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EDITORIAL

Neurology in practice: another supplement: why?

Over the past few years there has been a quiet revolution in neurological training in the United Kingdom and many other countries. In comparison with North American trainees, who have for many years benefited from structured coordinated 4–5 year training programmes, it has been common practice for neurological training to be based on apprenticeship. This could last for several years, which in the United Kingdom was on top of 3 years of postgraduate general professional training in general medicine. It was considered that the duration and variety of jobs done by the trainee led to a sufficient breadth of experience and knowledge to warrant appointment as a consultant neurologist, despite the somewhat haphazard nature of the training, especially in the neurological subspecialties, and the frequent translocation of trainees around the country. The introduction of the specialist registrar grade in 1996, devised by Professor Sir Kenneth Calman, limited the specialist training in neurology to 5 years, all within a single rotation, and brought the United Kingdom more into line with Europe and North America. This has led to the development of more organised training programmes, working to a more explicit taught curriculum. In most regions training committees coordinate the training programme and organise the monthly training days (or equivalent in half days) with most keeping to the order given within the neurology curriculum.

These training—or Calman—days vary in content and style from one subject to another, a day on neurophysiology will clearly be approached differently from one on stroke. However, a recent survey conducted for the Association of British Neurologists found that the registrars (residents) wanted both teaching from a national expert within the field as well as interactive clinically based teaching in small groups. In an attempt to reconcile these two distinct techniques we are launching this educational supplement, *Neurology in practice*, to run alongside the training days. The aim is for the supplement to provide the teaching from the expert, albeit on paper and at a distance, and thus allow the local courses to concentrate on the interactive clinically based teaching. We hope, however, that the supplements will be of benefit not only to United Kingdom trainees but to those in other countries—neurological knowledge knows no national boundaries. The *Journal* is delighted to have the opportunity to collaborate with The Association of British Neurologists in this enterprise.

We stress that these supplements are not intended to make a comprehensive textbook covering the whole neuro-

logical curriculum. The aim is to provide a launch pad to make it easier for neurological trainees to take off. We have commissioned articles from experts within their field to provide reviews considering common problems. These articles will be based on the best current evidence where such evidence is available. When there is no clear evidence the objective is to provide practical advice, although clearly this will reflect a personal perspective. In addition, within each subsection of neurology there is a core literature with which most neurologists should be expected to be familiar. Each section will have a route map to point trainees towards this literature. The editors and contributors have selected these papers. This is not a systematic selection, but within the papers selected we will highlight areas in which the trainee can access systematic reviews and similar evidence based materials. The supplements will be published quarterly and the syllabus will have been completed in 4 years.

We are moving into an era when there are increasingly onerous, yet justified, requirements for completion of Continued Professional Development (CPD) by trained neurologists, with regular accreditation hurdles. We hope, therefore, that these supplements will provide interesting, perhaps useful, reading for the trained neurologist as well as the trainees. The present format is relatively didactic, a teaching method with only limited evidence to indicate that it changes physicians' behaviour. We anticipate that this will evolve over time, hopefully to take advantage of newer technologies and become interactive.

We are grateful for the contributions from our authors, both present and future, and hope that this proves a successful teaching aid.

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