1. The recent spread of Advance Practitioner (AP; Nurse Practitioners, Physician Assistants) – more and more healthcare system using these providers, increasingly in the inpatient environment, as well
   
   Response: We have added a paragraph on increased use of Advance practitioners. Due to physician shortages, new innovations in healthcare, and rising population demands, they are becoming more prevalent.

2. That may aspect of our healthcare is in fact little cognitive (e.g., well-person check; per protocol check of certain labs; age-related immunization…these issues did not exist 3-5 decades ago – people did not seek doctors for these issues – neither potentially need help form a super-trained Specialist or well-rounded Primary Care Specialist, but appropriate for AP (NPPs, PAs) On the other hand, the blind and indiscriminate use of APPs is contributing to re-creating the pre-Flexner era of “marginal practitioners” (in additional to declining level of MD training)

   Response: It has been added in the last paragraph of introduction. Healthcare systems are now using these providers both outpatient as well as to care in the inpatient environment, as well. The workload on the MDs will be reduced by turning to nurse practitioners or physician assistants (PA) for minor disorders.

3. That the current era of “test-taking” (most US school no longer perform verbal exam at the end of course) is creating an education focused on 1.) institution pretending to be assessing knowledge (whereas the make students only to pass single or multiple choice test) and student, learning on how to pass a test (in lieu of true comprehensive knowledge). When was the last time, a student was asked to write an assay on a subject?

   Response: For evaluation, the delivery of accurate feedback, and the improvement of medical education, core competencies like medical knowledge must be adequately measured. (29-30) Multiple-choice questions (MCQs) that test memory of medical knowledge or facts have typically been employed as summative assessment tools to evaluate medical knowledge. This emphasises the necessity of evaluating medical students more carefully by looking at results that show higher order processes, like the
use of knowledge and skill. Professional oversight organizations are urging medical schools to implement curriculum changes, including formative assessment.

4. That the current era of excessive “computer time” for charting is equally as dangerous than pre-Flexner era student plagued by death of clinical duties or meaningless work. Incidentally, the recent epidemics of COVID-19 and the spread of virtual “learning” only exacerbated this phenomena; this may deserve a sentence or tow with paper referencing. Alas, I would find it helpful and promoting the credibility for this 1 type of paper, if in a short pre-amble, it would be summarized how the paper’s Author have interfaced with the US medical education (i.e, what first hand experience he had).

Response: In order to contain COVID-19, most nations have implemented quarantines and are putting into practice all activities that can be done online, including educational processes in institutions not excluding that of medical education. Now at present, educational resources include both traditional and online (or e-learning) tools, such as textbooks, lectures, and tutorials. Blended learning has been the name for this combination of techniques, which is increasingly widely used. This has led to complete absence of bedside teaching and dependency on computers to learn basics of examination and clinical processes which ultimately led to decreasing competency.

The author interface with US medical education has been through his mentors, most of them were US trained.

5.: Authors state “Three different arguments can be made…” However, only 1 argument is made and 2 other promised argument is not well elaborated /differentiated form the rest of the text. On page 9, when emphasizing value of simulation, may cite some recent references e.g., PMID: 33243066

Response: All the 3 arguments have been mentioned
Minor concerns

Numerous spelling, typographic issues noted scattered through the paper - Multiple sentences started with lower case letter {e.g., on page 5., top 2/3 of page 8., after ref 17 on page 9, etc.} - do not start sentence with “And…” - mpx, capitation errors, with in-sentence word stating with upper case letter [e.g., page 8, ]

Response: spelling errors are rectified

Bibliography; relatively limited and should be expanded When referring to internet-based resource, list accessing time of the link

Response: references are written instead of bibliography