

# SUPPLEMENTARY MATERIALS

for the report

## ***Further Strengthening Research Capabilities:***

## ***A review and analysis of the Aboriginal and Torres Strait Islander health researcher workforce***

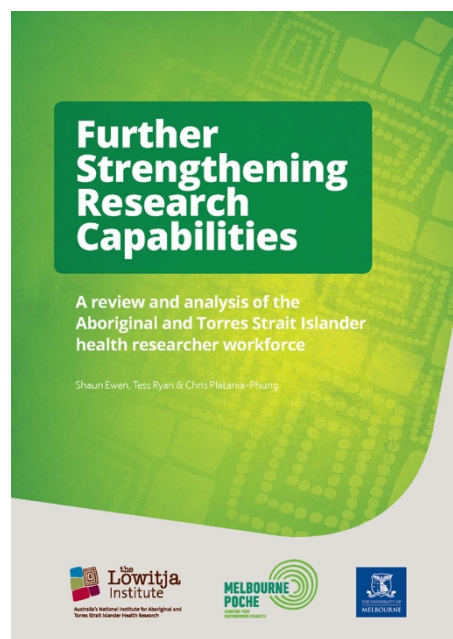
Shaun Ewen, Tess Ryan, Chris Platania-Phung

Melbourne Poche Centre for Indigenous Health

The University of Melbourne

Report and supplementary materials available at:

<https://www.lowitja.org.au/page/services/resources/health-services-and-workforce/workforce/Health-researcher-workforce-review>



## Contents

Item	Content	Page number	Location in Report
1	Methodology details — Interviews and survey	3	13
2	Overview of in-depth qualitative research of experiences of Aboriginal and Torres Strait Islander researchers (emerging/HDR to senior)	7	19
3	RCS models	8	19
4	First Nations and/or other minoritised peoples' higher education and research networks	12	20
5	Research funding structures (from Snapshot Discovery Indigenous Scheme)	13	23
6	Survey responses – Experiences during higher degree by research training	14	29
7	Survey responses – Peer functions	15	31
8	Survey responses – Academy and community	16	33
9	Survey responses – Interest in further research training	17	34
10	Survey responses – Prioritising national-level RCS strategies, ordered by percentage for 'should be a priority'	18	36
11	Survey responses of HDR participant sub-group (current, graduated) – Prioritising national-level RCS strategies, ordered by percentage for 'should be a priority'	19	36
12	Item 12: Survey responses – Level of need for national network	20	36
	References	21	

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## Item 1: Methodology details – Interviews and survey

### Qualitative interviews

Interview schedules were developed by the research team. Five of the 14 interviews were done in person (37%) and the remainder via either phone or Internet (e.g. Zoom). Interviews ranged from 28 to 60 minutes in length, with an average (and median) of around 44 minutes. Interviews were audio-recorded with the permission of participants. Interviews took place from May to August 2018.

Qualitative data analysis involved reading and re-reading of transcripts, as well as listening to audio recordings on multiple occasions. Notes (e.g. coding) were taken manually by two team members independently of each other. Afterwards, they discussed the interpretations together and then with the overall team.

### Survey

An Internet survey was the second major primary research arm of the project, and was created and delivered via the Survey Monkey platform. The data collector function was set not to record IP addresses.

The research team assembled a confidential list of 167 Aboriginal and Torres Strait Islander health researchers. Potential participants were identified through an Internet-based look at researcher profiles, scans of literatures, reports, conference abstracts and attendance lists, personal contacts, and persons mentioned during the interviews. Where email addresses were available, two research members (Chris Platania-Phung and Tess Ryan) sent email invites to participate.

A \$30 gift certificate for purchasing items through the Co-Op Bookstore, a non-for profit nation-wide academic book repository, was provided as a reimbursement for survey participation.

The email invitation included a hyperlink direct to the survey, with consent to participate indicated by entrance to the survey. It was envisaged to take between 15 and 25 minutes. Data collection took place from October to early November 2018.

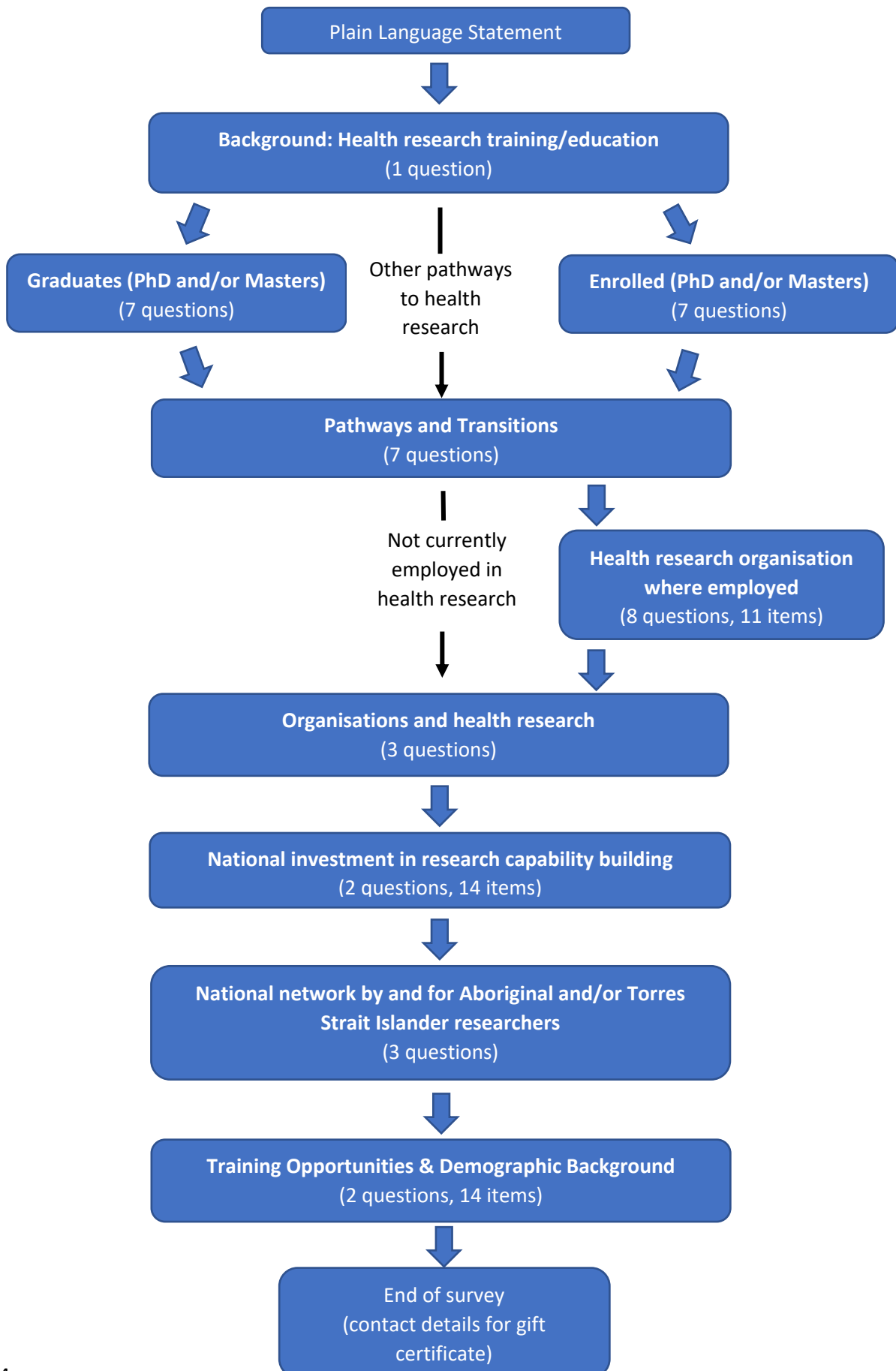
The questions were newly developed and the full survey piloted with three Aboriginal graduates. Choice of sections and questions were informed by the interview findings and other earlier stages of the research.

There were closed-response formats (e.g. Likert-type) as well as opportunities for open comment. Participants could move back and forth between survey pages.

The following pages include:

- a flowchart of the survey sections and number of questions in each
- survey participant backgrounds (frequencies, percentages).

**Order of survey sections**



**Survey participant background, n=35**

	Frequency	%
<b>Age</b>		
18–24	1	2.9
25–34	6	17.1
35–44	13	37.1
45–54	8	22.9
55–64	3	8.6
65+	1	2.9
Missing	3	8.6
<b>Gender</b>		
Female	23	65.7
Male	6	17.1
Missing	6	17.1
<b>State/Territory</b>		
ACT	1	2.9
NSW	1	8.6
NT	0	0.0
Qld	6	25.7
SA	8	8.6
Vic	2	8.6
WA	1	2.9
Tas	2	5.7
Overseas	0	0.0
Missing	3	8.6
<b>Research</b>		
Enrolled in PhD/Research Doctorate	8	22.9
Completed PhD/Research Doctorate	14	40.0
Enrolled in Masters by Research	1	2.9
Completed Masters by Research	10	28.6
Courses and activities in other university degrees	10	40.0
VET qualification	2	5.7
On-the-job training	6	17.1

## Participants employed in health research: survey

### *Background of survey participants currently employed in a position that included doing health research, n=28*

	N	% Sub-group	% Overall survey
<b>Type of organisation</b>			
University	18	64.3	51.4
Government agency/department	2	7.1	5.7
Research institute affiliated with a university and/or government	5	17.9	14.3
Aboriginal Community Controlled Health Organisation	0	0.0	0.0
Other non-government organisation	3	10.7	8.6
Other			
<b>Type of employment</b>			
Full-time	18	64.3	51.4
Part-time	7	25.0	20.0
Casual	3	10.7	8.6
<b>Primary research area</b>			
Epidemiology	1	3.7	2.9
Health educational research	5	18.5	14.3
Health services research	8	29.6	22.9
Health sociology	2	7.4	5.7
Medicine	0	0.0	0.0
Nursing/Midwifery	0	0.0	0.0
Occupational therapy	0	0.0	0.0
Psychology	1	3.7	2.9
Social work	1	3.7	2.9
No primary discipline: multidisciplinary	9	33.3	25.7
<b>Formal role</b>			
Research Assistant	3	16.7	8.6
Research Associate	1	5.6	2.9
Research Facilitator	0	0.0	0.0
Research Fellow	1	5.6	2.9
Research Officer	7	38.9	20.0
Postdoctoral Fellow	3	16.7	8.6
Associate Professor	1	5.6	2.9
Professor	2	11.1	5.7
Other			
<b>Proportion allocated for research (contract)</b>			
All of it	11	39.3	31.4
Over 50%	5	17.9	14.3
Under 50%	7	25.0	20.0
Not sure or unclear	3	10.7	8.6
Not applicable	2	7.1	5.7
<b>Lead investigator (current or previous projects)</b>			
Yes	17	63.0	48.6
No	10	37.0	28.6
<b>Employees identifying as Aboriginal and/or Torres Strait Islander</b>			
None	3	10.7	8.6
One or two	4	14.3	11.4
Three to 10	2	7.1	5.7
Over 10	19	67.9	54.3

## Item 2: Overview of in-depth qualitative research of experiences of Aboriginal and Torres Strait Islander researchers (emerging/HDR to senior)

Authors	Year published	Sample size	In-depth coverage (shaded)				
			Masters	PhD	Early career	Mid career	Later career
Christine Asmar & Susan Page <sup>1</sup>	2018	15					
Ekaterina Pechenkina <sup>2-4</sup>	2016, 2017	Number of postgraduate research students not reported					
Gawaian Bodkin-Andrews & Rhonda Craven <sup>5</sup>	2013	7					
Katelyn Barney <sup>6, 7</sup>	2013, 2018	21					
Michelle Trudgett <sup>8</sup>	2014	11					
Michelle Trudgett <sup>9, 10</sup>	2013	50					
Neil Harrison, Michelle Trudgett & Susan Page <sup>11</sup>	2015	50					
Roxanne Bainbridge <sup>12</sup>	2016	1					
Sharon Chirgwin <sup>13</sup>	2015	3					

## Item 3: RCS models

### Two RCS models focused on Higher Degree Research

Features	BIRC Collective–JCU <sup>14, 15</sup>	Master of Applied Epidemiology <sup>16-18</sup>
Organisation	James Cook University	National Centre of Epidemiology and Population Health, Australia National University
Partners	Indigenous Health Unit (James Cook University), three Aboriginal Community Controlled Services	Many partners in Australia and globally for placements in field epidemiology
Number of Aboriginal and Torres Strait Islander researchers	20	More than 30 graduates (as of 2016)
Establishment over time	2007–13	Since 1991
Purpose	Population health research capacity building of Aboriginal and Torres Strait Islander peoples and the ACCHO sector, especially in Northern parts of Australia	Strong experience in a range of field epidemiological projects. Increased public health capacity, esp. immediate engagement in field such as response to new outbreaks.
Recruitment and criteria	Range of health disciplines and work backgrounds	Enrolees from nursing, medicine, science <sup>16</sup> One prerequisite in earlier model: 'Indigenous community experience' <sup>17</sup>
Funding	NHMRC Capacity Building Grant in Population Health  James Cook University Indigenous Support Grant	Department of Health and Ageing (federal level) until 2009; from 2012 funding from National Centre for Population Health and organisations offering placements <sup>16</sup>
Structures and Program features	Co-creation of a shared logo and values Lead mentor: experienced non-Indigenous researcher Inter-cultural spaces and 'third space' Aboriginal and Torres Strait Islander 'Individual Career and Assessment Tool' followed by 'Individual Career Research Plan' Residential workshops (5 days, two times annual) Writing retreats from 2009 \$12,500 support fund to each researcher	Field Epidemiology Training Program. Placements Intensive modules, including in research methods Student stipend
Connectedness	Mentor meetings on regular basis  Facebook, teleconference each month	Strong international networks with field placement organisations and public health departments
Length of training	Several years	Variation between 21 and 24 months over 1991 to 2016 <sup>16</sup>



Features	BIRC Collective–JCU <sup>14, 15</sup>	Master of Applied Epidemiology <sup>16-18</sup>
Outcomes	<p>Positive feedback from participants</p> <p>More than five-fold increase in research outputs, pre-to-post (e.g. reports)</p> <p>Since start of BIRC Collective–JCU: 5 PhD candidates ongoing, 3 PhD completions, 3 Masters completions ‘senior professional appointment’ , ‘joint appointment in a state health department’ New RCS partnerships with Aboriginal Community Controlled Health Services and Aboriginal Health Councils</p>	<p>More than 30 Aboriginal and Torres Strait graduates</p> <p>Graduates proceeding to doctoral research in health: seven enrolled and five graduations (as of 2011/2012)<sup>17</sup></p> <p>More than 170 outputs, including 17 first-author peer-reviewed publications<sup>17</sup></p>

**Examples of three research training models focused on Aboriginal and Torres Strait Islander community RCS**

<b>Features</b>	<b>Centre for Research Excellence Knowledge Exchange Program<sup>19</sup></b>	<b>Hunter New England Health Aboriginal Health Partnership<sup>20</sup></b>	<b>Masterclass Program<sup>21</sup></b>
Organisation	Research capability built around and within the SEARCH (Study of Environment on Aboriginal Resilience and Child Health)	Hunter New England Health Aboriginal Health Partnership	Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange
Partners	Centre for Research Excellence on urban Aboriginal Child Health, Aboriginal Health and Medical Research Council of New South Wales, the Sax Institute, University of Sydney, Australian National University. Aboriginal Community Controlled Health Services: Awabakal Ltd, Riverina Medical and Dental Aboriginal Corporation, Sydney West Aboriginal Health Service, and Tharawal Aboriginal Corporation.	Kimberley Aboriginal Medical Services Council, Palm Island Aboriginal Shire Council, Torres Strait Island Regional Council, the Torres Shire Council, the peoples of the Djirbal, Kamilaroi, Karajarri, Mamu and Torres Strait, School of Public Health, Tropical Medicine and Rehabilitation Sciences (James Cook University), National Drug Research Institute (Curtin University), Research Centre for Clinical and Community Practice Innovation (Griffith University).	Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange, Joanna Briggs Institute and School of Public Health (University of Adelaide), Wardliparingga Aboriginal Research Unit (South Australian Health and Medical Research Institute), ACCHOs
Number of Aboriginal and Torres Strait Islander research learners	Over 30	8	260
Funding	Multiple sources	Two NHMRC grants	Discrete Masterclasses variously funded by NHMRC, federal Department of Health or Australian Primary Health Care Research Institute
Establishment over time	2012–16	2009–11	2014–17
Purpose	Research upskilling (multiple disciplines) and partnership building, especially around data for health service improvements.	Community member research training as part of a project on 'community responses to pandemic influenza in rural and remote Aboriginal and Torres Strait Islander communities'	'...strengthen the research capacity of ACCHO personnel' Research training of ACCHO staff and those with ties to the organisations (e.g. Aboriginal and Torres Strait Islander doctors)

Features	Centre for Research Excellence Knowledge Exchange Program <sup>19</sup>	Hunter New England Health Aboriginal Health Partnership <sup>20</sup>	Masterclass Program <sup>21</sup>
Recruitment and criteria	Aboriginal Community Controlled Health Services (mostly Aboriginal Research Officers)	Diverse recruitment methods, prioritising local community knowledge <sup>20</sup>	Invites for expressions of interest (ACCHO network). Tailoring of Masterclass content, timing and location to suit ACCHO members
Training approach/philosophy	Range of learning mechanisms, selection tailored to Aboriginal Research Officer preferences, research learning interests	Participatory Action Research Experiential learning; 'two-way' learning	Tailored to trainee preferences
Program features	Training workshops. Write up of local research and oral representations Annual Research Forums: 2012 to 2016	-Two-day training workshops on qualitative research (9 overall) -Community researcher skill audit	-In-person Masterclasses by senior researchers, including one or more Aboriginal and Torres Strait Islander senior researcher -Content: 'Understanding research'; 'undertaking research', 'research evaluation' -Duration between 1–3 days -Mentoring: integration with ACCHO work -Study guides -Masterclass Internet portal -At least one Masterclass run in all States/Territories, and metropolitan, regional and remote areas
Outcomes	-11 Aboriginal Research Officers preparing for HDR -28 presentations: local, regional and international events -Aboriginal Research Officers co-authoring peer-reviewed publications	-Eight community researchers. -Post-program enrolment in nursing undergraduate degree (n=1) -Two employed full-time in Aboriginal Community Controlled Organisation, post-program	RCS-outcome themes based on qualitative feedback: -'Increased research capacity: increased research awareness, changed perceptions, increased understanding, critical thinking and new confidence' -'Enhanced research engagement: willingness to participate, motivating others, empowered critique of research partners and proposals interest in further research training'

#### **Item 4: First Nations and/or other minoritised peoples' higher education and research networks**

Aboriginal Capacity and Developmental Research Environment (ACADRE) network, Canada  
American Indian Higher Education Consortium  
Chican@-Latin@ Graduate (Student Associations) – e.g. at Stanford, Indiana, Princeton and Iowa universities, and University College Davis, USA  
First Nations Adult and Higher Education Consortium, Canada  
International Network of Indigenous Health Knowledge Development  
Network of Indigenous, Intercultural and Community Universities of Abya Yala  
Optimising Maori Academic Achievement (OMAA)  
Society of STEM Women of Color  
Te Mana Raraunga Māori Data Sovereignty Network, Aotearoa New Zealand  
The Musqueam-Totoras partnership  
The Society for the Advancement of Latinos/Chicanos and Native Americans in Science  
User Academia Symposium  
US Indigenous Data Sovereignty Network  
Women of Color Research Cluster  
World of Difference Service User Research Group, University of Otago  
World Indigenous Nations Higher Education Consortium  
World Indigenous Research Alliance

## Item 5: Research funding structures (from Snapshot Discovery Indigenous Scheme)

Award name	Years in operation
Research Cadetship: Aboriginal and Torres Strait Islander	2003–06
Indigenous Researcher Fellowship	2007–09
Australian Research Fellowship: Indigenous	2010–11
Indigenous Researcher Fellowship	2010–11
Discovery Aboriginal and Torres Strait Islander Award	2012–17

## Item 6: Survey responses – Experiences during higher degree by research training, n=23

Experiences	%		
	Overall	Current HDR* (n=9)	PhD graduates (n=14)
Doing degree			
<i>On campus</i>	55.6	66.7	50.0
<i>Off campus</i>	29.6	44.4	21.4
Research culture that recognises and values Indigenous ways of knowing, doing and being	77.8	88.9	71.4
Funding (e.g. scholarship)	74.1	77.8	71.4
Opportunities for international research collaborations, projects	22.2	22.2	28.6
A person to discuss matters concerning identity	40.7	44.4	42.9
Excellent mentoring	51.9	55.6	50.0
Supervision			
<i>A supervisor constant throughout course of PhD</i>	37.0	44.4	35.7
<i>At least one Indigenous supervisor</i>	44.4	55.6	35.7
<i>Change of supervisors</i>	44.4	33.3	64.3
<i>Had a supervisor where could openly discuss a range of issues</i>	70.4	88.9	71.4
Work status			
<i>Full-time</i>	37.0	11.1	50.0
<i>Part-time</i>	37.0	66.7	14.3
<i>Casual</i>	33.3	44.4	35.7
Good supports/services			
<i>Developing research expertise</i>	70.4	66.7	64.3
<i>Career planning</i>	29.6	33.3	35.7
<i>Infrastructure (e.g. internet, printing)</i>	55.6	77.8	42.9
<i>Health and wellbeing</i>	25.9	33.3	21.4
Access to a working space	70.4	100.0	64.3
Barriers			
<i>Stops and starts of more than a month</i>	7.4	0.0	14.3
<i>Sense of isolation</i>	63.0	77.8	64.3
<i>Childcare responsibilities</i>	44.4	44.4	57.1
<i>Issues (family, community, personal) impacting on research degree</i>	70.4	77.8	57.1

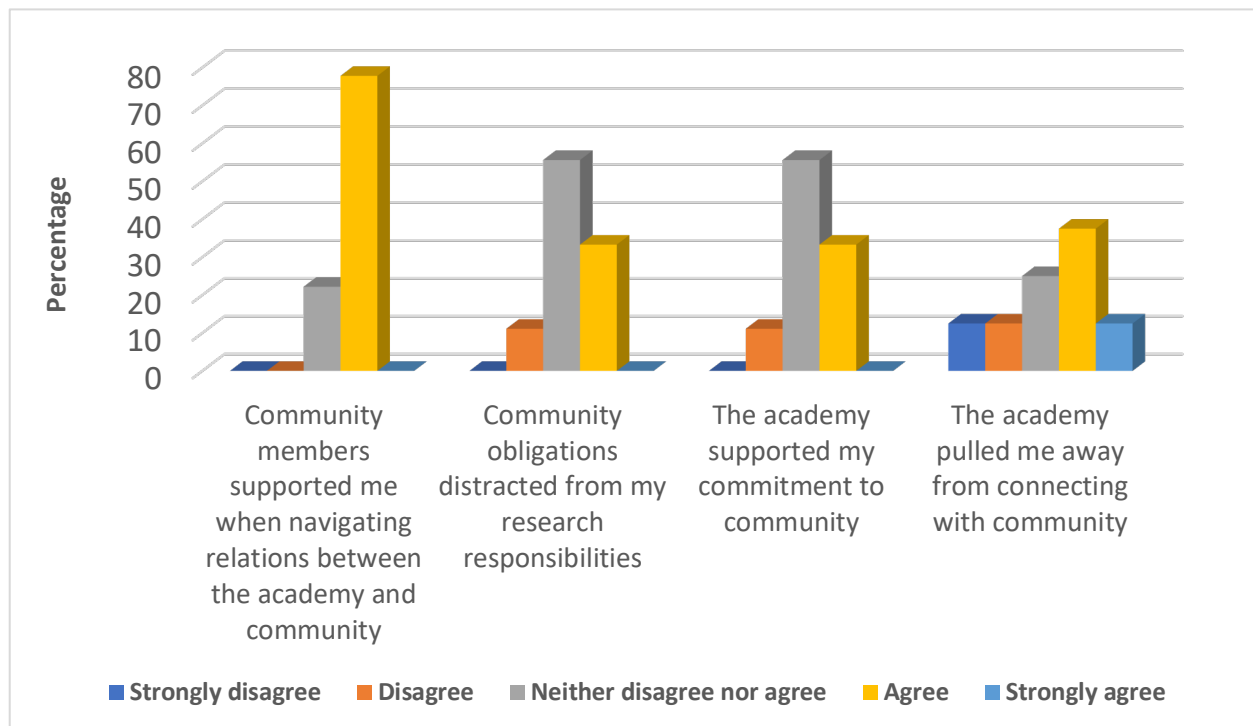
\*8 PhDs and 1 Masters by Research.

## Item 7: Survey responses – Peer functions, n=34

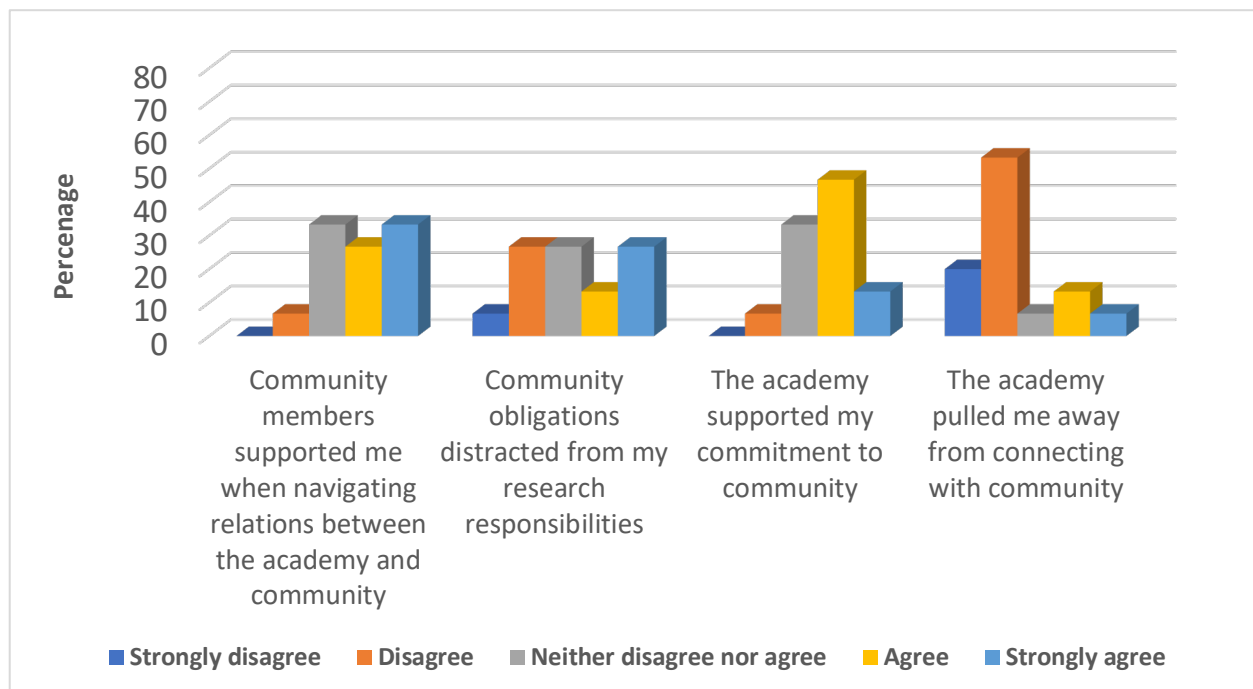
Type of peer function:	Undermining/ Counterproductive	Not important	A little important	Somewhat important	Very important
Enjoyment of being with mob	5.9	2.9	0.0	26.5	62.7
As role models	2.9	2.9	5.9	8.8	79.4
Sharing and working through experiences of hostility, prejudice, discrimination	2.9	5.9	2.9	26.5	61.8
Further understanding of the requirements and processes of higher education degrees	2.9	8.8	17.6	32.4	38.2
New opportunities with other researchers, research environments	3.0	9.1	18.2	27.3	42.4
Confiding with and advice from someone who really understands what I am working through	5.9	14.7	2.9	8.8	67.6
Being informed about opportunities, e.g. conferences, job vacancies	0.0	11.8	8.8	47.1	32.4
Reduced sense of isolation	5.9	0.0	8.8	29.4	55.9

## Item 8: Survey responses – Academy and community

### *'Push and pull' between community and academy in reflecting on HDR experiences*



### *'Push and pull' between community and academy in reflecting on current health research employment experiences*





## Item 9: Survey responses – Interest in further research training

Open survey comments indicated other subjects of interest in research training:

- ‘Students ask me clearly for info about methods, methodologies, and data analysis software use and training... regular training including online.’
- ‘How to approach and navigate the field of philanthropic donors.’
- ‘Negotiating publishing processes. Qualitative methods appropriate to Indigenous people and acceptable to an international journal.’
- ‘Transitioning from mid-career to the next stage. There are a lot of programs for early career researchers but very little for us that did our PhDs some time ago. It’s assumed we’ve got it all.’
- ‘I personally haven't pursued higher degree research because I don't know how it aligns with my interests and what will make the most impact... I would love to learn more about what other pathways there are that would allow me to pursue research in some way but not be my sole focus.’

## Item 10: Survey responses – Prioritising national-level RCS strategies, ordered by percentage for ‘should be a priority’, n=32

	Should be a priority	Important, though not a priority	Not needed	Already achieved	Counter-productive	Not sure	Ordering of strategy on survey page
Career progression support programs for early and mid-career indigenous health researchers	81.3	15.6	0.0	3.1	0.0	0.0	8 <sup>th</sup>
Anti-racism programs implemented at health research organisations	78.1	21.9	0.0	0.0	0.0	0.0	12 <sup>th</sup>
Indigenous-led development of a national plan for expanding the Indigenous health researcher workforce	78.1	21.9	0.0	0.0	0.0	0.0	13 <sup>th</sup>
Stronger connecting of generations of Indigenous health researchers	75.0	18.8	0.0	6.3	0.0	0.0	7 <sup>th</sup>
National-level network by and for Indigenous health researchers	71.9	21.9	0.0	6.3	0.0	0.0	4 <sup>th</sup>
Expand research training experiences in undergraduate degrees (e.g. internships, curricular, research-based assignments)	59.4	34.4	3.1	3.1	0.0	0.0	1 <sup>st</sup>
Research training of health research students at/within communities	59.4	37.5	0.0	0.0	2.9	0.0	2 <sup>nd</sup>
Elders in decision-making positions at universities/health research centres	59.4	25.0	6.3	6.3	3.1	6.3	3 <sup>rd</sup>
Expanded and renewed strategic health research alliances with other Indigenous or First Nations peoples	59.4	34.4	3.1	0.0	3.1	0.0	10 <sup>th</sup>
Training of non-indigenous health researchers in supervising Aboriginal and/or Torres Strait Islander students	59.4	25.0	6.3	3.1	3.1	3.1	6 <sup>th</sup>
Strengthening governance & protocols regarding relationships between Indigenous knowledges and (Western) health research	56.3	34.4	3.1	0.0	0.0	6.3	11 <sup>th</sup>
Training of non-indigenous health researchers in cultural competency and indigenist research methodologies	53.1	40.6	3.1	0.0	0.0	3.1	5 <sup>th</sup>
Development of more health research groups and programs that are exclusively Indigenous	46.9	40.6	0.0	3.1	0.0	9.4	9 <sup>th</sup>

**Item 11: Survey responses of HDR participant sub-group (current, graduated) – Prioritising national-level RCS strategies, ordered by percentage for ‘should be a priority’, n=21**

Strategy	Should be a priority	Important but not a priority	Not needed	Already achieved	Counter-productive	Not sure
Anti-racism programs implemented at health research organisations*	86	14	0	0	0	0
Indigenous-led development of a national plan for expanding the Indigenous health researcher workforce	76	24	0	0	0	0
National-level network by and for Indigenous health researchers	71	19	0	10	0	0
Career progression support programs for early and mid-career Indigenous health researchers	63	11	0	4	0	0
Expanded & renewed strategic health research alliances with other Indigenous or First Nations peoples	62	33	0	0	5	0
Strengthened governance and protocols regarding relationships between Indigenous knowledges and (Western) health research	62	33	5	0	0	0
Stronger connecting of generations of Indigenous health researchers	62	29	0	10	0	0
Expand research training experiences in undergraduate degrees (e.g. internships, curricular, research-based assignments)	57	38	5	0	0	0
Elders in decision-making positions at universities/health research centres	52	33	0	10	0	4
Training of non-indigenous health researchers in cultural competency and Indigenist research methodologies	52	38	5	0	0	5
Development of more health research groups and programs that are exclusively Indigenous	52	33	0	5	0	10
Research training of health research students at/within local communities	48	48	5	0	5	0
Training of non-indigenous health researchers in supervising Aboriginal and/or Torres Strait Islander students	44	26	0	4	0	4

\*In the survey itself, anti-racism programs were listed as the 12<sup>th</sup> strategy in the list.

## Item 12: Survey responses – Level of need for national network

	<b>Not needed</b>	<b>Little need</b>	<b>Moderate need</b>	<b>Great need</b>	<b>Not sure</b>
Current research students (i.e. emerging health researchers)	0.0	5.7	28.6	57.1	0.0
Early-career researchers	2.9	2.9	20.0	62.9	0.0
Mid-career researchers	6.5	0.0	29.0	51.4	5.7
Later-career researchers	3.3	23.3	26.7	43.3	3.3
Connecting these different 'groups' of researchers	0.0	9.7	16.12.9	71.0	2.9

*Note: These are percentages for the sub-group rather than the overall survey study.*

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