SUPPLEMENTARY FILE 1

Table 1: Additional information as per the consolidated criteria for reporting qualitative research (COREQ) checklist

Personal characteristics	Interviews were conducted by JB (20 interviews) and AL (15 interviews).
 Interviewer/facilitator; 2. Credentials; 3. Occupation; 4. Gender; 5. Experience and training 	JB, VM, KC and AL hold Research Fellow appointments through the University of Sydney's University Centre for Rural Health.
	RGB and VM are both Aboriginal researchers: RGB is from the Gungarri/Kunja nations in South-Western Queensland and VM from the Quandamooka community, North Stradbroke Island, Queensland.
	JB, RSB, DP, AL, SA, KC, KH, MP and FC are non-Indigenous researchers. All authors have a long-standing commitmen to improving health outcomes for Aboriginal and Torres Strait Islander people.
	All authors are employed in research roles at academic institutions, and have extensive qualitative research experience. RGB, RSB, DP hold Professorial roles.
	SA, DP and RSB are men. The eight other authors are women.
Relationship with participants 6. Relationships established; 7. Participant knowledge of the interviewer; 8. Interviewer characteristics	The interviewers JB and AL are both Research Fellows employed by the national research collaboration, which was the subject of the study. Both have a long-standing involvement in the national research collaboration as researchers, and therefore a collegial relationship with the participants. JB and AL worked together to identify who they would interview, with a focus on trying to minimise conflicts of interest. The idea for the study emerged from feedback and discussions at meetings of the collaboration.
	Participants were provided with an information sheet and consent form as part of the invitation to interview. At the start of each interview participants were assured of confidentiality.
	Ethics approval for the study was provided by: The University of Sydney Human Research Ethics Committee (Project 2018/206) and the Human Research Ethics Committee of the Northern Territory Department of Health and Menzies Schoo of Health Research (Project 2018-3105).

Theoretical framework	An inductive qualitative study design.
9. Methodological orientation and theory	Researcher reflexivity was acknowledged from a constructionist paradigm. Guidance on theory and practice regarding 'principles-based evaluation' was provided by Michael Patton's work in "Principles-Focused Evaluation: The Guide".
Participant selection 10. Sampling; 11. Method of approach; 12; Sample Size; 13. Non-participation	Purposive sampling techniques were used to ensure a diversity of views, with 52 people invited to interview via email. As the study had been discussed in numerous CRE-IQI collaborative forums, all participants were aware of its aims. To be invited to participate in the study, participants needed to have met one or more of the criteria: be an investigator on the original grant or a member of the management committee; hold a past or currently funded CRE-IQI position; be a chief investigator on a research project aligned with the CRE-IQI; be a member of the Indigenous Advisory Committee or Research Advisory Committee on the original application; or be a student or early career researcher affiliated with the CRE-IQI. Seventeen people did not participate. To follow up on those who did not respond on the first invitation, a follow-up email was sent. No one explicitly declined to participate but for some we were unable to find a suitable time for interview.
Setting 14. Setting of data collection; 15. Presence of non-participants; 16. Description of sample	The setting is a national research collaboration, the CRE-IQI. Interviews were conducted at a time convenient for the participant either by telephone or via Zoom. Thirty-five individuals were interviewed, with the following organisations represented: Indigenous community-controlled regional support organisations; research institutions and universities; Indigenous health centres; and Government health departments. The majority of respondents were researchers, although many had dual roles, for example, as clinician and researcher. Eight of the 35 respondents identified as Indigenous, and seven participants were employed at an organisation established to support Indigenous health services. The respondents were based in six of a possible eight different States and Territories.
Data collection 17. Interview guide; 18. Repeat interviews; 19. Audio/visual recording; 20. Field notes; 21. Duration; 22. Data saturation; 23. Transcripts returned	The interview guide was developed by authors JB and AL and included a mix of question types. It was later revised based on collaboration with RGB and RSB. There were no repeat interviews. All interviews were audio recorded, professionally transcribed, and checked for accuracy. Reflective memos for the majority of interviews were generated by the interviewers immediately after completion.

	As interviews proceeded, JB and AL regularly reviewed interview data. At the point when little new information was forthcoming from interviewees, the interviewers agreed that data saturation had been reached, and no further interviews were conducted. As part of the consent process participants were asked if they would like copies of transcripts for checking or comment. Two people requested copies of transcripts as a record of comments provided.
Domain 3. Analysis and findings	
Data analysis 24. Number of data coders; 25. Description of the coding tree; 26. Derivation of themes; 27. Software; 28. Participant checking	Data analysis commenced during the interview process by JB and AL. After each interview both JB and AL conferred and identified and discussed early themes emerging from the interviews. These early themes were documented, and subsequent interviews were adjusted to take into account the emergent themes. Interviews, research collaboration documents and reflective summaries were loaded into NVIVO qualitative data management software for coding, searching and organisation of data. The lead author (JB) read all of the interview transcripts multiple times, making reflective notes in the process. JB open coded the data, with AL independently coding 10 interviews. This process was followed by joint review and discussion of the initial coding to ensure consistency in the analytic process. [24] Following this, there was then an iterative process of more focused coding, [25] with the refinement of codes being discussed with AL, KC, KH, VM and senior author RGB – with a focus on exploring interconnections in an iterative process of analysis. Through this process of coding and discussions, themes were identified, refined and categorised into three higher order categories including:1) 'strategies' – specific activities by which implementation of the principles were recognised; 2) 'outcomes' – results seen from implementing the principles; and 3) 'conditions' – aspects of context that facilitated or constrained implementation of the principles. 'Outcomes' sometimes operated as strategies, or as conditions. The distinction was not always clear. We categorised strategies/conditions/outcomes according to their predominant 'influence' or 'function' as identified through interviews and the iterative analysis process and as reflected in the frequency and relative importance that each theme was associated with each category.

Reporting 29. Quotations presented; 30. Data and findings consistent; 31. Clarity of major themes; 32. Clarity of minor themes	We report our results using narrative description and quotes that are illustrative of themes. Consistency between data and findings was iteratively checked throughout the analysis to ensure consistency and accuracy between the two. There were a number of member checking processes and iterative analysis and reflection processes undertaken by the authorship team.