

# **Supporting Information**

## **Supplementary material**

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

Appendix to: Saunders (Biripi) P. Fulfilling cultural safety expectations in specialist medical education and training: considerations for colleges to advance recognition and quality. *Med J Aust* 2024; doi: 10.5694/mja2.52317.

### **CONSIDER Statement Template**

Guest Editors of the 2024 *Indigenous Health Special Issue* acknowledge the Indigenous expertise that informed the establishment of the CONSolIDated critERtia for strengthening the reporting of health research involving Indigenous Peoples (CONSIDER) statement.

Authors should indicate how they have supported ethical publishing and reporting practices by providing the details of the research practices aligned with this publication in accordance with the CONSIDER statement. The reporting should not exceed two pages. This reporting will be published as online supplementary information. Detailed items can be accessed in the publication:

https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-019-0815-8

Governance
N/A
Prioritization
This paper aims to highlight the importance of centring cultural safety within specialist medical colleges and healthcare more broadly, as a collective push from Aboriginal and Torres Strait Islander peoples and communities.
Relationships (Indigenous stakeholders/participants and Research Team
This perspective paper was conceptualised by the author through their lived experience within the field of specialist medical education. The author is a proud Biripi man who has over 5 years' experience in Indigenous Health research, including Indigenous Health within a medical education context.
Methodologies

This perspective paper centres the importance of cultural safety for specialist medical colleges in their purpose, operation, and training of medical professionals. This perspective piece was deemed necessary to guide specialist medical colleges during their cultural safety journey, both within their organisation and training programs. The lived experience and valued episteme of the author, both as an Aboriginal man and medical educator, allowed for an Indigenous lens to be centred during the development of the paper.

### **Participation**

N/A

### Capacity

Through the development of the paper, the author was able to reflect on their own capacity, including gaps in understanding and how these may be addressed, primarily through dialogue with other Indigenous researchers.

#### **Analysis and interpretation**

This paper directly challenges the deficit discourse that has historically plagued Indigenous Health, to encourage institutional accountability in realising cultural safety for Aboriginal and Torres Strait Islander peoples and communities. The inclusion and centring of Indigenous ways of knowing, being, and doing for colleges and members is highlighted through notions of perspective transformation, critical consciousness, self-reflexivity, and inequity.

#### Dissemination

The paper is planned to be disseminated to key stakeholder bodies, including the Australian Medical Council (AMC), the Australian Indigenous Doctors Association (AIDA), and the National Aboriginal Community-Controlled Health Organisation (NACCHO).

It is anticipated that the paper will be used by such organisations for reflection, to inform policy, and support advocacy within Indigenous Health.