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2 **Title page:**

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23

24 **Abstract (300/300)**

25 **Clinical relevance (31/50):**

26 To facilitate the recent accreditation requirement to embed Aboriginal and Torres Strait
27 Islander health into optometry curricula, educators would benefit from having access to a
28 curated repository of appropriate high-quality resources.

Background

29 Since 2023, Australian and Aotearoa/New Zealand optometry programs have been required
30 to ensure students can provide culturally safe care for First Nations Peoples. This study aimed
31 to develop consensus-based guidelines for creating an online repository of Aboriginal and
32 Torres Strait Islander health educational resources to support optometry educators implement
33 the standard.

34 **Methods**

35 In a modified Delphi study, 31 stakeholders participated in up to three rounds of consensus-
36 building over five months. The first two rounds comprised an online survey where
37 participants were asked to respond to questions about the content, structure, maintenance and
38 governance of a repository. The third round was a video-conference workshop facilitated by
39 an Aboriginal subject expert.

40 **Results**

41 From round one, 66 unique responses were collated and presented for prioritisation. By the
42 end of the third round, stakeholders agreed on 11 recommendations. A key recommendation
43 was that the repository structure align with the *Optometry Aboriginal and Torres Strait*
44 *Islander Health Curriculum Framework*. The [*Australian Institute of Aboriginal and Torres*](#)
45 [*Strait Islander Studies \(AIATSIIS\) Guide to Evaluating and Selecting Education Resources*](#)
46 was recommended to evaluate the quality of resources. Although predominantly strengths-
47 based resources were endorsed, it was agreed that deficit-based resources could be included,

provided the purpose is contextualised (e.g., to illustrate racism). It was recommended that a governance group include Aboriginal and Torres Strait Islander members, along with members who possess teaching skills and cultural safety training.

Conclusion

The process of non-Indigenous and Aboriginal and Torres Strait Islander stakeholders working together and prioritising Aboriginal and Torres Strait Islander voices to develop consensus-based guidelines was critical in establishing trust and commitment to a repository. These guidelines will be essential for creating an effective online repository that can support optometry educators.

70

71

72 | ~~INTRODUCTION~~Introduction

73 Embedding Aboriginal and Torres Strait Islander health curriculum into university programs
74 plays an important role in decolonising the education of health professionals and developing
75 health professionals who can provide culturally safe and responsive care. Recently, the
76 Optometry Council of Australia and New Zealand have introduced a mandatory requirement
77 for optometry programs in Australia and Aotearoa/New Zealand to include Aboriginal and
78 Torres Strait Islander health in the curriculum.¹ However, optometry educators are
79 predominantly non-Indigenous and lack knowledge, experience and confidence in this field of
80 education.² Furthermore, at this early implementation stage, many optometry programs do not
81 fully address the *Optometry Aboriginal and Torres Strait Islander Health Curriculum*
82 *Framework* (~~*Optometry Framework*~~).³ To be effective and successful, initiatives that support
83 optometry educators to deliver Aboriginal and Torres Strait Islander health curriculum are
84 required. One way to support optometry educators is to create a shared repository of appropriate
85 high-quality educational resources.

86 The Leaders in Indigenous Medical Education Network has an online repository of Indigenous
87 health resources including both publicly available materials and resources developed by the
88 Network (<https://limenetwork.net.au/resources-hub/>). Currently, it has over 800 resources that
89 can broadly be categorised into pedagogy (e.g., lesson plans and assessment), content/areas of
90 learning and teaching (e.g., history and culture and social determinants of health) and structural
91 components (e.g., recruitment and student support and partnering with Indigenous
92 communities).⁴ The repository is considered one of the most valuable resources the Leaders in

Indigenous Medical Education Network offers, with 88% of members surveyed rating it as useful.⁵ However, the repository has been tailored to align with Australian and Aotearoa/New Zealand medical education accreditation standards and many of the resources are not useful or specific to other health programs, such as optometry.

Other repositories relevant to Aboriginal and Torres Strait Islander health education are provided by the HealthInfoNet (<https://healthinfonet.ecu.edu.au/>) and Australian Institute of Aboriginal and Torres Strait Islander Studies (<https://aiatsis.gov.au/>). HealthInfoNet primarily has health promotion materials and resources targeted to health professionals and policymakers.⁶ Whereas, the Australian Institute of Aboriginal and Torres Strait Islander Studies site has the most comprehensive collection of resources on Aboriginal and Torres Strait Islander cultures and histories.⁷ Both repositories are broad and arguably overwhelming for optometry educators new to the field to use. However, in a recent evaluation survey, 91% of a sample of HealthInfoNet users (n = 388) rated the information they accessed as high quality and importantly, 93% of Aboriginal and/or Torres Strait Islander users (n = 163) strongly agreed that the website was culturally safe.⁸ The cultural safety of the repository was likely due to the cultural governance provided by primarily Aboriginal and/or Torres Strait Islander board members and the quality assurance measures employed in selecting and developing resources. Findings from previous educational repository development suggest that repositories can be useful and valued. However, several critical factors must be considered before a repository can be created, including how to ensure appropriate and high-quality resources, cultural safety, self-determination, governance, and sustainability. This study aimed to consider these factors and develop consensus-based guidelines for creating an online repository of Aboriginal and Torres Strait Islander health educational resources to support optometry educators.

116 | **METHODS**Methods

117 | The study adhered to the tenets of the Declaration of Helsinki and the guidelines of the
118 | National Health and Medical Research Council⁸, *Ethical Conduct in Research with*
119 | *Aboriginal and Torres Strait Islander Peoples and Communities*.⁹ Ethics approval was
120 | obtained from Queensland University of Technology Human Research Ethics Committee
121 | (approval number 6460).

122 | **Consultation**

123 | The Leaders in Indigenous Optometry Education Network (LIOEN) were consulted about the
124 | project. Members of LIOEN comprise representatives from First Nations allied health
125 | professional organisations and optometry programs across Australia and Aotearoa/New
126 | Zealand. It was agreed that a shared online repository was necessary, initially including only
127 | readily available existing resources, with the first step being the development of agreed
128 | guidelines for the repository. LIOEN members suggested that both surveys and a workshop (to
129 | facilitate discussion) were essential for developing the guidelines. It was strongly
130 | recommended that the workshop be led by an expert who is Aboriginal and/or Torres Strait
131 | Islander

132 | **Study Design**

133 | A Delphi study was conducted, which involves a series of surveys conducted in rounds, with
134 | each round building on the previous round to facilitate consensus on a topic.¹⁰ The traditional
135 | Delphi technique was modified in this study to allow participants to discuss findings in a final
136 | workshop, contrasting with the conventional survey method that maintains anonymity
137 | throughout the process.¹⁰ There is no universally accepted criterion for determining consensus

138 on a topic using the Delphi technique. The pre-defined criterion for group consensus in this
139 study was set at 75% or more participants rating an idea as very or extremely important (or
140 agreed or strongly agreed), and the absence of comments offering an alternative view, as
141 suggested by Keeney, et al..¹¹ Statements were rejected if 69% or fewer participants agreed or
142 strongly agreed (or selected important or very important). Statements, where there was
143 between 70-74% agreement, were highlighted as needing further discussion to clarify the
144 position of the group. The study design and reporting followed the *Conducting and Reporting*
145 *of Delphi Studies guidelines*.¹²

146 | **Participants**

147 A defining characteristic of the Delphi technique is the use of a panel of experts. Given that
148 Aboriginal and Torres Strait Islander health education is an emerging field with no clear criteria
149 for who might be considered an expert and few Aboriginal and Torres Strait Islander academics
150 involved in optometry, a purposive sample of 48 stakeholders involved in Aboriginal and
151 Torres Strait Islander health education in optometry was invited to participate. Snowball
152 sampling was also employed.

153 | **Round material**

154 The round one survey comprised 18 open-ended questions designed to generate ideas regarding
155 content, structure, processes, infrastructure, management, governance, and terminology (see
156 Supplementary File). Where possible, existing examples were used to illustrate alternatives.¹⁰
157 All questions were optional. Responses from round one informed the round two survey, where
158 duplicates were removed, and unique responses were organised into topics. In round two,
159 participants were asked to prioritise the responses from round one according to importance (on
160 a five-level scale, where 1 = not at all important and 5 = extremely important), or agreement (on

a five-level scale, where 1 = strongly disagree and 5 = strongly agree). In addition, an opportunity was provided for further comments or suggestions. Responses to round two were categorised as consensus reached (accept), borderline, or no consensus (reject). The categorised results from round two were presented to participants in the round three workshop. Survey and workshop materials were subjected to pre-testing and pilot testing.

Protocol

An invitation was emailed to participants and those who consented were sent the link to the online surveys conducted using Qualtrics (Qualtrics 05.2021, North Sydney, Australia). Round one was conducted in April/May 2023, and round two took place in July 2023. An invitation to round three containing the videoconference link (Zoom cloud meetings, Version 5.9.3) was sent to all participants one month prior to the workshop, which was held in August 2023. During the workshop, the researcher (KP) presented the findings from rounds one and two, and discussion was facilitated by an Aboriginal consultant with expertise in Aboriginal and Torres Strait Islander health curriculum. A one-hour debrief with the consultant and researchers (KP, SAB, SH) was held immediately after the workshop to discuss the outcomes and clarify interpretation. Following consultation with the remaining research team members (PA & KRB), guidelines were drafted and sent to all consenting study participants to make any optional final comments and for external validation.¹²

Data analysis

Textual data were analysed using content analysis, where the categories were deductively derived from the concepts within each open-ended question or statement.¹³ Subcategories were then inductively determined by applying a data-driven approach guided by the subsumption processes outlined by Schreier.¹³

184 Responses to eight of the 18 questions in round one were independently coded by two
185 researchers (SB and KP), and the remaining round one and two questions were coded by one
186 researcher (KP). Results were then synthesised into a structured survey (round 2) or workshop
187 document (round 3). All results were first discussed with the second coder (SB), followed by
188 the full research group (PA, SB, SH, KP and KRB) and the consultant following each round.
189 Quantitative ratings were analysed using descriptive statistics.

190 | ~~RESULTS~~Results

191 Thirty-one stakeholders involved in Aboriginal and Torres Strait Islander health education in
192 optometry participated in up to three rounds of consensus-building, with 18 to 22 participants in
193 each round. Table 1 presents the demographic characteristics of participants by Delphi round.

194 [Insert Table 1 here]

195 From round one, 66 unique responses were collated and presented for prioritisation in round
196 two. In round three, prioritised responses were sent to participants and presented, with the
197 discussion focusing on borderline statements that did not quite meet consensus (70 – 74%)
198 (Figure 1). By the end of the third round, the responses were refined to eleven agreed-upon
199 recommendations (see Table 2 for final recommendations).

200 [Insert Figure 1 here]

201 [Insert Table 2 here]

202 | ~~DISCUSSION~~Discussion

203 This study aimed to develop consensus-based guidelines for creating an online repository of
204 educational resources on Aboriginal and Torres Strait Islander health for use in optometry.
205 Consensus was reached through a modified Delphi process. A final set of 11 recommendations

related to the repository content and structure, the process for evaluating potential resources, and its name, location, funding, and governance were made.

There was consensus that the resources included in an optometry repository should be structured according to the *Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework*~~*Optometry Framework*~~. However, structuring the repository according to the Aboriginal and Torres Strait Islander ways of knowing, being, and doing framework¹⁴ was also suggested. The Aboriginal and Torres Strait Islander ways of knowing, being, and doing framework has been adopted in national social work accreditation standards¹⁵ and in cultural safety training,¹⁶ both of which had extensive Aboriginal and Torres Strait Islander involvement. Given the small number of Aboriginal and Torres Strait Islander educators currently involved in optometry programs to help guide culturally appropriate solutions, it was decided that, for now, the repository should be structured around the more familiar *Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework*~~*Optometry Framework*~~. However, an Aboriginal and Torres Strait Islander framework should be considered in the future when additional Aboriginal and Torres Strait Islander stakeholders can be involved. Consistent with Aboriginal and Torres Strait Islander involvement, it was agreed that resources developed by Aboriginal and Torres Strait Islander peoples should be prioritised. Using materials primarily authored by Aboriginal and Torres Strait Islander peoples aligns with the position of “nothing about Indigenous peoples, without Indigenous peoples”.¹⁷

To evaluate resources for a repository, it was agreed that the LIOEN should convene a working group of members with cultural safety training and that any Aboriginal and Torres Strait Islander evaluators should receive appropriate remuneration. This recommendation aligns with the recent acknowledgment of the considerable cultural knowledge and perspectives contributed by Aboriginal and Torres Strait Islander academics beyond their formal duties.¹⁸

230 The additional workload placed on these individuals, often referred to as ‘colonial load’,
231 correctly reflects the burden imposed by others.¹⁹ Similarly, Watego²⁰ advocates for
232 remunerating Aboriginal and Torres Strait Islander guest lecturers above the basic rate.

233 It has been recommended that the *Australian Institute of Aboriginal and Torres Strait*
234 *Islander Studies (AIATSIS) Guide to Evaluating and Selecting Education Resources*²¹ should
235 be applied to selecting resources for an optometry repository. This guide was initially
236 designed to support schoolteachers in selecting culturally appropriate resources for teaching
237 Aboriginal and Torres Strait Islander studies. Even so, there were two concerns about using
238 the guide: the intent of the *AIATSIS Guide to Evaluating and Selecting Education Resources*
239 and its use of the term ‘mob’.

240 The *AIATSIS Guide to Evaluating and Selecting Education Resources* was intended to be
241 used by schoolteachers to select resources on Aboriginal and Torres Strait Islander Peoples
242 and cultures and not to select resources relevant to the many other areas of learning indicated
243 in the *Optometry Aboriginal and Torres Strait Islander Health Curriculum*
244 *Framework*~~*Optometry Framework*~~. However, ~~the guide's~~ principles from the guide, including
245 integrity and critical self-reflection, can be applied to selecting a range of resources. This
246 involves guiding the user to critically assess their implicit biases and assumptions when
247 engaging with resources on a given topic.²¹ Indeed, without such a commitment to continuous
248 self-reflection privileging the dominant cultural perspectives will persist.

249 The second concern with the *AIATSIS Guide to Evaluating and Selecting Education Resources*
250 was the term ‘mob’, an Aboriginal English word referring to a group of people associated with
251 a particular Country, community, and/or organisational group.^{22,23} It was suggested that the
252 term is inappropriate in an academic setting and that it should not be used by non-Indigenous

253 Australians. These perspectives led to the proposal to replace the term ‘mob’ with ‘Aboriginal
254 and Torres Strait Islander’. However, some participants then expressed discomfort with
255 adapting the *AIATSIS Guide to Evaluating and Selecting Education Resources* in any way due
256 to it having been developed and promoted by the Australian Institute of Aboriginal and Torres
257 Strait Islander Studies. Some universities have taken the position that it is not appropriate for
258 non-Indigenous people to use the term ‘mob’ unless they have community acceptance.^{22,24,25}
259 Indeed, in the context of health, there are examples of ‘mob’ being used in health promotion
260 that have been co-created with the local Aboriginal or Torres Strait Islander community.²⁶
261 Navigating terminology presents challenges not only for non-Indigenous individuals²⁷ but also
262 for Aboriginal and Torres Strait Islander peoples, who hold differing opinions on whether
263 Aboriginal and Torres Strait Islander people should use the term ‘mob’,^{22,28} emphasising the
264 need to consult local Aboriginal and Torres Strait Islander People or community groups about
265 preferred terminology. Ultimately, the decision about whether to modify the term ‘mob’ in the
266 *AIATSIS Guide to Evaluating and Selecting Education Resources* was deferred to the future
267 governance group of the repository, through consultation with the wider community of
268 Aboriginal and Torres Strait Islander educators involved in Aboriginal and Torres Strait
269 Islander health curricula.

270 Some participants in this study advocated for excluding all racist resources in favour of
271 adopting a strengths-based approach, and others argued that such resources could serve as a
272 valuable learning opportunity. Both positions have been reported in the literature. Lambert and
273 Fadel²⁹ recommended removing racist stereotypes from curriculum materials to reduce
274 experiences of marginalisation by students who identify with the depicted identity in the
275 material, in addition to upholding ethical standards. Others have proposed the inclusion of such
276 material, provided that the deficit or racist perspective is explicitly addressed, such as through

277 explanations, disclosures and/or definitions.^{22-25,30-33} Sjorberg and McDermott³⁴ also support the
278 inclusion of stereotypes and racialised language as part of classroom discussions and written
279 assessment activities if teaching an anti-racist approach where students are required to analyse
280 and deconstruct questions containing deficit discourse critically. Participants in this study
281 decided there is benefit in including racist resources, if the resources are signposted in the
282 repository and contextualised in the learning environment.

283 In retrospect, seeking agreement on the name of the repository and the host site may have been
284 premature during this early development phase, particularly given the uncertainty of factors
285 such as the governance group and funding. Currently, the LIOEN does not receive government
286 funding, and all work has mainly been in-kind. In comparison, the equivalent groups in
287 medicine, nursing and midwifery receive considerable funding.^{35,36} Optometry comprises just
288 0.8% of the Australian regulated health workforce. In comparison, nurses/midwives and
289 medical practitioners represent 54.7% and 15.6% of the health workforce, respectively.³⁷ Given
290 the considerable differences, securing government funding seems unlikely.

291 Consistent with existing repositories,^{38,39} it was decided that the LIOEN should take
292 responsibility for the repository. It was recommended that the governance group be
293 collectively comprised of Aboriginal and Torres Strait Islander members and members with
294 teaching skills and cultural safety training. Members need not be optometrists. This decision
295 mirrors the composition of the Leaders in Indigenous Medical Education Network reference
296 group, where only approximately 30% of members are medical practitioners.³⁸ The decision
297 to have Aboriginal and Torres Strait Islander people govern the project reflects an
298 understanding of ~~the this community's~~ rights of this community to participate in education
299 decision-making.⁴⁰ However, the reality is that there are very few Aboriginal and Torres
300 Strait Islander educators working in optometry. To address this gap, non-Indigenous

educators must be willing to navigate the complexities of Aboriginal and Torres Strait Islander culture, recognising that mistakes are an inherent part of the learning journey. This requires a sustained commitment to self-reflection, continuous learning and adaptability. Allyship is essential to minimise the colonial load placed on Aboriginal and Torres Strait Islander individuals to carry the burden of the colonial project, in this case the repository. ~~By~~ ~~Increasing~~ the capacity of non-Indigenous stakeholders to actively engage in the project, ~~we~~ ~~can not only~~ ~~reduces~~ the colonial burden on Aboriginal and Torres Strait Islander stakeholders ~~but also~~ ~~and~~ ~~promotes~~ the development of meaningful reciprocal relationships with Aboriginal and Torres Strait Islander educators community.

There are some limitations to this study. A modified Delphi study was used where the usual benefit of anonymity was compromised by having a workshop. This potentially led to some participants being influenced by group dynamics. Sharing ground rules beforehand, engaging a highly skilled and qualified Aboriginal facilitator, and allowing participants a final opportunity to provide comments on the recommendations after the workshop were employed to mitigate this risk. Additionally, most participants were non-Indigenous and some participants who contributed to recommendations from this study were relatively new to this field of education, reflecting the current state of the optometry education workforce. As Aboriginal and Torres Strait Islander representation and non-Indigenous experience increase, the recommendations should be reviewed in future studies.

CONCLUSION

In conclusion, this study developed consensus-based guidelines for creating an online repository of educational resources on Aboriginal and Torres Strait Islander health for optometry curricula. Through a modified Delphi process, stakeholders agreed on eleven recommendations covering content, structure, resource evaluation processes, and governance

requirements. These guidelines emphasise the importance of aligning repository content with the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework~~Optometry Framework~~, prioritising resources created by Aboriginal and Torres Strait Islander peoples, and establishing clear evaluation criteria using the *AIATSIS Guide to Evaluating and Selecting Education Resources*.

These guidelines reveal essential insights into collaborative Aboriginal and Torres Strait Islander health education approaches. The adjusted methodology, which included survey rounds and a facilitated workshop led by an Aboriginal subject expert, effectively built consensus while respecting cultural perspectives. This approach enabled meaningful collaboration between Aboriginal and non-Indigenous stakeholders, fostering trust and commitment to developing the repository's ~~development~~.

An important finding was the recognition of current limitations in Aboriginal and Torres Strait Islander academic representation in optometry education. Participants demonstrated an understanding of this challenge by recommending that decisions involving cultural aspects, such as repository structure and terminology, should be deferred to Aboriginal and Torres Strait Islander community members involved in health education. This approach upholds the right of Indigenous Peoples to actively participate in decision-making processes related to their cultures and aspirations.

Implementing these guidelines will require ongoing review and refinement as Aboriginal and Torres Strait Islander representation in optometry education increases. Success will depend on maintaining robust Aboriginal and Torres Strait Islander governance while building non-Indigenous capacity to effectively engage with Aboriginal and Torres Strait Islander knowledge and perspectives. This balanced approach will be vital for creating practical, culturally safe

348 resources for optometry educators applying Aboriginal and Torres Strait Islander health
349 curricula.

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360 **Declaration of interest statement**

361 The authors report no competing interests to declare.

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1
474 **Table 1.** Participant Characteristics (n=22 [round one], n=18 [round two], n=19 [round three])

475

Characteristic	Round One		Round Two		Round Three	
	n	%	n	%	n	%
Age group, years						
20 – 30	1	5%	1	6%	-	-
31 – 40	7	32%	4	22%	-	-
41 – 50	5	23%	5	28%	-	-
51 – 60	5	23%	6	33%	-	-
61+	4	18%	2	11%	-	-
Gender						
Female	16	73%	11	61%	14	74%
Male	6	27%	7	39%	5	26%
Self-identifies as Aboriginal and/or Torres Strait Islander						
Yes, Aboriginal	1	5%	1	6%	2	11%
No	21	95%	17	94%	17	89%

Characteristic	Round One		Round Two		Round Three	
	n	%	n	%	n	%
Position description						
Academic internal to an optometry program (e.g., Lecturer in School/Department/Discipline of Optometry)	15	68%	11	61%	11	58%
Academic external to an optometry program but internal to the university (e.g., Lecturer in another School/Department/Discipline)	2	9%	2	11%	4	21%
External visiting educator (e.g., Guest Lecturer)	2	9%	3	17%	1	5%
Stakeholder group representative (e.g., OCANZ, Indigenous Allied Health Australia)	3	14%	2	12%	3	16%
University affiliation						
Deakin University	3	14%	2	11%	2	11%
Flinders University	1	5%	2	11%	1	5%
Queensland University of Technology	5	23%	4	22%	3	16%
The University of Melbourne	3	14%	2	11%	5	26%
University of Canberra	3	14%	3	17%	1	5%
University of New South Wales	1	5%	1	6%	3	16%
University of Western Australia	2	9%	1	6%	1	5%

Characteristic	Round One		Round Two		Round Three	
	n	%	n	%	n	%
N/A	4	18%	3	17%	3	16%

478 **Table 2.** Final recommendations for developing an online repository of educational resources

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1. Content	- Resources should align with the <i>Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework</i>, draw on multiple disciplines and have been primarily developed by Aboriginal and/or Torres Strait Islander peoples. - The repository should include many types of resources (e.g., case studies, examples of lived experience, examples of assessment, links to websites, resources supporting Aboriginal and Torres Strait Islander students, resources on developing partnerships, information on Aboriginal and Torres Strait Islander pedagogy and a list of key Aboriginal and/or Torres Strait Islander health organisations), in a variety of formats (e.g., journal articles, books, video).
2. Structure	The structure should be simple and initially, categories should be based on the <i>Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework</i>.
3. Evaluation of resources	- The Leaders in Indigenous Optometry Education Network should convene a Working Group to evaluate resources submitted for inclusion in the repository. Members of the Leaders in Indigenous Optometry Education Network Working Group should have undertaken cultural safety training. Aboriginal and Torres Strait Islander members should be offered remuneration. - The <i>AIATSIS Guide to Evaluating and Selecting Education Resources</i> should be used to evaluate resources. However, the governance group should consider removing the term ‘mob’ after seeking advice from the community of Aboriginal and Torres Strait Islander educators involved in health curricula. - Resources should be evaluated against the <i>AIATSIS Guide to Evaluating and Selecting Education Resources</i> and agreed by at least three members of the Leaders in Indigenous Optometry Education Network Working Group.

	Resources that portray deficit or racist views could be included if their purpose is contextualised (e.g., used to illustrate racism).
4. Name and location	The name of the repository and where the repository is hosted should be decided by the governance group.
5. Funding	The repository should be funded through grants or philanthropy, government, and/or shared between optometry programs; there should not be subscription fees.
6. Governance	- The Leaders in Indigenous Optometry Education Network Reference Group should be the governing body for the repository and take responsibility for overall decision making. - It is essential for the governance group to include Aboriginal and Torres Strait Islander members, and members with teaching skills and cultural safety training. Information literacy, academic skills and governance experience are also desirable.

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482 Figure 1 Overview of the Results of the Delphi Round