

## ICMJE DISCLOSURE FORM

|                               |                                                                                                                                                              |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date:                         | 6/28/2024                                                                                                                                                    |
| Your Name:                    | Louise Wallace                                                                                                                                               |
| Manuscript Title:             | Witness to Harm-Holding to Account. Improving patient, family and colleague witnesses' experiences of Fitness to Practise proceedings: A mixed methods study |
| Manuscript Number (if known): | <a href="#">Click or tap here to enter text.</a>                                                                                                             |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                    |                                                                                                                                                                                | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                                         | Specifications/Comments (e.g., if payments were made to you or to your institution) |  |  |  |  |                                           |  |
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| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                                                                      |                                                                                     |  |  |  |  |                                           |  |
| 1                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> None<br><br><table border="1"><tr><td>NIHR 131322</td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td>Click the tab key to add additional rows.</td></tr></table> | NIHR 131322                                                                         |  |  |  |  | Click the tab key to add additional rows. |  |
| NIHR 131322                                        |                                                                                                                                                                                |                                                                                                                                                                                                      |                                                                                     |  |  |  |  |                                           |  |
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|                                                    | Click the tab key to add additional rows.                                                                                                                                      |                                                                                                                                                                                                      |                                                                                     |  |  |  |  |                                           |  |
| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                                                                                                                                      |                                                                                     |  |  |  |  |                                           |  |
| 2                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><br><table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>                                          |                                                                                     |  |  |  |  |                                           |  |
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| 3                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><br><table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>                                          |                                                                                     |  |  |  |  |                                           |  |
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| <b>4</b>    | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |             |  |  |  |  |  |  |  |
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| <b>5</b>    | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |             |  |  |  |  |  |  |  |
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| <b>6</b>    | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |             |  |  |  |  |  |  |  |
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| <b>7</b>    | Support for attending meetings and/or travel                                                                 | <input type="checkbox"/> <b>None</b>                                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">NIHR 131322</td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                  | NIHR 131322 |  |  |  |  |  |  |  |
| NIHR 131322 |                                                                                                              |                                                                                                     |                                                                                                                                                                                                                                     |             |  |  |  |  |  |  |  |
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| <b>8</b>    | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |             |  |  |  |  |  |  |  |
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| <b>9</b>    | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |             |  |  |  |  |  |  |  |
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| <b>10</b>   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |             |  |  |  |  |  |  |  |
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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |  |  |  |  |  |  |  |  |
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| <b>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            |  |  |  |  |  |  |  |  |
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| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input type="checkbox"/> <b>None</b><br><p>Louise Wallace declares membership of the following: DH National Institute for Health and Care Research (NIHR) health Services and Delivery Research programme, (2012-15, 2020 – 2022), and Senior Scientific Adviser to the Health Services and Delivery Research programme (2015-2019). Louise Wallace was Trustee of the UK Public Health Register (2015- 2021). Louise Wallace is a Lay Member of General Dental Council Fitness to Practise Panels since 2015 and Lay Adjudicator in Fitness to Practise panels for Social Work England since 2019.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |  |  |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |  |  |  |  |  |  |  |  |

## ICMJE DISCLOSURE FORM

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| Date:                         | <input style="width: 100%; border: 1px solid #ccc; height: 1.2em; padding: 2px;" type="text"/> Click or tap to enter a date.                                                                                                           |
| Your Name:                    | <input style="width: 100%; border: 1px solid #ccc; height: 1.2em; padding: 2px;" type="text"/> Sara Ryan                                                                                                                               |
| Manuscript Title:             | <input style="width: 100%; border: 1px solid #ccc; height: 1.2em; padding: 2px;" type="text"/> 'Improving patient, family and colleague witnesses' experiences of Fitness to Practise proceedings: A mixed methods study' (NIHR131322) |
| Manuscript Number (if known): | <input style="width: 100%; border: 1px solid #ccc; height: 1.2em; padding: 2px;" type="text"/> Click or tap here to enter text.                                                                                                        |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| 1                                                                                                                                                                                                                                                                 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td style="text-align: center;">Click the tab key to add additional rows.</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                      |       |                                                                                                                                                                                                                                                                   |    |                                           | Click the tab key to add additional rows. |  |
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| <b>6</b>  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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| <b>7</b>  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b>                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b>                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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| <b>10</b> | Leadership or fiduciary role in other board,                                                                 | <input type="checkbox"/> <b>None</b>                                                         |                                                                                                                                                                                             |  |  |  |  |  |  |  |  |

|                                                                                                                                                                                                                                                               |                                                                                  | <b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>                                                                    | <b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b> |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|--|--|--|--|--|
|                                                                                                                                                                                                                                                               | society, committee or advocacy group, paid or unpaid                             | Member of NIHR RfSC funding committee (unpaid)<br>Member of the NIHR RPfSC funding committee (unpaid)                                                                  |                                                                                            |  |  |  |  |  |  |
| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |
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| <b>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |
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| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                                                                                                        |                                                                                            |  |  |  |  |  |  |

## ICMJE DISCLOSURE FORM

|                               |                                  |
|-------------------------------|----------------------------------|
| Date:                         | 7/3/2024                         |
| Your Name:                    | Rosalind H. Searle               |
| Manuscript Title:             | Click or tap here to enter text. |
| Manuscript Number (if known): | Click or tap here to enter text. |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                    |                                                                                                                                                                                | <b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>                                                                                                                                                                                                                                      | <b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b> |  |  |  |  |                                           |  |
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| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          |                                                                                            |  |  |  |  |                                           |  |
| 1                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None<br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td style="text-align: right;">Click the tab key to add additional rows.</td></tr> </table> |                                                                                            |  |  |  |  | Click the tab key to add additional rows. |  |
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| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          |                                                                                            |  |  |  |  |                                           |  |
| 2                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input type="checkbox"/> None<br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%;">NIHR</td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                            | NIHR                                                                                       |  |  |  |  |                                           |  |
| NIHR                                               |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          |                                                                                            |  |  |  |  |                                           |  |
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| 3                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                     |                                                                                            |  |  |  |  |                                           |  |
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| <b>4</b>  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |      |  |  |  |  |  |  |  |
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| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |      |  |  |  |  |  |  |  |
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| <b>6</b>  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |      |  |  |  |  |  |  |  |
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| <b>7</b>  | Support for attending meetings and/or travel                                                                 | <input type="checkbox"/> <b>None</b>                                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">NIHR</td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                         | NIHR |  |  |  |  |  |  |  |
| NIHR      |                                                                                                              |                                                                                                     |                                                                                                                                                                                                                                     |      |  |  |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |      |  |  |  |  |  |  |  |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |      |  |  |  |  |  |  |  |
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| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |      |  |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                               |                                                                                  | <b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>                                                                                                                                   | <b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b> |  |  |  |  |  |  |
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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |
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| <b>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |
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| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                                                                                                                                                                       |                                                                                            |  |  |  |  |  |  |

## ICMJE DISCLOSURE FORM

|                               |                                                                                                                                                              |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date:                         | 6/28/2024                                                                                                                                                    |
| Your Name:                    | Gemma Hughes                                                                                                                                                 |
| Manuscript Title:             | Witness to Harm-Holding to Account. Improving patient, family and colleague witnesses' experiences of Fitness to Practise proceedings: A mixed methods study |
| Manuscript Number (if known): | <a href="#">Click or tap here to enter text.</a>                                                                                                             |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                    |                                                                                                                                                                                | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                                           | Specifications/Comments (e.g., if payments were made to you or to your institution) |  |  |  |  |                                           |  |
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| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                                                                        |                                                                                     |  |  |  |  |                                           |  |
| 1                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> None<br><br><table border="1"><tr><td>NIHR 131322</td><td></td></tr><tr><td> </td><td></td></tr><tr><td> </td><td>Click the tab key to add additional rows.</td></tr></table> | NIHR 131322                                                                         |  |  |  |  | Click the tab key to add additional rows. |  |
| NIHR 131322                                        |                                                                                                                                                                                |                                                                                                                                                                                                        |                                                                                     |  |  |  |  |                                           |  |
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| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                                                                                                                                        |                                                                                     |  |  |  |  |                                           |  |
| 2                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None<br><br><table border="1"><tr><td> </td><td></td></tr><tr><td> </td><td></td></tr><tr><td> </td><td></td></tr></table>                                         |                                                                                     |  |  |  |  |                                           |  |
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| 3                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None<br><br><table border="1"><tr><td> </td><td></td></tr><tr><td> </td><td></td></tr><tr><td> </td><td></td></tr></table>                                         |                                                                                     |  |  |  |  |                                           |  |
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|             |                                                                                                              | <b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b> | <b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b>                                                                                                                                          |             |  |  |  |  |  |  |  |
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| <b>4</b>    | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |             |  |  |  |  |  |  |  |
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| <b>5</b>    | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |             |  |  |  |  |  |  |  |
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| <b>6</b>    | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |             |  |  |  |  |  |  |  |
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| <b>7</b>    | Support for attending meetings and/or travel                                                                 | <input type="checkbox"/> <b>None</b>                                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">NIHR 131322</td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                  | NIHR 131322 |  |  |  |  |  |  |  |
| NIHR 131322 |                                                                                                              |                                                                                                     |                                                                                                                                                                                                                                     |             |  |  |  |  |  |  |  |
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| <b>8</b>    | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |             |  |  |  |  |  |  |  |
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| <b>9</b>    | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |             |  |  |  |  |  |  |  |
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| <b>10</b>   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |             |  |  |  |  |  |  |  |
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|           |                                                                                  | <b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>                                                                                                                                   | <b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b> |  |  |  |  |  |  |
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| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |
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**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

|                               |                                                                                                                                                                            |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date:                         | 6/27/2024                                                                                                                                                                  |
| Your Name:                    | Annie Sorbie                                                                                                                                                               |
| Manuscript Title:             | Final Report: Witness to Harm-Holding to Account. Improving patient, family and colleague witnesses' experiences of Fitness to Practise proceedings: A mixed methods study |
| Manuscript Number (if known): | <a href="#">Click or tap here to enter text.</a>                                                                                                                           |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                    |                                                                                                                                                                                | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                                                                                                                                                                           | Specifications/Comments (e.g., if payments were made to you or to your institution) |  |  |  |  |                                           |  |
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| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |                                           |  |
| 1                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <p><input type="checkbox"/> None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIHR Funding</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Click the tab key to add additional rows.</td> </tr> </table> | NIHR Funding                                                                        |  |  |  |  | Click the tab key to add additional rows. |  |
| NIHR Funding                                       |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |                                           |  |
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| 2                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <p><input checked="" type="checkbox"/> None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                       |                                                                                     |  |  |  |  |                                           |  |
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| 3                                                  | Royalties or licenses                                                                                                                                                          | <p><input checked="" type="checkbox"/> None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                       |                                                                                     |  |  |  |  |                                           |  |
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| <b>4</b>                                                                              | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b>                                              | <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                |                                                                                       |        |  |  |  |  |  |  |
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| <b>6</b>                                                                              | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                              | <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                            |                                                                                       |        |  |  |  |  |  |  |
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| <b>7</b>                                                                              | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                              | <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                            |                                                                                       |        |  |  |  |  |  |  |
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| <b>8</b>                                                                              | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b>                                              | <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                            |                                                                                       |        |  |  |  |  |  |  |
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| <b>9</b>                                                                              | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b>                                              | <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                            |                                                                                       |        |  |  |  |  |  |  |
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| <b>10</b>                                                                             | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <b>None</b>                                                         | <table border="1"> <tr><td>Lay Advisor to the Patient Safety Group of the Royal College of Surgeons of Edinburgh</td><td>Unpaid</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | Lay Advisor to the Patient Safety Group of the Royal College of Surgeons of Edinburgh | Unpaid |  |  |  |  |  |  |
| Lay Advisor to the Patient Safety Group of the Royal College of Surgeons of Edinburgh | Unpaid                                                                                                       |                                                                                              |                                                                                                                                                                                                            |                                                                                       |        |  |  |  |  |  |  |
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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |
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| <b>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |
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| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                                                                                                                                                                       |                                                                                            |  |  |  |  |  |  |

## ICMJE DISCLOSURE FORM

|                               |                                                                                                                                                              |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date:                         | 6/6/2024                                                                                                                                                     |
| Your Name:                    | Gemma Ryan-Blackwell                                                                                                                                         |
| Manuscript Title:             | Witness to Harm-Holding to Account. Improving patient, family and colleague witnesses' experiences of Fitness to Practise proceedings: A mixed methods study |
| Manuscript Number (if known): | NIHR131322                                                                                                                                                   |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|                                                    |                                                                                                                                                                                | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                               |  |  |  |  |  |                                           |
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| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                   |  |  |  |  |  |                                           |
| 1                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None                                                     | <table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td>Click the tab key to add additional rows.</td></tr></table> |  |  |  |  |  | Click the tab key to add additional rows. |
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| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                   |  |  |  |  |  |                                           |
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| <b>4</b>  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |
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| <b>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |
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| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                                                                                                                                                                       |                                                                                            |  |  |  |  |  |  |

## ICMJE DISCLOSURE FORM

|                               |                                  |
|-------------------------------|----------------------------------|
| Date:                         | 7/3/2024                         |
| Your Name:                    | Sharif Haider                    |
| Manuscript Title:             | Click or tap here to enter text. |
| Manuscript Number (if known): | Click or tap here to enter text. |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                    |                                                                                                                                                                                | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                  |  |  |  |  |  |                                           |
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| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                              |                                                                                                                                                      |  |  |  |  |  |                                           |
| 1                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None                                                     | <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td>Click the tab key to add additional rows.</td></tr></table> |  |  |  |  |  | Click the tab key to add additional rows. |
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| 2                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None                                                     | <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>                                          |  |  |  |  |  |                                           |
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| <b>4</b>  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |  |
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| <b>7</b>  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

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| Date:                         | 7/8/2024                                                                                                                                                     |
| Your Name:                    | Richard West                                                                                                                                                 |
| Manuscript Title:             | Witness to Harm-Holding to Account. Improving patient, family and colleague witnesses' experiences of Fitness to Practise proceedings: A mixed methods study |
| Manuscript Number (if known): | <a href="#">Click or tap here to enter text.</a>                                                                                                             |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                    |                                                                                                                                                                                | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                               |  |  |  |  |  |                                           |
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| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                   |  |  |  |  |  |                                           |
| 1                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None                                                     | <table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td>Click the tab key to add additional rows.</td></tr></table> |  |  |  |  |  | Click the tab key to add additional rows. |
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| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                   |  |  |  |  |  |                                           |
| 2                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> None                                                     | <table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>                                          |  |  |  |  |  |                                           |
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| 3                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None                                                     | <table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>                                          |  |  |  |  |  |                                           |
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|           |                                                                                                              | <b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b> | <b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b>                                                                                                  |  |  |  |  |  |  |  |  |
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| <b>4</b>  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |  |
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| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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| <b>6</b>  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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| <b>7</b>  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b>                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |  |  |  |  |  |  |  |  |
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| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                            |  |  |  |  |  |  |
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**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.