It's time to re-examine medical professionalism in medical education

H Ye *, MD, MSc

Department of Research and Medical Education, Beijing Alumni Association of China Medical University, Beijing, China

* Corresponding author: juventus_buffon@126.com

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Medical professionalism (MP) is a core value essential to the practice of healthcare.[1] It is fundamental to fulfilling physicians' duties to society and patients. However, as younger generations enter medical school and residency, medical educators are finding it increasingly challenging to help them develop professionalism and a professional identity through medical education.

On the one hand, an unsettling value appears to be emerging in current residency training, which has drawn widespread concern: the perception of the medical profession or medical training as a form of insult or injustice.[2] On the other hand, medical educators are observing increasingly unprofessional behaviours among younger medical students and residents. Examples include driving while attending interactive virtual courses, using electronic devices for personal matters during didactic or clinical hours, and a sense of entitlement to make exceptions or intentionally cheat. In short, behaviours that serve to buy extra time for the individual—such as avoiding responsibilities or finding ways to leave work early—seem to be increasingly prevalent among some.[3]

These concerning values and behaviours have gained considerable traction among medical students and residents. If they become mainstream, it is unclear how trainees can fully develop a sense of MP and form a professional identity during their training. Similarly, it is uncertain whether these individuals will act in a professional and appropriate manner once they become practising physicians. In my view, three principal factors underlie this phenomenon. First, the definition of MP lacks inclusivity and adaptability. Second, the hidden curriculum is difficult to replicate and evaluate. Third, there is a lack of a systematic and dynamic approach to assessing the effectiveness of training. To ensure that the medical profession continues to uphold its commitments to society and patients—and to maintain the trust between physicians and patients—it is time for stakeholders to consider how to reinvent MP in medical education. Stakeholders may begin addressing these issues in the following three ways.

Developing a more inclusive and adaptable definition of medical professionalism

The definition of MP, endorsed by over 100 national professional societies worldwide, was proposed by the American Board of Internal Medicine in 2002.[4] The Canadian Medical Education Directives for Specialists, the Accreditation Council for Graduate Medical Education, and the General Medical Council have proposed definitions of MP that are relatively well-recognised.[5] A common limitation of these definitions is that they either focus on values with specific social and cultural contexts or concentrate on competencies related to clinical tasks.[5] Consequently, they lack a comprehensive framework with broad inclusivity and adaptability.

Therefore, I propose a more inclusive and adaptable definition of MP, structured as a comprehensive framework comprising two principal modules: a set of ethical values and adaptive clinical capabilities. These ethical values are reflected in the actions of medical professionals and may include respect for life, humanitarianism, justice and fairness, empathy, patient-centredness, integrity, honesty, and so on. Adaptive clinical capabilities can be further subdivided into two categories: clinical skills and non-technical abilities. This integrated framework offers several distinct advantages over current definitions of MP. First, it enables researchers to examine the nuances of MP from various perspectives—such as political, cultural, and temporal. For example, the exploration of ethical values is not hindered by differing social and cultural contexts. Accordingly, each country could establish its own ethical values for MP.[6-8] Second, it is important to consider the impact of technological advances and civilisational developments when examining the evolution of clinical competence. This facilitates a more nuanced understanding of how clinical skills and non-technical competencies required of physicians change over time. For instance, with the increasing integration of artificial intelligence (AI) into clinical practice, digital literacy, AI knowledge, and the ability

to utilise AI have become crucial. However, previous definitions of MP did not include these elements.[5] Thus, this comprehensive framework places particular emphasis on adaptability, defined as the ability to dynamically adjust clinical competencies in response to changing needs. Finally, it would help all stakeholders—including policymakers, educators, students, physicians, and patients—better understand and agree on the concept of MP.

Applying interdisciplinary theory to address the hidden curriculum's limitations in reproducibility and assessability

In MP training, a substantial proportion of learning occurs within the hidden curriculum.[9] Despite educational research confirming its influence on the values and behaviours of trainees during clinical training, the hidden curriculum is highly variable, shaped by interactions among educators, staff, and trainees.[9] Consequently, the hidden curriculum is neither replicable nor can its effects be accurately assessed. In the field of management, researchers have proposed an ethics-related mentoring theory,[10] which suggests that inexperienced employees can benefit from the guidance of more experienced colleagues or professionals, whether through formal or informal mentoring. The objective is to cultivate long-term ethical learning and growth through the provision of ethical guidance, support, and advice by mentors. The theory's originators have provided comprehensive practical guidance and tools for its implementation, along with methods for evaluating its effectiveness.[10] Given the parallels between corporate management and the cultivation of ethical values in medical training, it is reasonable to suggest that ethics-related mentoring theories and their associated tools could help make the hidden curriculum more explicit, thereby facilitating the replication of training practices and the evaluation of their outcomes.

Using an integrated approach to achieve longitudinal and multi-perspective assessments

The assessment of MP in the daily practice of trainees is becoming an increasingly important aspect of medical education. It can facilitate learning, promote the formation of a professional identity, contribute to the improvement of training programmes, and enable timely feedback and early remediation for trainees.[11] A key issue in current practice is that most assessments of trainees' professionalism are conducted at a single point in time and based on a single group. A substantial limitation of this approach is the lack of longitudinal comparison, making it challenging to determine the actual effectiveness of training. In light of these considerations, I recommend an integrated approach to achieve longitudinal, multi-perspective assessment of trainees. This may include longitudinal qualitative studies, multi-source feedback, and objective structured clinical examinations. Crucially, the results of each assessment should be synthesised to create a developmental profile of the trainee's MP. This approach offers the advantage of making assessments visualisable and dynamic, helping students to establish a more robust sense of professional identity. Additionally, it enables educators to provide more practical career planning guidance.

In conclusion, MP, as the cornerstone of physicians' ability to fulfil their commitments to society and patients, cannot be overemphasised. In light of the concerning values and behaviours emerging among medical students and residents, stakeholders must consider reshaping MP by developing a more inclusive definition, drawing on interdisciplinary tools to enhance the replicability and evaluability of the hidden curriculum, and adopting an integrated approach to assessment.

Author contributions

The author contributed to the concept or design of the study, acquisition of the data, analysis or interpretation of the data, drafting of the manuscript, and critical revision of the manuscript for important intellectual content. The author had full access to the data, contributed to the study, approved the final version for publication, and takes responsibility for its accuracy and integrity.

Conflicts of interest

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