Reviewer's comment

Authors' Response

1. The article is at times difficult to follow because it argues for CS approaches in the UK whilst simultaneously demonstrating multiple efforts occurring locally and nationally that fit within this paradigm. This seems to upend the authors' own argument for reverse innovation, and it seems it might be made more clearly by reframing the article by discussing first CS, and its origins in New Zealand, and then describing in turn all the initiatives listed in Graphic 1 and how these fit within the CS framework. This would make the case that as there is already much happening in the UK that is oriented towards a CS approach, just not yet explicitly stated as such, by locating these as an effort to improve Cultural Safety it would provide a unifying conceptual approach whilst also acknowledging its origins and trajectory.

Thank you for your suggestions. We have improved the clarity and the flow; repositioned sections; highlighted headings and reframed the former discussion into subheadings.

2. The section on CS in Australia seems out of place in the article given it is largely about advocating for CS approach in the UK context. I would suggest, to focus the article, retaining only the section on the New Zealand experience and building the case for it in the UK.

Thank you for highlighting our lack of clarity as to why the Australian context is an important inclusion in this paper.

Removing the Australian perspective would dilute and downplay the origins and rationale for translating CS to the UK. Britain's historical colonial legacy was the origin of the emergence of CS in Aotearoa. A Māori Nurse originated CS, however the shared negative experiences of all Indigenous Peoples colonised by Europeans has resulted in the expansion of this framework to Indigenous Peoples and other ethnic minority populations globally. The Australian perspective in particular, clearly illustrates the parallels with the UK in the context of both countries' social and political landscapes, including hidden colonial histories and systemic denial of racism.

Unlike the Māori experience in Aotearoa, Aboriginal and Torres Strait Islander Peoples have neither a Treaty nor a voice in the Australian constitution and parliament. Australian government rhetoric resonates strongly with the current controversy in the UK over the Sewell report, where parallel arguments are being used to deny systemic

racism and dismiss or downplay black and ethnic minority people's voices and concerns. CS has a crucial role in building health services that can deliver greater health equity and access in both countries, where the same conversations are currently being had. We have added a paragraph clarifying this in the paper.

3. The rationale for this being called a reverse innovation requires developing given reverse innovation tends to be referred to adopting innovations from low-income countries into high-income countries. In this case, CS really is referring to marginalised communities within a high-income country providing learning opportunities for more mainstream communities of practice in those same settings. This nuance merits some further consideration. Reference to Zedwitz et al J Prod Innovation Management 2015 for further thinking on reverse innovation typologies.

Thank you for this observation. We agree with the reviewer that due to the word count constraints our discussion of reverse innovation was not detailed enough. We have therefore amplified the relevant discussion section of the topic by using papers, including the paper by Zedwitz that you suggested, that have examined the nuanced difference about the term when used in a business model versus a healthcare model.

4. The article provides a lot of literature on the inequalities, disparities in access and in outcomes between marginalised groups or communities in several contexts. Whilst obviously very important and pertinent, it could work better as a coherent argument for institutionalised racism than it currently achieves. Largely, only descriptive studies are cited, which although do signal disparities, do little to demonstrate that these are due to unconscious or even conscious biases. The authors should try to include more studies that are either randomised or controlled. The argument would also be strengthened through a section dedicated to this point rather than scattered throughout the article in a rather disjointed way.

Thank you. Your observation is very helpful. A section has been added which has widened the net of evidence regarding structural racism in the UK.

5. The structure of the article also needs to be reviewed as there is little point including a Discussion section when the article is neither original research nor a systematic review. Using section headings that pertain to or reflect the content or purpose of each section would make the article more manageable for the reader.

Thank you for this insight. A new version of what used to be the discussion section has been written and section headings added.

6. One of the strengths of the article is the distinguishing between the concepts of CS and Cultural Competence. This ought to be further developed, beyond that which is provided in Table 1, perhaps to ask how each of the various terms differ in meaning and in use, what the origins of the terminologies are, their epistemological roots and relevance to differing power structures.

Thank you for your comment on the table, and in line with your comments, we have added text below Table 1.

7. The allegory of the CS Tree is not particularly useful in its current conceptualisation unless there is a reason, for example from indigenous community knowledges or traditions, to use such a metaphor.

We appreciate you seeking further explanation of the use of the tree metaphor. We have expanded the reason for it's inclusion.

8. As a submission to the Journal of Medical Ethics I would have expected to see a more developed reference to ethical frameworks, beyond the UN Declaration of Human Rights, (which seems somewhat out of place in the introduction) and how these can help the reader to understand the CS concept as a question of ethics.

We appreciate your insights and comments here. Thank you for your suggestions. We have addressed the issues you raised in the following ways.

The ethics around CS have been addressed in the introduction and throughout the paper. We agree that CS is congruent with an ethical approach to the issue.