Editors' Note: Hodgson and Lukas and Freeman et al. discuss subspecialization in neurology and its potential impact on the future neurology workforces. Alfahad questions the diagnosis of amyotrophic lateral sclerosis (ALS) in the Teaching NeuroImage by Sharma et al. He argues that, because of the young age and lack of convincing upper motor neuron involvement in the patient reported, other potential ALS mimickers should be considered. The authors respond.

—Chafic Karam, MD, and Robert C. Griggs, MD

THE WORKFORCE TASK FORCE REPORT: CLINICAL IMPLICATIONS FOR NEUROLOGY

Trent S. Hodgson, Rimas V. Lukas, Chicago: Dall et al.¹ noted that the future supply of neurologists will be affected by the increasing subspecialization of younger neurologists. The decision to subspecialize is a highly personal decision that may not be driven by patient demand.² This, in addition to the geographic distribution of neurologists demonstrated by Dall et al., could lead to an oversupply in a few subspecialties and a shortfall in others. All of this will be in the context of upcoming economic challenges described in the recent report by the American Academy of Neurology Workforce Task Force.³ Given the potentially large impact of increasing subspecialization, it is important to monitor the effects of new accreditations that are being created for neurology fellowship programs by the American Board of Psychiatry and Neurology and United Council for Neurologic Subspecialties.⁴

Author Response: William D. Freeman, Jacksonville, FL; Kenneth A. Vatz, Chicago; Robert C. Griggs, Rochester, NY; Timothy Pedley, New York: We appreciate the comments by Drs. Hodgson and Lukas concerning factors that affect decisions trainees make about choice of subspecialties and the potential impact of those decisions on the composition of future neurology workforces. The unsettled economics of health care makes it unclear whether the number and types of neurology subspecialty fellowships, especially those associated with cuts in graduate medical education (GME) funding, will increase or decrease over time.

Significant reduction in GME funding could lead to decreased residency/fellowship slots due to the medical school/residency “mismatch.”⁵ Hodgson and Lukas correctly pointed out that the accreditation process itself may have resulted in increased subspecialization in neurology independent of the patient demand or medical need for these subspecialties.⁶ Much, however, will still depend on economic priorities as determined by policymakers, especially with regard to GME funding.

Ultimately, optimizing specialty and subspecialty allocations will likely require a restructuring of both the medical school experience as is already being done at many centers and GME, as well as the development of new models of financing both medical school and GME.

© 2014 American Academy of Neurology

1. Dall TM, Storm MC, Chakrabarti R, et al. Supply and demand analysis of the current and future US neurology workforce. *Neurology* 2013;81:470–478.
2. American Academy of Neurology. 2011 AAN Resident Survey Final Report. St. Paul: American Academy of Neurology; 2011. Available at: <http://www.aan.com/globals/axon/assets/9124.pdf>. Accessed June 15, 2012.
3. Freeman WD, Vatz KA, Griggs RC, Pedley T. The Workforce Task Force Report: clinical implications for neurology. *Neurology* 2013;81:479–486.
4. Hodgson TS, Brorson JR, Ardelt AA, Lukas RV. Accrediting neurology fellowships accelerates subspecialization. *Front Neurol* 2013;4:94.
5. Iglehart JK. The residency mismatch. *N Engl J Med* 2013; 369:297–299.
6. Hodgson TS, Brorson JR, Ardelt AA, Lukas RV. Accrediting neurology fellowships accelerates subspecialization. *Front Neurol* 2013;4:94.

TEACHING NEUROIMAGES: SNAKE EYES APPEARANCE IN MRI IN PATIENT WITH ALS

Tariq B. Alfahad, Washington, DC: Sharma et al.¹ presented an interesting radiologic finding—the “snake eyes” appearance—which has been reported in several neurologic disorders. However, I question the diagnosis of amyotrophic lateral sclerosis (ALS) since the patient was only 17 years old. Classic ALS does not occur in this age group. An ALS-like complication of HIV or human T-cell lymphotropic virus 1 has been reported.² In addition, we have seen

Neurology®

The Workforce Task Force Report: Clinical implications for neurology

Trent S. Hodgson, William D. Freeman, Rimas V. Lukas, et al.

Neurology 2014;82;818

DOI 10.1212/WNL.0000000000000161

This information is current as of March 3, 2014

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/82/9/818.1.full>

References

This article cites 5 articles, 2 of which you can access for free at:
<http://n.neurology.org/content/82/9/818.1.full#ref-list-1>

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://www.neurology.org/about/about_the_journal#permissions

Reprints

Information about ordering reprints can be found online:
<http://n.neurology.org/subscribers/advertise>

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright © 2014 American Academy of Neurology. All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.