# British Geriatrics Society: co-funded research studentships ...

**Advanced Clinical Training Fellowship in Parkinsons**

**Host Application Template / Training Plan**

**Name of Candidate:**

**GMC Number:**

**BGS Membership number:**

**Title of Fellowship**

*(Please provide your fellowship title. For example 'Advanced Management of Mental Health Conditions associated with Parkinson’s.)*

**Funding** ( ***Please state the amount of funding you are applying for)***

*\*Please note the following when providing your budget:*

*- The funding must include your salary and on costs i.e. other payroll associated expenses such as pension, NI contributions, etc., up to a total of £87,000.*

*- The funding is NOT subject to full economic costing (estates, indirect costs or additional supplements like on call supplements are therefore not payable).*

*- The salary will be paid directly at 100% of the requested funding*

*- The funding will be paid directly to the host institution*

***Name* and Address of Host Organisation**

*Please provide name of host organisation and their address*

**Supervisor**:

*Please provide name of supervisor (plus deputy to cover eventuality of main supervisor absence) and qualifications /experience in this role.*

**Duration**:

*Please indicate proposed start / end dates.*

*Please indicate if the fellowship will be undertaken on a LTFT basis, and indicate FTE (e.g. 0.5, 0.8)*

*Please confirm that there will be a minimum of 5 appraisal meetings during the fellowship (i.e. start, 3, 6, 9 months and final):*

*Yes / No.*

**Introduction to post**:

*Please provide a brief outline of the proposed fellowship (max 500 words):*

*Host organisation’s facilities / available opportunities that will allow this fellowship to succeed (max 500 words):*

For this fellowship please provide the following (approx.):

*Number of consultant supervised sub-specialty clinics / week:*

*Number of consultant supervised ward rounds / week:*

*Number of subspecialty MDTs / week:*

*Number of academic meetings for that subspecialty / week:*

*Other Fellowship specific activity - Number / week:*

**Personal Study Time:**

*Please provide number of free half days / week for private study related to that sub-specialty*

**Additional**

*Please provide any information on collaborative working with other institutions required to achieve the fellowship goals (if applicable):*

*Please provide details of previous clinical fellowship posts successfully hosted at this site (if applicable):*

**Content of Learning:**

*Capabilities in Practice (CiPs) describe the professional tasks or work within the scope of the subspecialty. These high-level aims should describe what a successful fellowship candidate will have achieved by the end of the post. These aims should be above and beyond what trainees are expected to achieve in the standard UK Geriatric Medicine training pathway.*

*CiPs are based on the concept of entrustable professional activities which use the professional judgement of appropriately trained, expert assessors as a defensible way of forming global judgements of professional performance.*

*Each CiP will have a set of descriptors associated with that activity or task. Descriptors are intended to help trainees and trainers recognise the knowledge, skills and attitudes which should be demonstrated.*

*A suggested structure for Advanced Clinical Training Fellowships is to provide four (or more) CiPs, with four descriptors for each CiP which outline:*

*a) Knowledge*

*b) Skills*

*c) Decision making / MDT leadership*

*d) Provision of ongoing care / management*

*Please provide examples of the evidence that will be used to form entrustment decisions regarding the fellowship candidate’s performance.*

*When defining the CiPs for this fellowship please refer to the JRCPTB Geriatric Medicine Curriculum to avoid duplication of standard UK Geriatric Medicine training pathway outcomes.*

Example of CiPs for an Movement Disorders Advanced Clinical training fellowship:

**CiP1: The Diagnosis and management of Parkinson’s disease (PD)**

Descriptor a. (knowledge)  
Understands the anatomy and pathophysiology of motor and non-motor symptoms of Parkinson’s disease and their interactions as pertains to the use of oral, transdermal, subcutaneous drugs treatments, Deep Brain Stimulation and other advanced treatment modalities

Descriptor b. (skills)  
Able to identify and assess (through history, examination and investigations) idiopathic Parkinson’s disease, distinct from atypical parkinsonism, and identify suitable candidates to undergo each therapy above, including all advanced therapies

Descriptor c. (Decision making / MDT leadership)  
Able to lead a MDT to implement appropriate advanced management strategies for patients with Parkinson’s disease, using the principles of shared decision making.

Descriptor d. (Provision of ongoing care / management)  
Able to work independently and as part of a MDT to provide ongoing care for for patients at any stage of the disease including treatment of motor and non-motor symptoms. Recognise the role of palliative care in supporting patients with Parkinson’s disease.

Evidence used to inform entrustment decision:  
· Case Based Discussion (CbD)  
· Mini-clinical evaluation exercise (Mini-CEX)  
· Multi-source feedback (MSF) minimum 4 from different department (e.g. geriatrician, Parkinson’s specialist practitioner, neurologist, surgeon, therapist, psychiatrist, psychologist, palliative care physician)  
· Multiple Consultant Report (MCR)

· Reflective practice

**CiP2: Neuropsychiatry of Movement disorders**

Descriptor a. (knowledge)  
Understands the anatomy and pathophysiological mechanisms of neuropsychiatric disease and its interactions as pertains to the use of psychological and pharmacological therapies.

Descriptor b. (skills)  
Able to identify and assess (through history, examination and investigations) the neuropsychiatric aspects of Parkinson’s disease (such as psychosis, depression, anxiety, cognitive impairment)

Descriptor c. (Decision making / MDT leadership)  
Able to lead a MDT to implement appropriate management strategies for patients with the neuropsychiatric symptoms of movements disorders, using the principles of shared decision making.

Descriptor d. (Provision of ongoing care / management)  
Able to work independently and as part of a MDT to provide on-going care for patients with neuropsychiatric complications of movement disorders.

Evidence used to inform entrustment decision:  
· Case Based Discussion (CbD)  
· Mini-clinical evaluation exercise (Mini-CEX)  
· Multi-source feedback (MSF) minimum 4 from different department (e.g. geriatrician, Parkinson’s specialist practitioner, neurologist, surgeon, therapist, psychiatrist, psychologist, palliative care physician)

· Multiple Consultant Report (MCR)

· Reflective practice

**CiP3: Tremor and dystonia**

Descriptor a. (knowledge)  
Understands the anatomy and pathophysiology of tremors and dystonias, including essential tremor, cervical dystonia camptocormia, striatal limb, and their interactions as pertains to the use of oral and injectable drugs treatments, as well as deep brain stimulation and other advanced treatment modalities.

Descriptor b. (skills)  
Able to identify and assess (through history, examination and investigations) forms of dystonia and tremors and identify suitable candidates to undergo each therapy above, including advanced therapies. Able to select suitable candidates for Botulium toxin therapies and independently perform injections using standard techniques. Gain experience in EMG guided therapies

Descriptor c. (Decision making / MDT leadership)  
Able to lead a MDT to implement appropriate advanced management strategies for patients with dystonias and tremors, using the principles of shared decision making

Descriptor d. (Provision of ongoing care / management)  
Able to work independently and as part of a MDT to provide ongoing care for patients with dystonias and tremors.

Evidence used to inform entrustment decision:  
· Case Based Discussion (CbD)  
· Mini-clinical evaluation exercise (Mini-CEX)  
· Multi-source feedback (MSF) minimum 4 from different department (e.g. geriatrician, Parkinson’s specialist practitioner, neurologist, surgeon, therapist, psychiatrist, psychologist, palliative care physician)

· Multiple Consultant Report (MCR)

· Reflective practice

***Other potential CiPs may include falls, bladder and bowel complications of Parkinson’s disease, atypical Parkinsonian disorders, palliative care, advanced therapies, and other movement disorders.***

**Presentations and Conditions:**

*Please provide a list of indicative presentations and conditions to be encountered in the course of this fellowship. Examples are provided below, but the table is neither exhaustive nor prescriptive and should be updated to detail specific opportunities in the host institution.*

|  |  |
| --- | --- |
| ***Presentations*** | ***Conditions*** |
| *Freezing, postural instability, falls, postural disturbances (eg camptocormia)* | *Idiopathic Parkinson’s disease (IPD)* |
|  | *Multiple System Atrophy* |
|  | *Vascular parkinsonism* |
|  | *Progressive Supranuclear Palsy* |
|  | *Normal Pressure Hydrocephalus* |
|  | *Lewy Body Dementia* |
|  | *Functional Neurological disorders* |
| *Tremor* | *As above* |
|  | *Drug-induced parkinsonism* |
|  | *Essential tremor* |
|  | *Tremor with dystonia* |
|  | *Metabolic (thyroid, calcium, copper paraproteins)* |
|  | *Functional Neurological disorders* |
| *Bradykinesia and Rigidity* | *As above for IPD and atypical parkinsonism* |
|  | *Corticobasal syndromes (CBS)* |
| *Wearing off, dyskinesias, motor fluctuations* | *IPD on treatment* |
| *Dementia* | *IPD, PSP, FTDs, DLB, CBS, HD, vascular, NPH* |
| *REM sleep disorders* | *IPD, idiopathic* |
| *Anxiety, depression* | *All of above in MD* |
| *Psychosis* | *IPD and HD* |
|  | *Drug-induced side effects of anti PD medication* |
| *Impulse control disorders and dopamine dysregulation* | *IPD and restless leg syndrome* |
| *Postural hypotension + autonomic disturbance* | *IPD, MSA, DLB, drug-induced side effects of anti PD medication* |
| *Hyper-salivation* | *IPD and all above* |
| *Constipation* | *IPD* |
| *Urgency (urinary)* | *IPD, MSA* |
| *Dystonia* | *Primary dystonia, eg primary axial* |
|  | *Secondary dystonia, eg stroke* |
|  |  |
|  |  |

**Host site Postgraduate governance statement**

*Please provide details of the postgraduate educational governance structure at the host site. This should include details of:*

* *Host site’s approval for this post by Clinical Director or equivalent*
* *Induction and clinical supervision*
* *Mandatory training requirements*
* *Office Space and IT provision*
* *Other (if applicable)*