Thank you for the review. Your comments are in RED and our responses are in BLACK

1. The authors in this article have a strong critique of the way Indian government colleges are providing PG training: We did not specifically intend to write a critique on PG training but wanted to present a personal viewpoint along with some contextual discussion.
2. After all these comments, the authors' only solution is to have regular mental health checkups of trainee doctors: As this personal viewpoint is derived from our own experiences of various medical institutions and by listening to other peoples’ stories, we have refrained from suggesting specific solutions. Cannot provide solutions without hard evidence. We have not suggested “mental health check-ups of trainee doctors” as a solution in our article. Instead, we have emphasized on the need to address mental health as a policy matter and policies could vary depending on local/ regional variables. Mental health has to be understood in a much broader perspective. We want readers of IJME (which we believe are from diverse professional and educational backgrounds) to ponder over the issues and initiate some discussion rather than speculate over solutions.
3. The author has pointed on various issues and should provide a discussion on the possible ways to make it better based on his experiences and what other countries' policies about these issues as this are prevalent in many nations as per the authors' draft. Like we have already mentioned, robust evidence on underlying causes of phenomena will be needed to think about plausible solutions. We do not wish to get our personal feelings too much into an area that is not well researched in our country. Rather, we hope that this article will invite some discussion from readers of IJME so that we too get more insight into the issues. We could discuss policies of other countries in a different article as listing other country policies in the present article might compel readers to extrapolate those policies as solutions without considering the context. This could be a remote possibility, but then we don’t want that to happen.

Also, we are hesitant at this stage to overtly suggest solutions for intersecting matters involving caste, reservation and bullying solely based on our personal feelings without irrefutable evidence.

1. The authors say that â€œcasteism overshadows the workplace bullying and non-violent aggression that lurks in government medical collegesâ€œ but eventually most of the article covers about reservation and casteism. The author, in my opinion, should remove those lines which say the casteism overshadows the other issues. We would like to thank and appreciate our reviewer for this comment. We are removing this part.
2. - Style: Add subheadings to make it an easy read. Done
3. Substance: More suggestions on the current deficiencies in the Indian government colleges. Discussing deeper on the issues of transfers, innumerable admissions and why this phenomenon is not seen in the private medical colleges and hospitals. This was not the focus of our article but we do understand that there is more stuff lurking around than we have discussed. We are currently researching on the issue of “transfers” which looks like to be a result of “innumerable admission” on first impression but waiting for NMC to unveil itself completely before we actually comment on that. We do not have much experience of “trust-operated” medical colleges and hospitals, so as to write about them.