should focus on constructive feedback, with support being provided by supervisors and educational institutions to prevent the development of a culture of silence.

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On the ground level, there is a responsibility of the collective body of medical students to prevent the normalisation of poor behaviours. As developing medical practitioners, fostering the skills to hold our current peers and future colleagues accountable is imperative.

We must uphold accountability and challenge disrespectful, disengaged and entitled behaviours. Together, we have the capacity to change and shape the culture of medicine as the next generation. And it is together that we need to forge a self-sustaining culture of mutual respect, humility and shared responsibility.

As a community of medical educators, practitioners and students alike, we are responsible for cultivating a culture that aligns with the integrity of the profession; one that ultimately champions medical professionals who hold professionalism alongside identity, not as an external rule.

Poor professional standards rarely start with malice; they often begin with complacency. Through self-reflection, mutual accountability and feedback at the medical student level, we can elevate standards now to safeguard the integrity and trust that define the medical profession. ■