

Rural Procedural Grants Program (RPGP)

-Overseas Activity Pre-Approval Support Pack (RACGP & ACRRM)

Cadaveric Regional Anaesthesia Mastery (CRAM)

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

1. Purpose of this document

This document is designed to help RACGP and ACRRM members compile the information and evidence typically required to seek individual, case-by-case pre-approval for an overseas face-to-face CPD activity under the RPGP.

2. Activity summary (course organiser statement)

Course Name: Cadaveric Regional Anaesthesia Mastery (CRAM)

Provider: RA Resus Skills Hub (R2skills.com.au)

Location: Faculty of Medicine, University of Ruhuna, Galle, Sri Lanka

Dates: 26–27 June 2026

Daily time: 08:00–15:00

Duration: Two full days (face-to-face)

Format: Morning expert talks followed by small-group cadaveric skill station rotations (high faculty-to-participant ratio).

CRAM is a high-fidelity cadaveric procedural workshop focused on ultrasound-guided regional anaesthesia and procedural analgesia relevant to Emergency Department and peri-operative care.

3. Why this activity is relevant to rural Australian practice

- Regional anaesthesia provides effective, opioid-sparing analgesia for fractures, trauma, procedural pain, and transfers.
- In many rural MM 3–7 hospitals, clinicians provide acute pain management and procedural care with limited on-site specialist support.
- Improved Ultrasound guided Regional Anesthesia capability can reduce transfer burden, reduce need for procedural sedation, and improve patient experience and safety.
- The cadaveric format supports anatomical accuracy and procedural confidence for clinicians who may have limited access to supervised practice.

4. Eligibility – participant self-check (RPGP)

Applicants should confirm they meet the RPGP eligibility for the stream they are claiming under (Procedural, Anaesthesia and/or Emergency Medicine).

Common eligibility evidence to prepare (examples):

- Proof of current RACGP/ACRRM membership and vocational recognition (or registrar status).
- Evidence principal practice location is MM 3–7.
- Evidence of unsupervised clinical privileges (procedural discipline and/or emergency medicine) at a MM 3–7 hospital.
- Roster/on-call evidence confirming active participation in relevant service delivery.
- If a registrar claiming Emergency Medicine component: evidence of completion of 12 months AST/ARST in Emergency Medicine (as applicable).

5. RPGP training model and contact time (course contact hours)

The CRAM program is delivered as face-to-face training with hands-on procedural skill acquisition and supervised practice. The schedule includes daily structured sessions and interactive cadaveric stations. Participants should retain the full program and any attendance certificate as evidence of days/hours attended.

Summary of contact time (per day):

Day	Scheduled time	Learning type (summary)
Day 1	08:00–14:45 (incl breaks/debrief)	Talks + supervised cadaveric skill rotations (stations) + debrief
Day 2	08:00–14:45 (incl breaks/debrief)	Talks + supervised cadaveric skill rotations (stations) + debrief

6. Activity content – procedures and stations (high-level)

Core procedural analgesia skills taught include:

- Lower limb blocks: fascia iliaca (supra/infra-inguinal), PENG, popliteal sciatic, ankle blocks.
- Trunk blocks: serratus anterior plane block, erector spinae plane block.
- Upper limb blocks: upper limb peripheral nerves (median/ulnar/radial), supraclavicular brachial plexus.
- Advanced/adjunct blocks: greater occipital nerve block; selected advanced regional techniques (as per course program).
- Needle control, ergonomics, ultrasound optimisation and needle visualisation for safety.

7. Learning objectives (for applicants to paste into forms)

- Demonstrate improved recognition of sono-anatomy for major peripheral nerve and fascial plane blocks relevant to ED practice.
- Perform ultrasound-guided needle insertion and tracking with continuous visualisation and safe needle paths.
- Apply safe local anaesthetic dosing principles and describe recognition and initial management of LAST.
- Select appropriate regional anaesthesia techniques for rural trauma, fractures and acute procedural pain; integrate into ED workflows.
- Use culturally safe, ethical consent and communication strategies for procedural analgesia, including for Aboriginal and Torres Strait Islander patients.

8. Safety and governance (course organiser statement)

- Cadaveric lab safety briefing at start of each day (workflow, sharps safety, PPE, infection-control expectations).
- Small-group teaching with close faculty supervision; real-time feedback and correction of technique.
- Standardised procedural checklists emphasising probe position, target identification, needle tip visualisation, aspiration and incremental injection principles.
- Local anaesthetic safety module including dosing calculations, risk mitigation and LAST recognition/response framework.
- Participants are reminded to practise within scope, local credentialing requirements and supervision structures on return to clinical practice.

9. Evidence checklist – what to attach for pre-approval (recommended)

Applicants can attach the following as supporting evidence to RACGP/ACRRM overseas pre-approval applications:

- Course program / timetable (with dates, hours, and interactive sessions clearly highlighted).
- Course learning objectives (Section 7).
- Course description and rural relevance statement (Sections 2–3).
- Faculty/supervision statement and safety/governance summary (Section 8).
- Attendance certificate (to be provided after completion) stating days/hours attended.
- Evidence of interactive components (e.g., program highlighting skill stations; station rotation schedule).
- Any additional documents requested by your College or Department of Health guidelines.

10. Required overseas criteria – suggested wording for common questions

A) Why is the activity not available, or difficult to attend, in Australia?

Cadaveric ultrasound-guided regional anaesthesia training is very limited in Australia, offered infrequently with small participant numbers. Where available, demand often exceeds capacity and access can be constrained by waiting lists and distance. This overseas activity provides high-fidelity cadaveric training with close supervision, enabling rural clinicians to maintain and enhance procedural analgesia skills relevant to Australian rural ED practice.

B) How will this benefit rural Australian procedural/emergency practice?

This activity strengthens skills in ultrasound-guided regional anaesthesia to improve acute pain management for trauma and fractures, support safe procedural care, and reduce reliance on systemic opioids and procedural sedation in rural EDs. Skills gained can improve patient safety, comfort and care efficiency in MM 3–7 settings.

11. Program Timetable

DAY 1 (08:00–15:00)

08:00–08:15 Welcome & safety briefing

08:15–09:30 Principles & sono-anatomy talks

09:30–10:00 Morning tea

10:00–12:15 Cadaveric rotations (lower limb & trunk blocks)

12:15–13:00 Lunch

13:00–14:30 Cadaveric rotations continued

14:30–15:00 Case discussion

DAY 2 (08:00–15:00)

08:00–08:15 Review

08:15–09:30 Pharmacology & advanced blocks

09:30–10:00 Morning tea

10:00–12:30 Cadaveric rotations (upper limb & advanced blocks)

12:30–13:15 Lunch

13:15–14:30 Revision stations

14:30–15:00 Wrap-up & credentialing discussion

12. Contact

Course organiser: Dr Raj Kathirgamanathan (Course Director – RA Resus Skills Hub)

Email: info@r2skills.com.au

Website: <https://r2skills.com.au>

Disclaimer: This pack is provided to assist individual applicants. Final eligibility and approval decisions rest with the relevant College/Managing Organisation and the Department of Health, Disability and Ageing.