FOR RACGP AND ACRRM MEMBERS · RURAL PROCEDURAL GRANTS PROGRAM

CRAM 2027: Overseas Activity Pre-Approval Support Pack

For individual applicants seeking pre-approval under the Rural Procedural Grants Program (RPGP) for an overseas face-to-face CPD activity.

Dates	Format	Venue	Provider
Fri 4 – Sun 6 June 2027	3 days, face-to-face	Anatomy Dept, Faculty of Medicine, University of Colombo, Sri Lanka	RA Resus Skills Hub (R2 Skills), ABN 52 906 013 042

This pack is a guide only. Please check all information with your college (RACGP or ACRRM) and the official RPGP websites listed in section 9 before you apply, register for the course or book travel.

RACGP and ACRRM members planning to attend CRAM 2027 may be eligible for support under the RPGP. As this is an overseas activity, individual pre-approval is required before you attend.

- Eligibility and approval are decided by your managing college (RACGP or ACRRM), not by R2 Skills. We cannot guarantee any outcome.
- Doctors holding fellowship of a non-GP specialist college (for example FACEM or FANZCA) are excluded from the RPGP, even if they are also a GP.
- R2 Skills accepts no liability if a pre-approval or claim is declined. Your course registration is governed by our Terms and Conditions and Cancellation Policy, not by the outcome of your grant application.

1. How to apply, in order

1. **Register with the RPGP before the course.** Register with one college only. Activities attended before your registration is approved cannot be claimed.
2. **Check you meet the participant criteria** (section 2).
3. **Apply for overseas pre-approval.** RACGP: online overseas activity pre-approval form. ACRRM: the RPGP overseas pre-approval form, returned to the ACRRM grants team. Attach this pack with the sessions you will attend highlighted. Apply before committing to flights.
4. **Attend and keep your evidence.** R2 Skills issues an attendance certificate listing days and hours attended and the interactive sessions completed.
5. **Lodge your claim after the course** through your college's claim portal.

2. Participant self-check

- RACGP or ACRRM fellowship (vocational recognition), or enrolment on a fellowship pathway.
- Principal clinical practice in MM 3–7. Locums: at least 28 days of rural locum work in MM 3–7 in the financial year.
- Scope of Clinical Practice showing unsupervised privileges in emergency medicine and/or anaesthetics at a hospital.
- Roster or on-call evidence of regular participation (at least once a month).
- GP registrars: completed 12-month AST/ARST in emergency medicine, or a pre-existing procedural qualification for anaesthetics.
- Not already funded by a Commonwealth, state or territory government program for this activity.

The RPGP supports maintaining or extending skills already in use. It does not fund initial acquisition of a new procedural or emergency medicine role.

3. Activity summary (course organiser statement)

Activity	Cadaveric Regional Anaesthesia Mastery (CRAM) 2027
Provider	RA Resus Skills Hub, trading as R2 Skills (ABN 52 906 013 042)

Location	Sri Lanka; Colombo. Department of Anatomy, Faculty of Medicine, University of Colombo
Dates	Friday 4 June to Sunday 6 June 2027
Format	Three full days, face-to-face. Short expert talks, then small-group hands-on stations in five rotating groups.
Course Director	Dr Raj Kathirgamanathan, Emergency Physician, The Northern Hospital, Melbourne
Accreditation	ASUM CCPU accredited (six regional anaesthesia modules). ACEM CPD. ACRRM CPD application in progress.

CRAM is a procedural workshop in ultrasound-guided regional anaesthesia (UGRA) for emergency department and peri-operative analgesia. Day 1 builds sono-anatomy on live volunteer models. Days 2 and 3 move to supervised needle guidance on cadavers, where each block follows the sequence scan, needle, dye spread, then dissection to confirm where the injectate went.

4. Face-to-face contact hours

Contact hours exclude morning tea and lunch. Each day is scheduled to meet or exceed 6 hours of face-to-face training, the minimum your college will look for.

Day	Scheduled	Breaks	Contact hours
Day 1 · Fri 4 June	08:00–15:30	60 min	6.5 h
Day 2 · Sat 5 June	08:00–15:30	60 min	6.5 h
Day 3 · Sun 6 June	08:00–15:00	60 min	6.0 h
Total	**3 days**		**19.0 h**

5. Program, with interactive sessions marked

Shaded rows marked [HANDS-ON] are the interactive, supervised practical sessions. Highlight the sessions you will attend before uploading.

Day 1 · Friday 4 June 2027 Foundations · live volunteer scanning	
08:00–08:15	**Welcome and orientation** Course overview, lab safety briefing, expectations
08:15–09:00	**Essential block short talks** Principles, planes and precision · Local anaesthetic choices and LAST
09:00–11:45	**Block 1: live scanning [HANDS-ON]** Fascia iliaca (supra-/infra-inguinal) and PENG · serratus anterior plane · brachial plexus 1 (interscalene, supraclavicular) · erector spinae · upper limb peripheral nerves
10:00–10:15	Morning tea
11:45–15:00	**Block 2: live scanning [HANDS-ON]** Brachial plexus 2 (infraclavicular, axillary) · popliteal sciatic · greater occipital nerve · stellate ganglion · clinical cases and block correlation
12:15–13:00	Lunch
15:00–15:30	**Wrap-up** Ergonomics and needling technique

Day 2 · Saturday 5 June 2027 Revision scanning · cadaveric needling	
08:00–08:15	**Morning brief**
08:15–09:00	**Essential block short talks** Specific blocks · Anticoagulation and regional anaesthesia
09:00–11:45	**Block 1: live scanning revision [HANDS-ON]** Fascia iliaca and PENG · serratus anterior plane · brachial plexus · erector spinae · sciatic and ankle blocks
10:00–10:15	Morning tea
11:45–15:00	**Block 2: cadaveric needle guidance [HANDS-ON]** Fascia iliaca (supra-/infra-inguinal) · serratus anterior plane · brachial plexus 1 (interscalene, supraclavicular) · erector spinae · upper limb peripheral nerves
12:15–13:00	Lunch
15:00–15:30	**Discussion** Block safety, monitoring, follow-up and documentation

Day 3 · Sunday 6 June 2027 Cadaveric practice · choose-your-block revision	
08:00–08:15	**Morning brief**
08:15–11:00	**Cadaveric needle guidance stations [HANDS-ON]** PENG · stellate ganglion · brachial plexus 2 (axillary, supraclavicular) · popliteal sciatic and ankle blocks · greater occipital nerve
10:15–10:30	Morning tea
11:00–14:15	**Cadaveric revision: choose your block [HANDS-ON]** FIB and PENG · stellate ganglion or greater occipital nerve · brachial plexus · lower limb blocks · truncal blocks (SAPB, ESP)
12:00–12:45	Lunch
14:15–15:00	**Credentialling, supervision, safety and wrap-up**

6. Answers for the pre-approval form

These follow the questions on the RACGP online form, which ACRRM's form largely mirrors. Edit them to describe your own practice.

Name of activity	Cadaveric Regional Anaesthesia Mastery (CRAM) 2027
Provider name	RA Resus Skills Hub (R2 Skills), ABN 52 906 013 042
Location (country; city)	Sri Lanka; Colombo (Department of Anatomy, Faculty of Medicine, University of Colombo)
Dates · days applying for	4 June 2027 to 6 June 2027 · 3 days (face-to-face, minimum 6 contact hours per day excluding breaks; 19 hours in total)
Grant component	Emergency Medicine and/or Anaesthetic (select the component you are registered for)

Learning objectives	By the end of the course, participants will be able to: 1. Identify the sono-anatomy of the major peripheral nerve and fascial plane blocks used for emergency and peri-operative analgesia. 2. Perform ultrasound-guided needle insertion with continuous needle-tip visualisation, a safe needle path and incremental injection. 3. Confirm the effect of their own technique by correlating injectate spread with cadaveric dissection. 4. Calculate safe local anaesthetic doses, and recognise and manage local anaesthetic systemic toxicity (LAST). 5. Select appropriate blocks for rural trauma, fractures and procedural pain, including in anticoagulated patients, and integrate them into ED workflows. 6. Apply safe practice on return: scope of practice, local credentialling, supervision, monitoring, documentation and culturally safe consent, including for Aboriginal and Torres Strait Islander patients.
Not available or difficult to attend in Australia? Yes · comment	Yes. Cadaver-based ultrasound-guided regional anaesthesia training is run infrequently in Australia, with small numbers of places, and access for rural doctors is limited by waiting lists and distance. CRAM provides three days of closely supervised cadaveric practice in which each block is scanned, needled, and then dissected to confirm injectate spread. This level of hands-on cadaveric needling is difficult to obtain in Australia.
Benefit to rural Australian practice	I provide unsupervised emergency and/or anaesthetic care at [hospital, MM category], often without on-site specialist anaesthesia support. Ultrasound-guided regional anaesthesia gives effective, opioid-sparing analgesia for hip and other fractures, rib fractures and upper and lower limb trauma. It can reduce reliance on systemic opioids and procedural sedation, support safer care before and during transfer, and improve patient comfort. This course maintains and extends skills I already use, with an emphasis on needle safety, local anaesthetic dosing and LAST management relevant to a rural ED.

7. Safety and supervision (course organiser statement)

- A safety briefing opens each day, covering laboratory workflow, sharps, PPE and infection control.
- Teaching runs in five small groups with close faculty supervision and immediate correction of technique.
- Stations follow a standard sequence: probe position, target identification, needle-tip visualisation, aspiration and incremental injection.
- Local anaesthetic dosing and LAST recognition and response are taught on Day 1 and revisited across the course.
- Cadaveric specimens remain under the custody of the University's Department of Anatomy, handled under its own protocols.
- Participants are reminded to practise within their scope, local credentialling and supervision arrangements on return.

8. Evidence checklist

With your pre-approval application	With your claim, after the course
• This pack. • The program (section 5), with your sessions highlighted. • Learning objectives and rural benefit statement (section 6). • Anything else your college requests.	• Your college's pre-approval confirmation. • R2 Skills attendance certificate stating days, hours and interactive sessions attended. • The highlighted program. • Evidence of benefit to rural procedural or emergency practice (section 6).

9. Official RPGP information

- Department of Health, Disability and Ageing: health.gov.au/our-work/rpgp
- RACGP: racgp.org.au/the-racgp/faculties/rural/rural-procedural-grants · rural.procedural.grants@racgp.org.au · 1800 636 764
- ACRRM: acrrm.org.au/support/grants/rpgp · grants@acrrm.org.au · 1800 223 226

Contact: Dr Raj Kathirgamanathan, Course Director, R2 Skills · info@r2skills.com.au · +61 431 305 338 · r2skills.com.au

Disclaimer: This pack is a guide only, provided to assist individual applicants. Check all information with the RACGP or ACRRM and the official RPGP websites before relying on it. It is not an offer or guarantee of funding. Final eligibility and approval decisions rest with the RACGP or ACRRM as managing organisation and the Department of Health, Disability and Ageing. RPGP rules can change; check your college's current guidelines before applying. Program content and faculty may change; any change affecting contact hours will be notified to registered participants.