



Health Education England

JOB DESCRIPTION

**ACADEMIC CLINICAL FELLOWSHIP
IN GERIATRIC MEDICINE WITH A RESEARCH INTEREST IN
STROKE MEDICINE / VASCULAR COGNITIVE IMPAIRMENT**

ST3 LEVEL

ACADEMIC CLINICAL FELLOWSHIP IN GERIATRIC MEDICINE AT ST3 LEVEL HEALTH EDUCATION EAST OF ENGLAND

x1 NIHR post available in Geriatric Medicine

This ACF post has been awarded for Geriatric Medicine with a **research interest in Stroke Medicine / Vascular Cognitive Impairment**. This post must be taken up on or before 31/3/2018.

This is a new ACF post, funded by the NIHR in response to a call for an area of research, with a research focus of Stroke Medicine / Vascular Cognitive Impairment. This is an area which has seen major recent development at Cambridge with an internationally world renowned research programme. As well as expertise in Stroke Medicine itself there is great expertise in dementia ranging from the molecular basis to epidemiology and an NIHR funded Dementia BRC. This offers an unrivalled research environment and opportunities.

The Specialist Training post will be appointed at ST3 level and provide funding for up to three years. The principal aim of the ACF scheme is to allow academically gifted clinical trainees the opportunity for 25% protected research training alongside completion of intermediate training in geriatric medicine and to formulate and submit an externally funded Research Training Fellowship (RTF) (e.g. MRC, Wellcome Trust, BHF). If candidates are unsuccessful in obtaining funding for a RTF/PhD, they would transfer into non-ACF ST5+ posts and pursue full time clinical sub-specialty training (a become an NTN). It is anticipated that all successful ACFs completing RTFs would be in a strong position to compete for Clinical Lecturer posts following award of their higher research degree, as per the Integrated Academic Training programme. This post will attract a NTN (A).

Locality

The ACF will be based in Health Education England East of England. Clinical training will be based at Addenbrooke's Hospital, Cambridge. Rotation to other hospitals in the region will be undertaken as required to fulfill training needs.

Addenbrooke's:

Addenbrooke's was granted Trust status from 1 April 1993. It offers a full range of acute, maternity and mental health services, which are provided from two main hospital sites - Addenbrooke's Hospital and Fulbourn Hospital. Community psychiatry and midwifery services form part of the service ensuring continuity for those patients who are more appropriately cared for in their own communities.

Addenbrooke's Hospital (approx. 1100 beds) lies on the southern boundary of Cambridge city occupying a 66 acre site which is shared by the University of Cambridge, School of Clinical Medicine, the Medical Research Council, the Regional Blood Transfusion Centre and the Parke Davis Research Institute. Close links with the University have given the hospital an

international reputation for converting research and development into practical health care. The hospital has a long history of training first class doctors and offers excellent opportunities for training in biomedical computing, molecular biology, medical statistics, health service management as well as higher specialist training.

The Rosie Maternity Hospital (94 beds and 19 special care cots) is also located on the Addenbrooke's site and includes the Regional Neonatal Intensive Care Unit. Fulbourn Hospital (366 beds) is situated on the outskirts of Cambridge, approximately 3 miles from the Addenbrooke's site. It provides the main in-patient base for general and specialised psychiatric services supplemented by out-patient and community services.

Addenbrooke's Hospital employs over 7,000 staff and offers both a district general hospital service to a more local constituency and is a specialist referral centre for a wider catchment population. Some special services, such as bowel/liver transplantation, draw patients supra-regionally or internationally.

University of Cambridge Clinical School

The University of Cambridge has granted medical degrees since 1540. The Clinical School of the University, which was formally established in 1975, admitted its first clinical students the following year and at present admits about 130 students each year. The Clinical School has its base at Addenbrooke's Hospital where purpose built accommodation for the school, comprising lecture theatres, seminar rooms, medical library (which includes 900 serials) and postgraduate medical centre, was opened in 1980. In addition to receiving clinical instruction at Addenbrooke's Hospital and other hospitals in and around Cambridge, clinical students undertake part of their training in hospitals further afield in the East Anglian and neighbouring regions; they also spend short periods attached to general practices throughout East Anglia. The teaching programme is co-ordinated by the clinical dean. Cambridge is arguably the premier biomedical research centre in Europe. Over recent years four new research institutes have been built on the Addenbrookes site, which also houses the MRC laboratory of Molecular Biology. The major Clinical School departments were all top-rated in the recent research selectivity exercise.

Aims of the Academic Clinical Fellowship

The main aim of these posts is to allow individuals to be exposed to academic environments and research techniques that would inform their choice of subsequent full time research training and provide the senior academic input needed to support the submission of an externally funded RTF. As such, the research components are not constrained. For example, an individual may wish to undertake an initial project involving basic molecular and cell biology followed by periods undertaking translational and/or patient based studies. Alternatively, an individual may be interested in exploring different research techniques and/or wish to spend their entire research time working in a single research area.

The ACF will be recruited at ST3 level, and will undergo three years higher specialty training during which they will undertake general and geriatric medicine as per the specialty curriculum in Addenbrookes Hospital and have the opportunity to participate in the program of

studies coordinated by the Clinical Academic Training Office (CATO); <http://cato.medschl.cam.ac.uk/>).

The ACF would undertake a bespoke training programme with 25% protected academic time organized in 3-month full-time academic blocks, allowing exposure to different research areas with the expectation that the ACF will write a successful PhD Fellowship application. Currently the Stroke Research Group has funding for Clinical Fellows (3 current PhDs) from MRC, BHF, Dunhill Trust, and A*STAR. Throughout the period (including clinical periods) the ACF will take part in regular stroke research seminars and the opportunities provided by Cambridge Neurosciences and Cambridge Cardiovascular.

Academic component

This is a new ACF funded by the ACF to develop researchers in the area of Stroke Medicine / Vascular Cognitive Impairment. This is an area which has seen major recent development at Cambridge with an internationally world renowned research programme. As well as expertise in Stroke Medicine itself there is great expertise in dementia ranging from the molecular basis to epidemiology and an NIHR funded Dementia BRC.

There is a paucity of clinical academics interested in vascular cognitive impairment in the UK and it is a major area of need and opportunity.

The Stroke Research Group at Cambridge (PIs Hugh Markus, Liz Warburton) is one of the strongest in the UK and has an International reputation, enhanced by the appointment of Hugh Markus as Professor of Stroke Medicine in 2013. The group brings together clinicians from Neurology and Geriatric Medicine with exceptional strengths in a number of areas including: stroke genetics; cerebral small vessel disease; imaging the unstable carotid plaque and translational clinical trials. The group has a particular interest and expertise in Vascular Cognitive Impairment and its relationship to cerebral small vessel disease which ranges from genetic studies, through MRI and PET studies looking at pathogenesis and treatment trials; this programme has major funding with EU Horizon 2020, MRC and BHF Programme support. The research group has current PI funding of >£5million including MRC, BHF, NIHR, ARUK and Stroke Association. The group has an excellent record in supervising and mentoring trainees. More details of our research can be found on our websites (<http://www.neurology.cam.ac.uk/neurology-unit-research-groups/stroke-research-group/>) AND (<http://www.cambridgestroke.com/>).

The academic stroke medicine group is part of Clinical Neurosciences at Cambridge which has major strengths in advanced and molecular imaging within the Wolfson Brain Imaging Unit which is adjacent to the clinical Stroke Unit and where facilities have been strengthened with a successful MRC Infrastructure bid for 7T MRI and PET MR opening in October 2016. A particular strength is close collaboration with other groups within Neuroscience and Psychiatry to create a critical mass in Vascular Cognitive Decline and Dementia, a programme closely to our NIHR Dementia BRC. In particular Cambridge offers an unrivalled opportunity to train future clinical researchers in Vascular Cognitive Impairment with International experts in Stroke (Markus); Old Age Psychiatry (Prof John O'Brien) and Public Health (Prof Carol Brayne).

Clinical component

This post is a newly funded Academic Clinical Fellow which is part of the existing comprehensive training programme in General (Internal) medicine [(G (I) M)] and Geriatric medicine based within the East of England.

This post will be integrated into the comprehensive training programme in General (Internal) Medicine [(G (I) M)] and Geriatric Medicine based in the Eastern region with full LETB approval. Following completion of the 3 years, the trainee would progress to full time PhD research.

The objective of the clinical training is to help the post holder gain the specific competencies laid out in the new curriculum towards acquisition of Dual CCT in G (I) M and Geriatric Medicine but will be specifically tailored to gain stroke medicine experience. In addition the post-holder will obtain competencies in stroke medicine and it may be possible for the post holder to complete a CCST in Stroke Medicine sub-specialty during the three years. The post holder will receive 9 months clinical training per year, counting as 12 months towards their CCT.

To achieve these aims it is planned that within the 3 year period the post-holder will undertake 2 years in G (I) M/Geriatrics and 1 year in `Stroke Medicine. The clinical component during the two years in G (I) M/Geriatrics will be identical to that undertaken by the other, including normal pro-rata on call commitments and night cover duties.

Educational supervision for the clinical component will be provided by a consultant geriatrician working at the trust.

Geriatric training at CUH is top rated within HEEoE on the GMC trainee's surveys. Experience is available in sub-specialist areas of geriatrics including orthogeriatrics, delirium and falls, rapid GP access assessment clinics (RADAR), Parkinson's, syncope, and pre-surgical (PRIME) clinics. The department runs regular post-graduate teaching sessions and a weekly journal club.

The Trainees clinical duties will be supported by CMT1-2 level and FY1-FY2 level junior colleagues attached to their respective firms. The trainees will have opportunity to provide clinical supervision to junior colleagues

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Alternatively, please visit the NIHR website: <http://www.nihr.ac.uk/funding/academic-clinical-fellowships.htm>