Date:	6/1/2023
Your Name:	Prof Matt Costa
Manuscript Title:	Standardisation of global hip fracture audit could facilitate learning, improve quality, and guide evidence-based practice: An international study of hip fracture registries in 20 countries using the Fragility Fracture Network 2022 Minimum Common Dataset
Manuscript Number (if known):	BJJ-2023-0281

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.

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.

		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)
		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.) No time limit for this item.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None My employer, University of Oxford receives research grant funding from NIHR and Wellcome for research into Musculoskeletal Trauma	

		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)
3	Royalties or licenses	None ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None 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,		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Commande to you or to	mments (e.g., if payments were your institution)
	society, committee or advocacy group, paid or unpaid		
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 None	
Plea	·	t to the following statement to indicate your agreement:	
\boxtimes	I certify that I have	e answered every question and have not altered the wording of any of the o	questions on this form.

3 8/26/2021 ICMJE Disclosure Form

Date:	5/19/2023
Your Name:	Andrew J Hall
Manuscript Title:	Standardisation of global hip fracture audit could facilitate learning, improve quality, and guide evidence-based practice: An international study of hip fracture registries in 20 countries using the Fragility Fracture Network 2022 Minimum Common Dataset
Manuscript Number (if known):	BJJ-2023-0281

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.

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.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		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.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,		

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial	\boxtimes	None	
	interests			
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:
\boxtimes	L certify that I have	answe	ered every question and have not altered the wo	ording of any of the questions on this form

Dat	e:	5/19/2023	
Your Name:		Antony Johansen	
Manuscript Title:		quality, and guide evidence-based pr	e audit could facilitate learning, improve actice: An international study of hip fracture agility Fracture Network 2022 Minimum
Ma	nuscript Number (if k	known): BJJ-2023-0281	
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. 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		ot-for-profit third parties whose interests may be ent to transparency and does not necessarily y/interest, it is preferable that you do so. es/interests listed below that are related to the ot-for-profit third parties whose interests may be	
		of the manuscript. Disclosure represents a commitme e in doubt about whether to list a relationship/activit	
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.			
tria	t medication is not mi		
In it		all support for the work reported in this manuscript v	vithout time limit. For all other items, the time
In it	tem #1 below, report	all support for the work reported in this manuscript v	Specifications/Comments (e.g., if payments were made to you or to your institution)
In it	tem #1 below, report	all support for the work reported in this manuscript value past 36 months. Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your institution)
In it	All support for the present manuscript (e.g., funding, provision	all support for the work reported in this manuscript value 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)
In it	All support for the present manuscript (e.g., funding, provision of study materials,	all support for the work reported in this manuscript value past 36 months. Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial planning	Specifications/Comments (e.g., if payments were made to you or to your institution)
In it	All support for the present manuscript (e.g., funding, provision	all support for the work reported in this manuscript value past 36 months. Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial planning	Specifications/Comments (e.g., if payments were made to you or to your institution) of the work
In it	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	all support for the work reported in this manuscript value past 36 months. Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial planning	Specifications/Comments (e.g., if payments were made to you or to your institution) of the work
In it	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	all support for the work reported in this manuscript value past 36 months. Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial planning	Specifications/Comments (e.g., if payments were made to you or to your institution) of the work
In it	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	all support for the work reported in this manuscript value past 36 months. Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial planning	Specifications/Comments (e.g., if payments were made to you or to your institution) of the work Click the tab key to add additional rows.
In it	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	all support for the work reported in this manuscript value past 36 months. Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial planning None	Specifications/Comments (e.g., if payments were made to you or to your institution) of the work Click the tab key to add additional rows.

indicated in item #1 above).

		Name all entities with whom you have t relationship or indicate none (add rows	
3	Royalties or licenses	None Non	
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 Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	□ 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)
	society, committee or advocacy group, paid or unpaid	Clinical lead for the National Hip Fracture Database (NHFD), the clinical audit of hip fracture in England, Wales and Northern Ireland, at the Royal College of Physicians, London. Unpaid.	
11	Stock or stock options	None ■	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non-financial interests	None	
Plea	nse place an "X" nex	t to the following statement to indicate your agreeme	ent:
\boxtimes	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

3 8/26/2021 ICMJE Disclosure Form

Date:	5/22/2023
Your Name:	Cristina Ojeda-Thies
Manuscript Title:	Standardisation of global hip fracture audit could facilitate learning, improve quality, and guide evidence-based practice: An international study of hip fracture registries in 20 countries using the Fragility Fracture Network 2022 Minimum Common Dataset
Manuscript Number (if known):	BJJ-2023-0281

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.

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.

		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)
		Time frame: Since the initial planning	g of the work
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.	None None	Click the tab key to add additional rows.
	Time frame: past 36 months		ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None 2021 Strategic Health Action Grant, Spanish Ministry of Science	For the Spanish National Hip Fracture Regiistry

		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)
æ	Royalties or licenses	None Non	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None UCB Ibérica, MBA Surgical Empowerment	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	□ None UCB Ibérica, AMGEN, Grünenthal SA, STADA	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	other board, society, committee or advocacy group, paid or unpaid			
11	Stock or stock options		X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		X None	
13	Other financial or non-financial interests		X None	
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	6/1/2023		
Your Name:	Arwel T Poacher		
Manuscript Title:	Standardisation of global hip fracture audit could facilitate learning, improve quality, and guide evidence-based practice: An international study of hip fracture registries in 20 countries using the Fragility Fracture Network 2022 Minimum Common Dataset		
Manuscript Number (if known): BJJ-2023-0281			
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. 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.

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Time frame: Since the initial planning of the work			of the work
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.		None	Click the tab key to add additional rows.
Time frame: past 36 months		s		
2	Grants or contracts from any entity (if not indicated in item #1 above).		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)
3	Royalties or licenses	None ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,		

		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)	
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	None ■		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non		
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

3 8/26/2021 ICMJE Disclosure Form