consequently overwhelm the workforce. It is essential to receive this support. However, new physicians may need to be made in the future, we are concerned. The majorities of them have been rattle by the unexpected curricular changes and prolonged clinical examinations canceled, which are inevitably going to require much more support than usual.

The confidence of prospective FY1 physicians has been rattled by the transition to online delivery of lectures, as well as the cancellation of final exams, practical exams, and student electives brought on by the pandemic. In a survey carried out by 33 U.K. medical schools, respondents showed that 38.4% had their final objective structured clinical examinations canceled, while 77.3% had electives canceled. The majority of respondents were less comfortable going into their training due to the unexpected curricular changes since the COVID-19 pandemic.

In response to their low confidence in joining the workforce during such a demanding period, new physicians are going to require much more support than usual—including thorough psychological support. However, new physicians may not receive this help should the COVID-19 pandemic reach its highest peak and consequently overwhelm the workforce. In such a case, they may find themselves performing procedures and providing care without supervision, which may unfortunately have bad repercussions. New physicians will not quite acquire the same skills they would have in the absence of social distancing rules on wards, as well as virtual clinics and classes, therefore resulting in a difficult transition to the workforce.

Funding/Support: None reported.

Other disclosures: None reported.

Ethical approval: Reported as not applicable.

In Reply to Ramotshwana et al: We acknowledge the unfortunate consequences that U.K. medical students experienced due to COVID-19 pandemic–related early graduations. We believe that the structural differences in the U.S. medical education system may account for the contrasting U.K. experience.

At the University of Massachusetts Medical School, fourth-year medical students rarely complete required clinical experiences in the 2 months before graduation. Most use this time for nonclinical requirements, electives that augment clinical exposure, or personal needs before beginning residency training. Our students front-load their fourth-year required clinical experiences from the prior May through October, completing a few final rotations January through March. Consequently, nearly all of our fourth-year medical students had completed traditional requirements at the time of their early graduation and seemed prepared to join frontline workers as limited-licensed physicians called surge contractors.

To address concerns of early graduates having low confidence in entering the workforce, such as those expressed by Ramotshwana and colleagues, we solicited structured feedback after the 90-day term ended. The majority of both surge contractors and supervising physicians indicated surge contractors had the appropriate level of supervision, emotional support, and preparation to deal with the challenges of COVID-19 patients. Overall, both supervising physicians and early-graduate surge contractors found their experience positive, and the surge contractors practiced skills, particularly end-of-life discussions, that they will carry into future patient encounters.

This experience highlighted the dedication, compassion, and commitment of the medical students in the class of 2020. The early graduates demonstrated readiness and a willingness to serve, with appropriate assignment and supervision, at a time when their contributions were both impactful and appreciated. Although we hope that this decision does not need to be made in the future, we are confident that our curriculum and training structure will prepare our student doctors well should the need for an early graduation arise again.

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