



Connections: neurology beyond neuroscience

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BMJ Neurology Open is launched at a point in history when journals are entering a new era of accessibility with a big push to open access. Many national research agencies and international funding bodies now demand that publications generated from work they fund must be widely accessible and not secured behind a paywall. Long-established journals of good reputation have high impact factors and draw many excellent submissions, most of which, no matter how well reviewed, cannot make the cut-off of 5% acceptance rate or lower, and so much of the labour of the authors, reviewers and editors is lost, and many good papers are submitted elsewhere to begin the peer review process again. BMJ's flagship neuroscience journal, the *Journal of Neurology, Neurosurgery, and Psychiatry (JNNP)*, which celebrates its 100th birthday next year, has reached the point where a sister journal, open access, is an obvious step to provide an alternative publication option to those researchers whose excellent work cannot be fitted into *JNNP*'s publication schedule. *BMJ Neurology Open* will go beyond that role of course.

This new journal is co-owned by the BMJ Publishing Group Ltd and the Australian and New Zealand Association of Neurologists (ANZAN). Why a BMJ and ANZAN partnership? Certainly, British, Australian and New Zealand neurology have a long, and close and illustrious, association. At the time of the founding of our association in 1950, almost all Australasian neurologists completed their training in London at Queen Square and other UK centres, with some training in North America. For many years ANZAN had

Queen Square overseas training fellowships—and this relationship is now formalised by two training posts—and to this was added one fellowship position at the John Radcliffe Hospital in Oxford and one at the Royal Free Hospital in London. There is a further ANZAN overseas fellowship at the Mayo Clinic. We have had joint scientific meetings with the Association of British Neurologists, and in the last decade Australian centres have been hosting ABN overseas training fellows, and this continues with one fellowship position in Australia or New Zealand each year. Another connection, and key driver of this new partnership, has been our immediate past President, Professor Matthew Kiernan, who is the Editor in Chief of *JNNP*.

Neurologists love their work and just as well, as the work is increasing. While diagnosis across a large range of conditions remains a core interest and skill, in just over a generation we have become a major treatment specialty. Armed with more tools for diagnosis and more choices for treatment, the excitement of neurology is joined by the challenge of how to keep up. We are never far from books, journals and online articles. It surprises physicians in other specialties when they hear that for the management of individual patients, almost every day, we read and download journal articles, both recent and occasionally decades old.

Australia and New Zealand are sometimes considered young countries and have relatively small populations but we enjoy many benefits for training neurologists and delivering neurological care for common and rare conditions. Despite the high cost of health in developed countries, we have good equity of access to neurological care. With the strength of neuroscience research in Australia and New Zealand, and the high quality of medical care for neurological conditions and good access to new therapies, there are many reasons to celebrate and promote Australasian neurology and neuroscience. For instance, thrombolysis and endovascular clot retrieval—treatments pioneered in Melbourne as much as



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anywhere—are now being introduced worldwide as standard of care. Locally, these treatments are being rolled out state-wide, including in Victoria, with 5.5 million people in an area almost the size of the UK, accessing experts via a telemedicine network, an extraordinary effort of neurologists and the state government department of health and the ambulance service.

We should feel the urgency to get on with similar enterprises for other important neurological diseases. Neurology and neurologists need to be more visible and trumpet their successes in stroke and epilepsy and other diseases. Right now, headache sufferers are poorly served by current practice. Many die not knowing that what they and their family have endured for decades is migraine. A diagnosis seems such an obvious start, but only a minority achieve this, let alone effective treatment. The new CGRP receptor antagonists appear to be much better in practice than the trials would suggest. We have a problem now with access and implementation of these and other proven migraine therapies.

The next frontier—treatment for neurodegenerative disorders, not too far off we hope—will be like this too, and more complex, dependent on neurologists to lead, in collaboration with many other disciplines. Stroke has shown us how hard this can be, and how rewarding is the prize for focus and persistence. Clinical trials will need

to be followed by clinical care proposals and analysis and adjustment of implementation strategies. Training the next generation of neurologists and upskilling the current neurology workforce with new and efficient tools for diagnosis in cognitive neurology will be essential. We look forward to reading papers of this sort on dementia and other important common neurological diseases.

Like many places at the edge of continents, to say nothing of the farthest corners of the world, we in Australasia look out, not in. The whole of the world's neurology and neuroscience is closer than ever and collaborations of all sorts are crucial, some born of previous fellowship training abroad, or from the wonder of visiting lecturers here at our meetings, or simply emails or phone calls to the best experts known, often initiated cold by our registrars.

This new journal will be another important part of those connections.

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