Royal Australasian
College of Surgeons

FATES 4 GRiD

Information Pack

June 2026

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1. Abbreviations

ACRRM	Australian College of Rural and Remote Medicine
ANZCA	Australian and New Zealand College of Anaesthetists
FATES	Flexible Approach to Training in Expanded Settings
GRiD	Generalism and Global, Regional/Rural/Remote and Deployable – Humanitarian and Deployable
RACGP	Royal Australian College of General Practitioners
RACMA	Royal Australasian College of Medical Administrators
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmologists

2. Executive summary

The Flexible Approach to Training in Expanded Settings Round 4 (FATES 4) GRiD (Generalism and Global, Regional/Rural/Remote, Deployable – Humanitarian and Military) Faculty Project aims to establish a sustainable "home for generalism" within the Royal Australasian College of Surgeons (RACS). The project seeks to enable surgeons from all nine surgical specialties to collaboratively develop, maintain and regain generalist capabilities that support practice in remote, rural and regional (RRR) communities, as well as other geographically isolated, resource-limited settings, including military, humanitarian and global surgery.

The FATES 4 GRiD Project will achieve this through Post-Fellowship Education and Training (PFET) delivered through the development of a dedicated GRiD Faculty. The Faculty will enable surgeons to continue to engage in generalist training and practice, following completion of the Surgical Education and Training Program (SET), aligned with the RACS Remote, rural and regional professional skills curriculum and eLearning course. The GRiD Faculty will facilitate training tailored to the needs of individual surgeons and communities, focusing on broad and extended scope capabilities required to meet local community needs. The Faculty will bring together GRiD surgeons, urban surgeons and surgeons from all nine surgical specialties and subspecialties to facilitate training and maintenance of skills, and durable networks for collaborative interdisciplinary practice in geographically dispersed teams.

The project is funded by the Australian Department of Health, Disability and Ageing (the Department) in consortium with the Australian and New Zealand College of Anaesthetists (ANZCA), the Australian College of Rural and Remote Medicine (ACRRM), the Royal Australian College of Medical Administrators (RACMA), the Royal Australian and New Zealand College of Ophthalmologist (RANZCO), and the Royal Australian College of Physicians (RACP).

The following background information includes:

1. terms of reference for the FATES 4 GRiD Working Groups
2. original documents from the Rural Health Equity GRiD Working Group (2021) - the Rural Health Equity GRiD Working Group was not continued due to RACS operational/financial constraints.
3. how GRiD fits into the RACS Rural Health Equity Strategic Action Plan, and
4. an initial gap analysis of internal and external resources for GRiD surgeons.

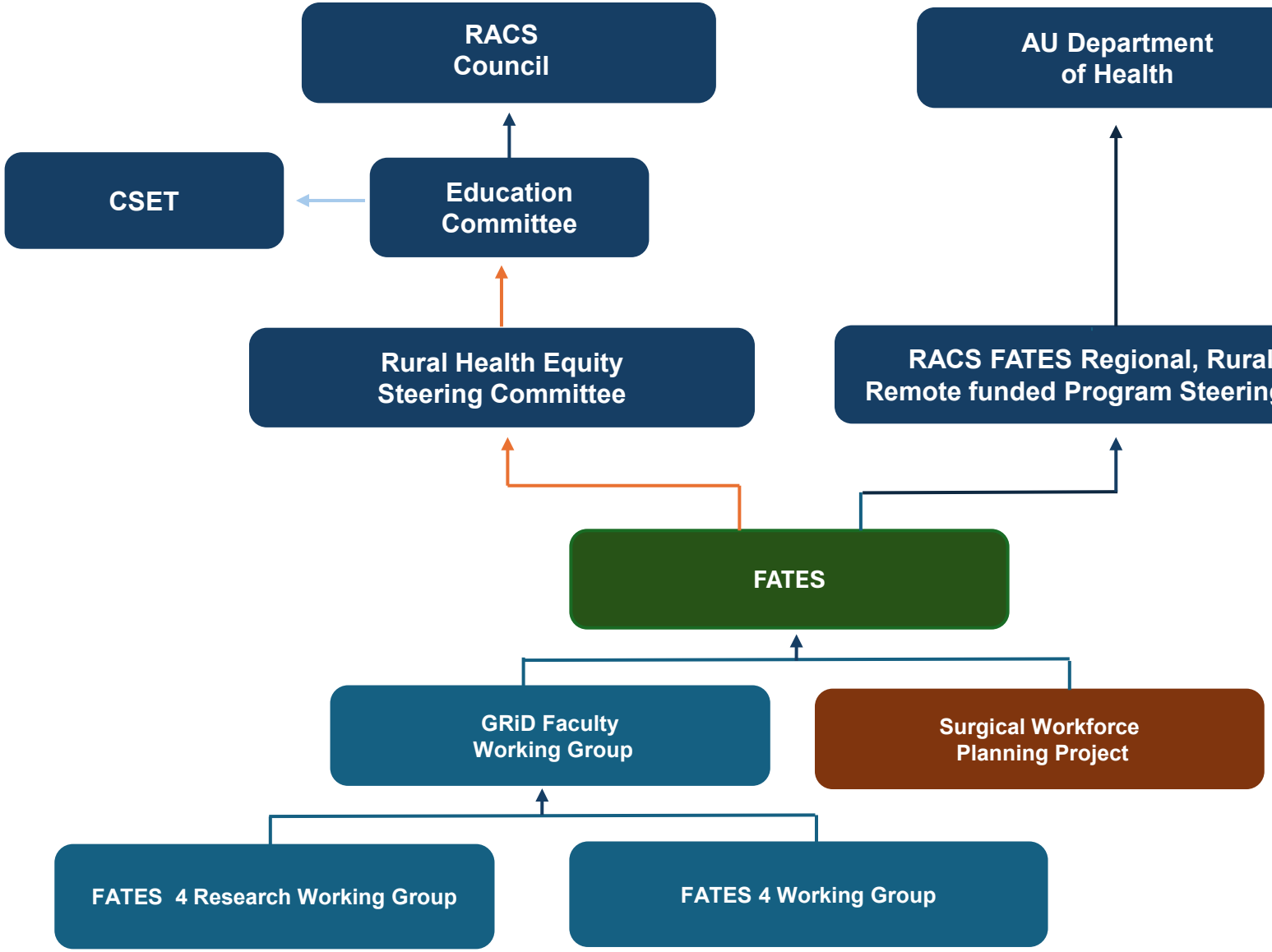
Please note that these documents are a starting point, and the FATES 4 GRiD Project will further develop the concept to be relevant and implementable within contemporary internal RACS and external healthcare environments.

GRiD Surgery Microlearning Module

A microlearning module on GRiD surgery has been created as part of the RACS Remote, Rural and Regional Professional Skills Course for Trainees and is also available as a microlearning resource for Fellows. It takes approximately 25 minutes to complete.

Members of the FATES 4 GRiD Working Groups are encouraged to complete the module, as it provides a useful overview of the GRiD concept and Faculty. It also outlines the role of Rural-Focused Urban Surgeons (RUFUS), along with surgical and subspecialty societies, in supporting training and collaboration with GRiD surgeons.

The module can be accessed via: https://360.articulate.com/review/content/316cbd3b-3038-46d0-a186-f259baad2f28/review



Inform
Endorsement
Approval
Governing Committees/Approving body
Delivery/Working body

FATES updates will be provided to:

- Rural Health Equity Steering Committee (RHESC)
- Education Committee (EC)
- Council
- Committee of Surgical Education and Training (CSET)
- Research, Audit and Academic Surgery Committee (RAAS)
- Professional Standards and Fellowship Services Committee (PSFSC)

Portfolio: **Department:**	**Operations and Partnerships**	**Ref. No.**	**TOR-XXX-XXX**
Title:	**FATES RACS Regional, Rural and Remote (RRR) Funded Program Steering Group**		

1. PURPOSE AND SCOPE

This document establishes the terms of reference for the Flexible Approach to Training in Expanded Settings (FATES) RACS Regional, Rural and Remote (RRR) funded program Steering Group,

The Commonwealth Department of Health Disability and Aging (DoHDA) funded FATES program aims to:

- Promote a positive medical education culture and support quality specialist medical training in regional, rural, and remote Australia
- Reduce barriers and improve incentives for entering regional, rural, and remote medical practice
- Improve the distribution and supply of specialist medical training in areas of undersupply, particularly in priority areas
- Attract and support First Nations trainees to grow the First Nations workforce towards population parity.

This will be achieved by supporting the expansion of accredited regionally based training posts, delivered through a regionally focused and targeted faculty.

2. KEYWORDS

FATES, Rural health, Sponsors, Authorisers.

3. TERMS OF REFERENCE

3.1 Objectives

The FATES RACS Regional, Rural and Remote (RRR) funded program Steering Group is responsible for the management, including financial, project oversight, development and delivery timelines and all decision-making functions including:

- Accountable for overall project governance, delivery, and Commonwealth reporting.
- Ensures adherence to RACS's Rural Health Equity Strategic Action Plan and internal governance protocols.
- Oversees and manages project risk management, budget review, and communications strategy.

Where required, it will provide recommendations and feedback to various RACS sitting committees and act as FATES ambassadors at meetings external to RACS.

3.2 Duties and Responsibilities

3.2.1 To provide oversight and management of all FATES related activities and actions

3.2.2 To authorise all Program level activities

3.2.3 Provide feedback to the FATES Program Manager on expectations, other pieces of work underway at RACS and ensure project integrates into RACS activity and aligns with RACS policy.

3.2.4 Ensure financial compliance with best practice management principles

3.3 Powers

The FATES RACS Regional, Rural and Remote (RRR) funded program Steering Group is an executive group and assumes all powers related to that position.

3.4 Composition and Size

Membership shall comprise of:

3.4.1 Chief Executive Officer, RACS

3.4.2 Executive General Manager, Pathways to Fellowship

3.4.3 Chief Operations and Partnerships Officer, Operation and Partnerships

3.4.4 General Manager Research Audit and Academic Surgery (RAAS)

3.4.5 Senior Project Manager, Surgical Workforce Project

3.4.6 Program Manager – FATES.

3.4.7 External advisors as required

The Chair shall be the Chief Executive Officer, supported by the FATES Program Manager, who will run the meeting and chiefly present.

3.5 Tenure and Method of Appointment

The Chair will appoint FATES RACS Regional, Rural and Remote (RRR) funded program Steering Group members for 18 months from January 2026 to September 2027.

3.6 Meetings

The FATES RACS Regional, Rural and Remote (RRR) funded program Steering Group shall convene monthly throughout the project period (January 2026 to August 2027) either virtually or face to face when the opportunity arises.

3.7 Accountability and Reporting Structure

The FATES RACS Regional, Rural and Remote (RRR) funded program Steering Group has the Chief Executive Officer as its Chair and will report through Senior Committees, such as:

3.7.1 RACS Council

3.7.2 RACS Education Committee

3.7.3 RACS Committee of Surgical Education and Training (CSET)

3.7.4 Rural Health Equity Steering Committee

3.7.5 RACS Indigenous Health Committee

4 ASSOCIATED DOCUMENTS

Nil

Approver - Authoriser
FATES RACS Regional, Rural and Remote (RRR) funded program Steering Group

Portfolio:	**Operations and Partnerships**	**Ref. No.**	**TOR-XXX-XXX**
Department:	**Accreditation, Rural Health Equity and Research**		
Title:	**FATES 4 GRiD Project Working Group**		

1. PURPOSE AND SCOPE

This document establishes the terms of reference for the Flexible Approach to Training in Expanded Settings (FATES) 4 Working Group.

The Commonwealth Department of Health Disability and Aging (DoHDA) funded FATES program aims to:

- Promote a positive medical education culture and support quality specialist medical training in regional, rural, and remote Australia
- Reduce barriers and improve incentives for entering regional, rural, and remote medical practice
- Improve the distribution and supply of specialist medical training in areas of undersupply, particularly in priority areas
- Attract and support First Nations trainees to grow the First Nations workforce towards population parity.

This will be achieved by supporting the expansion of accredited regionally based training posts, delivered through a regionally focused and targeted faculty.

2. KEYWORDS

FATES, Rural health, Working Group.

3. TERMS OF REFERENCE

3.1 Objectives

The FATES 4 GRiD Working Group is responsible for making program recommendations, ensuring alignment, accountability and risk management.

3.2 Duties and Responsibilities

3.2.1 To implement project deliverables as defined in the Standard Grant Agreement (SGA), including but not limited to:

- Stakeholder engagement strategies
- Data audits and analysis, and
- Development of peer-reviewed publications

3.2.2 To provide informed recommendations to the RACS FATES Regional, Rural and Remote Funded Program Steering Group through the Program Manager

3.2.3 To facilitate engagement with key external stakeholders, including:

- Specialist Training Post (STP) partners
- Regional Training Hubs
- Specialty Training Committees/ Boards and Societies, and
- Specialist Medical Colleges

3.3 Powers

The FATES 4 GRiD Working Group will provide recommendations and feedback to the RACS FATES Regional, Rural and Remote (RRR) funded program Steering Group in relation to the objectives, duties and responsibilities listed above and ensure that the appropriate stakeholders have been consulted for their subject matter expertise. The FATES 4 GRiD Working Group will ensure alignment, accountability, and risk management throughout the duration of the project.

3.4 Composition and Size

Membership shall comprise of:

3.4.1 Chair and Secretariat

3.4.2 Representative (Observer) from the Department of Disability, Health, and Aging (DoHDA)

3.4.3 First Nations Advisor

3.4.4 Member(s) from the Royal Australian College of Physicians (RACP)

3.4.5 Member(s) from the Royal Australian College of Medical Administrators (RACMA)

3.4.6 Member(s) from the Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

3.4.7 Member(s) from the Australian College of Rural and Remote Medicine (ACRRM)

3.4.8 RACS Clinical Advisors

3.4.9 RACS staff as required

3.4.10 In Attendance:

3.4.11 FATES Program Manager

Additional stakeholders or subject matter experts may be co-opted on a temporary or standing basis to support discussion on discrete pieces of work, as agreed by the Chair.

Portfolio:	**Operations and Partnerships**	**Ref. No.**	**TOR-XXX-XXX**
Department:	**Accreditation, Rural Health Equity and Research**		
Title:	**FATES 4 GRiD Project Working Group**		

3.5 Tenure and Method of Appointment

The Chair will appoint members who are nominated by Consortium partners and other members will be appointed via an Expressions of Interest (EOI) and approval process.

Members will have a tenure of 18 months from January 2026 – September 2027.

Meetings

The FATES 4 GRiD Working Group shall convene monthly for the duration of the project.

3.6 Accountability and Reporting Structure

The FATES 4 GRiD Working Group will provide advice to the FATES RACS Regional, Rural and Remote funded program Steering Group.

4 ASSOCIATED DOCUMENTS

Nil

Approver - Authoriser
FATES RACS Regional, Rural and Remote funded program Steering Group

TERMS OF REFERENCE ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Portfolio:	**Operations and Partnerships**	**Ref. No.**	**TOR-XXX-XXX**
Department:	**Accreditation, Rural Health Equity and Research**		
Title:	**FATES 4 GRiD Research Working Group**		

1. PURPOSE AND SCOPE

This document establishes the Terms of Reference for the Flexible Approach to Training in Expanded Settings Round 4 (FATES 4) Research Working Group. The Commonwealth Department of Health, Disability and Ageing (DoHDA) funded FATES program aims to:

- Promote a positive medical education culture and support quality specialist medical training in regional, rural, and remote (RRR) Australia
- Reduce barriers and improve incentives for entering regional, rural, and remote medical practice
- Improve the distribution and supply of specialist medical training in areas of undersupply, particularly in priority areas
- Attract and support First Nations trainees to grow the First Nations workforce towards population parity

The FATES funded project, *Developing a flexible, generalist, broad and extended-scope surgical workforce to meet Regional, Rural and Remote community need* (Grant ID# 4-KPFPAOF) aims to increase the supply of non-GP specialist surgical training positions across the nine surgical disciplines in RRR Australia.

This will be achieved by supporting the expansion of accredited regionally based training posts, delivered through a regionally focused and targeted faculty. The Global Remote/Rural/Regional and Deployable (GRiD) Faculty is a cross-College initiative under FATES 4 to create a sustainable model of generalist, rural-ready surgical training and practice.

Project period:01/06/2025 - 30/08/2027

2. KEYWORDS

Rural health, FATES 4, Training

3. TERMS OF REFERENCE

3.1 Objectives

The FATES 4 Research Working Group is responsible for the design and delivery of the FATES 4 research deliverables including:

- Defining safe and high-quality generalist surgical practice in RRR settings
- Analyses of Australian and New Zealand Audit of Surgical Mortality (ANZASM) and other relevant clinical quality registry data comparing generalist and subspecialist outcomes between metropolitan and RRR surgical services.
- Recommendations for curriculum, hospital accreditation and rural training networks
- Collaborate with the RACS Indigenous Health Committee, for guidance, input and review to ensure research is informed by and/or co-designed with First Nations workforce and community needs

The FATES 4 Research Working Group will provide recommendations and feedback to the RACS FATES Regional, Rural and Remote (RRR) Funded Program Steering Group and Rural Health Equity Steering Committee and ensure that appropriate stakeholders are consulted for their subject matter expertise.

3.2 Duties and Responsibilities

3.2.1 To provide oversight of all research activities conducted under FATES 4, including study design, interpretation of findings and contributing to reporting outputs.

3.2.2 Provide regular feedback to the FATES RACS Regional, Rural and Remote Funded Program Steering Group and Rural Health Equity Steering Committee.

3.2.3 To liaise and support RACS portfolios in the development and implementation of rural health equitable policies and procedures.

3.3 Powers and Reporting

The FATES 4 Research Working Group will report to and make recommendations to the FATES 4 RACS Regional, Rural and Remote funded program Steering Group.

Sharing information, seek guidance and staged approval of outputs with the Rural Health Equity Steering Committee and the Project Working group in relation to the objectives, duties and responsibilities listed above.

3.4 Composition and Size

Core membership will include RACS researchers and FATES 4 consortium research representatives. Membership shall comprise of:

3.4.1 Chair, Research Lead, FATES 4.

3.4.2 Royal Australasian College of Physicians (RACP) representation

3.4.3 Australian & New Zealand College of Anaesthetists (ANZCA) representation

3.4.4 Royal Australian and New Zealand College of Ophthalmologists (RANZCO) representation

3.4.5 Royal Australasian College of Medical Administrators (RACMA) representation

3.4.6 Australian College of Rural and Remote Medicine (ACRRM) representation

3.4.7 Member(s) from RACS Indigenous Health Committee

3.4.8 Rural surgical experts – RRR representation

3.4.9 External advisors as required including Specialist Training Program (STP) partners, Regional Training Hub, Specialty Societies' and Specialist Medical Colleges representatives

In Attendance:

Attendance of Research Working Group members will be determined by project phases, need and relevance to members' subject expertise.

3.4.10 General Manager | Research, Audit and Academic Surgery

3.4.11 RACS Staff as required, including ANZASM analysts, FATES 4 Program Manager, FATES 4 Research Officer, ASERNIP-s representation

The Chair shall be the Research Lead appointed by FATES 4 RACS Regional, Rural and Remote funded program Steering Group. Other Fellows or non-surgical experts may be invited by the Chair, Research Working Group as required.

3.5 Tenure and Method of Appointment

The Chair will appoint Research Group members who are nominated by Consortium partners and other members will be appointed via an EOI and Research Group committee approval.

Tenure will be for 18 months from February 2026 to September 2027.

3.6 Meetings

The FATES 4 Research Working Group shall convene monthly meetings throughout the project period either virtually or face to face when the opportunity arises.

3.7 Accountability and Reporting Structure

The FATES 4 Research Working Group will report to the FATES RACS Regional, Rural and Remote Funded Program Steering Group.

The FATES 4 Research Group will share information, seek guidance and staged approval of outputs with Rural Health Equity Steering Committee and the Project Working Group on research activities and outcomes.

4 ASSOCIATED DOCUMENTS

Rural Health Equity Strategic Action Plan
Regulation – Approval of Post Fellowship Training Programs
Policy – Post Fellowship Education and Training Accreditation Panel Terms of Reference

Approver - Authoriser
FATES RACS Regional, Rural and Remote funded program Steering Group

Portfolio:	**Pathways to Fellowship**	**Ref. No.**	**TOR-XXX-XXX**
Department:	**Accreditation, Rural Health Equity and Research**		
Title:	**GRiD Faculty Working Group**		

1. PURPOSE AND SCOPE

This document establishes the terms of reference for the GRiD Faculty Working Group, formerly the Rural Health Equity Global, Rural/Regional/Remote and Deployable (GRiD) Working Group.

2. KEYWORDS

Rural health, working group.

3. TERMS OF REFERENCE

3.1 Objectives

The GRiD Faculty Working Group is responsible for designing the GRiD fellowship, and establishing a GRiD Faculty. It will provide recommendations and feedback to the Rural Health Equity Steering Committee and ensure that the appropriate stakeholders have been consulted for their subject matter expertise.

3.2 Duties and Responsibilities

3.2.1 To design the GRiD Fellowship and establish a GRiD Faculty.

3.2.2 Provide feedback to the Rural Health Equity Steering Committee.

3.2.3 To liaise and support RACS portfolios in the development and implementation of rural health equitable policies and procedures.

3.3 Powers

The GRiD Faculty Working Group will make recommendations to the Rural Health Equity Steering Committee in relation to the objectives, duties and responsibilities listed above.

3.4 Composition and Size

Membership shall comprise of:

3.4.1 Chair

3.4.2 Member(s) from the Rural Health Equity Steering Committee

3.4.3 Member(s) from the Rural Surgery Section Committee

3.4.4 Member(s) from the Military Surgery Section

3.4.5 Member(s) from the Global Health Programs Steering Group

3.4.6 General Surgery Australia (GSA) representation

3.4.7 New Zealand Association of General Surgery (NZAGS) representation

3.4.8 Australian Orthopaedic Association (AOA) representation

3.4.9 New Zealand Orthopaedic Association (AOA) representation

3.4.10 External advisors as required

3.4.11 RACS staff as required

In Attendance:

3.4.12 Executive General Manager, Pathways to Fellowship

The Chair shall be a Fellow appointed by the Rural Health Equity Steering Committee Chair. Other Fellows or non-surgical experts may be invited by the Steering Committee Chair as required.

RACS recognises that there are positive benefits from diverse membership. The Steering Committee Chair will co-opt members to improve group diversity, particularly in relation to gender, ethnicity, medical education qualifications and geography

3.5 Tenure and Method of Appointment

The Steering Committee will appoint GRiD Faculty Working Group members and their tenure will be for 18 months from February 2026 – September 2027

3.6 Meetings

The GRiD Faculty Working Group shall convene at least three meetings within a 12 month period either virtually or face to face when the opportunity arises.

3.7 Accountability and Reporting Structure

The GRiD Facuty Working Group will provide advice to the Rural Health Equity Steering Committee and the FATES RACS Regional, Rural and Remote Funded Program Steering Group

4 ASSOCIATED DOCUMENTS

Rural Health Equity Strategic Action Plan
Regulation – Approval of Post Fellowship Training Programs
Policy - Post Fellowship Education and Training Accreditation Panel Terms of Reference

Approver - Authoriser Rural Health Equity Steering Committee

GRID – PRINCIPLES AND FACULTY PROPOSAL

RURAL HEALTH EQUITY STRATEGY
DECEMBER 2021

1. INTRODUCTION

The RACS GRiD Faculty aims to address the need for:

- a culturally and emotionally intelligent generalist and broad scope surgical workforce (across all surgical disciplines),
- with the skills and motivation to work collaboratively and effectively,
- in areas of need and limited resource environments and through deployment for humanitarian and military surgery.
- working toward equity in access to surgical services

Patients and populations

We are united by our purpose to respond to the needs of the Regional, Rural and Remote people and populations we serve, especially those in areas of acute need, workforce maldistribution, and Global/Humanitarian and Military personnel.

Context

Training Fellowships need to relevant to the needs of and the resources available in the communities that need the GRiD surgeons. Expectations will change with natural and induced disasters within and outside our borders.

Surgeons

Surgeons first, and GRiD broad scope of practice surgeons second. We will focus on the Post Fellowship Education and Training (PFET) and Continuing Professional Development (CPD) areas, building on the generalist skills provided by the SET training program and providing skilled GRiD supervisors and surgical training.

The focus will be:

- what an individual practitioner needs to add to their skill set or network to serve the people/population they intend to serve;
- bespoke programs of study/experience/research;
- flexible with multiple options and pathways, across a spectrum from attending individual events/accessing resources to completing a PFET program.

All programs need to be flexible but have a structured framework to build on. The framework may be external to RACS based on a framework endorsed by RACS. It will be different for each group and each individual. It is likely that no two programs will look the same.

2. GRID FACULTY

We will:

- Work at the intersection of Global, Humanitarian, Military, and Rural/Remote/Regional surgery.
- Link to and collaborate with existing groups and organisations that share our goals (co-development).
- Create a PFET (can change the title to FET if more acceptable than using Post) and CPD resources, courses, events to fill existing gaps especially skills in low resource, low tech and high need areas, for FRACS surgeons, SIMGS and SET trainees.
- Create a GRiD online hub providing information, links to internal and external resources, courses and groups,
- Create a GRiD library
- Undertake assessment of candidates for PFET or admission to membership, fellowship, and faculty
- Continue to work within the Generalism ethos and work with regulators to allow GRiD surgeons to maintain a broad scope of practice.
- We will work with other Specialty Societies – e.g. Trauma, Orthopaedics, Neurosurgery, Cardiothoracic to be able to access the training needs to "fill the gap"

We will not:

- Duplicate existing committees, courses, resources, groups, or codes of conduct.

3. GRID PFET PRINCIPLES

1) Start with addressing the need of the community the surgeon intends to serve / will be serving

2) Applicant includes a letter of intent for practice area, needs of community and needs of surgeon

3) Is aligned with the RACS Surgical Competence and Performance Framework

4) Is bespoke:
   a. We know that "any transition requires an understanding of where the trainee is coming from and where they are going to" Quoted in this: https://medicaldeans.org.au/md/2021/09/Training-Tomorrows-Doctors-all-pulling-in-the-right-direction-September-2021.pdf from original source 19
   Tweed, M.J.; Bagg, W.; Child, S.; Wilkinson, T.J.; Weller, J.M. (2010) How the trainee intern (TI) year can ease the transition from undergraduate education to postgraduate practice. New Zealand Medical Journal. Vol. 123:1318, page 87.
   b. What community do you need to serve?
   c. What skills and knowledge do you already have? What gaps need to be filled?
   d. How can these skills be gained?

5) Training can involve:
   a. Two year continuous participation in a program of work and study as a new Fellow:
      i. e.g. Completion of GSA PFET in Rural Surgery (already exists) or develop new PFETs or FETs suitable for Fellows to access at any stage of their careers.
   b. A combination of activities to gain skills, knowledge and experience, sequentially over a period of time, alongside or in addition to core clinical work (needs a framework) Completion in modules/parts over a whole

6) Resources:
   a. Needed to have the staff to run the programme - administrative
   b. Needed to access the funding to run the programme
   c. Needed to support the delivery of the GRiD principles

7) Is assessed using a:
   a. Fair, transparent and equitable framework (e.g., the GSA Rural PFET already has assessment criteria)
   b. For those not doing an existing PFET programs we can construct a FET framework for assessment based on
      i. Skills and knowledge e.g. courses attended (without assessment/performance measured)
      ii. Experience, clinical (deployment, short term attachments in high volume settings, 2 years' experience living and working in RRR), governance, advocacy, policy, or research
      iii. Performance (based on agreed measures): application of skills and knowledge to produce an externally validated outcome
   c. Attainment of external qualification by coursework or research and with assessment
   d. Workplace based assessments
   e. Peer review of practice
   f. Multisource feedback including self-reflection
   g. Published research in peer reviewed journal
   h. Published grey literature
   i. Quality improvement activity

4. GOAL SETTING

This section is for GRiD Working Group members to propose short, medium and long term goals, actions and priority areas.

- Short term : six to 12 months
- Medium term: one to two years
- Long term: three years plus

	Proposed Goals
Short Term	
Medium Term	
Long Term	

5. IN SCOPE AND OUT OF SCOPE

Body or Group	In Scope	Out of Scope
GRiD Working Group	See GRiD ToR. Write outline for GRiD PFET policy and faculty outline and policy Write foundation documents and plans for PFET and FET policy, rules, and who can be admitted to faculty (including foundational faculty) and faculty activities. Write code of conduct with agreed and non-negotiable behaviours and submit to RHESC for approval. Note: ToR allows for co-option of people with relevant skills and experience or diversity to the committee	Exist for more than 12 months, without seeking extension of working group tenure from RHESC Consider activities in the prevocational (pre SET) or surgical education and training space (SET); GRiD may advise BSET on such matters as needed, via the RHESC Form agreements with bodies external to RACS or act on behalf of RACS in dealings with external bodies, unless directed to do so by RACS Council
RHESC	Consider GRiD Working Groups' recommendations Consult with Education Board and Fellowship Engagement committees Seek approval of policy from RACS Source funding to progress work Appoint founding members of faculty Oversee administration of external sources of funding (if successful in application for FATES funding from Australian Federal Government)	Duplicate existing internal (RACS and societies) duties, responsibilities or activities Exist beyond two years without seeking extension of Steering Committee tenure from RACS Council
Foundation Faculty	FRACS surgeons appointed by RHESC to be founding Faculty Design, implement and overseas GRiD activities	
Faculty	Fulfil requirements for admission as faculty Assess and recommend awarding of admission to membership and fellowship according to transparent objective processes Participates in courses, assessment, governance of GRiD post-fellowship education and training and Continuing professional development	Duplicate or replace the existing duties, responsibilities, activities of the existing RACS sections, committees and departments Rural Surgery Section, Global Committee or Section, Military Surgery Section Duplicate or replace existing duties, responsibilities, activities of RACS societies and associations
PFET Participants	FRACS surgeons in any specialty, Participate in education and training and networking activities provided by RACS or external bodies, relevant to GRiD surgery, in working toward a PFET qualification in GRiD surgery	

CPD and FET Participants	FRACS surgeons Participate in modular CPD events provided by RACS or external bodies, relevant to GRiD surgery, to acquire new or maintain existing skills and knowledge	
Members	Fulfil requirements for admission as members Doctor with an interest in GRiD who feel they can benefit or contribute with involvement, similar to ToR for membership to existing RACS sections? Automatically granted if already member of rural, global and military sections? A pre SET, or SET doctor or SIMG on a pathway to fellowship or vocationally registered surgeon (AoNZ) or FRACS surgeon	Have postnominals or voting rights awarded
Graduate of GRiD (Or Fellow?)	FRACS Surgeon who has fulfilled the requirements to be admitted to GRiD as graduate especially undertaking a package of study, research and clinical experience with validated assessment of performance FRACS (primary specialty), with an interest in (GRiD) e.g. FRACS (General) with an interest in Global Surgery OR FRACS, GGRiD (Pending approval of postnominals by RACS).	
Fellow (Continue to use this term or choose another given concern around gendered term, colonial origins, not a full formal FRACS SET or PFET fellowship).	FRACS Surgeon who has fulfilled the requirements to be admitted to GRiD as a graduate plus judged by peers to have made outstanding contributions to education, research, advocacy, governance or clinical service in GRiD field. FRACS FGRiD	

6. STAKEHOLDERS

Stakeholders	Global	Rural / Remote / Regional	Military / Deployable
Patients	People without access to safe accessible surgery	Regional, Rural and Remote people	Service personnel
Leaders			
Collaborators	WHO PISA (Fiji, PNG) Timor RCS Ed Faculty of Humanitarian…	NRHA (see AoNZ strategy for NZ stakeholders) Jurisdictions esp. WACHS, Queensland Health (Better Health NQ) NT health via RACS MOU, ACRRM and RDAA	AoNZ and AUS Military

7. RESOURCES

Resources	Global	Rural / Remote / Regional	Military / Deployable
RACS	Global Surgery Section code of conduct		
Outside RACS			NZMAT AUSMAT Cairns DSTC
Societies (GSA, NZAGS, AOA, NZOA)		Rural PFET GSA	
Gaps – what needs to be created			

8. GRID SURGEON BEHAVIOURS

RACS Competency and Performance Framework	All	Global	RRR	Humanitarian	Military
1) Medical Expertise					
2) Judgement and Clinical Decision Making					
3) Technical Expertise					
4) Professionalism					
5) Health Advocacy					
6) Communication					
7) Collaboration and Teamwork					
8) Leadership and Management					
9) Scholarship and Teaching					
10) Cultural Competence and Cultural Safety					

9. RURAL HEALTH EQUITY STRATEGY – GRID ACTIONS

9.1 TRAIN FOR RURAL

Actions	Deliverables
5. Dual fellowship in primary specialty plus Global, Remote/Rural/Regional and Deployable (GRiD) Surgery	**5.1**. Establish GRiD faculty (see Retain for Rural for more) **5.2**. Dual fellowship achieved concurrently with SET training and/or through post-SET fellowship positions.

9.2 RETAIN FOR RURAL

Actions	Deliverables
1. Ongoing educational, professional, and personal support for rural surgeons	**1.1.** Establishment of faculty in Global, Remote/Rural/Regional and Deployable (GRiD) Surgery **1.1.1.** Develop GRiD dual fellowship post-Fellowship (PFET) qualification **1.1.2.** Surgeons to participate as faculty members, mentors, teachers, supervisors and trainers **1.1.3.** Establish a RACS Annual Scientific Congress Section **1.1.4.** Curation of GRiD library resource hub **1.1.5.** Develop CPD offerings in line with GRiD faculty **1.2.** CPD access for rural surgeons to be bolstered with **1.2.1.** Remote access to participate in meetings and CPD events. Develop Technology as a Tool for Inclusion policy paper. **1.2.2.** Review of current CPD content. **1.3.** Revamp RACS Rural Surgery Section Online Information Hub **1.4.** Collaborate with regulators to recognise and protect enhanced/broad scopes of practice for rural surgeons (development of GRiD PFET qualification). **1.5.** Collaborate with Royal Australasian College of Medical Administrators and jurisdictions to develop a mediator model between rural surgeons and hospital administrators. **1.6.** Advocate for safe hours contracts for rural surgeons, with the onus on hospitals to devise protocols for task substitution, transfer or locums and service level responsibility for safe rostering. **1.7.** Foster a pro-rural culture within RACS.

Royal Australasian College of Surgeons

Minutes
GRiD Fellowship Meetings – Rural and Military, Global

Date: Monday 19th April 2021 and Friday 23rd April

Time: 7:00 – 8:30 PM (AEST) and 3:00 – 4:00 PM

Microsoft Teams

Members:

Dr Sally Butchers	Incumbent General Surgeons Australian President
Mr Ian Young	Chair, Military Surgery Section
Dr Andrew Pearson	Military Surgery Section
Dr Kyle Bender	Military Surgery Section
Prof Owen Ung	Chair, Global Health Programs Steering Group
Dr Bridget Clancy	Vice-Chair, Rural Health Equity Steering Committee
• Ms Olivia Hartles	Senior Project Lead, Rural Health Equity Strategy

1 Minutes

1.1 Agenda

B Clancy briefed the group on the background of the GRiD fellowship development (also documented in the provided paper) and potential next steps.

1.2 Military Section Feedback

Recently the group has been working to define the required operational clinical skillset for a deployable, military surgeon. To ensure requirements are met, Military believe the GRiD PFET should include:

- Bespoke training pathways based on the individual's background
- Readiness assessments at beginning and end of pathway
- Core fundamentals include:
    - Austere environment
    - Trauma
    - Open rather than minimal access surgery
    - Wider scope of practice
- Incorporation of time overseas
- Learner centred approach
- Ensure ongoing CPD to maintain relevancy

The Military Section representatives advised they wished to join a GRiD working group and contribute to its development.

1.3 GSA Rural PFET Feedback

Candidates for the GSA Rural PFET program were encouraged to apply with a job in mind as a final goal. Planning then takes place with the sub-specialities to provide the candidate the skills they require. Recommendations include:

- Design the individual PFET on the specific needs of context (hospital and location)
- Metro posts can provide the network links, but need to ensure plan is established for final destination to avoid disruption of social bonds and ensuring surgeons stay as close to country as possible
- Identify what trauma competencies are mandatory, and what can be met through either experience or knowledge
- GSA could house the GRiD PFET

- Facilitate access to learning opportunities, rather than dictating

S Butchers advised she wished to join a GRiD working group and contribute to its development. She also suggested GSA be the sponsoring society for the GRiD Fellowship.

1.4 Global Health Section Feedback

O Ung has recently become the Global Health Section Chair. He has previously fulfilled the Queensland State Committee Chair role and advocated for rural and urban fellowships in QLD. His recommendations included:

- Involving the RACS State Committees, as they have established close links to the health networks in their areas.
- Canvasing possible sources of external funding for GRiD

O Ung advised he wished to join a GRiD working group and contribute to its development.

1.5 Next Steps

1) Develop Terms of Reference and position in governance structure
2) Seek nominations for a working group

Royal Australasian College of Surgeons

1. Rural Health Equity GRiD Working Group - Agenda (Chairs Notes)

15:30 – 17:00 pm AEDT Friday 19 November 2021
Microsoft Teams

All matters discussed and raised in this meeting are private and confidential and will be deemed to be private and confidential whether they are noted as such or not. Any unauthorised sharing of matters discussed and raised in this meeting is prohibited.

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			Owner	Action
	2.	**Standing Orders**		
★	2.1.	Acknowledgement to Traditional Owners, Māori Welcome Welcome and Apologies	Chair	Noting
★	2.2.	Declaration of Conflicts of Interest		Noting
★	2.3.	Starring of Items		Noting
★	2.4.	Introduction of GRiD Working Group Members		Discussion
	3.	**GRiD Working Group**		
★	3.1.	GRiD Introduction	Chair	Presentation
★	3.2.	Terms of Reference and Governance Map	Chair	Discussion
★	3.3.	Workplan and FATES Project	Chair	Discussion
★	3.4.	Timelines	Chair	Discussion
	4.	**Other Business**		
	5.	**Meeting Calendar**		
	5.1.	Meeting Dates 2022 • TBA	Chair	Noting

Members / Attendees

Dr Sally Butcher	Chair – GRiD Working Group, General Surgeons Australia (President) - NSW
Dr Bridget Clancy	Rural Health Equity Steering Committee (Vice Chair) - Otolaryngology, VIC
Miss Annette Holian	Australian Orthopaedic Association (President) - VIC
Ms Sarah Benson	General Surgeons Australia (Executive General Manager)
Dr Ian Young	Military Surgery Section (Chair) – Orthopaedic, VIC
Dr Owen Ung	Global Health Program Steering Group (Chair) – General, QLD
Dr Adam Mahoney	Military Surgery Section – Anaesthetist, TAS
Dr Andrew Pearson	Military Surgery Section – General, NSW
Dr Kyle Bender	Military Surgery Section – General, NSW
Dr Chris Phoon	Rural Surgery Section – Orthopaedic, NZ
Dr David Brown	Rural Surgery Section – Urology, NSW
Dr Julian Speight	Rural Surgery Section – General, NZ
Dr Mahiban Thomas	Rural Surgery Section – General, NT
Dr Sabu Thomas	Rural Surgery Section – General, WA

In attendance

Ms Olivia Hartles	Senior Project Lead – Rural Health Equity Strategy

Apologies

Royal Australasian College of Surgeons

Rural Health Equity GRiD Working Group - Minutes

15:30 – 17:00 pm AEDT Friday 19 November 2021
Microsoft Teams

ATTENDEES

Members

Dr Sally Butcher	Chair – GRiD Working Group, General Surgeons Australia (President) - NSW
Dr Bridget Clancy	Rural Health Equity Steering Committee (Vice Chair) - Otolaryngology, VIC
Miss Annette Holian	Australian Orthopaedic Association (President) - VIC
Ms Sarah Benson	General Surgeons Australia (Executive General Manager)
Dr Adam Mahoney	Military Surgery Section – Anaesthetist, TAS
Dr Andrew Pearson	Military Surgery Section – General, NSW
Dr Kyle Bender	Military Surgery Section – General, NSW
Dr David Brown	Rural Surgery Section – Urology, NSW
Dr Julian Speight	Rural Surgery Section – General, NZ
Dr Mahiban Thomas	Rural Surgery Section – General, NT
Dr Sabu Thomas	Rural Surgery Section – General, WA

In attendance

Olivia Hartles	Senior Project Lead

Apologies

Dr Ian Young	Military Surgery Section (Chair) – Orthopaedic, VIC
Dr Chris Phoon	Rural Surgery Section – Orthopaedic, NZ
Dr Owen Ung	Global Health Program Steering Group (Chair) – General, QLD

1. Standing Orders — Action

1.1. Acknowledgement to Traditional Owners, Māori Welcome

Welcome and Apologies

The Chair welcomed members and observers.

Apologies: Noted

1.2. Declaration of Conflicts of Interest

No conflicts of interest were declared.

1.3. Starring of Items

No additional items were starred.

1.4. Introduction of GRiD Working Group Members

All members and staff attendees introduced themselves and their backgrounds.

2. GRiD Working Group

2.1. GRiD Introduction

The Chair delivered a presentation regarding the concept of GRiD and the basis for design. The group held a rigorous discussion regarding the principles and application of the GRiD concept, which included:

- Conceptual and practical application of 'bespoke' principle
- Relevancy and appropriateness for each area of GRiD
- Types of competencies to gain experience in and demonstrate
- Potential frameworks to support program development and variety of qualifications
- Additional stakeholders to include in development
- Defining of the philosophy and intention of the GRiD program, including meeting community expectations (both locally and globally)

Action: Chair, B Clancy and O Hartles to develop and distribute a GRiD proposal to the Working Group for consultation and agreement.

Chair, B Clancy, O Hartles

2.2. Terms of Reference and Governance Map

An official vote was not held on the Terms of Reference; however the group concluded the membership clause of "external advisors as required" would allow for additional stakeholders such as global communities and surgeons that could take part remotely, and therefore the ToR was accepted in principle.

2.3. Workplan and FATES Project

Not discussed in full - agenda item will be deferred until GRiD Proposal accepted by Working Group.

2.4. Timelines

Not discussed – agenda item will be deferred until GRiD Proposal accepted by Working Group.

3. Other Business

3.1 Pacific Island Surgeons Association (PISA)

The Group agreed that PISA should be included in the Working Group membership.

4. Meeting Calendar

4.1. Meeting Dates 2022

TBA.

Follow-up Action Summary

Meeting 19/11/21

Item #	Responsible Member	Issue	Due date	Progress/ Comment
2.1	Chair, B Clancy, O Hartles	Develop and distribute a GRiD proposal to the Working Group for consultation and agreement.	24/12/21	Submitted with minutes.

GRiD Faculty Resources Gap Analysis

Context,specialty or subspecialty scope of practice	Organisations, societies, committees, special interest groups	Key publications, guidelines, documents, curricula, RACS policies	Journals, newsletters, e-zines	Conferences, events, eLearning and courses	Clinical attachment to peer/high volume centre	Key people
Cross-Cutting Context, Scope of Practice and Special Interest Areas						
GRiD	RACS GRiD Faculty The Royal College of Surgeons Edinburgh faculty of remote, rural and humanitarian healthcare	GRiD Faculty TOR and PFET policies in development	RACS GRiD microlearning	google maps	—	—
Rural generalism - primary care	Primary Care: Australia ACRRM and RACGP FARGP, Council of remote area nurses (CRANA), Services for australian remote and rural allied health (SARAH) NZ: NZ rural general practice network, RNZCGP Division of Rural Hospital Medicine of NZ	Primary care: rural generalism defined by the Collingrove Agreement, Rural and remote multidisciplinary teams defined by the Ngayubah Gadan Consensus Statement	—	RACS Remote rural and regional professional skills curriculum, eLearning course (for trainees) and microlearning modules (For Fellows) on rural generalism	—	—
Generalism - non GP specialist	—	—	—	—	—	—
Global surgery	RACS Global Health Section	RACS Global Health Section TOR and Ways of Working RACS Global Health Strategic Plan	—	—	—	—
Remote rural regional practice	RACS: Rural surgery section Several specialty societies have rural committees (Australian Society of Plastic Surgeons, Australian Orthopaedic Association) or rural professional groups (Australian Society of Otolaryngology Head and Neck Surgeons Society of Country ENT surgeons). National Rural Health Alliance Australia Hauora Taiwhenua (Rural Health Network) NZ National Rural Health Commissioner Aus Rural health multidisciplinary training program (RHMT) university departments of rural health, rural clinical schools and regional training hubs and STP program AUS University of Otago rural health section, Whatunga Rangahau Oranga Ahuwhenua, Rural health research network State rural workforce agencies eg RWAV Rural Doctors Association of Australia RDAA AMA rural doctors section NSW Rural Doctors Network	Australian National Medical Workforce Strategy NZ Rural Health Strategy RACS Rural Health Equity Strategic Action Plan RACS Rural Section Membership, webpage, newsletter, scholarships and grants, and resources RACS Remote rural and regional professional skills curriculum, eLearning course (for trainees) and microlearning modules (For Fellows). NRHA Annual rural health snapshot Rural surgery – Challenges and solutions for the rural surgeon textbook, written and edited by RACS surgeons with international rural surgical colleagues (available via RACS Library)	ANZJS Rural section The Australian Journal of Rural Health Journal of Remote and Rural Health NRHA Bushwire newsletter, Partyline e-zine, Build Em Up Podcast RDAA website, newsletter, podcast)	RACS Remote rural and regional professional skills curriculum, eLearning course (for trainees) and microlearning modules (For Fellows) especially module 4 Rural professional practice. RACS ASC rural section GSA PSA Provincial Surgeons Australia Conference Southwest Surgical Conference (WA, hosted by Bunbury/Albany surgeons) RMA Rural Medicine Australia Conference (RDAA and ACRRM) Rural and Remote Health Scientific Symposium co-hosted by NRHA, Australian Rural Health Education Network (ARHEN), the Federation of Rural Australian Medical Educators (FRAME) and the Lowitja Institute Queensland Rural Perioperative Team Training Program (RPTTP) - crisis resource management	The Australian Government Support for Rural Specialists program41 prioritises clinical attachment to a peer, or peer surgical unit, in assessing CPD grant applications	—
RRR Aboriginal and Torres Strait Islander Health and RRR Maori Health	RACS Indigenous Health Committee (with Mina and Maori subcommittees) NACCHO AIDA Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) JCU The Indigenous Education and Research Centre (IERC)	RACS Indigenous Health Position Paper Te Rautaki Māori – RACS Māori Health Strategy and Action Plan The National Aboriginal and Torres Strait Islander Health Plan National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 (Health Workforce Plan) The CONSIDER Statement – Consolidated criteria for strengthening the reporting of health research involving Indigenous peoples105 Protecting Indigenous Māori in surgical research: a collective stance	—	RACS Remote rural and regional professional skills curriculum, eLearning course (for trainees) and microlearning modules (For Fellows) on RRR Aboriginal and Torres Strait Islander Health, and RRR Maori Health, and remote medicine (especially hot zone information) RACS The Aboriginal and Torres Strait Islander Health and Cultural Safety eLearning courses	—	—
Military	RACS Miltary Surgery Section Australian Military Medicine Association AMMA	https://jmvh.org/article/training-war-time-general-surgeons-in-a-peace-time-adf/ https://jmvh.org/article/operational-clinical-readiness-pathways-an-individualised-training-model-to-prepare-adf-general-surgeons-for-deployment/ https://jmvh.org/article/an-operational-clinical-skill-set-for-the-adf-general-surgeon-a-proposal-and-proof-of-concept/	Journal of Military and Veterans' Health	RACS ASC Military Section AMMA annual conference	—	—
Humanitarian, disaster response NCCTRC	National Critical Care and Trauma Response Centre (NCCTRC) The National Emergency Management Agency Aus National Emergency Management Agency – Te Rākau Whakamarumaru, Coordinated Incident Management System and Civil Defence	Management of Limb injuries during disasters and conflicts https://getready.govt.nz/	—	NCCTRC courses: Australian Medical Assistance Team (AUSMAT) Surgical Team course, Australian Trauma team training, Remote area trauma training courses, Hospital Major Incident Medical Management and Support (MIMMS) RACS Remote rural and regional professional skills curriculum, eLearning course (for trainees) and microlearning modules (For Fellows); module 3/rural context/environment, environment, climate change, disaster preparedness response and recovery (need to extract resources referenced in these lessons/modules) , mental health and trauma informed care in disaster contexts	—	—
Medical administration	RACMA	—	—	—	—	—
Trauma inc farm/agriculture/remote trauma	Worksafe NZ- Agriculture resource page, Safer Farms New Zealand, AgHealth Australia, Famsafe Resources, The National Centre for Farmer Health, Farm Safety Toolkit (see RACS RRR PSC Elearing course/rural context/farming culture for links/references)	RACS position papers on trauma, quadbikes, firearms RACS Trauma committee webinar on farm injuries in children	—	Advanced Trauma Life Support (ATLS) Advanced Paediatric Life Support (APLS) Definitive surgical trauma course (DTSC), Liverpool trauma course. The Procedures Course (Alfred Emergency Academic Centre). RACS Remote rural and regional professional skills curriculum, eLearning course (for trainees) and microlearning modules (For Fellows) - farming culture, rural contextual decision making, health systems for health equity trauma case study	—	—

GRiD Faculty Resources Gap Analysis						
Context,specialty or subspecialty scope of practice	**Organisations, societies, committees, special interest groups**	**Key publications, guidelines, documents, curricula, RACS policies**	**Journals, newsletters, e-zines**	**Conferences, events, eLearning and courses**	**Clinical attachment to peer/high volume centre**	**Key people**
Transport, retrieval, remote support and remote medicine	WA Country Health Service Telehealth Command Centre Medical Retrieval and Consultation Centre (Alice Springs MRaCC) Primary response in medical emergencies PRIME AoNZ UTAS Centre for Antarctic, Remote and Maritime Medicine CARMM Australian Antartic Division Polar Medical Unit Australian College of rural and remote medicine - remote medicine AST	—	—	RACS RRR professional skills eLearning course and microlearning modules - remote medical practice lesson/module	—	—
	—	—	—	—	—	—
Surgical Specialties						
Cardiothoracic surgery	—	—	—	—	—	—
Paediatric Surgery	—	—	—	—	—	—
Vascular Surgery	—	—	—	—	—	—
Otolaryngology Head and Neck Surgery	—	—	—	RNSH ENT emergencies course for OHNS surgeons.	—	—
Urology	—	—	—	—	—	—
Plastic and Reconstructive Surgery	—	—	—	—	—	—
General Surgery and subspecialties, endoscopy	—	—	—	General Surgeons Australia Management of Surgical Emergencies Course (MOSES).	—	—
Orthopaedic surgery and subspecialties	—	—	—	—	—	—
Obstetrics and gynaecology	—	—	—	—	—	—
Faciomaxillary and dental	—	—	—	—	—	—