

Abstract for keynote talk at University of Southern Denmark, 6 March 2026

**How can reflective practice make space for students' vulnerability?**  
**'Confidence culture' and 'obligatory vulnerability' in UK medical education**

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Medical education prizes reflective practice. In the UK, the General Medical Council (2018) mandates that graduate doctors must be able to show evidence of reflection, as part of a practice of self-monitoring and self-care that contributes to their formation as competent and safe practitioners. While reflection is understood to be intrinsically beneficial to medical students, its use can rarely be disentangled from its role in assessing trainees' professionalism. With the rise of neoliberal audit culture and 'managerial accountability' in UK clinical medicine (O'Neill, 2004: 270), this tension is increasingly difficult to ignore. What does this context mean for the question of how medical students are enabled to engage with their own insecurities and vulnerabilities?

In this talk I examine this question via engagement with Orgad and Gill's (2022) analysis of the contemporary cultural turn to confidence. Orgad and Gill observe a paradox whereby, although 'insecurity' is judged to be 'abhorrent' (2022: 69), a narrative of having *overcome vulnerability* is valorised in contemporary culture. It is worth thinking about the differences between an 'uncontrolled' manifestation of insecurity and a 'curated' vulnerability, including in terms of how these states are understood in invitations to reflect. A so-called 'strategic' vulnerability can sit alongside a performed confidence without contradiction (Orgad and Gill, 2022: 73), for privileged actors within the social sphere. Vulnerability thus seems to be a resource, and a site of capital, but only when it can be narrated in particular ways. Orgad and Gill suggest that such framings can ultimately position vulnerability as 'obligatory' (69).

My talk will draw on Orgad and Gill's (2022) thinking to analyse how UK medical students are called upon to reflect. How can invitations to reflect be contextualised within wider discourses of self-monitoring under neoliberalism in the 2020s? What similarities and differences might there be between British and Danish medical education? I look forward to a comparative discussion of discourses and practices in Denmark and the UK, following the talk.