Becoming a Neurologist

An Association of British Neurologists Guide

A career in Neurology

What is Neurology?

Neurology is a medical specialty involving the management of conditions affecting the brain and nervous system. The range of patient groups in Neurology is incredibly broad and this is part of the appeal of the specialty.

What kind of patients do Neurologists see?

The most common problems we see in our new patients in clinic are headache, weakness, tingling and dizziness. Our long-term patients include those with multiple sclerosis, Parkinson's disease, epilepsy, dementia and neuropathies. There are also lots of rare diseases – even very experienced Neurologists see cases that challenge their diagnostic skills on a regular basis.

This means that not all Neurologists need to be alike: the skill mix for an academic Neurologist working in motor neurone disease might be very different from that for a stroke Neurologist running a hyperacute stroke unit.

But if your strengths include logical reasoning in the face of complex information, communication skills in difficult situations and psychological-mindedness then Neurology might be the career for you!

What is the day-to-day life of a Neurologist like?

The most common misconception in Neurology is that we can't treat any of our patients. We certainly manage plenty of incurable diseases (as do most physicians) but we can still offer a lot to these patients. Therapeutic options are available for many common neurological disorders including migraine, epilepsy, Parkinson's disease and multiple sclerosis and new treatments are rapidly developing.

Most Neurology services still work on a hub-and-spoke model, with consultants spending part of their time in a district general hospital and part in a teaching hospital with a tertiary neuroscience centre. There isn't much community-based Neurology at the moment, but this is something that will change in coming years.

Multidisciplinary working is really important in Neurology – the medical model has its limitations for many of the chronic diseases we treat, and the expertise of physiotherapists, occupational therapists and speech and language therapists is invaluable. Many specialist services run multi-disciplinary clinics, which seem to work well for both patients and staff.

The training structure

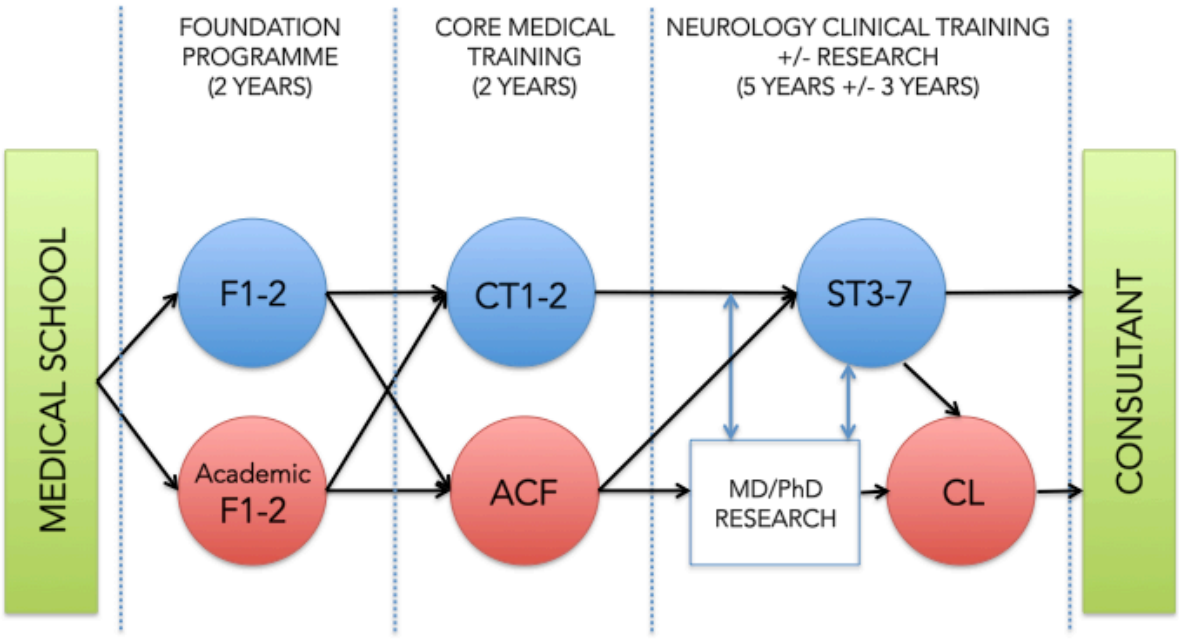
What is the training structure for Neurology?
There are two main pathways through Neurology – the 'clinical' one (in blue in the figure) and the 'academic' one (in red).

However, these are not exclusive and many people will move in and out of these pathways through their training e.g. you might do an Academic Foundation Programme but then go on to do Core Medical Training then decide to a PhD before commencing Neurology Registrar training at ST3.

Exams:

- By the end of Core Medical Training (CMT) or an Academic Clinical Fellowship (ACF) the MRCP examination must be passed.
- During your Registrar or Clinical Lecturer (CL) training you must pass the RCP Speciality Certificate Examination (SCE) in Neurology.

Many people go on to do a research degree in Neurology, usually an MD (2 to 3 years) or PhD (3 to 4 years). This may be done between CMT/ACF and Registrar Training or during Registrar Training.



What is being a Neurology consultant like?
There are many different types of Neurology consultant jobs available.

Most neurologists will have a subspecialty interest which can include movement disorders, dementia, stroke, MS and other neuroinflammatory disorders, epilepsy, headache, muscle disorders, peripheral nerve disorders, neuro-ophthalmology, or neurorehabilitation.

Some neurologists will work full time in a clinical NHS post and this may be based in a teaching hospital, although the majority of neurologists will spend part of their week in a district general hospital.

Some neurologists may spend most of their week in an academic research post working at a university, with part of their week doing clinical NHS work.

Frequently asked questions

Are there opportunities for research?
UK neurology has a very strong academic tradition, so there are great research opportunities available, whether you're interested in basic science, imaging or clinical research.

A number of trainees will take three or four years out of training to do a higher degree. This might be a PhD (often 3-4 years) or a research MD (often 2-3 years). Funding is available through the MRC, the Wellcome Trust, NIHR and also through many of the neurological disease charities.

Doing research as a trainee allows you to develop a specialist interest, provides lots of transferable skills and can form the basis for a career as a clinician scientist for those who want it.

Are there opportunities for teaching or lecturing?
There's probably more teaching than in most medical specialties, just because there are relatively few neurologists in relation to the proportion of the medical school curriculum that neurology represents. All registrars, as well as consultants, would usually provide small group teaching to students on a weekly basis.

And for those who are interested, there are plenty of opportunities to get more involved, including giving lectures, being involved in simulation training and helping with developing the curricula. This is often a really rewarding part of the job: with some good teaching, you can over come students' 'neurophobia' and inspire them to enjoy neurology.

What are the typical working hours?
On a standard day a neurology trainee might start somewhere between 8.00am and 9.00am and usually leave by 5.30pm or 6pm. On calls are variable between different areas of the country – some neurology trainees may do weeks or half-weeks of night on calls for stroke/acute neurology every 8-12 weeks on average; some neurology overnight on calls are still phone advice from home.

Neurology is generally quite well suited to family-friendly working, as it is less acute and more outpatient-based than many other medical specialties. This will vary from post to post and from one deanery to another.

How much study leave do you get?
Most neurology trainees will take 10-15 days of study leave per year – usually to go to neurology conferences such as the ABN or AAN meetings.

Are there opportunities for travel?
The opportunities definitely exist there for those who want to pursue them. In research that might mean going to one of the many conferences that happen around the world. In clinical training there are important conferences every year such as the ABN or AAN meetings.

The Association of British Neurologists has recently introduced a fellowship scheme for UK trainees to spend one year in Australia and New Zealand, and also provides bursaries for neurologists wishing to spend time in developing countries.

Interview with a Neurology ST5

Name: Biba Stanton
Current job: Neurology registrar (ST5)

What influenced you to choose your specialty?
Working in neurology has allowed me to combine an academic interest in the brain and mind with the enjoyment of the clinical skills of being a physician.

In what ways is your job satisfying?
In many ways! Some of these are common to other medical specialties: teamwork, rapidly developing therapeutic options, the mix of ward and outpatient work with teaching and research opportunities. Other aspects are more particular to neurology. For me personally, the satisfying aspects of neurology include the broad range of diagnoses we see, the ongoing importance of clinical skills in the diagnostic process, and the fascination of the overlap between neurology and psychiatry.

What changes have you seen in your specialty so far?
Neurology is changing as it grows, with considerable expansion in the numbers of neurologists even in the relatively short time I've been in the specialty. In the last few years the biggest change has been increased neurology involvement in acute stroke services, but there's also increasing neurology input into acute district general hospital neurology. More neurologists are getting interested in other areas we've traditionally neglected like head injury and dementia.

What are the best aspects of working in your specialty?
- Never being bored. Everyone knows that the nervous system is by far the most interesting part of the body (e.g. Google hits for 'brain' 692 million, Google hits for 'lungs' 71 million!) and there's huge variety in the case mix that we see.
- Great balance between seeing acutely unwell patients, managing long-term conditions, teaching and research.
- Really using your clinical skills. So much of diagnosis in neurology is still about excellent history-taking and examination.

What are the main challenges of working in neurology?
- Remaining pragmatic in a culture which has tended to focus more on investigation and diagnosis than on practical aspects of management.
- Managing patients with functional disorders (who are at least 20% of those in our clinics).

What advice would you give to someone considering a career in your specialty?
- Develop your CV to show your commitment to the specialty as early as you can (even at medical school in your choice of special study modules etc.).
- Try to get a neurology job as part of your CMT programme so that you can experience the specialty and meet local neurologists.
- And remember that academic achievement remains very highly valued, so take any opportunities to get a prize or publication.

For more information please contact the
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