Working life (neurology)

This page provides useful information about the roles and responsibilities of neurologists, where they work, who they work with and what they feel about their role.

“I chose neurology as a profession because the brain is the most interesting part of the body. The others just don't compare. It’s what makes us human. Neurological disorders are really fascinating, and the future holds exciting possibilities as a result of the merging of other disciplines such as neuropsychiatry and neuropathology with neurology.?? Nigel Leigh, Professor of Neurology.

Most days, neurologists will see a mix of new and follow-up patients in an outpatient clinic at a regional centre or district general hospital. In an average clinic, neurologists would typically see seven or eight new patients or 6-10 for follow ups. They may also see inpatients admitted to hospital through the general medical take, do ward rounds and see ward referrals.

They have to spend some time dealing with correspondence relating to patients they have seen previously.

Most neurologists will spend at least half a day a week at a regional centre in academic meetings with neurosurgeons, neuroradiologists and other neurological colleagues.

Most neurologists are involved in acute neurology (patients with neurological disorders who present to hospital), either in a primary role or in consultation.

The vast majority of neurologists work sociable hours with a moderate on call [1] commitment. Just over 45% say they are routinely on call [1] at weekends.

- Who you will work with?

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Neurologists work alongside:

- neurosurgeons
- neuroradiologists
- clinical neurophysiologists [2]
- neuropsychologists
- neuropathologists
- specialist nurses
- specialist technicians
- medical secretaries and administrative staff
They also work closely with:

- doctors in rehabilitation medicine
- occupational therapists
- speech therapists
- physiotherapists
- orthotists
- primary care [3] professionals with a special interest in neurology
- social workers
- organisations representing the interests of patients such as the Multiple Sclerosis Society, the Motor Neurone Disease Association, etc.

### Attractions and challenges of the role

Neurology is one of the more academic specialties and most neurologists have done a period of research as part of their training. A significant part of the workforce come through an academic pathway. It attracts those who like complex problem solving and the diagnostic process.

Although historically there were fewer treatments in neurology than in other specialities this has changed and there are many therapeutic options to consider. It also attracts those who like variety as there are more individual diseases in neurology than in most medical specialities.

For many neurologists, seeing a patient, making sense of their problem and providing a solution is an enjoyable and important aspect of the work. Long-term care of patients is a feature of the role.

For patients with degenerative and incurable diseases providing support to them and their families to make their lives as liveable as possible is challenging but can also be rewarding. Despite advances over recent years, the lack of specific treatments for patients with these disorders remains a challenge.

The specialty is well suited to flexible training and working patterns which can help individuals to avoid role strain. Women make up an increasing proportion of neurological trainees.

Support from colleagues working in a multidisciplinary team and from the wider profession is a valued attraction.

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[1] https://www.healthcareers.nhs.uk/glossary#On_call
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