

Editors' Note: WriteClick submissions this week weigh in on the continuing discussion about the trend toward subspecialization in the field, in response to the article by Vespa et al., "Subspecialization in neurology: The role of the United Council for Neurologic Subspecialties." Dr. Taylor shares her perspective as a neuro-oncologist and palliative care physician. Dr. Lukas agrees that establishing standards in subspecialty training and practice may improve patient care, especially in subspecialties that attract trainees from varied backgrounds, such as neuro-oncology. Dr. Safdieh argues that the trend toward subspecialization may spell the end for the academic general neurologist whereas Dr. Sigsbee contends that some academic neurology departments are expanding their general neurology sections and are even adding general neurology fellowships. The authors, Drs. Vespa, Sergay, and Kohring, add that they believe generalists to be the backbone of the specialty and that subspecialization serves to complement general neurology.

Megan Alcauskas, MD, and Robert C. Griggs, MD

SUBSPECIALIZATION IN NEUROLOGY: THE ROLE OF THE UNITED COUNCIL FOR NEUROLOGIC SUBSPECIALTIES

Lynne P. Taylor, Seattle: I read with interest the debate about general neurology vs subspecialization in neurology and wanted to share my perspective as someone who has recently relocated to a hematology-oncology section at Tufts Cancer Center. For 20 years, I have practiced as both a general neurologist seeing all aspects of neurology and now as a neuro-oncologist and palliative care physician. Neuro-oncology is notable among the subspecialties for involving all aspects of neurology, both upper and lower motor neuron. I also think we are in an excellent position to teach general neurology—albeit through a cancer perspective—to a whole new generation of students. Because of my training and exposure to cancer patients, I have also become interested in palliative care and increasing the number of neurologists who become board certified in palliative care is my advocacy project for the Palatucci Advocacy Leadership program of the American Academy of Neurology (AAN). There are now 46 neurologists

in the United States and Canada who are board certified in palliative care. Given the unique aspects of neurodegenerative diseases, brain death, persistent vegetative state, and catastrophic events such as intraparenchymal brain hemorrhage and traumatic brain injury, we should be at the forefront of palliative care education and research. Many of these 46 board-certified neurologists are now practicing full-time palliative care outside of the traditional framework of neurology. In the end, the debate seems unnecessary. Generalist, subspecialist, or neurologically trained but practicing outside of the field, we are all united by a love of "localizing the lesion," neuroanatomy, and our respect for our patients as they struggle with their own difficult set of symptoms.

Rimas V. Lukas, Chicago: I agree with Vespa et al.¹ that the establishment of comprehensive standards in subspecialty training and practice may result in improved patient care. We would like to consider the United Council for Neurologic Subspecialties (UCNS) certification in neuro-oncology that is not emphasized in many neurology or oncology training programs. Trainees from disparate backgrounds may go on to pursue careers in neuro-oncology and trainees may join neuro-oncology programs housed within a variety of departments/divisions including neurology, neurosurgery, and oncology. UCNS certification may present a well-defined and unified subspecialty to patients and the medical community.

The value of UCNS certification can extend beyond academia to the community. Currently, there are only a limited number of UCNS certified neuro-oncologists² and neuro-oncology training programs.³ In turn, a substantial proportion of neuro-oncology patients receive care from general oncologists. In oncology, there is ongoing debate about the merits of subspecialization in community practice, paralleling points discussed by Vespa et al.^{1,4} UCNS certification may become valuable as both treating physicians and patients navigate the care of these complicated patients.

Joseph E. Safdieh, New York: I commend the hard work of the UCNS in advancing the quality of neurology fellowship training. The authors present a

clear analysis of the successes and challenges facing the UCNS. It seems that the ship has sailed in terms of neurology trainees pursuing subspecialization and super subspecialization and this is a trend that will likely continue. This trend has its disadvantages, especially in academic neurology departments. Academic neurology departments are becoming more similar to internal medicine departments with various subspecialty divisions. But what about “general” neurology? I suspect that academic general neurologists are a dying breed, and this problem will only become more acute over time as the current “master clinicians” retire. This will lead to a reduction in general neurology teaching to medical students and residents, as well as a potential loss of clinical revenue to academic departments when the only general neurologists willing to see “undifferentiated” patients are in the community. General neurology is a “specialty” in its own right, yet if residency training in neurology simply becomes a means to an end of subspecialization, then I fear for the future of our specialty as a whole.

Bruce Sigsbee, Rockport, ME: The need for and growth of the UCNS is a reflection of the rapid growth of knowledge in all subspecialty areas of neurology.¹ However, general neurology is not dying. Rather, the importance of neurologists grounded in the wide spectrum of neurologic disease is expanding. While many neurologic groups are looking for subspecialty expertise, those individuals still need to care for all neurologic patients. Many academic departments are expanding general neurologic sections. Patients do not arrive with labels. The Massachusetts General Neurology Department has a general neurology fellowship.

An AAN general neurology taskforce completed a report to the AAN Board.¹ One of the key conclusions was that training programs and the AAN must support training and education for the generalist. The rapidly expanding concepts of disease and treatment options create immense challenges for the generalist. Subspecialization in neurology will continue to expand. One of our challenges as a specialty is to figure out how general neurologists can be trained in and remain current in this dynamic specialty.

Author Response: Paul Vespa, Los Angeles; Stephen M. Sergay, Tampa, FL; John H. Kohring, St. Paul:

The authors agree with Dr. Sigsbee that the general neurologist is the backbone of the specialty, and that training for the generalist should continue to be supported by the AAN. The UCNS was established as a resource for those who choose subspecialization. We believe that subspecialization complements general neurology. General Neurology is an AAN section which is represented on the Committee on Sections.

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1. Vespa PM, Sergay SM, Kohring JH. Subspecialization in neurology: the role of the United Council for Neurologic Subspecialties. *Neurology* 2011;77:1702–1705.
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3. The United Council for Neurologic Subspecialties. Fellowships. Available at: http://www.ucns.org/apps/directory/index.cfm?event=public.program.searchResults&subspecialty_ids=4&inst_state=&submit=Start+Search. Accessed November 7, 2011.
4. Gesme DH, Wiseman M. Subspecialization in community oncology: option or necessity? *J Oncol Pract* 2011;7:199–201.

CORRECTION

WriteClick: Longitudinal assessment of oxaliplatin-induced neuropathy

In the WriteClick discussion of “Longitudinal assessment of oxaliplatin-induced neuropathy” by S.B. Park et al. (*Neurology*® 2012;78:152), there is an omission in the author list, which should have included Cindy S.-Y. Lin and Matthew C. Kiernan. The editorial staff regrets the omission.

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Subspecialization in neurology: the role of the united council for neurologic subspecialties

Lynne P. Taylor, Rimas V. Lukas, Joseph E. Safdieh, et al.

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