

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): [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.

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13	Other financial or non-financial interests	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <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> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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: Click or tap to enter a date.

Your Name: Sara Ryan

Manuscript Title: 'Improving patient, family and colleague witnesses' experiences of Fitness to Practise proceedings: A mixed methods study' (NIHR131322)

Manuscript Number (if known): Click or tap here to enter text.

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	society, committee or advocacy group, paid or unpaid	<div>Member of NIHR RfSC funding committee (unpaid)</div> <div>Member of the NIHR RfSC funding committee (unpaid)</div> <div></div>	
11	Stock or stock options	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
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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.

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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): [Click or tap here to enter text.](#)

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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): [Click or tap here to enter text.](#)

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <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							
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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.

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.

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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.

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ICMJE DISCLOSURE FORM

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): [Click or tap here to enter text.](#)

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