

## Peer Review File

Article information: <https://dx.doi.org/10.21037/ajo-24-37>

### Reviewer A

Overall, I found this a thoughtful and systematic approach to an important question and valuable information for our Australia ENT population. Appropriate statistical analysis was performed with confidence intervals and P values reported where appropriate.

Only one minor correction:

Grammatical issue: references to quoted text placed after the full stop throughout the study need to be before the full stop to ensure they are grouped with the appropriate test.

Reply 1: Thank you for your feedback. I have amended this throughout the manuscript to ensure that the full stop is after the references.

Changes in text: Full stops have been placed after references. Lines 62, 67, 74, 76, 78, 94, 138, 141, 166, 175, 184, 205, 211, 219, 223, 226, 248

### Reviewer B

**Editor Note: For line numbers, please see the attached “AJO-24-37-Line number” for your reference.**

Overall, this study is well conducted and is topical; however, would not be accepted into other international journals and is the kind of study more applicable to a poster presentation at a conference than publication.

In text references should have the full stop after the brackets when at the end of a sentence

Line 56: and is therefore a commonly employed skill (1)

and also for reference to figures:

Line 124: ENT experience during medical school. (Figure 1)

Reply 1: Thank you for your feedback. I have amended this throughout the manuscript to ensure that the full stop is after the references.

Changes in text: Full stops have been placed after references. Lines 62, 67, 74, 76, 78, 94, 138, 141, 166, 175, 184, 205, 211, 219, 223, 226, 248

Line 88: The secondary objective was to analyze **the presence of** a relationship between confidence in otology examination

Reply 2: This has been amended.

Changes in text: Lines 99-101. “The secondary objective was to analyse the presence of a relationship between confidence in otology examination and ENT exposure during medical school or in post-graduate training.”

Line 106: reported confidence in interpreting audiograms, ability to interpret an audiogram (**isn't this the same thing?**)

Reply 3: This has been amended to make the delineation clearer. Self-reported confidence and accuracy of interpreting audiograms were collected as two separate data points.

Changes in text: Lines 133-134. “self-reported confidence in interpreting audiograms, accuracy of audiogram interpretation,”

Line 148: likely to **correctly** identify pathology on otoscopy

Reply 4: This has been amended.

Changes in text: Line 178 “likely to correctly identify pathology on otoscopy”