

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Hannah

2. Surname (Last Name)
James

3. Date
12-November-2019

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Assessment of technical skill acquisition and operative competence in Trauma & Orthopedic surgical training: A systematic review

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-19-00167

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Versus Arthritis	☒	☐	☐	☐	Grant 20485

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. James reports grants from Versus Arthritis, during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Giles

2. Surname (Last Name)
Pattison

3. Date
30-December-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Hannah James

5. Manuscript Title
, "Assessment of technical skill acquisition and operative competence in Trauma and Orthopedic surgical training: A systematic review"

6. Manuscript Identifying Number (if you know it)
(REVIEWS-D-19-00167R1)

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Section 6. Disclosure Statement

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Dr. Pattison has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Damian	2. Surname (Last Name) Griffin	3. Date 23-January-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Dr H K James
5. Manuscript Title Assessment of technical skill acquisition and operative competence in Trauma & Orthopedic surgical training: A systematic review		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-19-00167		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
STRYKER UK	☐	☒	☐	☐	CONSULTING

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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DECLARES THAT HE ESTABLISHED AND LED THE WEST MIDLANDS SURGICAL TRAINING CENTRE

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Dr. reports personal fees from STRYKER UK, outside the submitted work; and DECLARES THAT HE ESTABLISHED AND LED THE WEST MIDLANDS SURGICAL TRAINING CENTRE.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anna

2. Surname (Last Name)
Chapman

3. Date
03-January-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Hannah James

5. Manuscript Title
Assessment of technical skill acquisition and operative competence in Trauma & Orthopedic surgical training: A systematic review

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-19-00167

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Dr. Chapman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Joanne

2. Surname (Last Name)

Fisher

3. Date

01-June-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Title: Assessment of technical skill acquisition and operative competence in Trauma & Orthopedic surgical training: A systematic review

6. Manuscript Identifying Number (if you know it)

REVIEWS-D-19-00167

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