



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 P, Mercer N, Mackay M, et al. Fulfilling First Nations health, cultural safety and equity accreditation standards in primary medical education: reflections from a First Nations desktop review team. *Med J Aust* 2025; doi: 10.5694/mja2.52690.

Part 1: CONSIDER Statement

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://bmcmredsmethodol.biomedcentral.com/articles/10.1186/s12874-019-0815-8>

Governance
N/A
Prioritization
This article aims to highlight, through a collective First Nations voice and reflections, the importance of a shared sovereignty approach with First Nations peoples within primary medical education.
Relationships (Indigenous stakeholders/participants and Research Team)
This perspective article was collectively conceptualised by the authors through their experience as part of the AMC Desktop Review Team for primary medical programs. All authors are First Nations peoples with cultural and community connections across the Australian continent (including the Torres Strait Islands).
Methodologies
This perspective article centres the importance of a shared sovereignty approach in primary medical education. The article applies a reflexive thematic analysis using reflections provided by the authors. This piece was deemed necessary to guide primary medical education providers during their journey to meeting and exceeding the revised AMC standards. The collective First Nations expertise allowed for a First Nations lens to be centred during the development of the article.
Participation
N/A
Capacity
Through the development of the article, the authors were able to reflect on their own experiences and how these have built their capacity as First Nations medical educators, contributing to a nuanced understanding of the primary medical education space.
Analysis and interpretation
Through a reflective and reflexive analysis process, this article offers a collective critical First Nations perspective within the context of medical education, a field that has historically lacked such insight to guide transformation and progression. The meaningful inclusion of First Nations ways of knowing, being and doing for medical education providers and stakeholders are highlighted through notions of epistemic pluralism, critical consciousness, self-reflexivity and equity.
Dissemination
The article 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 article will be used by such organisations for deep reflection, to inform policy, and support advocacy within the First Nations health space.

Part 2: The desktop review process

In May 2024, an expression of interest to participate in a desktop review team (DRT) was emailed by Australian Medical Council (AMC) staff to known First Nations medical education stakeholders across Australia and Aotearoa. Those that expressed interest, participated in a series of induction-type, virtual meetings to orient team members to the rigorous AMC review process. Following this, each team member was assigned several medical school self-assessments to review against the revised standards, primarily focusing on First Nations health, cultural safety and equity, with conflicts of interest considered in this determination. Each medical school self-assessment was reviewed by at least two DRT members to enhance rigour within the review exercise. The process was supported by members of the AMC Aboriginal, Torres Strait Islander and Māori Committee, as well as the AMC Indigenous Policy and Programs (IPP) Team. This approach enhanced the cultural safety of DRT members' participation and allowed for First Nations ways of knowing, being and doing to be centred.

In September 2024, DRT members, along with select AMC Aboriginal, Torres Strait Islander and Māori Committee members and AMC staff, convened in Sydney to consolidate the reviews in preparation for the upcoming AMC Medical School Accreditation Committee (MedSAC) meeting in October 2024. This meeting was also an opportunity to identify areas of weakness and strengths across the medical school self-assessments, primarily regarding First Nations health, cultural safety and equity standards. Following the meeting, DRT members were tasked with further consolidation of their reviews to ensure consistency in language and comprehensiveness in feedback, to support medical schools in considering and responding to such feedback.

The DRT convened a second time in October 2024 to participate in and contribute to the MedSAC meeting. The reviews conducted by the DRT were not only considered in the MedSAC assessment of the medical schools, but heavily contributed to setting the precedence and expectations of medical schools moving forward. MedSAC members, in partnership with DRT members, formulated feedback and recommendations for medical schools to progress First Nations health, cultural safety and equity within their institutions and programs.

Part 3: AMC anonymous survey and reflective questions

AMC anonymous survey

1. How would you rate your experience working with the AMC for the Desktop Review Group process? (1 – poor, to 5 – excellent)
2. Have you worked with the AMC before the AMC desktop review group engagement? (Yes/No)
3. If you answered yes or no, please provide detail (did you feel like our processes have improved since your last engagement?)
4. Do you feel like your contributions have been appropriately valued? (Yes/No)
5. Do you feel like the Indigenous voice was able to lead conversations in this process? (Yes/No)
6. Have you felt culturally safe throughout this process? (Yes/No)
7. If you didn't feel safe, did you feel like you could communicate this with AMC staff at the time? (Yes/No)
8. What things did we do well?
9. What things can we do better?
10. Would you like to continue working with us on other projects? (Yes/No)
11. What else could we do to support you?
12. Any other feedback?

Reflective questions

1. Did you feel being a part of the desktop review team placed additional burden on you? Why/Why not?
2. How has your inclusion in the desktop review team built your capacity as a First Nations Health educator (if at all)?
3. In general, what do you feel are areas of strengths of medical schools regarding First Nations Health, cultural safety, and equity standards (based on the responses provided by medical schools)?
4. In general, what do you feel are areas of weaknesses/priority of medical schools regarding First Nations Health, cultural safety, and equity standards (based on the responses provided by medical schools)?
5. What could others (e.g., medical schools, health education accreditation bodies, health services) learn from your experience?
6. Is there scope for medical schools to work together to progress in First Nations Health, cultural safety, and equity standards, and how could this be done effectively?
7. What are the benefits (if any) in First Nations medical school staff working together to progress medical schools in First Nations Health, cultural safety, and equity standards?
8. What does 'First Nations-led', and 'self-determination' mean to you, in the context of medical schools meeting First Nations Health, cultural safety, and equity standards?
9. How important is collaboration with the AMC and other First Nations Health educators for you, in realising progress in First Nations Health, cultural safety, and equity standards within your medical school?
10. Has your experience being a part of the desktop review team influenced the direction of your work moving forward? How?
11. How confident do you feel to offer critical feedback to the AMC on process and systems now (if at all)? If you have previously engaged with the AMC, do you think that your level of confidence has improved to offer such critical feedback? (please provide explanation)
12. How well is the AMC doing as a non-Indigenous organisation in delivering on its values of ensuring a culturally safe environment? (please provide explanation)
13. How well do you think the AMC is doing in relation to delivering on the impact of this change? (please provide explanation)