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BACKGROUND OF THE SOCIEDAD NEUROLÓGICA ARGENTINA: CURRENT STATE AND CONCERNS ABOUT NEUROLOGIC EDUCATION

Neurology in Argentina emerged toward the end of the 19th century, following the origin of the specialty in Europe. Its development can be divided into 3 periods. The first is the specialty of neurology as part of internal medicine. Doctoral theses and publication about neurologic topics are found early in the history of medicine, but merged into internal medicine. The second period is the foundation of clinical neurology under the typical European influence, mainly French, when the first neurologists appear. This period started in 1885 with the creation of the Hospital San Roque de Buenos Aires' first nervous diseases department. Its first chair was José María Ramos Mejía, MD. In 1887, 5 years after Jean-Martin Charcot was awarded the chair of neurology at the Salpêtrière in Paris, Ramos Mejía became the first professor of neurology in South America, at the University of Buenos Aires. The third period is the emergence of subspecialty practices. During the 1970s—reflecting the North American influence—there was a new paradigm favoring the division of different disciplines. Specialists in epilepsy, stroke, headache, dementia, and multiple sclerosis, among others, began to emerge.¹

In 1952, the Sociedad Neurológica de Buenos Aires was established as an independent society, separate from other specialties such as psychiatry and neurosurgery. After the first International Congress of Neurological Sciences was organized in Brussels in 1957 by Ludo van Bogaert, the Sociedad Neurológica de Buenos Aires became the Sociedad Neurológica Argentina (SNA), a member of the World Federation of Neurology (WFN). One of the most important milestones was the organization of the World Congress of Neurology in 1997 in Buenos Aires, an event that convened 5,300 neurologists from 114 different countries (figure 1).² The first journal of neurology in Argentina and in South America was the *Revista Neurológica de Buenos Aires*, created by Vicente Dimitri in 1936 (figure 2), which featured reviews, neuropathologic descriptions,

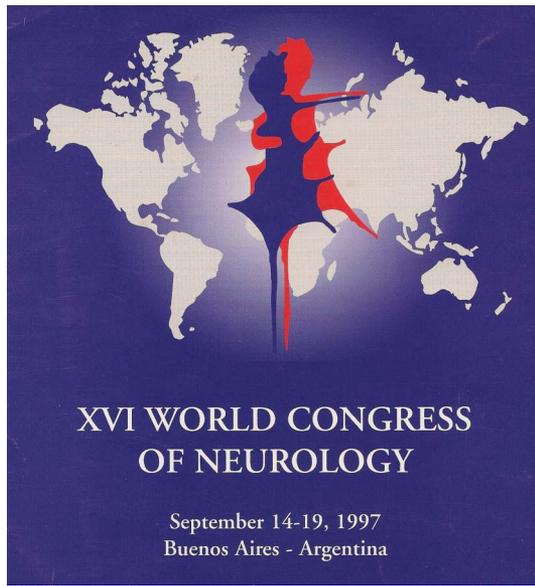
clinical case studies, and notices and summaries of international congresses and lectures. This first Spanish publication in the discipline was very important because few physicians had a good handle on non-Spanish languages and few had access to international journals. In 1972, the journal was renamed *Revista Neurológica Argentina* and since 2009 has been called *Neurología Argentina*, the official journal of the SNA.¹

Argentina is a country located between the parallels 21°46' S and 55°03' S, with 2,791,810 km² of continental territory. The country is divided into 23 provinces and one autonomous city, with a total population of 40,117,096. The population is unequally distributed, with a large concentration in Buenos Aires province, where there are 18,515,235 inhabitants (census 2010). In Argentina, there are approximately 1,100 adult neurologists and 64% of them have their practice in Buenos Aires, with 36% in the rest of the country. This uneven distribution reveals that in Buenos Aires, there is one neurologist per 8,542 inhabitants and in the province of Santa Cruz, there is one neurologist per 32,800 inhabitants. An estimated 72% of the neurologists in the country are members of the SNA. The large land surface of the country and the unequal distribution of both population and neurologists represent important barriers for optimal neurology education.

During recent years, the SNA has implemented a number of strategies to improve neurology education, particularly in areas far from Buenos Aires. Since 2003, Argentina has participated in the Continuing Medical Education (CME) program supported by the WFN.³ This program is a partnership among the WFN, the American Academy of Neurology (AAN), and the SNA. It provides 6 specially designed educational courses each year based on the AAN's premier CME journal *Continuum: Lifelong Learning in Neurology*[®]. The program was developed in Argentina according to the country's regional needs, geography, and human resources. The plan divided the country into 6 regions and appointed one or more regional delegates to lead the program within the region. There is also a national coordinator and the central headquarters are in

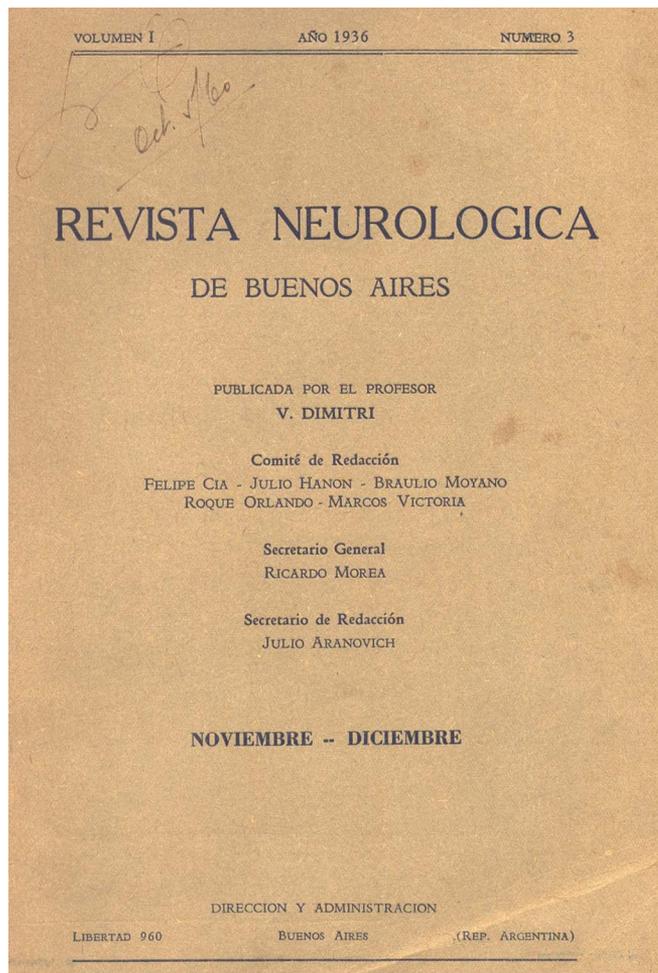
From the Department of Neurology (J.C., R.F.A.), Institute for Neurological Research Dr. Raúl Carrea, Buenos Aires; and Department of Neurology (R.F.P.-N.), Neurological Center CENTUC, Tucumán, Argentina. Dr. Correale was president of the SNA until November 2012. Go to Neurology.org for full disclosures. Funding information and disclosures deemed relevant by the authors, if any, are provided at the end of the article.

Figure 1 Logotype of the XVI World Congress of Neurology in Buenos Aires, Argentina, 1997



Reprinted with permission from the XVI World Congress of Neurology.

Figure 2 Cover of the *Revista Neurológica de Buenos Aires* (1936)



Reprinted with permission from *Revista Neurológica de Buenos Aires*.

the SNA in Buenos Aires. The *Continuum* material is received at the SNA from the WFN and then duplicated and distributed to each participant. The program's success relies on the strict adherence to discussion group guidelines, frequent contact with the CME program manager, and the leadership of each regional delegate.^{3,4} To improve the performance of the regional groups and the program, an annual meeting of regional delegates is scheduled during the annual Argentine Congress of Neurology. Currently, 150 neurologists are registered in the program. In order to facilitate distribution of the educational material and reduce costs, it is now only distributed in electronic format.⁴

In addition to the CME program provided by the WFN, the SNA has recently provided additional distance education initiatives such as online courses and conferences. Future plans include online courses where participants can communicate in real time with the instructors.

An important goal of the SNA Education program is the training of young neurologists. In Argentina, in contrast to other countries, the number of positions open for resident programs is very low compared with the number of physicians who graduate from medical schools; only 20%–25% of all medical graduates can secure a position in a neurology residency program. In 2006, there were 16 neurology residency programs, most of them in Buenos Aires, which trained 28 neurologists per year.⁵ Therefore, other systems for training young neurologists are in place in the country. To have an active role in the training of these young physicians, the SNA created the Neurologist in Training section, which joins young neurologists in training under different systems and enables them to work with members of the SNA to assess best strategies. In addition, these young neurologists actively participate in the development of all activities conducted by the SNA. During the past 3 years, the SNA has financed 3 annual fellowships per year for young neurologists from small centers who wish to train in major hospitals, in subspecialties that are particularly needed in their cities.

Finally, in a partnership with the National Ministry of Public Health (NMPH), active members of the SNA evaluate the residency programs around the country to certify that the training of these neurologists meets specific licensure criteria set by professional neurologists and the NMPH. It should be noted that the demands of the health care system in the major cities with large hospitals are substantially different from those in small cities, where general neurologists cover all the neurologic pathologies, including child neurology cases. Clearly, several new neurology residency programs are needed in Argentina, particularly in the inner regions of the country. Furthermore, training in major cities may not always encompass the disease

entities seen in the areas where the neurologists will eventually practice. Therefore, each residency program should be tailored according to the local health care needs.⁵

We strongly believe that the creation of new neurology residency programs, CME and regional courses, and working with local universities and the NMPH provide excellent opportunities for those who aspire to maintain actualized information, continuous training, and specialized certification. It is a priority of the SNA to work in this direction. This will improve neurologic care, and consequently would result in a significant economic benefit to the community and the country.

AUTHOR CONTRIBUTIONS

Dr. Correale: concept and design of the article, writing of the article, critical revision of the manuscript for important intellectual content. Dr. Allegri: writing of the article, critical revision of the manuscript for important intellectual content, contribution with the figures. Dr. Pelli-Noble: concept and design of the article, writing of the article, critical revision of the manuscript for important intellectual content.

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