

# FATES Project Evaluation Report

## Culturally Safe Supervision Resources The Royal Australasian College of Physicians

January 2023 – 31 May 2025



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# INTRODUCTION

RACP recognises that high quality supervision translates into excellent patient care and that with that in mind, educational leaders and supervisors are the single most valuable resource in training the next generation of medical specialists and fostering safe spaces where all trainees can thrive in training.

RACP applied for funding via the Flexible Approach to Training in Expanded Settings (FATES) grant to develop a comprehensive suite of educational resources to upskill specialist medical colleges' supervisors to support the provision of culturally safe supervision. This project aligns with the strategic priorities in the RACP's Indigenous Strategic Framework on supporting the growth of the Indigenous physician workforce and fostering a culturally safe college, and the FATES priority area *Supporting the growth of Aboriginal and Torres Strait Islander specialist medical trainees, supervisors, and service delivery* and objectives to:

- Attract, increase training opportunities and support retention of Aboriginal and Torres Strait Islander trainees to grow the Aboriginal and Torres Strait Islander workforce towards population parity.
- Support medical specialty colleges to address priorities and actions identified in the National Medical Workforce Strategy.

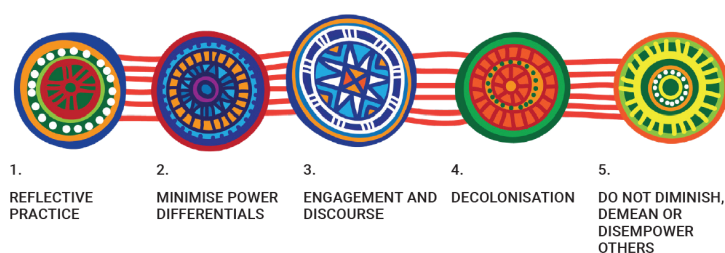
Indigenous leadership was prioritised throughout the project through:

- The establishment of the Indigenous led Culturally Safe Supervision Working Group which included doctors and subject matter experts from across the RACP, other medical specialist colleges and the Australian Indigenous Doctors' Association (AIDA), providing strategic oversight and expert guidance; and
- Privileging the voices of trainees, Fellows and other participating Aboriginal and / or Torres Strait Islander peoples who contributed their own positive and negative experiences to the development of the resources.

In recognition of the critical importance of culturally safe supervision for Aboriginal and Torres Strait Islander trainees, the RACP has developed a comprehensive suite of educational resources under the leadership of the Culturally Safe Supervision Working Group. Resources include webinars including presentations, panel decisions and Q&A with trainees, case - based video scenarios, subject matter experts and supervisors focusing on key aspects of cultural safety in supervision. All resources are accompanied by a library of supplementary readings, tools and frameworks to support ongoing learning.

The resources support supervisors to understand the five principles of cultural safety, and to engage in a process of transformative learning about their supervisory practice to facilitate inclusive, supportive and effective learning environments where all trainees can thrive in training.

## FIVE CULTURAL SAFETY PRINCIPLES



Source: Ramsden (2002)

**Figure 1: Cultural safety principles**

The resources are accessible through a dedicated [Culturally Safe Supervision](#) online course on [RACP Online Learning](#), a dynamic online learning platform delivering flexible, adaptable and social online learning resources designed for professional development and lifelong learning needs. They are freely available to members of all specialist medical colleges in recognition of the need to elevate culturally safe supervision across the health sector, and each include a feedback survey to support their ongoing review and improvement. To date, the uptake of the resources has been positive with engagement growing over the project period.

Fellows at the RACP and other colleges are granted CPD points for Category 1: Educational Activities, for engaging with the resources to contribute to their meeting of CPD program requirements in cultural safety and addressing health inequities.

The College was invited to present on the project at the Australian Medical Council's Supervision Forum on 29 April 2025 in Sydney. This was a good opportunity to promote the initiative across the medical education sector and health jurisdictions, further broadening the reach and impact of the this culturally safe supervision initiative.

## BACKGROUND

The RACP is committed to supporting the growth of the Indigenous physician workforce and fostering a culturally safe College. These are strategic priorities under the College's Indigenous Strategic Framework (ISF) which aim to improve health outcomes for Aboriginal and Torres Strait Islander peoples, Māori and Pacific peoples.

The Medical Training Survey is an annual national profession-wide survey of medical training, funded by the Medical Board of Australia. The 2023 survey showed an unacceptable level (54%) of Aboriginal and Torres Strait Islander trainees feeling unsafe in the workplace from having experienced or witnessed bullying, racism, discrimination and harassment in the workplace. Of those who experienced or witnessed these behaviours, the most common source is from senior medical staff such as consultants and specialists.

These statistics show an urgent need for action in health care settings to support Aboriginal and / or Torres Strait Islander trainees to feel safe, thrive during training and progress to fellowship to facilitate the growth of the Aboriginal and / or Torres Strait Islander physician workforce.

*"It's important that supervisors are not only aware of the history of colonisation in Australia, the ongoing colonialism that exists, but also their own power and privilege in healthcare settings and how this might have an impact, both positive and negative on the Aboriginal trainees that they are supervising."*

*It's incumbent on the supervisors to model culturally safe behaviour and this means respectful interactions with all patients, particularly Aboriginal patients, not making assumptions, not imposing that bias that may exist, and being open to listening and learning about Aboriginal culture and Aboriginal perspectives on health and illness". Source: Culturally Safe Supervision Project. Expert Interview, 'What is Culturally Safe Supervision. Wendy Edmondson.*

In recognition of the critical importance of culturally safe supervision for Aboriginal and Torres Strait Islander trainees, the RACP has developed a comprehensive suite of educational resources under the leadership of the Indigenous led Culturally Safe Supervision Working Group. The resources support supervisors to understand the five principles of cultural safety, and to engage in a process of transformative learning about their supervisory practice to facilitate inclusive, supportive and effective learning environments where all trainees can thrive in training.



Cultural safety is a transformative learning framework for non-Indigenous health professionals. When engaged and enacted effectively, it allows a health professional's social responsibility and ethical accountability to be challenged.

This creates a shift in their future practice with Indigenous patients, where reflective and decolonised practice prevents inadvertently resurfacing past experienced trauma, providing the opportunity to focus on patient-centered care.

Figure 2: Cultural safety's transformative framework. Source: Gerlach (2012), Edmondson & Ryder (2014)

## RESOURCE DEVELOPMENT & DELIVERY

### **Establishment of the Indigenous led Culturally Safe Supervision Working Group**

The project and development of resources was guided by an Indigenous Working Group in collaboration with the RACP's Aboriginal and Torres Strait Islander Health Committee.

The Working Group included doctors and subject matter experts from across the RACP, Royal Australasian College of Medical Administrators (RACMA), the Australian College of Rural and Remote Medicine (ACCRM), and the Australian Indigenous Doctors' Association (AIDA).

**Cultural Safety Working Group members:**

**Dr Kimberley Male**, Paediatric Trainee (Working Group Chair)

**Nadene Edmonds**, First Nations Advisor, Royal Australasian College of Medical Administrators (RACMA)

**Associate Professor Emerita and Gami Wendy Edmondson**, RACP Marnu Wiru

**Dr Gavin Cleland**, Medical Director, Queensland Paediatric Training Network

**Dr Loyola Wills** Trainee, Australian College of Rural and Remote Medicine ((ACCRM)

**Stephanie May**, Director of Programs and Outcomes, Australian Indigenous Doctors' Association (AIDA)

The Working Group met online and face-to-face to oversee, guide, review and contribute to the development and delivery of the resource suite.

**Stakeholder input**

Throughout the project, Aboriginal and Torres Strait Islander doctors were invited to participate in the resource development through the sharing of their own positive and/or negative experiences of supervision.

Interviews and feedback from trainees, Fellows and supervisors helped to inform the outputs of the project and ensure that multiple perspectives and experiences were captured and reflected. This provided an opportunity to better tailor resources according to the insights and experiences of trainee/Fellows and deliver a suite of practical and comprehensive resources to supervisors.

The Indigenous led nature of the project facilitated a larger network of Aboriginal and / or Torres Strait stakeholders to draw on for collaboration on resource development.

**Development of the culturally safe supervision resources**

Significant research and planning went into the first stage of the project to identify the learning areas and delivery methods that would maximise value and impact for supervisors. This is documented in the Program Logic (Tab A) which provides an overview of the project including inputs, outputs (the resources) and then the short / intermediate and long-term intended outcomes of the project. It is clear from this program logic that the project has so far met the short-term project outcomes which focus on access to the new resources and increasing supervisor knowledge about the importance of cultural safety in supervision.

The development of content for resources was undertaken in consultation with both the Working Group and other trainees/ Fellows, supervisors and commissioned experts who were available to be involved in the project.

Resources delivered and available on the [RACP Online Learning](#) platform currently are:

- Three webinars focusing on key aspects of cultural safety in supervision: 1. *Culturally Safe Supervision and the Referendum* 2. *Introduction to Culturally Safe Supervision*, and 3. *Cultural Safety and Tackling Racism in Health Institutions*
- An in-depth expert interview explaining 'What is Culturally Safe Supervision?'
- Three case-based video scenarios informed by trainee experiences, with accompanying activities to facilitate critical reflection.
- Supplementary resources, including links to relevant readings, tools and frameworks
- Activities which will encourage and facilitate reviewing performance, reflection, identifying areas for improvement and application of new knowledge



Evaluation surveys are built into the resources so participants can provide feedback on every element to inform continuous improvement and ensure resources maintain relevance for Fellows, members and other health care professionals.

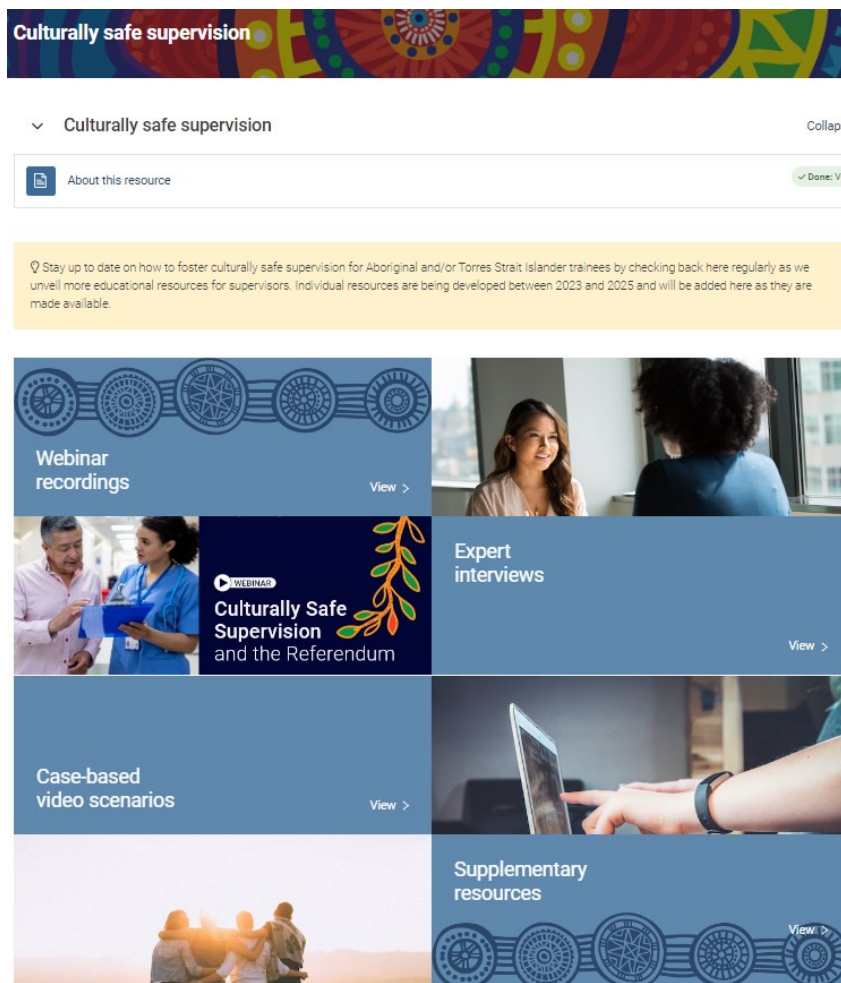
## Promotion

RACP sought engagement with all the specialist medical colleges and with health jurisdictions in the development and promotion of the resources to:

- maximise the opportunity for the resources to benefit Aboriginal and Torres Strait Islander trainees and their supervisors across the specialist medical colleges
- provide ongoing availability of relevant content to support culturally safe supervision
- facilitate scalable support through online provision of the resources

The *Culturally Safe Supervision Online Learning Portal via RACP Online (the Portal)* was developed to provide a central platform to store, manage and access the new resources. As they were finalised throughout the project's duration, the resource/s were uploaded to the Portal. From there they could be readily promoted across multiple channels via the sharing of links with the target audience. Other colleges were invited to share these continuing professional development (CPD) opportunities with their members, to build awareness of the resources and their benefits for supervisors of Aboriginal and Torres Strait Islander trainees.

All resources on the Portal include elements from the artwork called 'Healing Place' by Riki Salem, commissioned by the College. A screen shot of the Portal is included below:



**Fig 3: The Culturally Safe Supervision Online Learning Portal (via RACP Online) provides centralised access to all related resources, ensuring ease of use**

To incentivise engagement of stakeholders with the resources, the RACP and other Colleges granted CPD Category 1: Educational Activities for engaging with the resources to support Fellows to meet CPD program requirements in cultural safety and addressing health inequities.

## RESOURCE OVERVIEW

The uptake of the resources has been positive. There are currently 426 enrolled users on the Learning Portal on RACP Online.

### a. Webinars

The webinars are live events that are recorded. Each webinar ran for approximately 90 minutes and was hosted by a panel of experts with a Q&A session.

Registration and attendee numbers for each of the three webinars that were facilitated across the project are recorded in **Table 1**. Registration and attendee numbers have both grown strongly since the project commenced in 2023, which shows positive and growing engagement with the resources. For webinar 2, data revealed that 86% of attendees were current supervisors.

Webinar	Title	Date	Registration	Number of attendees	Average feedback rating (recommend to a friend)
Webinar 1	Culturally Safe Supervision and the Referendum	28 November 2023	150	67	8.5 /10
Webinar 2	Culturally safe supervision	25 June 2024	229	129	7.6/10
Webinar 3	Cultural Safety and tackling racism in health institutions	19 November 2024	546	387	7.8/10

**Table 1: Registration and attendance at webinars**

Survey feedback collected at the conclusion of each webinar provides qualitative information on each webinar. The template is attached at TAB B. Summary information on the qualitative findings are at Figure 4.

The webinars received a consistently positive response in meeting audience expectations. The average rating for whether the participant would recommend any of the webinars to a friend exceeding 75% which is testament to the quality and practicality of the webinars.

Each webinar includes an optional discussion forum and reflection activity to facilitate social learning and reflective practice amongst supervisors. Additionally, a curated list of recommended supplementary resources includes links to existing RACP resources on cultural safety, such as the [Aboriginal, Torres Strait Islander and Māori Cultural Safety Curated Collection](#) and the [Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence . and Cultural Safety](#) online course. The curated collection is a learning resource guide based on the contributions and peer review of RACP Fellows and other experts. It has been designed to support physicians to provide more impactful, meaningful, culturally safe care for Indigenous patients, their families and communities. The Collection presents a detailed library of resources that can help members and Fellows understand and implement culturally safe practices in their workplace.

There has only been limited uptake of these optional activities so far. For example, the supplementary materials have only been accessed by 48 people (11% of registered users).



Qualitative feedback collected from the webinars was reported back to the Working Group and helped to inform content and resource development priorities throughout the project. Consistent feedback from webinar attendees was the value of the real-life examples, experiences and perspectives on cultural safety that were shared and a desire for further practical strategies demonstrating cultural safety in the workplace and learning environment. This feedback gave priority to the development of the case-based video scenarios.

#### **Figure 4 Summary of qualitative information collected from webinar feedback surveys**

##### **Webinar 1: Culturally Safe Supervision and the Referendum**

The aim of the webinar was to inform supervisors about how to support Aboriginal and/or Torres Strait Islander trainees in the wake of the referendum, and to outline what culturally safe supervision is.

Audience feedback about additional resources that could be developed to support learning included:

- role playing of real-life scenarios
- face-to-face workshops
- short summary ten-minute videos summarising key issues instead of needing to review the entire webinar

Audience feedback on other topics related to culturally safe supervision that they'd like more information on:

- real examples of culturally safe and unsafe interactions
- specific examples of actions by a supervisor to help a trainee feel more culturally safe

##### **Webinar 2: Introduction to Culturally Safe Supervision**

The aim of the webinar was to provide introductory information on the five principles of cultural safety.

The most valuable topic areas identified by the audience were:

- real-life examples, experiences and perspectives shared (66.6%)
- engaging in critical reflection (63.64%)

Audience feedback on additional aspects of cultural safety they would like more education on included:

- case studies and real-world examples demonstrating cultural safety in practice (66.67%)
- accessing tools and resources for continuous learning on cultural safety (42.42%)
- more practical strategies and examples of cultural safety in the workplace and learning environment.

##### **Webinar 3: Cultural safety and tackling racism in health institutions**

The aim of the webinar was to provide information about racism and actionable strategies for tackling racism in professional settings, particularly in relation to Indigenous trainees.

Feedback from the audience on whether the webinar "helped you develop the knowledge and skills you were hoping to gain?" was positive with 57.5% responding that the webinar met expectations.

Audience feedback on additional aspects of cultural safety they would like more education on included:

- case studies and real-world examples demonstrating cultural safety in practice (54.41%)

- recognising and addressing personal biases and power imbalances, and their impact on cultural safety (45.59%)

#### **b. Video interviews:**

Feedback from RACP members indicated that they value video interviews because it allows them to hear from their peers and other experts on relevant topics and are a useful and engaging educational tool.

Two in-depth expert interviews were undertaken during the project period on:

- 'What is Culturally Safe Supervision?' and
- 'Burnout'

Unfortunately, technical delays with the interview on Burnout have delayed its upload to the Learning Portal. It will be available later in the year.

#### **c. Expert interview: 'What is culturally safe supervision'?**

This interview features Emerita Associate Professor Wendy Edmondson, a Wattandee and Badimia Elder and the RACP's Marnu Wiru (Knowledge Holder). Wendy is interviewed by Dr Gavin Cleland, a paediatrician working at Cape York, and one of the medical directors for the Queensland paediatric training networks.

Throughout the interview, Gavin and Wendy explore the critical topic of providing culturally safe supervision to Aboriginal and Torres Strait Islander trainees, exploring why cultural safety is so important for supervisors, the impact of intergenerational trauma on Indigenous trainees, specific actions supervisors can take, and the importance of critical reflection.

The expert interview was recorded and uploaded at the end of 2024. Of the 426 enrolled users on the Learning Portal so far uptake is low, with approximately 12% starting the video, and only half of those people completing the resource.

Number of people who:				Vimeo analytics	
Started the video	Watched 50%	Completed the video	Skipped to end	Avg time watched (mins)	Original video length (mins)
51	33	27	-	15	33

**Table 2: Stats on the uptake of the Expert Interview: What is culturally safe supervision'**

#### d. Case-based video scenarios

**Culturally Safe Supervision**

Case-based video scenarios / Case-based video scenarios

Done: View

Case-based video scenarios

These three video scenarios follow Annabelle, an Aboriginal Advanced Trainee in Endocrinology, as she navigates challenges related to power dynamics, cultural insensitivity, disempowering behaviour, and racism in a hospital setting.

Watch the videos and engage in the reflective questions, participate in discussion forums, and explore additional readings to deepen your understanding and facilitate meaningful change in your supervision and practice.

*The scenarios depicted in this video series are fictional, yet they are grounded in authentic experiences and insights shared by Aboriginal and Torres Strait Islander trainees, reflecting real-life challenges and perspectives.*

Disclaimer: Some of the video content may be triggering to some viewers and well-being support is available

**Video 1**  
Power Differentials  
3m54s

**Video 2**  
Demeaning and Disempowering Behaviour  
6m19s

**Video 3**  
Communication and Racism  
6m11s

< What is culturally safe supervision? (copy) (hidden)

Case-based video scenarios (copy) (hidden) >

**Fig 5: Screenshot of the case-based video scenarios**

According to RACP Fellows and members, video scenarios are an engaging way to learn from real-life experiences of RACP members, other healthcare professionals and consumers. The RACP contracted with a professional production company in the delivery of these resources.

Subject matter experts, trainees and Fellows were consulted in the development of the 3-x case-based video scenarios which follow Annabelle, an Aboriginal Advanced Trainee in Endocrinology, as she navigates challenges related to power dynamics, cultural insensitivity, disempowering behaviour, and racism in a hospital setting.

The videos are complemented by a range of reflective questions, a discussion forum and additional readings to deepen participant understanding and facilitate meaningful change in supervision and practice.

Although the case-based video scenarios are available on the Learning Portal, the resources have not yet been widely promoted. Promotion will occur in July 2025 when we expect to see an uplift in uptake.

### Project observations and lessons learnt

The detailed project planning that took place at the project's inception together with the support and guidance of the Working Group and teams across the RACP supported continuity of the project across the timeframe and the successful delivery of the agreed suite of culturally safe supervision resources

There have been a number of observations and lessons learnt from the project. These include:

- In terms of the Indigenous led governance structure, it was important to be mindful of the workload and colonial load across the project. The project contributions of Indigenous members were financially rewarded to recognise the time, knowledge and expertise provided. In the development of the case-based video scenarios for example, the Chair of the working group, a basic trainee, interviewed multiple trainees about their supervision experiences and then wrote the scripts for the scenarios in partnership with the College's Marnu Wiru.

For non-Indigenous participants, it was equally important to recognise that the supervisors contributing to the project have a heavy workload, and to accommodate their work demands around the scheduling of webinars and other resources where they were giving their time and knowledge freely.

In terms of project delivery:

- It was a strength of the project that we were able to develop and launch resources across the project's duration. The regular release of resources on the Portal, helped to maintain the project's momentum, and strengthened engagement and uptake of the resources across the health network. You can see in **Table 1** the large growth in registration numbers from the first to the last webinar.
- There are many benefits in terms of the scalability of the project. The hosting of the resources on RACP's eLearning platform provides easy access to a wide audience, including RACP members as well as members of other Colleges, allowing for efficient distribution of content, broad reach and impact, while enabling tracking of usage and engagement metrics. The Learning Portal is also designed so that new resources can be added as they are developed, allowing for easy integration of new materials and updates. The project is being further scaled up through promotion and marketing efforts which have increased the project reach.

Other project strengths include:

- The learning outcomes can be applied to other contexts, such as facilitating care for Indigenous patients, working with Indigenous colleagues and peers outside of the trainee/supervisor relationship. For example, we are currently working with the College to integrate the new suite of cultural safety resources into the RACP's Supervisor Professional Development Program (SPDP) which is a compulsory education program that all RACP supervisors must complete before they can practice as a supervisor.
- The educational resources are applicable and adaptable to supervisors in various settings (public/private/rural/remote/metro/clinical/non-clinical etc.). The principles of cultural safety can also be applied to working with colleagues, patients and trainees from all minority cultures and groups within society and has broader implications for the transfer of cultural safety principles into broader professional development.

Lessons learnt:

- The rigid timing and structure of the FATES project funding does not allow for the more organic evolution of project development from which this project would have benefited,

particularly as it was challenging to work out up-front exactly how we were going to achieve our project outcomes. In the future, it would be good to challenge the dominant project paradigm that assumes the solutions are known before the project work is undertaken. We would like to use Indigenous world view methodologies to help define the project and facilitate more organic project evolution. This could have included for example, the use of Indigenous methodologies for the resource delivery such as yarning circles with Indigenous trainees. Incorporation of Indigenous methodologies would have produced a more substantial qualitative report in terms of findings and recommendations.

## CONCLUSION

The minimum requirements outlined in the grant application have been met, marking the delivery of key project milestones. Although the project satisfies the grant requirements, the current suite of resources does not represent the full completion of a comprehensive educational resource.

The broader goals and objectives of the project were established at the project outset through the development of a detailed program logic (**Tab A**) which sets out the stages to deliver a complete educational resource. Early in the project planning, it was acknowledged that there was limited capacity to produce the full suite of mapped resources. As a result, the key project milestones & resources were identified and prioritised for completion in collaboration with the Working Group to most effectively address the FATES priority area: *Supporting the growth of Aboriginal and Torres Strait Islander specialist medical trainees, supervisors, and service delivery* which aligns with the strategic priorities in the RACP's Indigenous Strategic Framework.

Referring to the Program Logic, the project has so far delivered the short-term outcomes around *changing knowledge* which focuses on increasing supervisor knowledge about culturally safe supervision and providing access to the culturally safe suite of resources, and some of the intermediate term outcomes focused on *changing actions* such as:

- Beginning to see a change in supervisor attitudes, values and behaviours because of the cultural safety resources and
- Critical reflection of supervisory practice and privileging Aboriginal and / or Torres Strait Islander voices regarding the cultural safety of learning environments.

More time and continued efforts to develop and deliver resources to support culturally safe practice are needed to realise the project's long-term outcomes which focus on *changing the attitudes and behaviours of the workforce* and includes:

- Cultural safety becoming seamlessly embedded into supervisory practice
- Ensuring the specialist medical training is founded on cultural safety principles and practice
- Improving the provision of culturally safe training to Indigenous trainees

Evaluation measures will be implemented to allow for assessment of the project's impact and effectiveness in lifting the provision of culturally safe provision.

While there is a myriad of additional resources that could be developed to enhance the current resource suite, the intention is to pause development for now. The focus will be on promotion of the current resource suite, building engagement with supervisors and leveraging the use of existing resources to uplift the quality of culturally safe supervision skills across the health sector – which will

benefit future health service delivery and the retention of Aboriginal and / or Torres Strait Islander trainees.

The RACP understands that educational leaders and supervisors are the single most valuable resource in training the next generation of medical specialists and recognises the critical need for culturally safe supervision of Aboriginal and Torres Strait Islander trainees to:

- support trainees' health and wellbeing throughout training
- ensure positive training experience that supports retention of Aboriginal and Torres Strait Islander trainees and supports growth of the Indigenous physician workforce
- support access to high quality, effective and culturally safe health and specialist medical care for all Aboriginal and Torres Strait Islander peoples.

In the future, it is planned that, we will continue to add to the collection of culturally safe resources once we are able to review the short-term and long-term uptake of the resources to identify which themes are of most relevance to the audience.

Culturally safe learning environments, together with cultural safety training are key factors strengthening the growth of the Aboriginal and Torres Strait Islander medical specialist workforce in Australia<sup>1</sup>.

Whilst a short-term project such as this will not lead to increased attraction and retention of Aboriginal and Torres Strait trainees, it makes a significant contribution to creating a culturally safe environment in which trainees will feel safe and supported to learn and thrive.

## APPENDICES

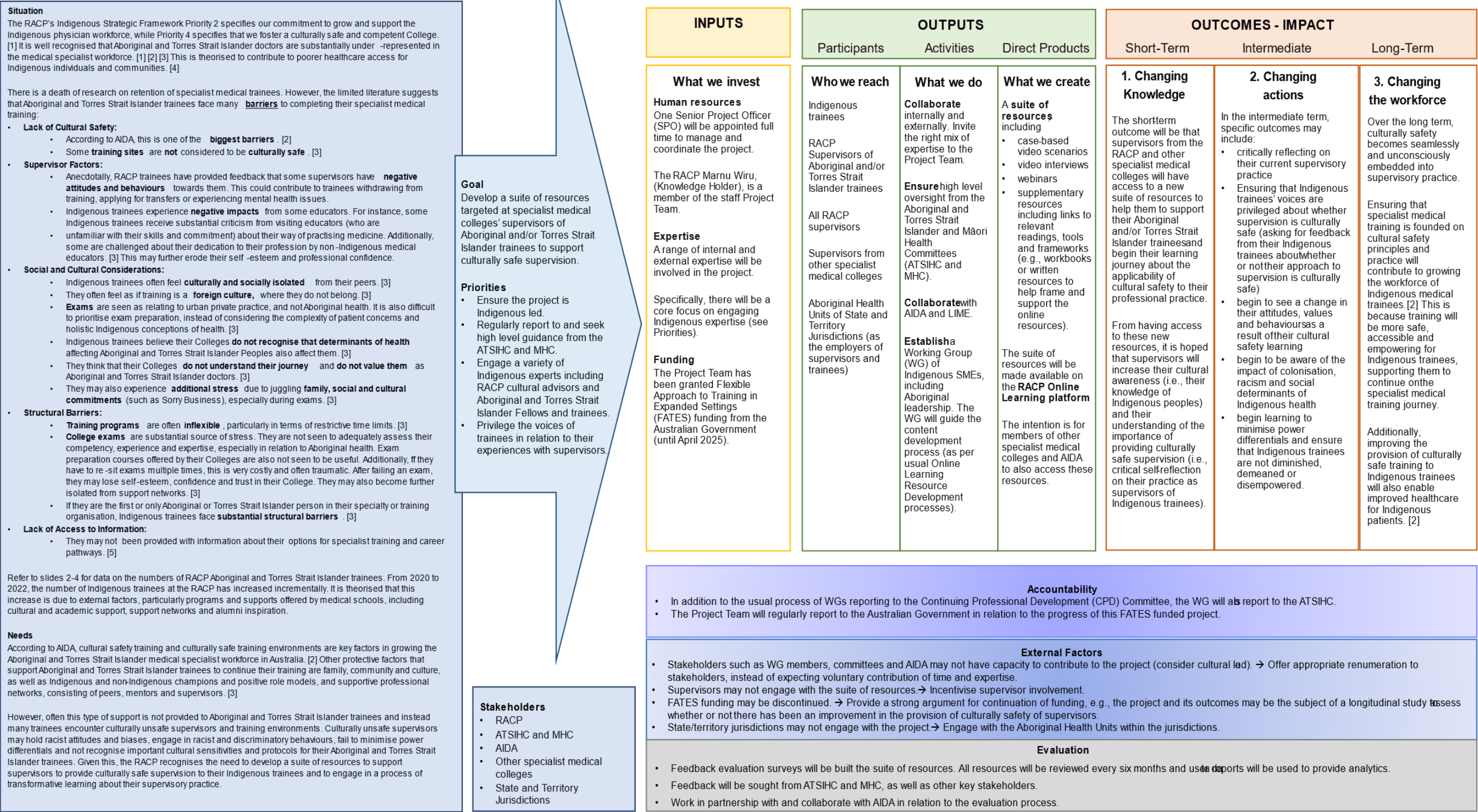
- a) Program logic, Culturally Safe Supervision Project
- b) Survey question template, webinars

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<sup>1</sup> Australian Indigenous Doctors' Association (AIDA) 'Growing the number of Aboriginal and Torres Strait Islander medical specialists' 2021: Available on the AIDA website.



# RACP Program Logic- Providing Culturally Safe Supervision



## **Appendix B**

### **Template for webinar feedback surveys**

**Here's the list of pre-approved survey questions we can send to participants after the webinar:**

General Survey Questions (used for all events):

1. On a scale of 1 (low) to 10 (high), how do you rate the event overall? Consider the overall experience, organisation and value provided.
2. On a scale of 1 (low) to 10 (high), how likely are you to recommend this event to a colleague?
3. Please share any further feedback you have so we can improve our programs and your experience in future.

Additional question for webinar or hybrid events only:

6. On a scale of 1 (low) to 10 (high), how would you rate the image and sound quality of the virtual presentation?

**We can also request for one or two additional questions to be added:**

- What other topics related to culturally safe supervision would you like to see covered in a webinar format?
- What other resources do you think should be developed, to support supervisors in delivering culturally safe supervision to Aboriginal and Torres Strait Islander trainees?