MJA
The Medical Journal of Australia

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: Wilson MC, Mulcahy M, Philip J, et al. Core components of a best practice First Nations cancer coordinator role. *Med J Aust* 2025; doi: 10.5694/mja2.52684.

CONSIDER Statement: Decolonising primary health care practice: a definition and its importance

Guest Editors of the 2025 *Indigenous Health Special Issue* acknowledge the Indigenous expertise that informed the establishment of the CONSolIDated critERia 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
As a team of both Indigenous and non-Indigenous researchers, we have ensured the prioritisation of First Nations perspectives throughout the course of the project. Governance and regular oversight from an established community advisory group ensured that the core components of the First Nations coordinator role had relevance and utility for the local community. The community advisory group was chaired by the senior author (GG), a Kamilaroi woman and senior researcher with extensive experience in First Nations health and wellbeing.
Prioritization
Improving cancer outcomes is a significant priority for First Nations peoples in Australia. Our research directly addresses this priority by developing a culturally responsive and community-informed model for a First Nations cancer coordinator role. This role aims to improve cancer care and support for First Nations people, ultimately contributing to better health outcomes.
Relationships (Indigenous stakeholders/participants and Research Team
The First Nations Cancer Coordinator project is the result of a more than six-year collaboration between First Nations health researcher (GG) and palliative care researchers (JP, BL). Throughout, this research has been overseen by the community advisory group who have identified need, reviewed data, put forward recommendations and then sought funding and support for implementing tailored interventions. The community advisory group included First Nations health workers, senior First Nations researchers, representatives from community-controlled health organisations, and First Nations peoples with lived experience of cancer. The major functions of the community advisory group were to: - provide a critical and cultural review of research activities and ensure the project was grounded and relevant; - ensure communication and engagement with both internal and external key stakeholders; - assist in providing feedback and insights on the study findings and development of recommendations through participation in meetings; - develop and facilitate a communication strategy for dissemination of findings and recommendations across key Aboriginal community-controlled health organisations (ACCHOs), stakeholder institutions, consumer groups and through wider circulation in peer-reviewed publications and reporting; - assist in the development of recommendations based on the findings of the project; and - assist in the identification of potential future partnership(s) and funding opportunities for further research activities where appropriate. In addition, the project team met regularly with representatives from the Victorian Aboriginal community-controlled health organisation (VACCHO) and other First Nations stakeholders to discuss the proposed First Nations cancer coordinator model. Extensive relationship building and iterative yarning were fundamental to the project.
Methodologies
The core components of the First Nations cancer coordinator role were co-designed with the community advisory group.

Participation
The community advisory group met four times a year, for the duration of the three-year project. The project team provided regular updates to the community advisory group members via phone, email and in-person communication. Consumer members of the advisory group (First Nations people with lived experience of cancer) were remunerated for their time, while other members (senior First Nations researchers, First Nations health workers and representatives from community-controlled health organisations) contributed in-kind support.
Capacity
Community advisory group meetings provided opportunities for two-way learning, whereby community members and health workers gained insights into the research process, while the research team deepened their understanding of First Nations culture and perspectives on health and wellbeing. Furthermore, by developing a culturally responsive cancer coordination model, this project sought to inform the nationwide rollout of First Nations cancer coordinator roles and develop pathways for First Nations Australians to pursue careers in cancer care.
Analysis and interpretation
This article provides an overview of a proposed model of culturally safe cancer coordination and does not report qualitative or quantitative findings. The core components were conceptualised by the authorship team and community advisory group and are based on international literature and the findings from an implementation study in Queensland.
Dissemination
The project team have met with representatives from community-controlled health organisations and First Nations health workers from other hospitals in Victoria, to yarn about the proposed best-practice model. The community advisory group endorsed the publication of this material.