



Supporting Information

Supplementary methods and results

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Researchers' self-reported adherence to ethical principles in Aboriginal and Torres Strait Islander health and medical research and perceptions of how conduct could be improved: a mixed methods study. *Med J Aust* 2025; doi: 10.5694/mja2.52570.

Qualitative analysis

In the survey, an open-ended question was offered to participants “Do you think there is anything need to improve the conduct of Aboriginal and Torres Strait Islander research? (E.g., particular training, resources, etc.)”

Justification of inclusion: The open-ended question included provides a more detailed examination of researchers’ self-reported ethical practice, alongside perceived areas of improvement opportunities. This provides deeper insight into the challenges that researchers face in applying ethical research guidelines into practice.

1. Familiarise: KB familiarised with the data by reading over the 370 open-ended responses.
2. Preliminary coding: No a priori codes were used. During familiarisation, KB began to consider preliminary codes based on akin responses.
3. Organise emerging themes: Patterns noticed in responses were related to funding and timeline issues, calls for training and education, and involvement of Aboriginal and Torres Strait Islander people in the research.
4. Define an initial coding template: KB developed an initial coding template based on the first 100 responses (Table A).
5. Apply the initial template to further data: The initial coding template was then applied to the remainder of responses. The template remained the same. This was expected given the ability to familiarise with small and direct dataset (one open-ended question), as well as KB’s decision to use broad coding (Table B).
6. Finalise and apply to the full data set: The broader codes were then broken down into more precise sub-codes, somewhat finalising the template (Table C).

Themes were developed and worked over by the research team using Collaborative Yarning. Collaboration has been identified as an affordance to this process by Brooks and colleagues (1). Like Brooks et al. recognise, the template may never be a “final” version of the template, as continued collaboration and engagement can lead to suggestions of additional and continuous refinement.

The themes derived were:

- 1) Aboriginal and Torres Strait Islander researchers and communities should be recognised as the experts in the field.
- 2) Research must be community-driven and built on genuine partnerships and engagement.
- 3) There are some barriers in developing and upholding the relationships and partnerships necessary for ethical research.
- 4) Funding and research timelines need to account for partnerships and be flexible to be responsive to community requests and priorities.
- 5) Pathways, investments and supports are needed to advance and strengthen the field.

For the purpose of this research and mixed methods approach, the themes were presented as aligned with the quantitative findings for nuance. The primary codes used were *Aboriginal Involvement (and all subcodes)* and *Funding and Timeline (and all subcodes)*. While *Training and Education* was prominent in responses, it was not used in this article as it was deemed out of the scope of purpose for this manuscript. The development of themes was both deductive and inductive, as it reflected the prominent aspects of the open-ended responses which frequently occurs, as well as being selected to give deeper meaning to the quantitative data findings. The themes were subject to change as the paper was revised. The qualitative process has been reported in line with the COREQ guidelines where applicable (2).

Table A: Coding template after 100 responses (step 4)	
Code	Frequency of responses
Funding and Timeline	25
Training and Education	24
Aboriginal Involvement	22
Community Driven	8
Research Practice	8
Institutions	6
Community Engagement	6
Ethics	5
Indigenous and Non-Indigenous Collaboration	4
Research Translation	2
Methods and Methodologies	2
Reimbursement of Costs	2

Table B: Coding template after 370 responses (step 5)	
Code	Frequency of responses
Funding and Timeline	77
Training and Education	104
Aboriginal Involvement	64
Community Driven	17
Research Practice	29
Institutions	8
Community Engagement	31
Ethics	23
Indigenous and Non-Indigenous Collaboration	7
Research Translation	5
Methods and Methodologies	5
Reimbursement of Costs	4

Table C: Coding template after sub-code development (step 6)		
Code	Subcode	Frequency of responses
Aboriginal Involvement	Capacity building	27
	Aboriginal leadership	18
	Community expertise	5
	Partnerships	8
	Governance	4
	Increased Aboriginal researchers	15
	Access to Aboriginal researchers and community	11
	Burden	11
	Reduce non-Indigenous involvement	9
	Data sovereignty	2
	Community driven	17
	Community engagement	19
Ethics		24
Funding and Timeline	Additional funding	28
	Flexible timeframes	45
	Grant timing and partnerships	3
	Administration and award considerations	12
Indigenous and Non-Indigenous Collaboration		7
Institutions		8
Methods and Methodologies		5
Reimbursement of Costs		4
Research Practice		29
Research Translation		5
Training and Education		104

References

1. Brooks J, McCluskey S, Turley E, King N. The Utility of Template Analysis in Qualitative Psychology Research. *Qual Res Psychol.* 2015 Apr 3;12(2):202-222. doi: 10.1080/14780887.2014.955224.
2. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care.* 2007;19(6):349-357.

Supplementary results

Table 1. Guidelines mapped to survey items

Guideline	Principle
1. Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders	1.1 Spirit and integrity 1.2 Cultural continuity 1.3 Responsibility 1.4 Reciprocity 1.5 Respect 1.6 Equity
2. Keeping research on track II	2.1 Building relationships 2.2 Developing the research idea 2.3 Developing the project and seeking agreement 2.4 Data collection 2.5 Analysing the data and making sense of the findings 2.6 Report writing 2.7 Sharing and translating the results into action 2.8 Learning from experience
3. AH&MRC Ethical Guidelines: Key Principles (2020) V2.0	3.1 Net benefits for Aboriginal people and communities 3.2 Aboriginal community control of research 3.4 Cultural sensitivity 3.5 Reimbursement of costs 3.6 Enhance Aboriginal skills and knowledge
4. AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research	4.1 Indigenous self-determination 4.2 Indigenous leadership 4.3 Impact and value 4.4 Sustainability and accountability
5. South Australian Aboriginal Health Research Accord	5.1 Priorities 5.2 Involvement 5.3 Partnership 5.4 Respect 5.5 Communication 5.6 Reciprocity 5.7 Ownership 5.8 Control 5.9 Knowledge translation
Survey items	Corresponding principle
Engage Aboriginal community in identifying research priorities	1.1, 1.3, 1.4, 1.6, 2.1, 2.2, 2.3, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2
Engage Aboriginal community in developing the research questions	1.1, 1.3, 1.4, 1.6, 2.1, 2.2, 2.3, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2
Embed Aboriginal governance, advisory and decision making on the project	1.1, 1.2, 1.5, 1.6, 2.2, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 5.7, 5.8
Enact Indigenous data sovereignty and governance principles	1.1, 1.3, 1.5, 1.6, 2.1, 2.4, 2.7, 3.1, 3.2, 4.2, 4.3, 4.4, 5.1, 5.2, 5.4, 5.6, 5.7, 5.8
Develop research agreements with Aboriginal communities	1.1, 1.5, 1.6, 2.3, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 5.6, 5.8
Embed opportunities in the research for capacity building for Aboriginal communities	1.1, 1.4, 1.6, 2.4, 3.5, 5.1, 5.6
Embed opportunities in the research for capacity building of the research team	1.1, 1.2, 4.1, 5.1, 5.2, 5.3
Engage Aboriginal community in research implementation	1.1, 1.3, 1.4, 1.6, 2.4, 3.2, 4.1, 4.2, 4.4, 5.1, 5.2, 5.3, 5.5
Employ Aboriginal project team members	1.1, 1.6, 2.4, 3.2, 3.5, 4.1, 4.2, 4.4, 5.1, 5.2, 5.3, 5.6
Involve community members as co-authors on publications and co-presenters on presentations	1.1, 1.5, 1.6, 2.6, 3.2, 3.5, 4.1, 4.2, 4.4, 5.1, 5.2, 5.3, 5.7
Translate the findings into policy and/or practice	1.1, 1.6, 2.7, 2.8, 4.1, 4.2, 4.3, 5.1, 5.2, 5.6, 5.9

Engage Aboriginal community in the analysis and interpretation of findings	1.1, 1.2, 1.3, 1.6, 2.5, 2.6, 3.2, 4.1, 4.2, 4.4, 5.1, 5.2, 5.3, 5.7
Reimburse costs to communities for partnership and involvement	1.1, 3.4, 5.3, 5.6
Pay community members for sitting fees	1.1, 3.4, 5.3, 5.6
Disseminate results to the community	1.1, 1.6, 2.7, 3.5, 5.1, 5.2, 5.7, 5.9

Table 2. Summary of ordinal regression for self-reported adherence to key ethical principles, with Aboriginal or Torres Strait Islander status as a predictor

Outcome	Odds ratio (95% CI)*
Engage Aboriginal community in identifying research priorities	1.90 (1.16–3.10)
Engage Aboriginal community in developing the research questions	2.16 (1.30–3.61)
Embed Aboriginal governance, advisory and decision making on the project	2.10 (1.26–3.50)
Enact Indigenous data sovereignty and governance principles	1.67 (1.02–2.70)
Develop research agreements with Aboriginal communities	1.49 (0.90–2.45)
Embed opportunities in the research for capacity building for Aboriginal communities	1.70 (1.04–2.77)
Embed opportunities in the research for capacity building of the research team for research with Aboriginal communities	1.42 (0.87–2.33)
Engage Aboriginal community in research implementation	1.92 (1.14–3.20)
Employ Aboriginal project team members	1.48 (0.89–2.43)
Involve community members as co-authors on publications and co-presenters on presentations	0.94 (0.55–1.59)
Translate the findings into policy and/or practice	1.31 (0.80–2.14)
Engage Aboriginal community in the analysis and interpretation of findings	1.52 (0.90–2.55)
Reimburse costs to communities for partnership and involvement	1.06 (0.64–1.76)
Pay community members for sitting fees	1.13 (0.69–1.84)
Disseminate results back to the community	1.36 (0.83–2.26)

* Odds of reporting a higher level of adherence to the specific key ethical research principle.

Table 3. Illustrative quotes*

<p>Theme 1: Aboriginal and Torres Strait Islander researchers and communities should be recognised as the experts in the field.</p>	
<p>The need for researchers and institutions to recognise the expertise of community members in research and the research process was identified, with calls to shift decision making to community.</p>	
<p>Community members and Aboriginal researchers as the experts</p>	<p>People need to realise the expertise of community members - Aboriginal and Torres Strait Islander specific research can do this really well, but not everyone does this well. – P88, Aboriginal HDR student, 6 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Indigenous researchers not truly being valued for their leadership in the community and when they are driving and implementing the research project. Indigenous, expertise, knowledges and leadership not being valued and this can disempower Indigenous researchers in the work they do. Not taking the advice and lead from Indigenous researchers. Not valuing or appreciating Indigenous researchers experience and knowledge in actually doing the research. Indigenous researchers not being paid for the work they do. Indigenous researchers not having a pathway to advance. – P364, Aboriginal Research Assistant/Project Manager, 15 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Involvement of the community in the research leadership. – P534, non-Aboriginal, non-academic role, <1 years' experience in Aboriginal and Torres Strait Islander health research</p>
<p>As experts, Aboriginal and Torres Strait Islander people should be the decision makers over research</p>	<p>Moving Aboriginal health research decision making away from mid-level executive managers in the bureaucracy, within universities and within Aboriginal Community Controlled Organisations and devolving Aboriginal health research leadership in any situation to a paid, dedicated working group of Aboriginal health researchers with the necessary background and experience to discriminate appropriate research foci, methods (inquiry methods, ethical considerations and community engagement processes), write up, dissemination, presentation and publication. – P522, non-Indigenous SCR, 35 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>More Aboriginal researchers. There are too many non-Aboriginal researchers gatekeeping Aboriginal researchers out of projects and away from resources, so that they can conduct Aboriginal research themselves. I don't believe that it is appropriate for them to co-opt an Elder from the community and put their name on research outputs and think they deserve a medal for it. Another gripe are the same sort of non-Aboriginal researchers who get to work on a project with an eminent Aboriginal scholar, then suddenly they are the expert and the most culturally component person going, and then push Aboriginal researchers out of the way, because they know best and tell us that we are not ready or capable yet. – P144, Aboriginal MCR, 3 years' experience in Aboriginal and Torres Strait Islander health research</p>
<p>Theme 2: Research must be community-driven and built on genuine partnerships and engagement.</p>	
<p>Participants reiterated the importance for research to be community-driven, led, and involve genuine partnerships. Participants noted that research priorities were not always being established by community. Participants emphasised the need for genuine community engagement and partnerships to develop research agendas, rather than being responsive to grant calls.</p>	
<p>Priority setting by community and Aboriginal researchers</p>	<p>Aboriginal communities as the drivers of the research process. – P198, Aboriginal, non-academic role, 25 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>More research needs to be led by Aboriginal researchers, not non-Indigenous researchers choosing the research priorities and engaging a couple of Aboriginal PhD students or low paid research assistants to tick a box. – P343, Aboriginal HDR student, 4 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>I believe more Aboriginal communities need to be empowered to conduct their own research for issues that matter to them. – P508, non-Aboriginal SCR, 13 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>More engagement with community groups in the initial development of research priorities. – P280, non-Aboriginal ECR, 1 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>A moratorium on research that hasn't been generated by Community. Failing that, better coordination of the research being already conducted in a community/region - something like the Western Australian model, but more transparent for researchers, so that it's obvious that the beleaguered community has already been asked to participate in 159 projects spanning X, Y and Z topics and it might be legitimately beyond their capacity to join your project even if you and your funding body both think it's the bee's knees. – P182,</p>

	non-Aboriginal MCR, 6 years' experience in Aboriginal and Torres Strait Islander health research
Importance of genuine partnerships, co-design and Aboriginal and/or Torres Strait Islander leadership	<p>I believe all Uni's need to ensure they have Aboriginal and Torres Strait Islander representation on their ethics committees to provide oversight and guidance to ensure that projects are not being undertaken unethically. Also, we need to ensure that research is led by Aboriginal and Torres Strait Islander researchers at all times. – P54, Aboriginal ECR, 10 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Ensuring Aboriginal and Torres Strait Islander research is designed, led and implemented by Aboriginal and Torres Strait Islander people - tired of the white saviour complex of many non-Indigenous researchers. For non-Indigenous researchers - compulsory Indigenous Cultural Intellectual Property and Data Sovereignty training ensuring Aboriginal and Torres Strait Islander participants are identified as co-researchers on all reports, journal articles, conference papers etc. – P72, Aboriginal, non-academic role, 5 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Active co-development of all research questions, methods, implementation, analysis and dissemination of findings. – P252, non-Aboriginal MCR, 9 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Community involvement and consultation: It is crucial to involve Aboriginal and Torres Strait Islander communities in the research process from the outset. Researchers should engage in meaningful consultation, collaboration, and partnership with Indigenous communities, respecting their rights and protocols. This ensures that research priorities, methods, and outcomes align with the needs and aspirations of the community. – P511, non-Aboriginal ECR, <1 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Non-Indigenous researchers need to at a minimum partner with Aboriginal and Torres Strait Islander community and researchers in a genuine way and if not co-designed from the beginning, at least be open to adapt the research on the advice of Aboriginal and Torres Strait Islander people as equal partners. – P377, non-Aboriginal SCR, 7 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Strengthen partnerships between universities/research institutes and health services, with a view to embedding an Aboriginal and Torres Strait Islander research lens within health services. – P32, non-Aboriginal ECR, 7 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Decolonisation of the whole process (e.g. must be led by Aboriginal and Torres Strait Islander teams; flexible and First Nations-led funding arrangements, more education and self-reflection/reflexivity of non-Indigenous researchers). – P125, non-Aboriginal MCR, 19 years' experience in Aboriginal and Torres Strait Islander health research</p>
Theme 3: There are some barriers in developing and upholding the relationships and partnerships necessary for ethical research.	
Some respondents recognised relationality to be at the core of the engagement and consultation process, with one participant noting that non-Aboriginal researchers may not be able to facilitate "appropriate systems" (P25) without Aboriginal or Torres Strait Islander leadership. While some non-Indigenous respondents identified their relationship with Aboriginal and Torres Strait Islander communities, researchers, and colleagues as a key enabler, other non-Indigenous respondents acknowledged their limitations in developing, upholding, and maintaining the relationships needed to conduct research in the space.	
Relationality is necessary in facilitating consultation, engagement, and ensuring research is community driven	Restricting non-Aboriginal people from leading Aboriginal research. They don't know Aboriginal people so they can't hire Aboriginal people in the project or set up a governance committee and all the appropriate systems usually flow on from here. We need to stop allowing non-Aboriginal people from being the CIA or lead investigator. They also don't make any real effort to include Aboriginal people as decision makers or authors. – P25, Aboriginal MCR, 12 years' experience in Aboriginal and Torres Strait Islander health research
Limitations in developing, upholding, and maintaining the necessary relationships	<p>Never do it. Let First Nations lead all research. Too hard to engage even with all the training in the world. Wouldn't do it again ever and I would dissuade anyone that isn't a First Nations person to try it. – P22, non-Aboriginal ECR, 4 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Requirement of community involvement is a significant barrier. In many instances, it is near impossible to establish connection with Aboriginal and Torres Strait Islander communities. There are many other priorities. This stalls research and the desire to do the right thing. – P513, non-Aboriginal, non-academic role, 1 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>We have worked on projects where it has been very hard to locate local Aboriginal people who wanted to work on the project, we have tried but ultimately had to employ non-</p>

	<p>Aboriginal people and engage with local Aboriginal people and communities in other ways. – P524, non-Aboriginal ECR, 6 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Also, access to Indigenous researchers. The few I know are time poor and rarely get back to me so then I feel even more that I am guessing about what the appropriate steps are. How can we engage if they are too busy to engage. I get it, we need more Indigenous researchers. Or maybe there needs to be some dedicated Indigenous research centres where they have all the right people in place so they can easily jump through the ethics hoops and forming community groups etc and actually get the research done. They could also be a resource for people wanting to do Indigenous research. – P3, non-Aboriginal MCR, 2 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>More streamlined processes for community engagement, to facilitate study design, ethics approval and implementation. – P19, non-Aboriginal clinician, 12 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>It would be ideal if there was a website or organisation which could match researchers with Aboriginal consumers who are interested in providing feedback about proposed research, and/or are interested in participating. – P116, non-Aboriginal ECR, 5 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>I want to work more with Aboriginal and Torres Strait Islander researchers but of the network of people I know they are often already too overloaded and cannot lead or join new work. Having a location for people to seek/find opportunities and to connect would be helpful. Priority setting in terms of topics could be useful. – P335, non-Aboriginal SCR, 30 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>An easy way to engage with Aboriginal communities in co-design (e.g. something like a registry of volunteers who agree to be contacted in relation to research initiatives). – P449, non-Aboriginal woman, non-academic role, 5 years' experience in Aboriginal and Torres Strait Islander health research</p>
<p>Theme 4: Funding and research timelines need to account for partnerships and be flexible to be responsive to community requests and priorities.</p>	
<p>Funding and timeline limitations were identified as impeding the ability to establish respectful relationships and partnerships. As such, participants frequently called for more timeline flexibility from funding bodies. Some respondents recognised the need for funding bodies to consider appropriate reimbursement to community members, governance/advisory groups/steering committees, and participants involved, which is necessary to the conduct of ethical research. Participants called for grant and funding changes to privilege community-led research and priorities.</p>	
<p>Funding and timeline barriers impede the ability to establish respectful relationships and partnerships</p>	<p>Funding and institutional timelines need to be able to reflect the extended time required to undertake ethically and culturally responsive research projects. – P134, Aboriginal ECR, 5 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Time needed to establish strong, positive, respectful relationships with community, with adequate funding to demonstrate value of community involvement through payments for time and involvement, so that community is better positioned to lead their respective research agenda. – P367, Aboriginal, non-academic role, 8 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Yes, I think the time frame of projects is always limited given we know as First Nations people it takes time to build community relationships. – P515, Aboriginal ECR, 3 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Can be hard engaging ACCHOs / local lands council - we are keen to address health in children but they have far broader remit, long term funding is required. – P260, non-Aboriginal clinician, 22 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Yes; however, it may require more broader system-wide change e.g. grant funding/service delivery allowing more flexible timeframe to conduct genuine Aboriginal community consultation; internal policies for research organisations to have adequate Aboriginal representation on all decision making and advisory groups; a mechanism to allow Aboriginal partners to review, comment or amend research findings prior to publication. – P132, Aboriginal, non-academic role, 6 years' experience in Aboriginal and Torres Strait Islander health research</p>
<p>Funding must allow for community to set research priorities</p>	<p>Funding bodies understanding that strict timeframes of when to spend money may not work, and be able to be flexible when required. Community must come first, grants and politics should not be the priority. – P1, Aboriginal ECR, 1 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Perhaps also specific training for those in government or leadership in research organisations would be good. Changes to the way a lot of funding works would be good, so that communities can set research priorities and have more sustained ongoing funding, and time built in for proper consultation rather than it being rushed for last-minute funding</p>

	<p>opportunities that may or may not be granted. – P93, Aboriginal, non-academic role, 9 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Our biggest barrier is funding restrictions, timelines and the time spent writing grant applications, e.g. NHMRC partnership grants rely on partners providing cash and in-kind contributions and only fund up to \$1.5M. This limits paying community members for their time, reimbursing ACCHOs etc. Often there is not enough time to consult communities when grants are announced - there needs to be more funding to support communities generating research ideas. – P210, non-Aboriginal SCR, 17 years' experience in Aboriginal and Torres Strait Islander health research</p>
<p>Funding allocation should privilege Aboriginal leadership</p>	<p>Requirement for projects to be led by Indigenous researchers (not just include Indigenous CIs who often don't have research experience and quals). – P276, Torres Strait Islander MCR, 21 years in research</p> <p>I think the biggest barrier to research is that the priorities are not coming from communities. In my opinion communities are over-engaged and exhausted by colonial academia wanting to 'create partnerships' so they can exercise their research priorities. More research funding needs to be awarded to community controlled organisations so that they can set the priorities and engage with who they want on topics they want. – P215, non-Aboriginal ECR, 5 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Indigenous leadership compulsory (co-leadership is acceptable), non-Indigenous researchers willing to understand and enact two-way approach. – P69, non-Aboriginal SCR, 6 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Moratorium for 10 years. NO funds to Aboriginal and Torres Strait Islander research to a Chief Investigator ... who is non-Indigenous. Just stop funding this. If the funds are underspent because of this criterion, put the money into a trust fund and wait until the cohort of Aboriginal and Torres Strait Islander academics has grown. – P161, non-Aboriginal, non-academic role, 19 years' experience in Aboriginal and Torres Strait Islander health research</p>
<p>Theme 5: Pathways, investments and supports are needed to advance and strengthen the field.</p>	
<p>Participants acknowledged the pressures and workload placed on Aboriginal and Torres Strait Islander researchers, academics, communities, and health services. Some participants called for investment to increase the number of Aboriginal and Torres Strait Islander researchers and to privilege community in setting research priorities.</p>	
<p>Investment into Aboriginal researchers and communities</p>	<p>Capacity building - seems a bit patronising. More strategic planning, rather than reactivity to grant calls. Better processes for connecting Indigenous grad research students to community research needs. Thinking about the breadth and diversity of Indigenous health research. It is not always researchers conducting research from an institution with an Aboriginal community or several Aboriginal communities. – P438, Aboriginal SCR, 21 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Capacity for ACCHOs to be involved in and lead resources. – P188, non-Aboriginal ECR, 10 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>I think things have improved a lot over the last couple of decades as Indigenous involvement in research as senior/lead researchers has increased, and (I think/hope) that communities are more empowered to make decisions about what research is meaningful and useful to them. I think some ACCHOs are overburdened and research seems to cause more stress, I'm not sure what needs to happen to address this but it does reinforce the importance of involvement from the start, proper funding for partners, and strong governance processes. – P12, non-Aboriginal SCR, 20 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Adequate resources and funding: Aboriginal and Torres Strait Islander research should be adequately resourced and funded. This includes funding for community-led research, capacity building initiatives, and long-term sustainability of research partnerships. Adequate resources can support the development of research infrastructure, recruitment and training of Indigenous researchers, and dissemination of research findings. – P511, non-Aboriginal ECR, <1 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Capability building across the sector. There are simply not enough Indigenous researchers. – P277, Aboriginal MCR, 14 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Aboriginal researchers are so overstretched - we all need to be realistic in what can be achieved given resource/time capacities. – P293, non-Aboriginal MCR, 17 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>More Aboriginal and Torres Strait Islander researchers. Pathways from school to university. – P23, non-Aboriginal MCR, 7 years' experience in Aboriginal and Torres Strait Islander health research</p>

	<p>There is also the need to keep growing the pipeline of Aboriginal and Torres Strait Islander researchers to reduce the burden on the amazing cohort of researchers working in the field. – P124, non-Aboriginal MCR, 14 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>As time passes, there will be an increasing larger number of Indigenous researchers, there will be less pressure on the existing body of Indigenous researchers to involve themselves with every project that has an Indigenous element, and more Indigenous-led, Indigenous-conducted research. At the moment, time pressure is forcing Indigenous researchers to be spread way too thin; we need to urgently build capacity. – P266, non-Aboriginal SCR, 6 years' experience in Aboriginal and Torres Strait Islander health research</p>
<p>Additional funding for remuneration, sitting fees, and participation</p>	<p>FUNDING GRANTS - acknowledgement from funding bodies of much longer time frames needed for doing ethical research in the Aboriginal and Torres Strait Islander context and allowance made for this. There needs to be allowance for the additional costs of doing research the right way - and these costs covered in grant processes. For example: cost of properly remunerating and supporting community members for their time on advisory/reference groups; cost of community engagement and true co-design; true cost of building research capacity in community. – P223, non-Aboriginal MCR, 13 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Funding needs to cover reimbursement for people's time e.g., committees and panels. – P401, non-Aboriginal SCR, 12 years' experience in Aboriginal and Torres Strait Islander health research</p> <p>Any sort of research involving [Aboriginal and Torres Strait Islander] Australians should receive guaranteed, minimum funding for either employment of Indigenous research staff (from local community!) or for reimbursement of costs from Indigenous people and communities. – P37, non-Aboriginal HDR student, 10 years' experience in Aboriginal and Torres Strait Islander health research</p>

* Quotes have been lightly edited for punctuation, capitalisation and spelling only. P: Participant. HDR: Higher degree by research. ECR: Early career researcher. MCR: Mid-career researcher. SCR: Senior career researcher. PhD: Doctor of Philosophy. ACCHO: Aboriginal Community-Controlled Health Organisation. NHMRC: National Health and Medical Research Council. CI: Chief Investigator.

CONSolidated critERia for strengthening the reporting of health research involving Indigenous Peoples (CONSIDER) statement

<p>Governance</p>
<p>This research engages multiple levels of Aboriginal and Torres Strait Islander governance. Formal governance was enacted by the National Indigenous Health Leadership Alliance (NIHLA – formerly National Health Leadership Forum) which comprises of representatives from Aboriginal and Torres Strait Islander organisations and peak bodies committed to systemic and structural reform. The NIHLA has provided governance and oversight across all aspects of the research, guiding and strengthening the research by ensuring it is safe, impactful and upholds prioritisation of need and benefit for Aboriginal and Torres Strait Islander communities. The lead researcher (MK) met with the NIHLA at least bi-annually throughout the development, implementation, interpretation and dissemination of the research to ensure tangible and efficient practice and policy changes were made. The research, as led by a collective of Aboriginal and Torres Strait Islander researchers, uphold governance and oversight of all aspects of the work. All required ethical approvals were obtained, including from the Australian Institute of Aboriginal and Torres Strait Islander Studies (HREC reference no. EO323-20220414) and the Aboriginal Health & Medical Research Council (HREC reference no. 1924/22).</p>
<p>Prioritisation</p>
<p>This research emerged from the priorities of Aboriginal and Torres Strait Islander people and communities for truth telling and critical reflection of the field of ethics in health and medical research. As such, pre-existing, alongside new community partnerships have been established throughout the research to ensure the research continues to uphold the priorities and voice of Aboriginal and Torres Strait Islander people. The governance processes within this research ensure rapid translation of findings into policy and practice to meet the identified community priorities.</p>
<p>Relationships</p>
<p>This work upholds Aboriginal and Torres Strait Islander peoples rights to self-determination, leadership and decision-making throughout all stages of the research in line with the principles of the United Nations Declaration on the Rights of Indigenous People (UNDRIP) and ethical principles of Aboriginal and Torres Strait Islander health and medical research. Relationality to the work, communities and between the researchers has been pivotal to ensure the research safeguards Aboriginal and Torres Strait Islander people and communities throughout the development, implementation, interpretation and translation of this project. This responsibility and accountability to the improvement of health and wellbeing outcomes for Aboriginal and Torres Strait Islander people extends beyond the life of the project to ensure the researchers remained responsive to the evolving and changing needs and priorities of communities. Acknowledging that Aboriginal and Torres Strait Islander people are not homogenous and are a diverse people, the research team brought decades of experience and expertise across a range of settings and locations to ensure the research considered, and was appropriate, across and between communities and their contexts nationally.</p>
<p>Methodologies</p>
<p>This research has been led and implemented by Aboriginal and Torres Strait Islander experts and leaders across a range of disciplines in health and medical research. Indigenous worldviews and relationality, underpinned by Indigenist research methodologies ensure the research is transparent and accountable to</p>

Aboriginal and Torres Strait Islander communities. As Aboriginal and Torres Strait Islander people and researchers, the concept of ethical practice is not new. The ways in which this research is conducted is deeply rooted in our lived experiences and realities, including the complexities of upholding relational research practices within Euro-Western systems. Consequently, this intrinsically influences how this research has been shaped, interpreted and translated, upholding Aboriginal and Torres Strait Islander rights to ethical research and outcomes.

Participation

This study sought to understand the experiences and perspectives of a diverse range of participants conducting health and medical research with Aboriginal and Torres Strait Islander people and their data. This included from Aboriginal and Torres Strait Islander communities, researchers and human research ethics committee members. The seeking of individual and community consent was imperative to mitigate burden placed on participants, particularly any Aboriginal and Torres Strait Islander people or communities. Indigenous data sovereignty principles were upheld to ensure the safety and security of all participants throughout the research. All data has been presented as deidentified to protect participants and communities.

Capacity

The *Murru Minya* project supports Aboriginal and Torres Strait Islander research capacity through the development and mentorship of an Aboriginal PhD Candidate and an Aboriginal community researcher. The guidance and leadership of the extensive Aboriginal and Torres Strait Islander research team has been woven throughout all stages of the research. Through respectful and reciprocal relationships, this research has engaged with key stakeholders within the Aboriginal and Torres Strait Islander community-controlled sector and other research institutes to build capacity within the sector across a range of areas including research design, implementation and knowledge translation.

Analysis and interpretation

Collaborative Yarning between the Aboriginal and Torres Strait Islander researchers was pivotal to the analysis process which prompted reflexive analysis and sense-making of the data. Drawing on our own lived experiences as described by Tuwahi-Smith, the research team have become deeply interconnected with the data as both the researched and researcher. Grounded in our standpoint, Nakata describes this *“is a distinct form of analysis and is itself both a discursive construction and an intellectual device to persuade others and elevate what might not have been a focus of attention by others”*. Consequently, this uniquely influences and shapes the ways in which the data in this research have been analysed and interpreted. Through an exploration of the field of Aboriginal and Torres Strait Islander health and medical research, by Aboriginal and Torres Strait Islander researchers, this work re-positions Euro-Western standard practices of research whereby the predominantly non-Indigenous researchers and research systems are the subjects of Indigenous research as defined by us.

Dissemination

Rapid knowledge translation and dissemination of findings from this study have been interwoven and in-process prior to publication of this work. During project implementation, ongoing knowledge translation to project governance and leaders occurred, and a website was created with a focus on community-level translation in real-time. Through the website, members of the academic sector and community were able to register to receive regular newsletters and project updates. Prior to submitting manuscripts, in-process

findings of this study were shared with the research governing body and the Aboriginal Health & Medical Research Council Ethics Committee. A series of personal invitations, locally and nationally, were received to present to community organisations and research institutes. This has included presentations to the Wakul Yabung Aboriginal Health Research Panel at the University of Newcastle (NSW), Wardliparingga Aboriginal Health Equity Unit at the South Australian Health and Medical Research Institute (SA) and Telethon Kids Institute (WA). Key international presentations have included the Lowitja Institute International Indigenous Health Conference (2024), World Indigenous Cancer Conference (2024) and an International Knowledge Exchange Event held with Indigenous colleagues from the British Columbia Network Environment for Indigenous Health Research, Canada (2024). A 16-page knowledge translation booklet has been developed to share findings with key stakeholders and communities in the sector.