

So you want to be ... a neurologist

Introduction

Neurologists have, rightly or wrongly, had a reputation for being 'brainy' doctors. When I qualified in 1982, it was always the gold medallist who wanted to become a neurologist – a daunting prospect for mere mortals like myself. However, my decision to become a neurologist, after meandering through general practice and gastroenterology, pivoted on a chance remark by one of my mentors (who was considered one of the best clinical neurologists of his era) that 'there is room for cloth cap neurologists like us.'

What does it take?

Neurology remains one of the most clinical of all the medical specialities since the neurological history and examination are the cornerstone of diagnosis. The advent of magnetic resonance imaging has not changed this. There is no doubt that a certain degree of obsessiveness is a useful characteristic. Empathy and good communication skills, recommended for all areas of medicine, are especially useful in neurologists since we spend a lot of time talking to patients – the Association of British Neurologists recommends 30-minute appointments for new patients of which more than half is history taking. Good general medical experience is a great asset.

The neurological examination, which seems to be almost voodoo-like to most juniors and general physicians, is a wonderful spectacle when performed well. However, it is not just available to the chosen few – it can be learnt by anyone with good teaching and practice.

What does the job involve?

General neurology which is the bread and butter work of neurologists who work

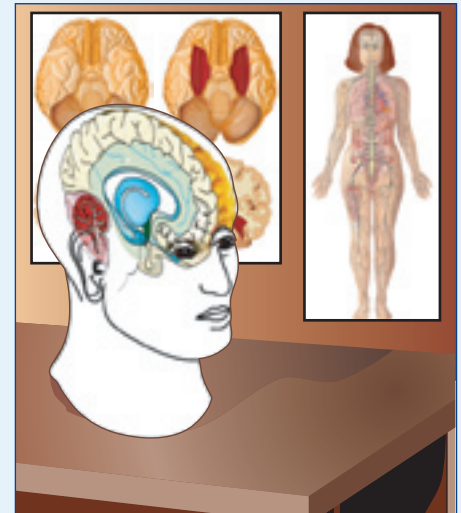
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in district general hospitals consists of outpatient clinics with the most common referrals being headache, dizziness and faints, fits and blackouts. The rest consist of neurological disorders such as multiple sclerosis, epilepsy, transient ischaemic attack and stroke, dementia, neuromuscular disorders, Parkinson's disease and movement disorders.

Referrals from general physician colleagues who admit acute medical cases form the other part of the workload, as up to 30% of these may be neurological. At present stroke patients, unless young, tend to be looked after by care of the elderly or general physicians, although this is changing with the introduction of thrombolysis.

Most neurologists working in district general hospitals spend 1 or 2 days each week at a neurosciences centre for inpatient investigations, continuing professional development, neuroradiology and neurosurgical opinions, and interactions with other neurological colleagues. Consultants are encouraged to have a subspeciality clinic at the centre such as epilepsy, peripheral nerve or muscle disorders.

Neurologists have, in the past, been labelled as being 'elephantine in their diagnostic skills and murine in their therapeutic skills'. Not true. New treatments, albeit not perfect, have made a great impact in the management of neurological conditions – disease-modifying therapies for



multiple sclerosis, dopamine agonists and deep brain stimulation for Parkinson's disease, cholinesterase inhibitors for Alzheimer's disease and a variety of new drugs for the treatment of epilepsy and migraine.

The future lies in the neurogenetic disorders such as Huntingdon's disease, Charcot–Marie–Tooth and the dystrophies. There are exciting research prospects for MD or PhD theses in various departments around the country in headache, neurogenetics, stroke, dementia, epilepsy, multiple sclerosis – take your pick.

Looking to the future

As there are only about 300 neurologists in the UK and with the increasing emphasis on specialization, the future job prospects for neurologists look excellent. I certainly have no regrets in choosing neurology. **BJHM**

Conflict of interest: Dr Manji has received honoraria for lectures and support from pharmaceutical companies for conference attendances.

KEY POINTS

- Neurology is a very clinical speciality.
- A wide general medical base is useful.
- The majority of workload is outpatient based.
- There is great potential for research in neurogenetics and neurotherapeutics.
- There are good job prospects in neurology once the current financial restraints in the NHS have been resolved.