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Review of the Aboriginal and Torres Strait Islander Quality Appraisal Tool in Indigenous settings outside of Australia

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The Aboriginal and Torres Strait Islander Quality Appraisal Tool (Aboriginal and Torres Strait Islander QAT) was developed to assess the quality of research from an Indigenous perspective [1], specifically, health research involving Aboriginal and Torres Strait Islander peoples in the Australian setting. Since it was published in this journal in April 2020, the Aboriginal and Torres Strait Islander QAT has been widely used and applied across various topics and research settings, including those outside Australia, demonstrated by 199 citations.

In most cases, the Aboriginal and Torres Strait Islander QAT has been used to assess research quality in systematic reviews involving Aboriginal and Torres Strait

Islander peoples [2, 3]. Several reviews have used the tool to assess research with Indigenous populations of countries besides Australia, such as Canada, Aotearoa/New Zealand, and the United States of America [4–6]. While others have solely focused on research with Indigenous peoples in Canada [7, 8]. Increasingly, it is being used to assess research quality in scoping reviews [7–9], which traditionally do not appraise research quality [10, 11]. However, Brodie and colleagues' enhanced scoping review method suggests that quality appraisal could be undertaken using a culturally appropriate tool such as the Aboriginal and Torres Strait Islander QAT 'to ensure culturally relevant understandings specifically for Aboriginal and Torres Strait Islander populations' [12 p. 5]. They also suggest using it during the study selection and charting of data (data extraction) phases 'to enhance cultural meaning and understandings relevant to the population of interest' [12, p. 5]. Additionally, the Aboriginal and Torres Strait Islander QAT has been used to inform research practices and processes [13–15].

Wessel and colleagues [16] are the first to provide insights on using the Aboriginal and Torres Strait Islander QAT, specifically, their experience of using it to assess the rigour of culturally and community-relevant perspectives in two systematic and two scoping reviews on Indigenous health research in Canada. Their reflections on the use of the Aboriginal and Torres Strait Islander QAT are summarised under two themes, Insights gained

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with the QAT, and Recommendations for QAT users. As authors of the Aboriginal and Torres Strait Islander QAT, we'd like to reflect on Wessel and colleagues' insights on its use. Firstly, we commend Wessel and colleagues on using the Aboriginal and Torres Strait Islander QAT in the Canadian setting. We welcome this and welcome others in settings outside of Australia to apply it in their research. As stated earlier, the Aboriginal and Torres Strait Islander QAT was explicitly designed for research involving Aboriginal and Torres Strait Islander peoples in the Australian context; the 14 criteria reflect this, as does the companion document which we developed to support the interpretation of criteria and application of the Aboriginal and Torres Strait Islander QAT [17].

As noted by Wessel and colleagues, the application of the Aboriginal and Torres Strait Islander QAT and criteria to assess research requires a nuanced approach in its application, such as review teams defining the parameters of each criterion based on local community protocols, ethical guidelines and research standards; this is also relevant to research in Aboriginal and Torres Strait Islander research in Australia due to the diversity of communities. During the development of the Aboriginal and Torres Strait Islander QAT, we documented that applying particular criteria may be more challenging to assess, particularly for those unfamiliar with appropriate Indigenous research practices and processes or due to the lack of research papers reporting essential information to assess criteria. The passive or deliberate exclusion of information, mainly information that contextualises or reflects the values, priorities and perspectives of Indigenous peoples and their communities, does not align with Indigenous epistemologies or Indigenous reporting guidelines [1]. Indigenous-specific tools such as the CONSOLIDated critERia for strengthening the reporting of health research involving Indigenous Peoples (CONSIDER) statement [18], will improve reporting and therefore, application of the Aboriginal and Torres Strait Islander QAT; however, for increased uptake and use of such tools, journals will need to require authors to use such tools and checklists.

As Wessel and colleagues highlighted, the Aboriginal and Torres Strait Islander QAT lacks criteria on positionality, relationality, and reciprocity. When it was developed, less emphasis was placed on these concepts, and at the time, positionality and relationality were more commonly used and reported in social science research. However, the changing landscape of Indigenous health research, led by an increasing number of Indigenous health scholars, is driving the inclusion of these concepts in Indigenous health research to privilege and prioritise Indigenous peoples and their knowledges. Furthermore, we agree with Wessel and colleagues that there is a need for ongoing dialogue and refinement of not only the

Aboriginal and Torres Strait Islander QAT but of Indigenous health research practices, to advance Indigenous knowledges and the discourse of Indigenous epistemologies. Finally, we support Wessel and colleagues' recommendations for the Aboriginal and Torres Strait Islander QAT, particularly any enhancements that improve its quality, usability, acceptability for use in research with Indigenous populations, and effectiveness to improve research practices and processes.

In developing the Aboriginal and Torres Strait Islander QAT, we recognised the need for it to be revised and have since welcomed informal feedback from users on the application of the Aboriginal and Torres Strait Islander QAT. In all the feedback received, the response has been overwhelmingly positive, however, we recognise the Aboriginal and Torres Strait Islander QAT has limitations and can be improved to better meet its purpose. We are in the very early stages of planning to review the Aboriginal and Torres Strait Islander QAT and companion document. As such, we invite Indigenous peoples internationally who wish to collaborate on refining our Aboriginal and Torres Strait Islander QAT for Indigenous peoples globally to reach out. We look forward to this collective scholarship.

Abbreviations

CONSIDER	CONSOLIDated critERia for strengthening the reporting of health research involving Indigenous Peoples (CONSIDER) statement
QAT	Quality Appraisal Tool

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