The training of clinical neurologists in Chile could be improved by introducing structural changes. It would be unacceptable not to try, although progress may be slow. The first of these changes would be to lengthen the present training period of three years in order to include, among other things, a more solid basis in Internal Medicine. It must always be borne in mind that our trainees are steeped in the passive attitude, intrinsic to the whole Chilean educational system, of expecting to be taught rather than actively seeking to learn by themselves. Creativity and energy are needed to foster periodic exchanges of trainees between centers whose different strong points offer desirable experience not available in all locations. Although classical neurology, usually seen in hospital wards, remains most important, equal time should be given over to ambulatory pathology. Certain aspects should be carefully pondered: pediatric neurology, psychiatry, neurosurgery, neuroophthalmology, neuropa