Date:			1/7/2023		
Your Name:			Christos Grigoroglou		
Manuscript Title:			The use of locum doctors in the NHS: understanding and improving the quality and safety of care		
Ма	nuscript Number (if k	nown):	Click or tap here to enter text.		
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			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

		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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	None		
Plea	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.			

Date:			1/19/2023			
Your Name:			Darren Ashcroft			
Manuscript Title:			The use of locum doctors in the NHS: under care	standing and improving the quality and safety of		
Mar	nuscript Number (if k	known):	Click or tap here to enter text.			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub."  The author's relationships/activities.		ript. "Rela of the mar e in doubt os/activitiension, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if			
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			Time frame: past 36 months	3		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠  No	one			
3	Royalties or licenses	No.	one			

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	ICMJE DISCLOSURE FORM	
Date:	1/19/2023	_
Your Name:	Evangelos Kontopantelis	_
Manuscript Title:	The use of locum doctors in the NHS: understanding and improving the quality and safety of care	_
Manuscript Number (if k	nown): Click or tap here to enter text.	_
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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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	National Institute for Health Research  Time frame: past 36 months	Grant awarded to the University of Manchester  Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
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Date:		-	1/25/2023		
Your Name:		-	Gemma Stringer		
Manuscript Title:		<u>-</u>	The use of locum doctors in the NHS: understanding and improving the quality and safety of care		
Ма	nuscript Number (if k	(nown):	Click or tap here to enter text.		
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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:		_	1/7/2023		
Your Name:		_	Jane Ferguson		
Manuscript Title:		<u>-</u>	The use of locum doctors in the NHS: understanding and improving the quality and safety of care		
Mai	nuscript Number (if k	nown):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		pt. "Rela of the mar of in doubt s/activitiension, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
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Date:			1/25/2023		
Your Name:			Kieran Walshe		
Manuscript Title:			The use of locum doctors in the NHS: understanding and improving the quality and safety of care		
Mar	nuscript Number (if k	nown):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the man			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
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2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or licenses	No	one		

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Date:			1/7/2023		
Your Name:		<u>-</u>	Thomas Allen		
Manuscript Title:		<u>.</u>	The use of locum doctors in the NHS: understanding and improving the quality and safety of care		
Mar	nuscript Number (if k	known):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt."  The author's relationships/activities.		ript. "Rela of the mar e in doubt os/activitie ension, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the ushould declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
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