

# Aboriginal community researchers: A short report on the research training program and research experience with the Virtual Rural Generalist Service evaluation



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## Highlights

- Involving Aboriginal community researchers in health research within their own communities supports sovereignty, research experience and builds capacity to design and conduct research that strengthens the local health research agenda, decision-making and long-term impact.
- Experiential and targeted research training programs build research capacity with practical participation while recognising and building upon the existing skills of Aboriginal community researchers, such as storytelling and cultural knowledge.
- The opportunity for Aboriginal community researchers to share their experience of participating in research as an Aboriginal community researcher with colleagues and community is important and valuable.

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## Background

The Virtual Rural Generalist Service (VRGS) provides 24/7 medical support to facilities where local doctors need additional support or where there is no local doctor available (Nott et al. 2024). An evaluation was funded by the New South Wales (NSW) Health Office of Health and Medical Research to investigate the impact and influence of the VRGS on healthcare and workforce for rural communities, particularly in the context of COVID-19 and in addressing the challenges of the rural and remote health workforce (NSW Health 2024). The Aboriginal Community Experiences component of the VRGS evaluation employed a mixed methods approach and drew upon the experiences of VRGS patients and carers, along with analysis of linked administrative and quality of care data. This part of the project was strongly supported by the Western NSW Local Health District (WNSWLHD) Directorate of Aboriginal Health and Wellbeing.

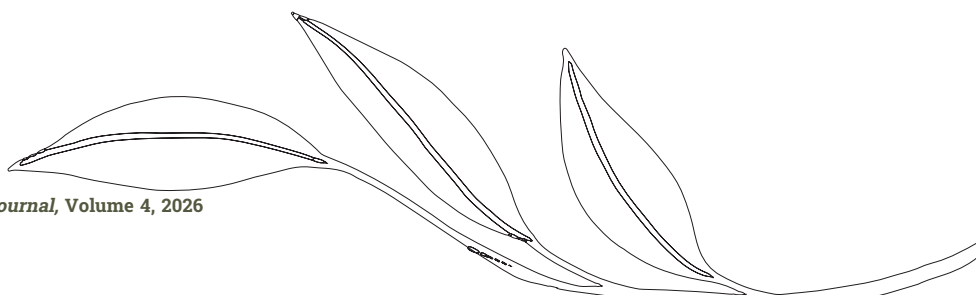
The Aboriginal Community Experiences component of the VRGS evaluation aimed to build research capacity in the local Aboriginal health workforce by inviting WNSWLHD and local Aboriginal community-controlled health organisation Aboriginal health workers to join the project team as Aboriginal community researchers (ACRs) and lead the qualitative part of the Aboriginal Community Experiences project. While some Indigenous research capacity building programs exist, opportunity may not always be timely or practical (Stacey et al., 2022; Australian Health Research Alliance 2025; South Australian Health and Medical Research Institute (SAHMRI) 2025). A unique experiential research training program was developed to support the ACRs who joined the VRGS evaluation team for the Aboriginal Community Experiences project. This short report is a reflection that describes the unique

research training program and shares the ACRs' experiences of conducting research. All quotations in this short report were spontaneously shared by the ACRs and collected throughout the evaluation activity; their anonymous inclusion was agreed by the ACRs during the writing process.

## Aboriginal Community Researcher Training Program

Nine Aboriginal health workers from five of the 31 sites in the Western NSW Local Health District serviced by VRGS accepted the invitation to join the evaluation team as Aboriginal community researchers (ACRs, including authors AC, DK, EK-W and S-AM; Figure). Three of the five communities are classified as remote (MMM6), the other two are small rural towns (MMM5) according to the Modified Monash Model (MMM), which measures remoteness and population size on a scale from major city (MMM1) to very remote (MMM7) (Australian Government 2025; NSW Health 2025). The ACRs were uniquely placed as members of the local communities who have local cultural and community knowledge, and as local Aboriginal health workers with professional skills and knowledge. As trusted members of the community, ACRs are the right people with the right skills to lead authentic, culturally safe and meaningful research while working in partnership with the VRGS evaluation team (Abbott et al. 2015; Australian Institute of Health and Welfare, 2023).

The ACRs participated in a research training program of five workshops (Table). The workshops were designed and delivered by three of the VRGS evaluation team members from the University of Sydney School of Rural Health (authors AT, GL and ES, who have been involved in research relating to Indigenous health for many years) in conjunction with three members from the Djurali Centre for Aboriginal





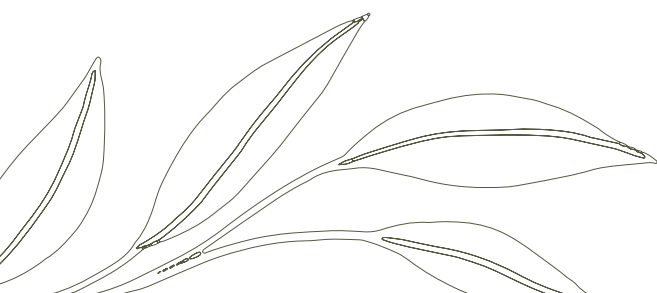
**Figure:** Map of the Western New South Wales (NSW) Local Health District, geographically located for reference, within NSW. Communities with health service facilities are identified. Map sourced from NSW Health (NSW Health, 2025).

and Torres Strait Islander Health Research and Education (authors JS, CP and CC) (Heart Research Institute, 2024). The training program embedded Indigenous evaluation skills and techniques within the culturally grounded context of the Aboriginal Community Experiences component of the VRGS evaluation. The workshops were staged to progress

learning through the practical activity of the evaluation. They were founded on understanding ethics and evaluation principles such as respect for culture and knowledge, reciprocity and capacity building, community control, transparency, and mutual benefit, and applying Indigenous methods for gathering data with yarns, analysing and interpreting

	Topics	Length – hours	Mode
<b>Workshop 1</b>	<b>Introduction to research</b> - What is research? - Indigenous research methods - Indigenous researchers share their research journey - Introduction to the project (VRGS evaluation)	5.5	In-person
<b>Workshop 2</b>	<b>Yarning</b> - Yarning as research methodology - VRGS yarning procedure	3.5	Online
<b>Workshop 3</b>	<b>Listening to stories</b> - Reflection on yarning - Analysing qualitative data - Identifying threads from yarns	2	Online
<b>Workshop 4</b>	<b>Making sense of stories</b> - What are the stories saying? - Themes - Sharing findings – what, with whom, how?	4.5	Hybrid (In-person in local groups, linked online)
<b>Workshop 5</b>	<b>Sharing the stories</b> - Reviewing/revising drafts for publication - Synthesising the findings - Dissemination	3	Hybrid (In-person in local groups, linked online)

**Table:** Research training workshops designed and delivered for Aboriginal community researchers in Western New South Wales





data, and sharing the findings ([National Health and Medical Research Council, 2018](#); [National Health and Medical Research Council, 2005](#); [Australian Institute of Aboriginal and Torres Strait Islander Studies, 2020](#); [Parter et al. 2025](#)). The first two workshops of the training program (Introduction to research and yarning) were delivered by experienced Aboriginal researchers from Djurali (CP and CC) with support from JS and the VRGS evaluation team members (AT, GL and ES). This delivery was an integral aspect of the training program, privileging Aboriginal knowledge and methods ([National Centre of Indigenous Excellence, Blak Impact 2020](#); [Kennedy et al. 2022](#)). The other workshops were delivered by the VRGS evaluation team members (AT, GL and ES).

The Aboriginal community researchers also had access to a self-paced online training course through the Lowitja Institute: 'Introduction to Aboriginal and Torres Strait Islander Research' (approximately five hours in duration) ([Stacey et al., 2022](#)). All course fees were paid by project funds. Those who completed the Lowitja Institute's online training reported that this added to their learning about research and preparation for yarning in this project. Members of the VRGS evaluation team (AT, GL and ES) were available for weekly, optional, online drop-in sessions and to support the broader evaluation activity and processes throughout the duration of the Aboriginal Community Experiences project. ACRs were also invited to join the local Aboriginal Research Interest Group, a multi-agency, online interest group for those involved in Aboriginal research in Western NSW to support their ongoing involvement in research; this group was established by the Sydney School of Rural Health more than five years ago. Opportunities for broader engagement with the research and evaluation community were meaningful extensions of the

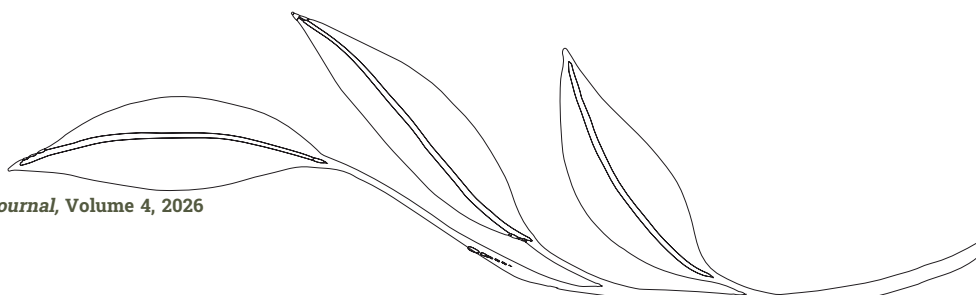
training program. Certificates and recognition for each training activity were provided.

## **Aboriginal Community Researcher Experience**

The ACRs led the qualitative part of the Aboriginal Community Experiences project, including conducting all yarns, participating in the sense-making workshops, contributing to solutions for continuing provision of care from VRGS, and the dissemination of findings. Having the initial training session face-to-face, with time for yarning around a firepit, was appreciated and established connections within the Aboriginal Community Experiences team. ACRs felt supported by the VRGS evaluation team members and prepared for their role in the Aboriginal Community Experiences project.

The ACRs found a natural alignment between yarning as a research method and their cultural experience as storytellers. Being an ACR offered an enjoyable difference from the usual work role as Aboriginal health workers: 'Often we're telling people what to do [educating about health issues] but we were stopping and listening to what they have to say' (ACR).

The ACRs' connection to community facilitated recruitment; everyone who was invited participated: 'There were no no-shows, everyone turned up' (ACR). This connection to community also allowed for unique understanding of local issues, identifying implications and interpreting the impact of VRGS from a community-informed perspective. ACRs found that participants were very willing to share their experience and yarn with them: 'It was positive to [community participants] that their voice was being heard' (ACR). The ACRs who facilitated the yarning circles saw value and richness in the group dynamic, hearing different experiences and prompting further comment while





acknowledging that ‘we’re all storytellers’ (ACR). It was equally important to them to note that some of the community members who participated in the Aboriginal Community Experiences project preferred individual yarns; this tended to include people who came from somewhere else and did not feel strongly connected to the local Aboriginal community.

The ACRs were struck by how much people valued being listened to and how this was an unusual experience for participants, especially when it came to their healthcare. Being an ACR also supported the ongoing development of a rich relationship and trust within the community and with those involved in the Aboriginal Community Experiences project. Since the project was conducted, ACRs have found that participants want to share more of their healthcare experiences because they appreciated being heard during the research yarning: ‘[The participants] were proud to give advice’ (ACR). There was a demonstrable value in local people listening to local people and there was a wish that more communities had taken part.

There was limited exploration and prompting of participants’ responses in the yarning process. This was partly intentional, allowing participants to direct the yarning, consistent with culturally appropriate research methods. It may also have been partly due to limited applied research experience of the ACRs or opportunity for additional training and support ([National Centre of Indigenous Excellence, Blak Impact 2020](#); [Bessarab and Ng’andu 2010](#)). Whilst this could be perceived as a limitation, the opportunity and reality of learning while ‘on the job’ through the yarning and workshoping was considered important and valuable. The sense-making workshops supported exploration of the data and creating useful meaning together, as well as determining what

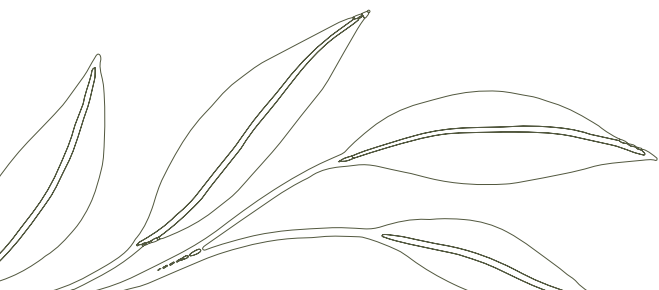
needed to be shared, with whom, and how to share that information to improve the experiences of virtual care for Aboriginal patients and communities. The VRGS team members (AT, GL and ES) were allocated responsibility for the formal drafting of the project outputs and dissemination. Four of the nine ACRs decided to participate as coauthors of this and the other manuscript from this project ([Thompson et al. n.d. submitted for publication](#)). There have also been opportunities for the ACRs to present the findings of the Aboriginal Community Experiences project at national, state and local forums, both with and independent of the VRGS evaluation team.

Everyone enjoyed learning about and participating in research, which was a new experience for most: ‘Very different to what I’ve been involved with in the past’ (ACR). Everyone sees, as important and valuable, the opportunity to share their experience of participating in research as an ACR with colleagues and others in community who may want to perform research and learn from each other. Overall, this was a positive experience for ACRs: ‘I really enjoyed the experience. I want to do another one’ (ACR).

## Conclusion

Involving ACRs in health research within their own communities supports sovereignty, experience, and builds capacity to design and conduct research that can shape the local health research agenda and priorities going forward. This training program provided a positive research experience and built research capacity for nine Aboriginal health workers.

Experiential and targeted research training programs that acknowledge and incorporate Indigenous methods have the potential to continue building research capacity with practical participation while recognising and developing the existing skills of the





Aboriginal health workers in Western NSW and elsewhere. To build on this success, it is recommended that future health service evaluations – particularly those impacting Aboriginal communities – should embed ACRs from the outset to ensure culturally safe, community-informed approaches. Additionally, health services and research institutions should invest in ongoing, locally embedded training programs that privilege Indigenous methodologies and leadership, ensuring capacity and sustainability beyond individual projects.

## Author contributions

A. Thompson: methodology, formal analysis, writing – review and editing, visualisation, supervision, project administration; A. Carroll (Gamilaraay): formal analysis, investigation, writing – review and editing; D. Kenna OAM (Gamilaraay): formal analysis, investigation, writing – review and editing; E. Kennedy-Williams (Gamilaroi): formal analysis, investigation, writing – review and editing; S.-A. Merritt (Wiradjuri): formal analysis, investigation, writing – review and editing; J. Skinner: conceptualisation, methodology, writing – review and editing; C. Parter (Murri): methodology, writing – review and editing; C. Cross (Worimi and Biripai): methodology, writing – review and editing; G. M. Luscombe: conceptualisation, methodology, formal analysis, writing – review and editing, supervision, funding acquisition; E. Saurman: conceptualisation, methodology, formal analysis, writing – original draft, writing – review and editing, visualisation, supervision.

## Declaration of interest

Georgina Luscombe reports financial support was provided by NSW Health Office for Health and Medical Research (Covid-19 Grant). If there are other authors, they declare that they have no known competing financial interests or personal relationships that could

have appeared to influence the work reported in this paper.

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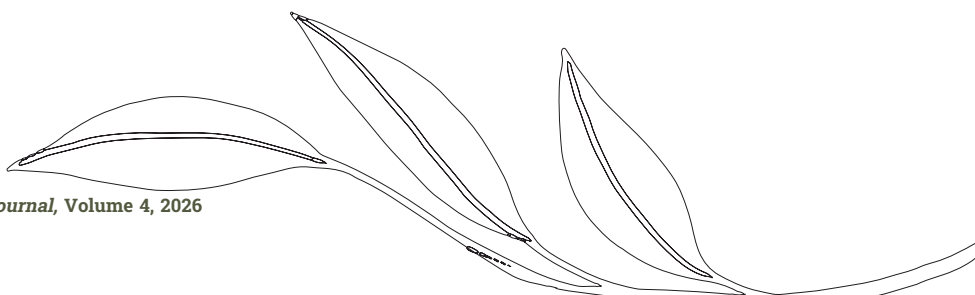
The project was supported by the Western NSW Local Health District (WNSWLHD) Directorate of Aboriginal Health and Wellbeing, and by the Coonamble Aboriginal Health Service.

There were informal agreements between the partners involved, the research institutions and Indigenous governing organisation.

The VRGS evaluation protocol was approved by the Aboriginal Health and Medical Research Council (AH&MRC) Human Research Ethics Committee (HREC) on 8 February 2023 (#2010/22), in addition to the Greater Western Human Research Ethics Committee (GWHREC) (Project No.: 2021/ETH01379 and 2021/ETH01355).

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